Impaired Physicians - Residents

KEY TERMS: Impaired Physicians, Residents, Medical Education

I. PURPOSE:

The American Medical Association defines an impaired physician as "one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness including deterioration through the aging process or loss of motor skill or excessive use or abuse of drugs, including alcohol." This policy provides general guidelines for managing an impaired resident physician. Special circumstances may require alteration of these guidelines.

II. SCOPE:

This policy applies to residents in Carilion Clinic-sponsored ACGME accredited GME programs or Carilion-based AOA accredited programs sponsored by the Via College of Osteopathic Medicine.

III. DEFINITIONS:

IV. PROCEDURE:

Initial Report and Investigation of Suspected Impairment: If an individual has a reasonable suspicion that a resident physician is impaired, the following steps should be taken:

A. Report to the Program Director: A written or oral report is given to the Program Director for the suspected resident. The Program Director will present the report to the DIO, the Administrative Director of Medical Education (ADME), and the Director of Osteopathic Medical Education (for AOA accredited programs). The report should include a description of the incident(s) that led to the concern that the physician may be impaired. The individual making the report does not need proof of the impairment but must state the facts leading to the suspicions.

B. No further investigation: The Program Director along with the DIO, the ADME, and the DOME, if appropriate, will discuss the initial report of concern with the individual filing the report. If, after the discussing of the report it is determined that the likelihood of impairment is low, no further investigation will be warranted. The initial report will be securely...
maintained in the Office of Medical Education, but not in the resident’s permanent file, in case the report is needed for reference in the future.

C. Investigation of suspected impairment:

1. GMEC Subcommittee: If, after discussing the incident(s) with the individual who filed the report, it is determined that an investigation is warranted, the DIO and the Director of Osteopathic Medical Education, as appropriate, will appoint a subcommittee of the GMEC to conduct an investigation of the alleged resident impairment.

2. Informing the suspected resident: The DIO, the DOME (if appropriate), the Administrative DME, and the Program Director will request a meeting with the resident to provide notification of the accusations and the intent to initiate an investigation. The resident will not be told who presented the initial report of suspected impairment. The resident will sign an attestation of notification of the investigation in the presence of the DIO.

3. Results of GMEC Subcommittee investigation: The GMEC subcommittee must initiate, complete, and provide a written report of their findings to the DIO/DOME within 30 calendar days of notification to the suspected resident.

   a. No Credible Evidence of Impairment: If the investigation finds that there is no credible evidence to merit a concern that the resident is impaired:
       • The DIO/DOME and the Program Director will notify the resident in person of the findings of the investigation.
       • The initial report and the findings of the GMEC subcommittee will be securely maintained in the Office of Medical Education, but not in the resident’s permanent file, in case the report is needed for reference in the future.

   b. Evidence to Merit Concern of Impairment: If the investigation finds evidence to merit some concern that the resident is impaired, but not of the quality or quantity to justify immediate action against the resident:
       • The Program Director and the DIO/DOME will notify the resident of the findings of the investigation and the need for ongoing monitoring.
       • The Program Director will develop a plan for ongoing monitoring of the resident until it can be established that there is or is not an impairment.
       • The Program Director must meet with the resident at least monthly to review the findings of ongoing monitoring. The Program Director will discuss the findings of the monitoring during monthly meetings with the DIO/DOME.
c. **Finding of Impairment:** If the investigation finds sufficient and credible evidence of resident impairment.

- The Program Director, the DIO/DOME, and Administrative Director of Medical Education will meet with the resident to present the findings.
- The resident is told that the results of an investigation indicate that he or she suffers from an impairment that affects his or her performance. The resident is not told who filed the report.
- The results of the investigation and the resident’s response are presented to the GMEC for discussion and guidance.

2. The following steps apply to a **resident physician found to be impaired:**

   A. Depending upon the severity of the problem and the nature of the impairment, the DIO/DOME may apply the following options as appropriate:

      1. Resident consultation with Carilion Employee Assistance Program who develops a plan of action.
      2. Consultation with Medical Society of Virginia’s Physician Health and Effectiveness Program Director.
      4. Requirement that the resident physician enroll into a rehabilitation program as a condition of continued employment. Salary will be continued at the discretion of the DIO/DOME.
      5. Immediate suspension of employment and salary if the resident physician refuses the recommended actions.
      6. Termination of the resident physician’s employment.

3. **Rehabilitation**

   A. The impaired resident physician is assisted in locating a suitable rehabilitation program.

   B. A resident physician is not reinstated until the DIO, the Director of Osteopathic Medical Education, as appropriate, and Administrative Director of Medical Education are confident that the physician has successfully completed an appropriate program in which the department has confidence.

   C. The resident physician must provide written documentation to the DIO/DOME that explicitly outlines:
1. Whether the resident physician is participating in the program and is in compliance with all terms of the program.

2. Whether the resident physician regularly attends meeting of appropriate substance abuse support group, e.g., Alcoholics Anonymous, among others.

3. How the resident physician’s behavior and conduct are monitored.

4. Whether the resident physician is rehabilitated.

5. Whether an aftercare program is recommended with a description of the aftercare program.

6. Whether, in his or her opinion, the resident physician is capable of resuming employment.

D. The resident physician’s job performance is monitored by Program Director with reports presented to the DIO/DOME and the GMEC on an ongoing basis.

E. The resident physician must submit to an alcohol or drug-screening test (if appropriate to the impairment) either on a random basis or on request if behavior suggests the resident is again under the influence of drugs or alcohol.

F. As appropriate and according to the laws of the Commonwealth Board of Health Professionals, reports will be made to the Board of Medicine.

4. Appeal

The resident has the right to appeal the above findings or actions to the GMEC as described in the redress of grievance policy. The appeal findings of the GMEC are final.

V. OTHER ISSUES / CONCERNS:

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<th>Name</th>
<th>Title</th>
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<tbody>
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<td>Daniel Harrington, MD</td>
<td>DIO</td>
<td>GMEC</td>
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<td>Daniel Harrington, MD</td>
<td>DIO</td>
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