BYLAW NO. 1 RESPECTING THE GOVERNANCE OF THE
MUHC CENTRAL USERS’ COMMITTEE
June-August 2022 update; must be adopted by new MUHC CUC in fall 2022

SECTION ONE

GENERAL PROVISIONS

1. **Object:** the object of this bylaw is to define all aspects related to the governance of the McGill University Health Centre Central Users’ Committee (hereinafter referred to as MUHC CUC) in accordance with section 212 of An Act Respecting Health and Social Services (R.S.Q., c. S-4.2);

2. **Administrative Office:** The MUHC CUC functions across hospitals, but centralizes its administrative affairs at the following location: MUHC, Glen Site, D04.7514–1001 Décarie Boulevard, Montréal, QC H4A 3J1;

3. **Definitions:** terms that may be applicable in the MUHC CUC’s activities are defined below:

   3.1. **The Act Respecting Health Services and Social Services (ARHSSS) or The Act:** the Government of Quebec law regulated by the Ministry of Health and Social Services (MSSS) governing services and setting out rules and regulations for establishments, as well as for certain stakeholders (https://www.legisquebec.gouv.qc.ca/en/document/cs/S-4.2/20060401, The Act, chapter S-4.2);

   3.2. **McGill University Health Centre or MUHC:** an academic health centre, affiliated with McGill University’s Faculty of Medicine and Health Sciences and comprising one pediatric hospital, five adult hospitals and one long-term-care centre (CHSLD). Exemplary patient care, research and education, as well as equity, diversity and inclusion, are organizational priorities;

      3.2.1. Pediatric Hospital: Montreal Children’s Hospital (MCH);

      3.2.2. Adult Hospitals: Royal Victoria Hospital (RVH), Montreal Chest Institute (MCI), Montreal General Hospital (MGH), Montreal Neurological Hospital (MNH), Lachine Hospital (LH), Cedars Cancer Centre (CCC);

      3.2.3. Long-Term-Care Centre or CHSLD: Camille-Lefebvre Pavilion, including the special care unit for long-term ventilated residents;

   3.3. **Board of Directors of the MUHC:** the Board administers the institution and exercises all powers. Its composition is as follows: 10 independent members appointed by the MSSS; 2 members appointed by McGill; 6 designated members (1 per the Regional Department of General Medicine, the Council of Physicians, Dentists and Pharmacists, the Regional Committee for Pharmaceutical Services, the Council of Nurses, the Multidisciplinary Council and the MUHC CUC); 1 ex officio (the president and executive director of the MUHC); and 2 observers (1 for foundations of the MUHC and 1 for Girls on Boards). Although the MUHC CUC has considerable latitude because of its functional autonomy, it is accountable for its actions to the users it represents and answers to the Board by virtue of its being a committee of the MUHC. Therefore, its autonomy is not absolute. The Board has a number of responsibilities in this regard and must ensure the relevance, quality, safety, and effectiveness of the services provided; the respect for users’ rights and efficient handling of their complaints; and the wise and efficient use of human, material, and financial resources;
3.4. **MUHC President and Executive Director:** the president and executive director is responsible for the administration and operation of any institution that the Board administers, and for the management of its activities and resources. The president and executive director supports the efficient operation of the MUHC CUC and informs each user in writing (e.g., through signage) of the existence of the committee. To promote the proper functioning of the committee, the president and executive director assures the communication of the committee’s existence and fosters an attitude of openness, collaboration, and transparency on the part of the institution’s bodies and facilities;

3.5. **Management Liaison to the MUHC CUC:** the president and executive director of the MUHC designates a management liaison to support the MUHC CUC. The management liaison serves as a communication link to the president and executive director and the institution’s directorates, attends MUHC CUC meetings at the invitation of the MUHC CUC, and responds to questions or matters of interest of the MUHC CUC, particularly in between meetings of the Board, so that the MUHC CUC can progress with its activities more effectively;

3.6. **Local Service Quality and Complaints Commissioner or Ombudsman:** the local service quality and complaints commissioner/ombudsman is appointed by and reports to the Board of Directors of the MUHC. The ombudsman is responsible for ensuring that users’ rights are respected and complaints are handled efficiently. The ombudsman applies the complaints examination procedure according to users’ rights and, if necessary, may recommend to the Board measures for improving how the institution handles complaints. The ombudsman, as part of the complaint review system, may also be asked by the MUHC CUC and/or Residents’ Committee to coordinate with them activities related to the process and promotion of the complaint review procedure to the users and residents;

3.7. **MUHC User:** a patient, legal representative (parent and/or legal guardian) of a patient or recognized caregiver of a patient;

3.8. **MUHC CUC:** a committee of elected and designated members representing the patient population of the pediatric hospital, adult hospitals and long-term care centre (CHLSD) that make up the MUHC;

3.9. **Sub-Committee of the MUHC CUC:** a committee formed and chaired by a MUHC CUC member to address specific mandates or matters (ex. user experience, quality and safety improvements, etc.).

