



Graduate Medical Education Impaired Physician Policy and Procedure

March 4, 2016

Purpose: To provide the resources necessary for identification, treatment, rehabilitation and monitoring of residents or fellows with alcohol abuse, chemical substance abuse, or psychiatric disorders.

Scope: This policy and procedure applies to all residents and fellows in ACGME accredited programs sponsored by UMKC School of Medicine and employed by the School of Medicine. Residents and fellows employed by Children's Mercy Hospital will be subject to the policies of their employer.

Definitions:

Impaired Resident/Fellow: One whose behavior has been affected by alcohol, chemicals, or mental illness which interferes with the resident's/fellow's ability to function competently.

Drug or Chemical, or substance abuse: The inappropriate, excessive, or illicit use of any over the counter medication, any prescription medication, any illegal or unprescribed chemical substance, any alcoholic beverage or any substance causing adverse or inappropriate psychological behavior.

Drug-Related Misconduct: Activities that include, but are not limited to, possession or illegal distribution of drugs in such a manner that adversely affects the resident's or fellow's performance, his or her own safety or the safety of others, or such behavior as a result of the use of prescribed or unprescribed medication or drugs that will damage the reputation of the University or its Affiliate Hospitals.

Missouri Physician's Health Program (MPHP): The impaired physician's program for practitioners in Missouri sponsored by the Missouri State Medical Association.

Missouri Association of Osteopathic Physicians & Surgeons Physician Health Program (MAOPS PHP): An impaired physician's program for practitioners in Missouri.

Missouri Impaired Dentists Committee (MIDC): The impaired dental professional program for practitioners in Missouri.

Intervention: An organized confrontation between a group of concerned, trained individuals, and a potentially impaired resident or fellow for the purpose of motivating that resident or fellow to accept evaluation and treatment for an illness. The intervention group will consist of the Chair of the Truman Medical Center Wellness Committee, a representative from the Missouri Physician's health Program, and anyone who is determined beneficial to the intervention process.

Evaluation: An assessment of the impaired resident or fellow by a professional or treatment facility or center outside the University and Affiliated Hospitals.

Treatment: The process whereby the resident or fellow is assisted to recognize and change behavior patterns contributing to the impairment. Treatment may range from individual counseling or psychotherapy to inpatient or outpatient hospital services.

Advocacy Agreement: The MPHP's advocacy agreement will be utilized in the return to residency or fellowship training of all residents and fellows who have interventions. This advocacy agreement outlines a structured program from intervention through recovery for each resident or fellow.

Procedure:**1) Notification**

- a) In the event that any physician, nurse, or other University or Affiliate Hospital employee has information regarding a potentially impaired resident or fellow, a report should be made to the Chair of the Truman Medical Center Wellness Committee or to the Associate Dean for Graduate Medical Education. An impaired resident or fellow may make a self-referral by contacting the same individuals.
- b) The person notified will have the responsibility to notify the other individual listed above.
- c) If diversion from a hospital is discovered, reported, or a reasonable suspicion, the Pharmacy Administrator at the appropriate hospital(s) will be notified immediately by phone by either the Wellness Committee Chair and/or Associate Dean for GME. Each hospital's Pharmacy is responsible for ensuring that the TMC Wellness Committee and the Associate Dean for GME has the appropriate contact information and updates accordingly.

2) Investigation and Initial Action

- a) An investigation will be conducted by the Truman Medical Center Wellness Committee to determine the validity of the report.
- b) If the investigation reveals that impaired practice or performance exists, or is likely to exist, immediate steps will be taken by the Associate Dean for Graduate Medical Education (in collaboration with the resident's or fellow's Program Director) to protect the resident's or fellow's patients.
- c) The TMC Senior Director of Pharmacy Operations will be notified immediately if the Wellness Committee determines there is reasonable suspicion that the Impaired Practitioner diverted medication at TMC.
- d) If there is reasonable suspicion that the Impaired Practitioner diverted medication at another hospital, the Chair of the Wellness Committee and/or the Associate Dean for GME will contact the Pharmacy Administrator at the hospital(s) immediately.
- e) When diversion is a reasonable suspicion, the Wellness Committee Chair will permit investigation by the appropriate Pharmacy Administrator according to regulations.
- f) The MPHP, MAOPS PHP, or MIDC (impaired physician's practitioner's program) will be notified immediately for their intervention upon direction of the Wellness Chair. An intervention plan will be made with the impaired physician's program will decide who will lead the intervention, what options will be provided to the impaired resident or fellow, and who will be the "escort" person assigned to the impaired resident or fellow.
- g) The Dean of the UMKC School of Medicine shall be notified immediately upon receipt of a report and/or referral of an alleged impaired resident physician under this Policy; the Dean of the UMKC School of Medicine shall be apprised of the status of any investigation and intervention concerning or involving any resident physicians under this Policy.

