MEDICAL STAFF ORGANIZATION

In September, 1917, the University of Nebraska Hospital medical staff consisted entirely of volunteer clinical faculty members of the College of Medicine. The Bulletin of the University of Nebraska of August, 1917, (160) designated 52 medical staff positions: Department of Internal Medicine 11, Pediatrics 4, Dermatology and Syphilology 2, Neurology and Psychiatry 2, Radiology 2, Surgery 10, Ophthalmology and Otology 6, Rhinology and Laryngology 5, Orthopedic Surgery 2, Urology 1, Obstetrics 2, Pathology 5. Except for changes in the individuals filling the various positions, no other significant changes occurred in the medical staff for a number of years, however, it proved impossible to document actual numbers. No College of Medicine or Hospital records regarding staff numbers could be found after a reasonably diligent search. A copy of the "Annual Report of the Hospital and Dispensary" of November 15, 1930 was located (1). This listed the clinical faculty and staff by name. From the terms used it was not possible to determine for certain if individuals were or were not members of the hospital staff. There were 60 individuals listed in clinical departments with appropriate academic titles which permitted an assumption that they were members of the hospital attending staff. There were also an additional seven individuals listed as "clinical assistants" or "assistants." Whether or not they were members of the hospital attending staff could not be documented further.

In a copy of the "Pulse" of February 20, 1959, (165) an article on faculty reported 293 individuals who were, "...volunteers at no cost to the State." The article went on to say, "The majority of volunteers are physicians who give their time to the clinical teaching and supervision of students at University Hospital and the 11 affiliated hospital and care facilities in Omaha and Lincoln." It is likely that only a small percentage of these individuals were actual staff members at University Hospital.

The first full-time clinical faculty appointment occurred in November of 1953, when Dr. Robert Grissom was appointed Associate Professor of Internal Medicine (82). In September, 1954, three more full-time clinical faculty were appointed (86). These were Dr. Roy G. Holley - Professor of Obstetrics and Gynecology, Dr. Gordon E. Gibbs - Associate Professor of Pediatrics, and Dr. Merle M. Musselman - Associate Professor of Surgery. There were some full-time clinical faculty at the Nebraska Psychiatric Institute about the same time, however, it was not a part of the University Hospital and the two staffs were independent. About the mid 1960's the number of full-time clinical faculty began to increase rapidly, however, no records could be found to document numbers.

The coordinator of the Medical Staff Office was able to locate records of hospital staff membership starting with the year July 1, 1976 to June 30, 1977 and beyond. In that year there were 184 active staff, 147 associate staff, and 203 consulting staff, for a total of 534. One can assume that a significant number of the active staff were full-time clinical faculty members. The actual figures were not available. All or virtually all of the associate
and consulting staff members can be assumed to have been volunteer. In 1977-78, the figures were 225 active, 163 associate and 209 consulting, for a total of 597.

Figures for the years 1979 through 1987 document only the numbers of active staff members. Extensive significant changes in the organization of the medical staff with consequent changes in the bylaws occurred during 1980. These are discussed in detail later in this section, however, they resulted in changes in the designations of staff membership to, Attending, Consulting and Senior Consulting. The attendant changes in category qualifications resulted in a shift in the numbers of staff members in each category. There were 218 Active staff members in 1980 but only 148 Attending staff members by 1981. As of 1987, the number of attending staff had risen to 185. With the changes in 1981, virtually all attending staff were full-time clinical faculty.

A further change in bylaws in 1987 added the designation of Courtesy Staff for individuals who were on the faculty but did not practice at University Hospital. Membership figures for 1988 were: 208 attending staff, 223 consulting staff, 43 courtesy staff and 32 senior consulting staff. In 1992, these figures were 237, 181, 93 and 37, respectively.

In the 75 years from 1917 to 1992, the University of Nebraska hospital staff membership changed from a total of 52 all volunteer clinical faculty to a total of 548 including 237 full-time clinical faculty.

When the hospital opened in 1917, there was no separate medical staff organization or governance. The hospital was an extension of, and under the control of, the College of Medicine, with the Dean serving as the Superintendent of the hospital. The medical staff of the hospital consisted of the volunteer clinical faculty of the college. There were no bylaws or specific organization of the medical staff. The only reference to the University Hospital Medical Staff in the “Regents’ Rules of Governance of the University Hospital” (160) stated, “The staff of the University Hospital is composed of the professors, clinical professors, instructors and associates in the University of Nebraska College of Medicine. These men receive no compensation from the State, and are not permitted by Regents’ Rules to receive remuneration from the patients in the University Hospital. Each member of the staff may be relied upon to use his highest skill in the treatment of patients sent to the University Hospital.” No changes in this relationship occurred until 1955 when the general faculty of the College of Medicine at its meeting of October 5 approved independent “Bylaws and Rules and Regulations for the Medical Staff”. These were forwarded to the Board of Regents and became effective February, 1956 (91).