3.10. **Camille-Lefebvre Residents’ Committee:** a committee of 4 to 6 members elected to represent the residents of the Lachine CHSLD and special care unit for long-term ventilated residents of the MUHC (see bylaw no. 3 respecting the governance of the Residents’ Committee);

3.11. **Interest Group:** Individuals who form a group to support improvements at a MUHC hospital or within a particular mission (groups known before June 22 as users’ committee of a single site or specific mission), but that are no longer recognized as “user committee” since the MUHC CUC is the only official body. Depending on the nature of an interest group’s work, the MUHC CUC may provide funding and/or annual report acknowledgement;

3.12. **Equity, Diversity and Inclusion:** equity is defined as fairness and justice in processes and in outcomes. The presence of differences (race, Indigenous identity, class, gender identity or expression, sexuality, disability, ethnicity, and religion, etc.) within any collection of people represents diversity. The notions of belonging, feeling welcome and valued describe vital aspects of inclusion.
SECTION TWO

MANDATE

4. As per the Act, the MUHC CUC must ensure that users are treated with respect for their dignity, rights, and freedoms. They are one of users' major spokespersons regarding the MUHC. Ensuring respect for users' rights and the quality of their living conditions, as well as assessing their level of satisfaction with the services they receive are central to the MUHC CUC’s actions. Members must pay particular attention to the most vulnerable users and help improve the living conditions of inpatients and residents of Camille-Lefebvre Pavilion (CHSLD).

SECTION THREE

GUIDING PRINCIPLES

5. A users’ committee plays a key role in the health and social services system. A users’ committee acts in complementarity with other bodies, as guardians of users' rights and interests. The committee ensures that the dignity and rights of users are respected. Members also help improve the quality of life of users, inpatients and residents of long-term-care centres. In this regard, members must be attentive to the needs of users and identify areas of improvement from users’ perspective, ensure good communication, establish an open relationship and work in partnership with the institution.

5.1. The **Interest of Users** must motivate decisions and actions;

5.2. **Representativeness** of all users of the institution, without discrimination on the basis of race, sex, age, religion, language, clinical condition, disability, geographical location, and so on, is fundamental to the respect of all users of the institution, whether or not they are outpatients, inpatients or CHSLD residents;

5.3. **Mutual Respect and Collaboration**, based on mutual trust among committee members, the institution’s management, and all other stakeholders are essential for concerted and effective action; this includes:

5.3.1. **Respect of confidentiality:** Members must take all necessary steps to ensure the confidentiality of personal information to which they have access. They must also respect the provisions of the Act regarding the confidentiality of the user's file, in particular by ensuring that they have the consent of the user or their legal representative before communicating information to a third party;

5.3.2. **Respect and promotion of institutional policies and bylaws:**
   5.3.2.1. **Civility and Respect** (HR POL 346 & HR PRO 346; see Appendix A).
   5.3.2.2. **Code of Ethics** (HPO32 – see Appendix B)
   5.3.2.3. **Bylaw governing the examination of complaints procedure at the MUHC** (HPO 150; see Appendix C)
   5.3.2.4. **Security of Informational Assets and Protection of Information** (ADM 310; see Appendix D)
   5.3.2.5. **Informational Assets and the Internet, Acceptable Use Of** (ADM 220; see Appendix E)
5.4. **Functional Autonomy** is essential to carry out successfully the mandate and functions. The committee determines its objectives and priority actions, while respecting the legal limits and operating rules of the MUHC. The committee's autonomy is not absolute, as it is exercised only within the MUHC and the framework of the functions entrusted to it through the Act. Further, it also does not allow the committee to exceed its mandate;

5.5. The **Accountability** of committee members with regard to their actions toward the users they represent is important. It also concerns their operating budget and respect for the limits of the committee’s mandate and its members’ civil liability (actions taken and words spoken), among themselves or regarding other stakeholders in the institution or third parties;

5.6. **Partnership** with the various management teams at the institution, particularly senior management, to develop genuine synergy that will help ensure that users’ rights are respected and improve service quality at the institution.

