



1.6.10 Professional Affairs Committee

Chapter 1 - Administration and Organization	Original Effective Date: December 2008
Section: 1.6 Administrative Committees	Date Last Reviewed: March 2013
Responsible Entity: President	Date Last Revised: March 2013

I. Purpose

To establish the responsibilities and structure of the UT Health San Antonio Professional Affairs Committee.

II. Scope

This policy applies institution-wide to all current and prospective members of the Professional Affairs Committee.

III. Policy

A. Members

1. Credentialing Committee Chair
2. Environmental Health and Safety Committee Chair
3. Clinical Safety and Quality Improvement Chair
4. Professional Liability Subcommittee Chair
5. Managed Care Representative
6. Three Clinical Department Chairs
7. Senior Directors of Clinical Operations for UT Medicine and CTSC

B. Ex Officio (without vote)

1. Dean, School of Medicine
2. President
3. Chief Legal Officer
4. UT Medicine Legal Officer
5. Director, Risk Management

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6. UT system Health Law Attorneys and/or Risk Manager

C. Chair

Chief Medical Officer, School of Medicine

D. Charge

To review and recommend action to the MSRDP Board of Directors (Board) concerning membership in the MSRDP Faculty Practice Plan (Plan) not expressly required by the Plan Bylaws; to develop and oversee a plan that assures appropriate credentialing and peer review of all Members of the Plan; and, to develop and oversee a quality improvement and patient safety program. The Committee will meet quarterly.

E. Term of Membership

Two Years with reappointment by the President.

F. Professional Liability Subcommittee

The Professional Liability Subcommittee will provide assistance and consultation to the Vice Dean for Clinical Affairs, the Professional Affairs Committee, and the University attorneys representing The University of Texas System Professional Medical Liability Benefit Plan members in evaluating claims brought under the Plan or against the University.

1. Chair

Associate Dean for Clinical Affairs

2. Members

- a. Clinical Safety and Quality Improvement Chair
- b. Director, Risk Management
- c. Managed Care Representative
- d. Representative from every clinical department

This Subcommittee will meet on a quarterly basis or as needed.

IV. Definitions

There are no defined terms used in this Policy.

V. Related References

There are no related documents associated with this Policy.

VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
12/2008	Policy Origination		
03/2013	Policy Revision		