The notice of the October 5, 1955, faculty meeting, dated September 26, 1955 (53) stated, “To meet the staff requirements of the Joint Commission on Accreditation, the proposed draft of a hospital staff organization as distinct from the faculty organization, is proposed.” These “Bylaws and Rules and Regulations” (15) were a separate document independent from the bylaws of the faculty. Several portions of this document are worthy of note as a basis for understanding changes in subsequent years. With respect to membership, Article III Section I stated, “Membership in the medical staff shall be lim-
ited to graduates of an approved medical school or dental school licensed to practice medicine or dentistry in the states of Nebraska or Iowa, holding membership in their local medical or dental society, practicing within the community or within the states of Nebraska or Iowa, and holding an appointment on the faculty of the College of Medicine.” Appointments were made for one year by the Board of Regents upon recommendation of the Chiefs of their respective services to the Dean of the College of Medicine for transmission to the Chancellor and to the Board of Regents. Reappointments were made by the same route.

The staff was divided into active and associate groups. “The active medical staff shall consist of physicians and dentists who have been selected to practice in the hospital or dispensary and to whom patients may be assigned. Members of the active medical staff shall be required to be well-skilled in the particular branch of practice to which they are appointed. Associate staff shall consist of physicians and dentists who may be given limited assignments for patient care in the hospital or dispensary.” Duties of the active staff were to provide medical care to patients in the hospital and dispensary. Any recommendations regarding operation of the hospital or dispensary were to be made to the Dean. Only active staff members could vote on business of the medical staff.

The clinical departments of the staff were designated as follows in Article V. Medicine to include Dermatology; Neurology and Psychiatry; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otorhinolaryngology; Pathology; Pediatrics to include newborn; Radiology; Rehabilitation and Physical Medicine; Surgery to include Neurosurgery, Thoracic Surgery, and Anesthesiology; and Urology. Article V, Section II titled “Specialization”, stated, “The Chief of Service shall be a recognized specialist, and members of his department shall be well-skilled in the specialty to which they are appointed.” There were no other stated requirements such as Board Certification. Organization of services was spelled out in Section IB. “Services enumerated under Article V, Section I, shall be organized as separate services and the chairman of the department in the College of Medicine shall be the Chief of Service at the University Hospital.”

The classification of privileges was covered in Article VI, Section I: “Privileges extended to members of the medical staff shall be determined by the Chief of Service. Staff members will be given every opportunity to institute such methods of care and treatment as, in their opinion, are deemed advisable. Newly appointed medical staff members shall be granted minor privileges until such time as it has been determined that further privileges may be allowed by the Chief of Service.”

In Article VII, Government, Section I, the following appeared: “The government of the hospital shall be by the Dean of the College of Medicine and the active staff.” The officers consisted of the Dean who was to preside at the meetings of the active staff, a vice-chairman who presided in the absence of the Dean, and a secretary who was to keep accounts of attendance, business transacted and all reports of committees. Both the vice-chairman and the secretary were elected from the membership of the active staff.
In Section II, on committees, it was noted that all committee members were appointed by the Dean. There was a University Hospital Executive Committee which consisted of 12 chiefs of service or their designees, the Dean, and the Assistant Hospital Superintendent. It was to meet monthly and act on hospital matters in the interim between regular medical staff meetings which were quarterly. Among other duties, the Executive Committee was responsible for the selection of Interns. There were two other committees specified, a Medical Records Committee and a Tissue Committee. Each was to meet once a month. The membership, either as to number or other qualifications, was not specified. The Rules and Regulations dealt with a number of operational details such as the medical staff meeting schedule, admitting requirements for patients, histories and physicals, discharge summaries, and operative report requirements.

Subsequent to approval of the “Bylaws and Rules and Regulations by the Board of Regents”, an organizational meeting of the clinical staff was held on March 7, 1956. The notice of that meeting dated February 27, 1956, contained the following, “The general faculty meeting of February 1, 1956 noted that, initially, all eligible members of the faculty would be active members of the hospital staff unless they expressed their desire to be members of the associate staff.” Any action, pro or con, on this proposal was not recorded in the available minutes of the March 7, 1956 meeting.