**SECTION FOUR**

**FUNCTIONS**

6. **Vis-à-Vis Users**

6.1. **Inform** users of their rights: the committee is the guardian of twelve user rights established by the Act, namely:

6.1.1. The right to information (section 4);
6.1.2. The right to services (sections 5 and 13);
6.1.3. The right to choose a professional or institution (sections 6 and 13);
6.1.4. The right to receive the care their condition requires (section 7);
6.1.5. The right to consent to care (sections 8 and 9);
6.1.6. The right to participate in decisions (section 10);
6.1.7. The right to be accompanied, assisted and represented (sections 11 and 12);
6.1.8. The right to accommodation (section 14);
6.1.9. The right to receive services in English (section 15);
6.1.10. The right of access to the user's file (sections 17 to 28);
6.1.11. The right to confidentiality of the user's file (sections 19 and 20);
6.1.12. The right to complain (sections 34, 44, 45, 53, 60, and 73).

6.2. **Defend** the collective rights and interests of users or, upon request, the rights and interests of an individual user, before the institution or any competent authority;

6.3. **Accompany and assist** users, upon request, in any actions they undertake, including referring a user to an Ombudsman and or assisting with the filing of a complaint with the Ombudsman;

6.4. **Ensure**, where applicable, that the Camille-Lefebvre Residents’ Committee functions properly and that it has the necessary resources to carry out its duties;

6.5. **Evaluate**, if applicable, the effectiveness of the measure applied under the Act’s section 209.0.1.
Moderate, organize and promote events, activities or projects designed to inform, assist or support users on any subject that is likely to interest them and encourage improvements in the quality and safety of services they receive and/or their living conditions.

7. Vis-à-Vis Committee Operations

General Oversight

7.1. Adopt by resolution Bylaw no. 1 respecting the governance of the MUHC CUC within sixty (60) days of a new committee being formed, and amend the bylaw when and if necessary, with the approval of the participants at a special general meeting and/or annual general meeting;

7.2. Elect by secret ballot following every election the officers of its Executive Committee comprising a chair, vice-chair, secretary and treasurer or secretary-treasurer, and approve the Executive Committee by resolution;

7.3. Approve by resolution the designation of the MUHC CUC’s chair to represent the MUHC CUC on the Board of Directors of the MUHC, a designation that is in accordance with section 9, paragraph 6 of An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (L.Q. 2015, c. 1);

Accounting

7.4. Implement good accounting practices: the MUHC CUC receives an annual budget allocation through the MSSS for the exercise of its statutory mandate. The fiscal year commences April 1 and ends March. The Committee administers its budget autonomously and uses as its guidelines the following:

7.4.1. The budget cannot be used to finance items that are the responsibility of the MUHC and are included in its operating budget;
7.4.2. The MUHC CUC must create an annual budget and allocate funds to fulfill its roles and responsibilities, including those related to its priority actions, sub-committees and the Camille-Lefebvre Residents’ Committee;
7.4.3. The MUHC CUC’s treasurer must keep detailed records and receipts of all disbursements in a system that provides appropriate financial control and which provides all information necessary to produce periodic reports and the annual report to the MUHC and MSSS;
7.4.4. The MUHC CUC may avail itself of the accounting services of the Finance directorate of the MUHC;
7.4.5. The MUHC CUC may maintain a separate bank account in its name at a Canadian chartered bank and shall exercise independent control over its deposits and withdrawals. All cheques, deposits and other transactions related to this account shall be signed and/or approved by the chair together with either the vice-chair, treasurer, secretary or secretary-treasurer.

Regular Meetings

7.5. The MUHC CUC shall meet a minimum of ten times a year or more often as necessary and meetings should be open to all MUHC users. In-camera sessions may be called from time to time, but shall not be the norm.
7.5.1. In addition to the agenda, questions and/or additional items presented by members should be addressed during the course of the meeting, time permitting;
7.5.2. Any matter for which there is insufficient time should be tabled for the next regular meeting;
7.5.3. The chair rules on all matters regarding procedure for meetings, based on the established procedure for meetings at which such deliberations take place, using Roberts’ Rules of Order or the Code Morin as a guide;
7.5.4. Any ruling on procedures by the chair may be overruled by a majority vote;
7.5.5. Invited guests are at the Committee’s discretion (e.g. MUHC management liaison, members of the Board of Directors of the MUHC, president and executive director of the MUHC or any other person it decides to consult during these meetings);
7.5.6. Members will be given at least seven days of written notice. The notice will include the agenda, date, hour and location of meeting;
7.5.7. Quorum is required when matters of consent are on the agenda. Quorum exists when there is a majority of all members of the MUHC CUC present;
7.5.8. All decisions are adopted by resolution;
7.5.9. A secret ballot must be held at the request of one or more members. Every elected member has a right to vote;
7.5.10. The fraction resulting in calculating a 2/3 vote should be rounded up to the higher number;
7.5.11. Voting by proxy is prohibited.

