I. **Provider Professionalism Committee (PPC) – What It Is and the PPC’s Authority**

The Provider Professionalism Committee (PPC) is an operational body of Maine Medical Center (MMC) tasked with addressing concerns about Physician/Advanced Practice Provider (APP) conduct at MMC in a consistent, cohesive manner, and, in most cases, through a series of progressive steps.

The goal of the PPC is to support Physicians/APPs when professionalism concerns arise, including when behavior is discordant from the values of MMC. In cases where there are professionalism concerns, the PPC issues all employment discipline for employed Physicians/APPs. As a Physician/APP progresses through the process, issues that may impact Medical Staff membership, credentialing and privileging are referred to the Medical Staff through the Medical Executive Committee (MEC) for deliberation and action. While the PPC is responsible for employment discipline, only the Medical Staff (through MEC) is empowered to act on Physician/APP Medical Staff membership, credentials and privileges.

II. **Members of the MMC PPC**

- MMC Chief Medical Officer (CMO)
- MMC Associate Chief Medical Officer (ACMO)
- Maine Health Medical Group (MHMG) Chief of Clinical Affairs and/or VP of Physician Services
- MMC Medical Staff President
- Medical Executive Committee (MEC) member (selected by the MMC Medical Staff President)
- MMC Vice President of Human Resources (HR)
- MMC Chairs (those who presently serve on the MEC)
- MMC Chief Wellness Officer
- Director of the Center of Excellence for Advanced Practice Providers (APPs)

III. **Provider Professionalism Committee Goal**

The goal of the PPC is to resolve, as early as possible, any professionalism concerns raised about a Physician/APP, and to discern whether concerns raised are credible, following a thorough fact-finding inquiry, including full and fair inquiry of the provider involved. Where concerns are deemed not credible, this is documented as such and retained in the PPC files. Where concerns are found credible, collegial intervention is first used, followed by successive steps only if there is lack of resolution or if the conduct is of a nature that requires more significant action early in the process. The list of **Progressive Steps** is available in Section V of this document.

Physicians/APPs are also offered support to help identify underlying causes for troubling behavior and/or to help identify successful pathways forward. An abbreviated list of **Support Options** is available in Section VI of this document.

All proceedings are confidential, with any medical staff related matters (including referrals to MEC), protected by peer review. Documentation of PPC activity is maintained in the CMO Office, within HR (for employed providers) and in a Medical Staff Member’s medical staff file if there are resultant medical staff actions (such as a letter of MEC referral or a CMO collegial intervention letter), in accordance with the MMC Medical Staff Bylaws.
IV. **PPC Inputs**

Concerns about Physician/APP conduct may arise from a variety of sources, including but not limited to: a verbal, e-mail or other issued complaint from staff or coworkers, the Safety Reporting System (i.e. RL Solutions), a patient complaint, or a complaint issued by a third party (visitor, licensing Board, community member, etc.). All concerns, regardless of the perceived nature or source, must be directed to the PPC via a report to the CMO’s office. It is expected that the Chair of the requisite Department and/or Service Line Chief be involved with every conduct concern. The PPC process includes a fact-finding inquiry which is thorough and which involves the Chair and/or their designee, as well as HR (as appropriate for employed Physicians/APPs and/or employed witnesses). Inquiry steps, also, may involve the MMC CMO/ACMO and/or additional members of the PPC or designees, as appropriate. Relevant witnesses are interviewed and relevant documentation collected, and the Physician/APP involved is a key component of the process. Any notes and/or documentation of the fact-finding will be retained and provided/accessible to the PPC.

The PPC does not handle concerns related to Physician/APP impairment. Instead, HR and the MMC Medical Staff handles separately such matters, in accordance with applicable policies and laws. Reports of impairment concerns should be resourced directly to the CMO Office and Senior Director of HR for appropriate support.

V. **Progressive Discipline Steps Where Conduct is Found Credible**

For Employed Physicians/APPs

- **Step 1:** Collegial Intervention/Conversation
- **Step 2:** Verbal, Documented Warning
- **Step 3:** Written Warning
- **Step 4:** Final Warning
- **Step 5:** Termination of Employment

For all Medical Staff Members: Each step above also has an associated medical staff action, which will be applied to both employed and independent providers. The Chair of the PPC is the MMC CMO or designee, and consistent with Medical Staff By-Laws, the CMO or their designee will issue collegial interventions, and Letters of Guidance, to medical staff members as a Step 1 and Step 2 response when concerns of professionalism are deemed credible by the PPC. For Physicians/APPs who come before the PPC for a 3rd, 4th, or 5th time (equivalent to a written warning, final warning, and termination of employment for employed providers), or for conduct deemed particularly egregious, the Physicians/APPs will be referred to the MEC of the Medical Staff for review and deliberation by MEC of any action(s) deemed appropriate related to their Medical Staff membership and/or privileges under the Bylaws.

VI. **Support Options Available to Physicians/APPs**

- Referral to DocExecutive (Dr. Maggie Palmer)
- Outside Physician/APP Course, Coach or Program
- Referral to the Peer Support Program (Internal – Led by Chief Wellness Officer)
- FPPE through Med Staff/Departmental Process
- Referral to the State of Maine Medical Professionals Health Program
- Other as deemed appropriate by PPC/MEC/Department Chair

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