By 1961, for no discernible reason, the bylaws of the medical staff were again incorporated into the bylaws of the General Faculty. These general faculty bylaws were approved by the faculty on March 8, 1961. In Article V on organization, the following appears: “Under the general faculty of the College of Medicine, there shall be organized several departments, the faculty of the School of Nursing and the medical staff of the University Hospital.” Bylaws of the medical staff were spelled out in Section III of Article V of the Bylaws of the General Faculty. The “Rules and Regulations of the University of Nebraska Hospital” were in Section II of the “Rules and Regulations of the University of Nebraska College of Medicine” of November 6, 1961.

There were some other differences from the 1956 bylaws, and there were now three membership categories: Active, Associates and Consultant. These were somewhat more clearly defined than previously. Only Active members could vote on matters pertaining to the operation of the hospital. Members were elected by the hospital staff on recommendation of the department chairman and had to agree to attend the proportion of departmental and hospital staff meetings specified in the rules and regulations. Associate members, “...shall be those faculty members who take a less active part in hospital affairs or those less experienced members undergoing a period of probation before being considered for appointment to the active staff.” They were nominated by the department chairman and elected by the staff. The new Consultant category where members of the general faculty not normally charged with responsibility for patient care but whose advice and counsel might be helpful to the staff. This included some members of the basic sciences departments. They could be nominated by any member of the active staff and elected by the active staff.
The section on Organization and Government specified that the departments of the hospital staff were to be those clinical departments listed in the bulletin (presumably the bulletin of the College of Medicine) and the departments of Pathology and Microbiology. Under the section on officers it was indicated that the Dean was still the presiding officer at all meetings, however, a first and second vice-president and a secretary were elected from the active staff. Their terms of office and duties were similar to those of officers of the general faculty. The executive committee consisted of the chairmen of the departments of Medicine, Obstetrics and Gynecology, Microbiology, Pathology, Pediatrics, Radiology and Surgery, the Dean, the Hospital Administrator, the Director of the School of Nursing and the Director of the Outpatient Department. There were also three members from departments other than those listed above elected from the active hospital staff at its annual meeting. Each served for one year.

The committee structure was enlarged. Committees were now appointed by the executive committee, not the Dean. They consisted of: Disaster, Infection, Intern, Medical Records, Pharmacy and Formulary, Radioisotopes, Surgical Audit, Tissue and Tumor committees. Duties were detailed in the rules and regulations.

The final section dealt with ethics. “The codes of ethics adopted by the American Medical Association and the American Dental Association shall guide the conduct of the members of the hospital staff.”

The “Rules and Regulations of the Medical Staff”, which were a section of the “Rules and Regulations of the College of Medicine and Hospital” as noted earlier, indicated that Active staff members were to attend at least 50% of the general staff meetings and 50% of departmental staff meetings. The remainder of the “Rules and Regulations” specified the memberships and duties of the various hospital committees.

Subsequently, new “Bylaws of the Medical Staff” were adopted March 21, 1966 (9). They were again an independent document separated from the “Bylaws of the College of Medicine”. However, the preamble indicated that the hospital was an integral part of the College of Medicine complex, administered under the Dean of the College and the Chancellor of the University in conformity with the “Bylaws and Rules and Regulations of the Board of Regents” which constituted the governing body. These 1966 bylaws were far more detailed than either those of 1956 or 1961. Qualifications for membership, terms of appointment, procedure of appointment, and an appeals process were spelled out. The ethics section was expanded to include the statement, “All members of the medical staff shall pledge that they will not receive from or pay to another, either directly or indirectly, any part of a fee for professional services.” Categories of the medical staff consisted of Active, Associate, and Consulting, but the required duties in each were more detailed regarding patient care, meeting attendance, and relation to the hospital. Departments were expanded to include Orthopedic Surgery, Otorhinolaryngology, Ophthalmology, Urology, Dermatology, Neurology and Psychiatry, and Physical Medicine and Rehabilitation. Also various subsections of surgery were specifically designated.
Under the section on officers, the role of the Dean as president of the staff was more specifically stated. "The Dean of the College of Medicine, if a licensed physician, shall by virtue of his office be president of the medical staff. In case the Dean is not a licensed physician, the president shall be nominated by the Dean, approved by the executive committee, and elected at the annual meeting of the medical staff. The vice-president and secretary were elected at the annual meeting of the medical staff to, "...hold office until the next annual meeting or until a successor is elected."