3) Documentation

- a) Careful and complete documentation of all steps taken will be maintained by the Wellness committee. All records shall be kept in a designated locked place in the Graduate Medical Education Office. Only the Wellness Committee and the Associate Dean for Graduate Medical Education shall have access to this information.
- b) These records will not be stored with the resident's or fellow's personnel file.

4) Intervention

- a) If the Truman Medical Center Wellness Committee and the MPHP, MAOPS PHP, or MID staff determine that there is probable impairment, an intervention will be coordinated and performed by the impaired practitioner's program staff and all persons deemed necessary for the intervention.
- b) Immediately following the intervention, the Chair of the Wellness Committee will write a summary position letter regarding the actions of the committee, state the benefits of complying with the impaired practitioner's program and its Advocacy Agreement, and the consequences for the impaired resident or fellow if he/she fails to comply with the MPHP, MAOPS PHP, or MIDC.
- c) A written response from the resident or fellow as to his/her intentions regarding the intervention and impairment will be required. As part of the written response, a medical leave of absence should be requested to seek the assistance that is recommended.

5) Treatment and Advocacy Agreement

- a) The resident or fellow will be given the choice of signing the Advocacy Agreement of the MPHP, MAOPS PHP, or MIDC and the choice of treatment locations by the impaired practitioner's program staff, but must obtain an evaluation by someone approved by the MPHP, MAOPS PHP, or MIDC staff.
- b) The impaired resident or fellow shall be responsible for treatment cost as well as fees for monitoring and follow-up.
- c) Monitoring of any impaired resident or fellow will be done by the MPHP, MAOPS PHP, or MIDC. Regular reports about his/her compliance with the agreement with the impaired physician's program and progress in recovery will be communicated to the Associate Dean for Graduate Medical Education.

6) Disciplinary Action

- a) In the event that the resident or fellow should refuse to submit to an evaluation and there is reasonable belief that he/she may represent a danger to the safety of patients, clinical privileges of the resident or fellow will be suspended and the resident will be referred to his/her training program's education committee for assessment and possible disciplinary action.
- b) Likewise, in the event that the resident or fellow is not complying with the Advocacy Agreement; his/her clinical privileges will be suspended and the resident will be referred to his/her training program's education committee for assessment and possible disciplinary action.
- c) If a resident or fellow is found to have stolen or diverted medication and/or altered medical records to cover up such practice he/she may be subject to disciplinary action, up to and including termination of employment and dismissal from the residency program.

7) Long-term Follow up and Return to Practice

- a) Long-term follow-up of impaired residents and fellows will be done through the MPHP, MAOPS PHP, or MIDC in accordance with the this program's Advocacy Agreement.
- b) The impaired resident must agree to sign any release forms allowing the MPHP, MAOPS PHP, or MIDC to report compliance or non-compliance with the terms of the Advocacy Agreement to the Truman Medical Center Wellness Committee and the Associate Dean for Graduate Medical Education.
- c) The impaired resident or fellow must receive a release to return to practice from the treating professional and the MPHP, MAOPS PHP, or MIDC.

8) Confidentiality

- a) If a resident or fellow agrees to all of the recommendations listed in this policy and procedure, efforts will be made to maintain the confidentiality of the identity of the impairment except as to any persons with a need to know, including but not limited to the Associate Dean for Graduate Medical Education, the Dean of the UMKC School of Medicine, the members of the Truman Medical Center Wellness Committee, the MPHP, MAOPS PHP, or MIDC, and persons involved in the investigation, intervention, and disciplinary processes, including the Pharmacy Administrator(s) when diversion is a reasonable suspicion, except as required by applicable laws and regulations, ethical obligation, or when the safety of patients or other individuals is deemed to be at risk of harm.

Revised from October 15, 2012 Policy

GMEC approved, March 4, 2016

Revision date: March 2021