Special Meetings

7.6. The MUHC CUC shall meet at the request of the chair, vice-chair or four members to discuss urgent matters;
7.6.1. The person or persons initiating a special meeting must give written notice 48 hours in advance, excluding weekends and statutory holidays, before the date and time of the meeting. The notice must include the agenda, time and meeting location, and be sent by e-mail or equivalent to all voting members;
7.6.2. The chair rules on all matters regarding procedure for meetings, based on the established procedure for meetings at which such deliberations take place, using Roberts’ Rules of Order or the Code Morin as a guide;
7.6.3. Any ruling on procedures by the chair may be overruled by a majority vote;
7.6.4. Quorum is required when consent items (resolutions) are on the agenda. Quorum exists when there is a majority of all members of the MUHC CUC present.
7.6.5. All decisions are adopted by resolution;
7.6.6. A secret ballot must be held at the request of one or more members. Every elected member has a right to vote;
7.6.7. The fraction resulting in calculating a 2/3 vote should be rounded up to the higher number;
7.6.8. Voting by proxy is prohibited.

Annual General Meeting

7.7. An annual general meeting of all the users of the MUHC shall be called at least once a year to allow members of the MUHC CUC to present to the users of the institution the annual report, including a financial statement;
7.7.1. The notice, including date, time, location and agenda of the meeting, must be posted in a place accessible to all users at least ten days before the scheduled meeting. MUHC internal and external
communication platforms may be used to inform users. The notice may also be sent or given directly to users or their legal representatives or their recognized caregivers by whatever means that achieves widespread visibility;

7.7.2. The chair presides over the meeting and calls upon officers and/or members as needed to present the annual report;

7.7.3. The chair rules on all matters regarding procedure for meetings, based on the established procedure for meetings at which such deliberations take place, using Roberts’ Rules of Order or the Code Morin as a guide;

7.7.4. Any ruling on procedures by the chair may be overruled by a majority vote;

7.7.5. Voting privileges are granted to all MUHC users, as defined under section 3.7, in the context of the MUHC CUC’s annual public meeting;

7.7.6. Quorum for consent items is calculated on the number of users present;

7.7.7. The MUHC CUC will submit each year, no later than September 30, its annual report to the Board of Directors of the MUHC and the MSSS, including a financial statement in accordance with the Act.

SECTION FIVE

MEMBERSHIP

8. Committee Composition

8.1. A committee of 10 members, 9 of whom have been elected from among all users, legal representatives of users and/or recognized caregivers of users of the MUHC and one of whom has been designated by the Camille-Lefebvre Pavilion Residents Committee:

8.1.1. One member who stood for election as a user of the MCH;
8.1.2. One member who stood for election as a user of the RVH;
8.1.3. One member who stood for election as a user of the CCC;
8.1.4. One member who stood for election as a user of the MCI;
8.1.5. One member who stood for election as a user of the MNH;
8.1.6. One member who stood for election as a user of the MGH;
8.1.7. One member who stood for election as a user of the LH;
8.1.8. Two members who stood for election as users with experience across at least 3 MUHC sites;
8.1.9. One member who was elected to the Camille-Lefebvre Pavilion Residents’ Committee and whose members have designated that member to serve on the MUHC CUC.

8.2 No member may fulfill duties anonymously.

9. Executive Committee

9.1. Election of Officers:

9.1.1. At its first meeting following the publication of election results, the MUHC CUC shall vote by secret ballot to appoint the officers of its Executive Committee, namely a chair, vice-chair, secretary, and treasurer or secretary-treasurer;

9.1.2. Before the voting process, it is to be confirmed that the chair will assume the role of designated representative to the Board of Directors of the MUHC and must be a member who stood for election as a user with experience across at least 3 MUHC sites;
9.1.3. The current representative to the Board, however, shall remain in place until the MSSS announces the renewal process for the Board of Directors of the MUHC and will stay on as a member of the Executive Committee until this occurs. Following the Board renewal, the chair will replace the current representative to the Board and the latter will no longer serve on the MUHC CUC.

