

Impairment

Scope

The policy applies to all residency and fellowship programs at CCHS.

Purpose

The Sponsoring Institution must have a policy, not necessarily GME-specific, that addresses resident and fellow physician impairment.

Policy and Guidelines

Impairment of a resident/fellow is defined to be the inability of a physician to practice medicine with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition.

CCHS and the program directors recognize their responsibilities to patients, other medical and clinical staff, other residents/fellows, and the community-at-large to ensure that residents/fellows enrolled in graduate medical education programs are physically and mentally competent to meet their designated responsibilities with professionalism.ⁱ

CCHS recognizes the importance of identifying and facilitating the treatment of residents/fellows who are incapable of meeting their responsibilities because of impairment and does not assume a punitive role. Residents/fellows who feel they may have a condition that may affect their abilities should seek immediate assistance and the counsel of their program director (and/or designee), who at their discretion, will determine the appropriate course of action, if any is needed. Physicians suspected of being impaired will be relieved of all their clinical responsibilities including call. The physician shall be referred by the Program Director, after consulting with the Dean and the Designated Institutional Official (DIO), to the Alabama Physician Health Program (APHP) of the Medical Association of the State of Alabama.

Procedures

In cases of suspected impairment, the program director, or designated member of the college's faculty, shall follow the procedures indicated below:

- A. Assure that a fair and discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents/fellows, program faculty, medical, clinical or administrative staff, patients, hospital employees, or the resident/fellow's

family members and referred to the APHP. The physician should be relieved of all clinical responsibility including call.

- B.** It is role of the APHP to conduct an initial interview and determine the need for a professionals and/or addictions evaluation at a facility with the expertise in treating health care professionals approved by the APHP. If the resident/fellow accepts the results of the assessment, then the program director will work with the resident/fellow to develop a plan of action to accommodate counseling, treatment, and/or rehabilitation.
- C.** The program director shall facilitate referral of the resident/fellow in accordance with the plan of action developed. The program director should work with the resident/fellow to monitor the rehabilitation process and act as an advocate for the resident/fellow with medical and teaching staff, other residents/fellows, and state review boards.
- D.** If a resident/fellow does not accept the determination of impairment and the plan of action, the Program Director, DIO or Dean of CCHS shall have authority for immediate suspension or revocation of the resident/fellow's appointment. The APHP, hospital, and ABME shall be notified immediately.
- E.** All paid and unpaid leave taken by the resident/fellow will be in accordance with Annual Leave policies. During any period of unpaid leave, the resident/fellow must make arrangements for the payment of premiums for continuance of benefits, including health insurance. The resident/fellow is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under the resident/fellow's health insurance.
- F.** The DIO and program director must be notified of all cases of resident/fellow impairment and receive quarterly compliance reports for all impaired physicians. The UA Leave Policy will be followed as well as the ABFM rules on educational credit. The physician must sign a release of records and reports to the DIO and program director. The APHP will provide the Program Director and DIO regular progress reports on compliance of the physician.
- G.** Continuation in the training program is dependent upon compliance of recommendations set forth by the APHP. Time away in treatment may be a cause of the resident/fellow having to extend their training period. The APHP will notify the Program Director and DIO when the physician has completed treatment and rehabilitation and is ready to return to work.
- H.** Disability - Physicians who have a physical or mental impairment that substantially limits one or more major life activities and who are able to perform the essential functions of their jobs are entitled to seek reasonable accommodations designed to assist them in the performance of their jobs without placing an undue hardship on the University or posing a direct threat to other individuals, including patients. The University's Department of Human Resources coordinates employee requests for workplace accommodations. Residents or fellows should make accommodation requests by completing an *Employee Accommodation Request Form*, available at

www.hr.ua.edu/ada, which also has contact information for Human Resources' ADA Coordinator and other information about the University's compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

Reference: Drug and Alcohol Testing Policy
Due Process Policy
Promotion, Renewal and Dismissal Policy

ⁱ CCHS and the program directors also recognize their legal responsibilities associated with:

- Alabama Code § 34-24-361(b), which provides that licensed physicians are required to report to the Board of Medical Examiners or the Medical Licensure Commission any information they may have which appears to show that any Alabama licensed physician may be unable to safely practice medicine by reason of alcohol/drug abuse, mental or physical condition, or any other reason, and
- Alabama Code § 34-24-405 (c), which states that a report to the Alabama Physician Wellness Committee (Alabama Physician Health Program) shall be deemed to be a report to the State Board of Medical Examiners for the purposes of any mandated reporting of physician impairment (defined to be the inability of a physician to practice medicine with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition).