

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**1.3.2 Medical Peer Review Committee**

**(a)** This procedure sets forth the composition and general operational rules of the Medical Peer Review Committee (MPRC), as well as the procedures under which it conducts non-routine or for cause peer reviews of the clinical practice and professional conduct of licensed medical providers within the California Department of Corrections and Rehabilitation (CDCR) adult institutions and the regional and headquarters offices of the California Correctional Health Care Services (CCHCS). All MPRC recommendations shall ensure the safety of patients and staff and shall be commensurate with the identified deficiencies in clinical practice and professional conduct.

**(b) Responsibility**

- (1) The Deputy Director, Medical Services, has overall responsibility for ensuring this procedure is applied to all cases where there are allegations of substandard clinical practice or professional misconduct. The Deputy Director, Medical Services, shall designate the MPRC Chairperson.
- (2) The Regional Deputy Medical Executives (RDME) are each responsible for the implementation of and compliance with this procedure as it relates to clinical practice and professional conduct for the licensed medical providers who work within their designated institutions.
- (3) The MPRC Chairperson is responsible for presiding at all meetings, facilitating the clinical discussion, and ensuring actions are taken in accordance with current, accepted meeting procedures and applicable CCHCS policies and procedures.
- (4) An assigned non-clinical manager and support staff shall attend the meetings to ensure administrative and procedural requirements are met.

**(c) Procedure**

**(1) Membership**

(A) The Deputy Director, Medical Services, shall appoint the MPRC voting members to include the following:

1. All RDMEs.
2. At least four institution and headquarters based physician managers.
3. Three line staff physicians nominated by the Union of American Physicians and Dentists.

The physician managers who serve as MPRC members must also regularly provide care to CDCR patients in order to remain qualified to serve as MPRC members.

(B) A Nurse Practitioner or Physician Assistant shall be nominated by the MPRC Chairperson to serve when a matter pending before the MPRC involves a Nurse Practitioner or Physician Assistant. This member shall only serve on the MPRC for the purpose of reviewing the case involving the Nurse Practitioner or Physician Assistant but shall not continue to serve beyond the time needed to bring the case to resolution.

(C) Potential nominees shall submit their Curriculum Vitae to the MPRC for review and recommendation. The approved membership shall review the candidate(s) and make their recommendations to the Deputy Director, Medical Services, for consideration. The Deputy Director, Medical Services, shall consider but is not bound by their recommendations in making and/or approving the selection of any nominee to become a member.

(D) Term limits for committee membership:

1. Except for the RDMEs who shall serve as voting members throughout their assignment as RDME, the maximum term for voting members of MPRC shall not exceed 24 months. Exceptions to this rule may be granted by the Deputy Director, Medical Services, for good cause.
2. After serving a maximum of 24 months, a period of six months must pass during which he or she does not serve on the MPRC before the member is eligible to return as a voting member of the MPRC.
3. In order to allow for the creation of staggered terms for the MPRC membership, the term limits outlined above may be waived during the initial establishment of the MPRC by the Deputy Director, Medical Services. The date of initial establishment is the effective date of this procedure. The Deputy Director, Medical Services, in his/her sole discretion, may set term limits of up to 36 months for up to half of the voting members.

(E) An attorney from the CCHCS Office of Legal Affairs shall attend MPRC meetings and provide the MPRC with legal advice regarding any matters pending before the MPRC or any other legal issues which may impact the MPRC.

**(2) Conflict of Interest**

(A) Regular voting members of the MPRC, as CCHCS employees, shall comply with applicable laws and regulations regarding disclosure of outside employment, enterprises or activities, and prohibitions against

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engaging in conflicts of interest. These include the California Code of Regulations, Title 15, Sections 3409 and 3413, as well as pertinent provisions of the Government Code, Public Contracts Code, and the Fair Political Practices Act (FPPA). Among other things, these requirements prohibit CDCR and CCHCS employees from deriving any compensation from any entity doing or seeking to do business with the State of California.

- (B) Concurrently with their annual completion and submission of the Statement of Economic Interests (Form 700) pursuant to the FPPA, members of the MPRC shall provide a copy of their submitted Form 700 to the MPRC Chairperson to be kept on file for reference in the event that a member's ability to participate in a MPRC decision may be impacted by an actual or potential conflict of interest.
- (C) If any matter of business before the MPRC represents an actual or potential conflict of interest for any member, he or she shall disclose the conflict or potential conflict to the MPRC and recuse himself or herself from participating in any discussion or voting on the matter creating the conflict or potential conflict.
- (D) Final decisions regarding conflict of interest questions shall be decided by the MPRC Chairperson. In the event that the MPRC Chairperson has an actual or perceived conflict of interest, final decisions regarding the conflict of interest shall be decided by the Deputy Director, Medical Services.

**(3) Meetings**

- (A) The MPRC shall meet no less than two times per month, unless there are no pending matters.
- (B) MPRC support staff shall distribute the meeting materials to the MPRC members a minimum of ten calendar days in advance of regularly scheduled meetings. Exceptions to this timeline may be approved by the MPRC Chairperson for good cause.
- (C) The proceedings and records of the MPRC shall be confidential and protected from discovery to the extent permitted by law.

**(4) Voting**

- (A) MPRC voting members shall include a minimum of 11 physicians and may also include one Nurse Practitioner and/or one Physician Assistant, if available, and if warranted by the case(s) under review. Actions taken regarding a Nurse Practitioner and/or Physician Assistant shall not be invalidated by the absence of a Nurse Practitioner and/or Physician Assistant during the deliberative process.
- (B) A quorum shall be defined as 7 or more of 11 committee members in attendance, excluding Nurse Practitioners and Physician Assistants. MPRC members may select standing alternates to act as their proxy, subject to the consent of the Deputy Director, Medical Services. MPRC members not able to attend a regularly scheduled meeting shall inform the MPRC Chairperson and MPRC support staff, when feasible, at least three calendar days in advance of the meeting. The MPRC Chairperson may waive the notification requirement in order to establish a quorum.
- (C) Participation by telephone shall be permissible.
- (D) Each MPRC voting member or designee shall have one vote on any matter that comes before the MPRC. Only duly appointed members shall vote on MPRC matters. A motion carries when it receives a simple majority vote. The MPRC Chairperson may not vote unless it becomes necessary to break a tie vote. The MPRC may use electronic voting to address issues when necessary to take immediate action.
- (E) The MPRC Chairperson may schedule additional meetings of the MPRC at his/her discretion.

**(5) Medical Peer Review Committee Process**

- (A) In reviewing cases before them, the MPRC shall consider all available relevant information including, but not limited to, such matters as:
  1. The nature of the licensed medical provider's actions, conduct, or decision(s) which form the basis of the event(s) under consideration and the extent to which they did or could have affected patient care, patient safety, or the delivery of safe and effective medical care in the facility.
  2. The licensed medical provider's prior history of similar conduct in the past.
  3. The licensed medical provider's prior peer review history, whether routine or non-routine, and/or relevant prior history with administrative discipline.
  4. Any physical, medical, or mental health condition suffered by the licensed medical provider that affects the licensed medical provider's ability to provide safe, effective, and competent care.
  5. The licensed medical provider's willingness to accept and incorporate corrective measures to prevent future occurrences of similar conduct, actions, or decision-making of the type under review.

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(B) MPRC may take one or more of the following actions:

1. Request additional information from the institution, the Clinical Peer Reviewer, or other parties prior to any further consideration of the case.
2. Refer the matter back to the institution to provide training, education, proctoring, performance monitoring, and/or referral for physical or mental health evaluation for the subject medical provider.
3. Refer the matter back to the institution for a case conference or education to be provided to all licensed medical providers.
4. Open a Peer Review Formal Investigation into the matter. A Peer Review Formal Investigation may include an FPPE.
5. Send the Provider Network a Potential Quality Issue in situations where the clinical concerns involve a non-CCHCS licensed medical provider who is under contract with a Provider Network affiliate.
6. Send a Letter of Concern when the clinical issues involve a licensed medical provider under contract with a non-Provider Network affiliate.
7. Conduct a Safety Assessment into the matter, which may result in a summary suspension of privileges.
8. Prepare a Final Proposed Action.
9. Close the matter.

(C) The MPRC is responsible for ensuring that all reports required by law, based on the interim action taken, are timely filed with the medical provider's licensing board and the National Practitioner Data Bank. In cases involving Nurse Practitioners, the MPRC shall report the action taken to the Board of Nursing.

**(6) Referrals to the Health Care Executive Committee**

(A) The MPRC shall refer the following matters and actions to the HCEC for review and further action as the HCEC deems appropriate:

1. Final Proposed Actions

The MPRC may recommend that the HCEC take any one of the following final actions:

- a. Modify, restrict, suspend, deny, or revoke the clinical privileges of the licensed medical provider.
- b. Issue a letter of admonition, censure, reprimand, or warning.

2. Consent Calendar Items

Consent calendars shall include summaries of all matters discussed and all actions taken at MPRC meetings. The consent calendar shall include, but not be limited to, case summaries and recommendations regarding one or more of the following:

- a. Opening a Peer Review Formal Investigation.
- b. Monitoring of some or all of a licensed medical provider's clinical encounters.
- c. Recommending additional education or training for a licensed medical provider.
- d. Safety Assessment determinations including any interim, provisional modifications to the licensed medical provider's privileges pending a Final Proposed Action.
- e. Recommendations for the Credentialing and Privileging Unit to place a credential alert or a credential bar in a licensed medical provider's file.

**References**

- Federal Health Care Quality Improvement Act of 1986, United States Code, Title 42, Chapter 117, Section 11101, Findings
- *Plata v. Newsom, et al.*, U.S. District Court of the Eastern District of California, Case No. C01-1351-JST
- *Plata Physician Professional Clinical Practice Review, Hearing and Privileging Procedures*
- California Constitution, Article VII, Public Officers and Employees
- California Business and Professions Code, Division 2, Chapter 1, Article 11, Section 800, *et seq.*
- California Business and Professions Code, Division 2, Chapter 5, Article 12, Section 2220, *et seq.*
- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 5, Article 2, Sections 3409 and 3413
- California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70703, Organized Medical Staff
- Meeting Procedures: Parliamentary Law and Rules of Order for the 21st Century, James Lochrie, 2003

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