The executive committee consisted of the officers of the medical staff and the chairmen of the departments of Internal Medicine, Surgery, Obstetrics and Gynecology, Neurology and Psychiatry, Pediatrics, Pathology, Microbiology, Radiology, and two additional members elected from departments other than those listed above. "Such additional members shall be nominated and elected by the hospital staff at its annual meeting..." The hospital administrator was an ex-officio member of the executive committee without vote. Eleven specific standing committees were designated and their membership and duties were defined in the bylaws.

New bylaws were adopted in July, 1976, (10) and contained a number of changes which continued to reinforce the concept of the medical staff as an independent entity. In September, 1974, Dean Perry Rigby appointed Dr. F. Miles Skultety, Associate Dean of Clinical Affairs and, subsequently, designated him as President of the Medical Staff without approval of the executive committee. As noted the extant 1966 bylaws stated, "In case the Dean is not a licensed physician, the president shall be nominated by the Dean, approved by the executive committee etc...". Since Dr. Rigby was a licensed physician, the bylaws were not strictly followed. Subsequently, Dr. Skultety chaired a committee which reviewed the bylaws and made recommendations resulting in the 1976 changes. With respect to the Office of the President of the Medical Staff, the 1976 bylaws (10) stated, "The Dean of the College of Medicine, if a licensed physician, or by his designation the Associate Dean of Clinical Affairs, shall be President of the Medical Staff. In the case the Dean is not a licensed physician, the president shall be the Associate Dean of Clinical Affairs approved by the Chancellor of the Medical Center." As another sign of recognition of medical staff independence, the president of the staff was made a member of the Chancellor's Administrative Counsel, effective February, 1976.

Extensive changes were made in the section on medical staff membership. In the 1956 bylaws, a specific statement appeared, "Appointment to the active or associate medical staff shall be made by the Board of Regents...". Even though it was indirectly implied in the 1961 and 1966 versions, no such specific statement occurred. In the 1976 bylaws, the following statement appeared, "Appointment to the medical staff shall be made by the Board of Regents of the University of Nebraska after recommendation of the medical staff, the Dean of the College of Medicine, and the Chancellor of the Medical Center." A Credentials Committee of the medical staff was created in 1976 to review qualifications of all applicants for membership submitted "on a designated form" and to recommend applicants only after a satisfactory review confirming their qualifications.
The privileges of each clinical service were specifically designated and subject to review and approval by the executive committee. Each staff member was granted specific clinical privileges after appropriate review, and these were subject to periodic reevaluation and did not extend in perpetuity. In addition, appellate review procedures were spelled out in considerably more detail than previously.

These new bylaws provided the medical staff a more independent status in relation to the Medical Center and the University generally as well as the College of Medicine and conformed to the stricter rules being applied to teaching hospitals by the Joint Commission on Accreditation of Hospitals.

Starting in July, 1977, an ad-hoc committee chaired by Dr. Sushil Lacey began a prolonged and extensive review of medical staff and hospital governance with input from Mr. John Horry, a lawyer with expertise in the field of medical staff organization. This review resulted in a profound alteration in the governance of the hospital and the medical staff. The most significant change was the creation of a Board of Governors of the University of Nebraska Hospital and Clinic and the Nebraska Psychiatric Institute. The Board of Regents of the University of Nebraska established the Board of Governors upon the recommendation of the administration of the Medical Center. The Regents delegated to the Board of Governors the power to appoint, determine the clinical privileges of, reappoint and discipline members of the medical and dental staff of the hospital and institute; to approve medical staff bylaws of the hospital and institute; to oversee medical staff operation in order to ensure compliance with applicable federal and state laws and regulations and the requirements of the Joint Commission on the Accreditation of Hospitals; and to approve actions in all matters involving the quality of patient care in the hospital and the institute. The Board of Regents retained control of the financial operation of the hospital and institute. However, the Board of Governors could make comments and recommendations to the Chancellor, the President and the Board of Regents on the annual budgets of the hospital and the institute.

The Board of Governors consisted of the Directors of University Hospital and the Nebraska Psychiatric Institute, the Chancellor of the Medical Center, the Dean of the College of Medicine, the Chief of the Hospital Medical Staff, and four community members appointed by the Board of Regents after receiving the recommendations of the President of the University and the Chancellor of the Medical Center. Community members served for a period of two years and could not serve longer than three successive terms. The original membership was staggered so that two new community members came on the Board every year. Regular meetings were held at least eight times per year. Officers of the Board of Governors consisted of a chairman, and a vice-chairman elected from the community members, the director of the hospital and the institute and the hospital chief of staff.

With the merger of the Nebraska Psychiatric Institute and the University Hospital in 1986, the position of the Director of the Nebraska Psychiatric Institute was abolished. That position on the Board of Governors was replaced by a representative of the Council.
of Clinical Chiefs, elected by that council biannually. Other details beyond the scope of this history can be found in the most recent copy of the bylaws, February, 1993, on file in the archives of the Leon S. McGoogan Library.

The new “Bylaws of the Medical Staff” were adopted in February, 1980. They were very extensive and stipulated a number of very significant changes in medical staff organization. These bylaws and all subsequent revisions were approved by the Board of Governors rather than the Board of Regents. Membership categories were modified and, for the first time, staff members were assessed dues, however, they did not start until 1981. Attending staff were defined as physicians and dentists who were faculty members of the College of Medicine and used the hospital as their primary practice site. They were entitled to vote, hold office, serve on medical staff committees, and were required to attend staff meetings and pay dues. The associate staff category was dropped. Consulting staff were physicians and dentists who were members of the faculty but did not use the hospital as the primary site of practice but could and did admit patients to the University Hospital on occasion. They were not eligible to vote, were not required to serve on committees or attend staff meetings, but were required to pay dues. A Senior Consultant staff category was added for, “...distinguished members of the medical staff who have long served the hospital...” upon reaching the age of 70 or substantially retiring from active practice. They might care for patients with privileges of their former membership category. They were not eligible to vote, not required to serve on medical staff committees or attend staff meetings and did not pay dues. Two other new categories were included. Medical Associates were individuals other than physicians and dentists (e.g. psychologists) who had faculty appointments and, “...who have been licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services in the hospital.” They were not entitled to the rights, privileges or responsibilities of appointment to the medical staff. Staff Affiliates were individuals employed by a physician or dentist who was a member of the medical staff.

Determination of the clinical privileges of physicians and dentists and of the scope of practice and activities of medical associates and staff affiliates came under the jurisdiction of the Credentials Committee.

The officers of the medical staff were changed to include a Chief of Staff and Vice-Chief of Staff instead of a President and a Vice-President and a Secretary/Treasurer instead of a Secretary. “The Dean of the College of Medicine and the Chief Executive Officer shall, in consultation with the Executive Committee, recommend the appointment and removal of the Chief of Staff to the Board. The Chancellor of the University of Nebraska Medical Center shall appoint and remove the Chief of Staff following appropriate review by the Board. The medical staff, by a two-thirds vote, may recommend to the Board of Governors that the Chief of Staff be removed.” The Chief of Staff was no longer required to be Associate Dean for Clinical Affairs. The other officers were to be elected in “even numbered years” by a vote of the attending staff. They could serve
for no more than two consecutive terms. With the adoption of these bylaws, the position of President of the Medical Staff was abolished. Table 5 lists the individuals who served as President from 1917 to 1980. For the sake of completeness, Table 6 lists the Chiefs of Staff from 1980 until the present.

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**PRESIDENTS OF THE MEDICAL STAFF OF THE UNIVERSITY OF NEBRASKA HOSPITAL**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irving S. Cutter, M.D.</td>
<td>1917-1925</td>
<td>Dean</td>
</tr>
<tr>
<td>J. Jay Keegan, M.D.</td>
<td>1925-1929</td>
<td>Dean</td>
</tr>
<tr>
<td>C.W.M. Poynter, M.D.</td>
<td>1929-1946</td>
<td>Dean</td>
</tr>
<tr>
<td>Harold C. Lueth, M.D.</td>
<td>1946-1952</td>
<td>Dean</td>
</tr>
<tr>
<td>J. Perry Tollman, M.D.</td>
<td>1952-1964</td>
<td>Dean</td>
</tr>
<tr>
<td>Cecil L. Wittson, M.D.</td>
<td>1964-1969</td>
<td>Dean</td>
</tr>
<tr>
<td>Perry G. Rigby, M.D.</td>
<td>1974</td>
<td>Dean</td>
</tr>
<tr>
<td>F. Miles Skultety, M.D.</td>
<td>1974-1980</td>
<td>Associate Dean</td>
</tr>
</tbody>
</table>

**TABLE 5** Each of these men served as President of the Medical Staff. As noted in the text, Dean Rigby designated the Associate Dean of Clinical Affairs to serve as President in 1974.