9.2. **Collective Role:**

9.2.1. Analyzes, guides, and provides the required information that will help members of the MUHC CUC make decisions or take any position related to the Committee’s general mandate.

9.2.2. Invites any other person to provide any assistance;

9.2.3. In collaboration with other members of the MUHC CUC and in synergy with the institution, establishes an annual plan of priority actions and activities based on the Committee’s statutory mandate;

9.2.4. Appoints users’ representatives on various committees of the MUHC;

9.2.5. Form sub-committees as may be useful to achieve improvements in the quality and safety of services they receive and/or their living conditions at the MUHC.

9.3. **Term:** the officers shall serve a three-year term, unless a member tenders a resignation or fails to meet the requirements for remaining a member of the Committee, the latter leading to an election by secret ballot from within the MUHC CUC.

9.4. **Individual Responsibilities:**

9.4.1. **Chair and Representative to the Board:**

9.4.1.1. Presides over meetings and ensures that they proceed properly and respectfully, by ruling on points of procedure and regulations when necessary;

9.4.1.2. Serves as the MUHC CUC’s official representative;

9.4.1.3. Serves as the designated representative for the MUHC CUC on the Board of Directors of the MUHC: contribute the vital patient perspective to MUHC Board deliberations, reports on appropriate and non-confidential MUHC CUC-related matters to the Board, serves on Board committees at the chair’s request, reports back on appropriate and non-confidential matters discussed at the Board;

9.4.1.4. Calls regular meetings, as well as special and annual general meetings;

9.4.1.5. Signs, jointly with the secretary, meeting minutes, and its annual report;

9.4.1.6. Signs, as needed, any documents binding upon MUHC CUC;

9.4.1.7. Makes decisions as required, subject to approval by MUHC CUC members;

9.4.1.8. Prepares the annual report for submission to the Board of Directors of the MUHC and the MSSS;

9.4.1.9. Gives an account of MUHC CUC activities at the Annual General Meeting and at meetings of the Board of Directors of the MUHC.
9.4.2. Vice-Chair:

9.4.2.1. Acts in the place of the chair with the exception of serving as the designated representative of the MUHC CUC to the Board of Directors of the MUHC.

9.4.3. Secretary:

9.4.3.1. Convenes all meetings in writing or verbally as may be needed for some members with assistance of administrative coordinator. All notices must include the agenda and indicate the date, hour and place of the meeting:

9.4.3.1.1. Regular meetings: at least seven days’ notice
9.4.3.1.2. Special meetings: at least 48 hours’ notice
9.4.3.1.3. Annual general meeting: 10 days’ notice

9.4.3.2. Attends all meetings and is responsible for keeping the minutes of all proceedings at such meetings;

9.4.3.3. Ensure that the archives are kept appropriately, including the register of addresses of all members, the register of attendance, and all other records that may be pertinent to the Committee’s activities;

9.4.3.4. Maintains documents of the MUHC CUC, except those required to be kept by the Treasurer;

9.4.3.5. Certifies any document, copy, certificate and/or resolution extract or meeting excerpt related to the MUHC CUC or included in its archives;

9.4.3.6. Prepares the annual report in collaboration with the chair and other members of the MUHC CUC.

9.4.4. Treasurer:

9.4.4.1. Determines the annual budget for the MUHC CUC based on annual available funds from its MSSS allocation for approval by resolution at a meeting of the MUHC CUC, including attributed amounts for priority actions, sub-committees, residents’ committee, interest groups if appropriate, etc.;

9.4.4.2. Determines written standing procedures for the approval and processing of all allowable expenditures and claims for reimbursements, and ensure that members are familiar with them;

9.4.4.3. Ensures that a full and accurate recording is maintained in the records of the MUHC CUC, of all expenditures and any revenues;

9.4.4.4. Arranges to obtain regular General Ledger Period Activity Reports from the MUHC Finance directorate for the MUHC CUC Cost Centre and reconciles these with the Committee’s records;

9.4.4.5. Prepares a summary report of the Committee’s expenditures to date for submission to each regular meeting of the MUHC CUC;

9.4.4.6. Deposits all monies from external sources in the MUHC CUC’s bank account with the financial institution as approved by the Committee;

9.4.4.7. Prepares an annual financial statement for submission to, and approval by the MUHC CUC. The statement shall be part of the annual report submitted to the Board of Directors of the MUHC and the MSSS;

9.4.4.8. Retains, upon approval of the MUHC CUC members, the services of a qualified person to assist in the completion of certain duties as may be needed.
10. **Sub-Committees**

10.1. In the course of fulfilling its functions, the MUHC CUC may deem it necessary to establish and populate permanent or ad hoc sub-committees;

10.2. Sub-committees are always chaired by a member of the MUHC CUC;

10.3. Members of the MUHC CUC may serve on more than one committee at a time;

10.4. Members of the MUHC CUC may seek out additional members for these committees if they deem a particular expertise to be important;

10.5. The duration of the mandate of a sub-committee is determined by the MUHC CUC, but cannot exceed the end of the mandate of the latter.

