

## **13.6 MEDICAL STAFF COMMITTEE FOR PROFESSIONALISM (“CFP”) CHARTER**

### **I. Application**

Main Campus

### **II. Purpose**

This Medical Staff Committee Charter describes specific aspects of the UCI Health medical staff’s structure to oversee the quality of patient care, treatment, and services provided by physicians and other licensed practitioners (“Practitioners”) privileged through the medical staff process. The terms in this Charter are consistent with the UCI Health Medical Staff Bylaws (“Bylaws”).

The Medical Staff have a statutory responsibility for the quality of care delivered to our patients. Professional behavior is increasingly recognized as an essential component of high-quality medical care (“Professionalism” is one of the six Core Competencies defined in the UCI Policy *Peer Review*). Inappropriate and disruptive behavior, along with less egregious failure to achieve the highest levels of professionalism in interactions with patients, families and co-workers, can have a serious impact on the delivery of optimal medical care. Such behavior violates the UCI *Code of Conduct*, has a corrosive and intimidating effect on co-workers, reduces employee and Practitioner satisfaction and can also seriously impair the communication that is vital to our goal of delivering the highest levels of safety and quality health care.

### **III. Committee Responsibilities**

- Serve as a focus of expertise and as a resource for monitoring and improving professional behavior.
- Receive referrals from the Co-Worker Reporting System (CORS) Committee (PARS/CORS Committee) with the goal of developing a professional behavior improvement plan. This plan may include entering into a contract and participating in professional coaching.
- Oversee professionalism issues concerning Practitioners on the Medical Staff. The Procedure for Evaluation, Review and Management of egregious Practitioner behavior incidents is provided in UCI *Code of Conduct and Policy on Disruptive and Unprofessional Behavior*.
- Collaborate with the Medical Staff Well-Being Committee when there are reports of disruptive or unprofessional behavior that could also involve impairment.

- When individual cases reveal systems issues that may have contributed to inappropriate behavior, these issues will be identified and referred to the process owner, the quality department, and/or the appropriate medical staff committee.
- Make recommendations to the applicable peer review body to address confirmed disruptive and/or unprofessional conduct. If the Practitioner does not agree with the CFP's recommendation, the case will be referred to the MEC for a decision.
  - Any adverse action against a Practitioner's inpatient Privileges and/or Membership recommended by the MEC shall follow the hearing process defined in Part II of the Bylaws for Members, or the UCI Health Policy *APP/AHP Adverse Action* for Advanced Practice Providers (APPs) and Allied Health Professionals (AHPs).

#### **IV. Committee Chair**

- The Chair of the Committee shall be appointed from among its voting members by the President of the Medical Staff. The Chair position shall rotate among representatives from the Main Campus and Remote Locations in a systematic fashion.

#### **V. Membership and Term**

- The voting members of the Committee shall be at least five (5) physician members of the medical staff, representing a range of specialties practicing at the Main Campus and Remote Locations. At a minimum, the voting members of the Committee shall include one (1) physician member of the medical staff from each of the Main Campus and the Remote Locations.
- The Medical Staff President shall appoint voting members from the Main Campus, and the Deputy Chief at each Remote Location shall appoint voting members from their respective Remote Locations.
- The Chair shall serve a term of two (2) years and may be reappointed to serve successive terms upon appointment of the President and approval of a majority of the Committee members.
- All other members shall serve a term of one (1) year and may serve successive terms.
- Additional non-voting members with experience and skills required for a particular circumstance may be appointed by the Chair on an ad hoc basis.

#### **VI. Member Responsibilities**

- To maintain membership, members will be expected to attend at least two-thirds (2/3) of the scheduled meetings over a twelve (12) month period and

perform duties assigned. Members failing to fulfill their responsibilities will be replaced by the process used for committee appointment.

- Members are expected to participate in appropriate educational programs provided by the medical staff to increase their knowledge and skill to perform their responsibilities.
- Members are required to maintain confidentiality.
- Members are required to disclose any conflicts of interest, as further defined in relevant Medical Staff and Hospital policies.

## **VII. Meetings**

- The Committee will meet as often as required but at least four (4) times per year.
- A quorum shall consist of at least fifty percent (50%) of the voting members, and action may be taken upon the affirmative vote of a majority of members voting when there is a quorum present.

## **VIII. Governance**

- The CFP reports to the MEC.
- No changes can be made to this charter and policies without MEC approval.
- If professionalism is tracked and trended by the peer review body, the Committee Chair shall provide reports to the peer review body for such purposes.

## **IX. Charter Approval and Version History**

Committee/Name	Title	Approval Date
UCI Health MEC		