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**CHIEFS OF THE MEDICAL STAFF OF THE UNIVERSITY OF NEBRASKA HOSPITAL**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Miles Skultety, M.D.</td>
<td>1980-1982</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>Leon F. Davis, M.D.</td>
<td>1982-1985</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>Charles A. Dobry, M.D.</td>
<td>1985-1991</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>James R. Newland, M.D.</td>
<td>1991</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 6** Each of these men served as Chief of Staff subsequent to Bylaws changes in 1980. Drs. Dobry and Newland were elected by the staff rather than appointed by the Dean.

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The number of services comprising the medical staff were significantly greater than those in the original bylaws of 1956. They were: Anesthesiology, Dermatology, Emergency Medicine, Family Practice, Internal Medicine, Microbiology, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Oral Surgery, Orthopedic Surgery and Rehabilitation, Otorhinolaryngology and Maxillofacial Surgery, Pathology, Pediatric Dentistry, Pediatric Rehabilitation, Pediatrics, Psychology, Radiology, Surgery
and Urology. It was stipulated that the medical staff and the board by joint action could add, delete, combine, or subdivide medical services and this has happened a number of times since 1980. The head of each clinical service was the Clinical Chief and it was stipulated that he or she was to be the Chairman of the corresponding College of Medicine or Dentistry Clinical Department or his or her nominee.

The committees of the medical staff were also significantly modified. The Executive Committee consisted of the officers of the medical staff, two Clinical Chiefs elected by the Council of Clinical Chiefs, two members at large elected by the attending staff, the Chairmen of the Credentials, Quality Assurance and Policy Review Committees and the Chief Executive Officer ex-officio with vote. In contrast to previous bylaws there were only five other committees stipulated: a Credentials Committee, a Policy Review Committee, a Quality Assurance Committee, a Bylaws Committee and a Nominating Committee. A number of subcommittees under the Credentials, Policy Review and Quality Assurance committees, were designated in the "Rules and Regulations". This committee structure reflected a marked change in organization of the medical staff to provide increased autonomy and increased control over the quality of care provided at the University Hospital.

A Council of Clinical Chiefs was added. This consisted of the chiefs of each clinical service in addition to the Chief of Staff, the Dean of the College of Medicine and the Chief Operating Officer. The latter were ex-officio with vote. The Chief of Staff served as Chairman of the Council. The Council was to advise on matters pertaining to budget, matters effecting clinical and educational programs and long range planning.

The due process procedures were very extensive and detailed covering over 13 pages in the bylaws. They included qualifications for appointment, conditions for appointment, applications for initial appointment and clinical privileges, description of initial clinical privileges, procedure for initial appointment, procedure for temporary clinical privileges and emergency clinical privileges, procedure for reappointment, procedures for requesting increases in clinical privileges, procedures for actions involving clinical competency, professional conduct and other infractions, summary suspension of clinical privileges and automatic suspension of clinical privileges, and procedures for leave of absence. There were six pages covering hearing and appeals procedures in contrast to 1-1/2 pages in the 1976 bylaws and total absence in the 1956 and 1961 bylaws.

Subsequent to 1980, regular records have been kept of bylaws' revisions and a number of have occurred, actually 16 as of February, 1993 (12). Revisions of note were the addition of a House Officer category in 1982, deletion of Staff Affiliate in 1986, and addition of a Courtesy Staff category in 1987. In 1983, provisions were made to elect the Chief of Staff. “The Nominating Committee of the Medical Staff, with consultation from the Dean of the College of Medicine, the Chief Executive Officer, and the attending medical staff shall nominate two individuals for the position of Chief of Staff. The election of a Chief of Staff from these two nominees shall be by written mail ballot of the
attending staff and valid if at least 25% of the attending staff respond. The individual receiving the majority of the vote cast by the attending staff shall be recommended to the Board of Governors for appointment. The terms of office shall be for three years with no more than two consecutive terms.” A recent change in the 1993 revision of the bylaws established the position of Chief of Staff-Elect. This individual is to be elected and serve as Chief of Staff-Elect during the final year of the Chief of Staff’s three-year term and will automatically succeed the Chief of Staff for one three-year term. The process of nomination and election is exactly as outlined above for the Chief of Staff position.