11. **Interest Groups**

11.1. The MUHC is fortunate to benefit from a wealth of volunteers who are interested in supporting patient-oriented improvements. These volunteers may from time to time form interest groups (e.g. groups known before June 2022 as individual or mission-specific users’ committees) to address specific needs;

11.2. Interest groups may reach out to the MUHC CUC with an idea or project, seek confirmation of its synergy with the MUHC CUC and/or institution’s priorities and secure funding if appropriate;

11.3. Members of interest groups cannot be members of the MUHC CUC, as it creates the potential for conflict of interest based on an unequal balance of influence.

12. **Voting Rights**

12.1. MUHC CUC: Each member of the MUHC CUC has a right to vote;

12.2. Sub-committees of the MUHC CUC: Only members of the MUHC CUC serving on sub-committees enjoy voting privileges and voting matters are tabled as agenda items at MUHC CUC meetings;

12.3. Interest Groups: No member of an interest group enjoys voting privileges in the context of MUHC CUC activities.

13. **Term of Office**

13.1. Members are elected to a term of office of three years;

13.2. Members may be re-elected for only one consecutive additional three-year term;

13.3. Members shall remain in office until termination (see section 14).
14. Termination of Membership: a person shall automatically cease to be a member of the MUHC CUC upon:

14.1. Expiration of term of office and the calling of an election;

14.2. Tendering a resignation with a 30-day written note of intent to the MUHC CUC secretary;

14.3. Death;

14.4. Dismissal for just cause is conditional on the initial execution of a written warning and subsequently on a resolution voted in favour by 2/3 of all members at a meeting whereby the member has received a 3-day notice of the matter being up for discussion to provide a forum for response. Just cause criteria are:

14.4.1. An absence of two consecutive meetings without notice or a valid reason;

14.4.2. Failure to respect the requirements or restrictions to qualify for office;

14.4.3. Any breach of Bylaw no. 1 respecting the governance of the MUHC CUC, including MUHC policies and procedures that also govern members of the MUHC CUC;

14.4.4. Failure to attend the discussion meeting, which shall be presumed as a waiver of notice with ensuing termination.

15. Filling of Vacancy

15.1. Any vacancy occurring after the election shall be filled for the unexpired term of the member to be filled as follows:

15.1.1. Depending on the length of time until the next election, the chair shall call a by-election to replace the member whose seat has been vacated;

15.1.2. The same parameters and credentials of the member being replaced shall be respected in the by-election;

15.1.3. Members of interest groups are eligible to stand for election, as long as they are prepared to step down from their participation on said interest group if elected.

15.1.4. The new member shall be announced promptly to the MUHC community.

16. Compensation

16.1. Members of the MUHC CUC shall perform their duties as volunteers. Thus, any financial compensation for their participation in regular meetings or in the course of their activities as a member of any sub-committee is an ineligible expense;

16.2. Compensation for out-of-pocket travel and other expenses incurred in performing functions according to the provisions contained in Appendix F of the present bylaw is permissible.

SECTION SIX

TRANSITIONAL AND FINAL DISPOSITIONS

17. Effective Date

17.1. The present bylaw shall enter into force on the date of its adoption on the basis of a 2/3 majority vote of the MUHC CUC members, and must subsequently be ratified by a 2/3 majority of users of the MUHC present at the Annual General Meeting; a resolution should be appended to the bylaw;
17.2. The present bylaw shall be submitted to the Board of Directors of the MUHC for information purposes only.

18. **Modification, Amendment and/or Replacement**

18.1. Any modification, amendment and/or replacement of the present bylaw must be ratified by a 2/3 majority of the users of the MUHC present at an annual general meeting;

18.2. Any modification, amendment and/or replacement of the present bylaw, as ratified at an annual general meeting, shall come into force upon its adoption by 2/3 of the voting members of the MUHC CUC;

18.3. Any proposals for modification, amendment and/or replacement must accompany the notice of the annual general meeting.