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TITLE: Identification and Treatment of Impaired Physicians in Training Policy

Identification and Treatment of Impaired Physicians in Training Policy

PURPOSE: To establish guidelines to assist in the early identification, treatment, and rehabilitation of Physicians in Training (PIT) who are impaired or at risk of impairment due to the misuse of drugs or alcohol, or other conditions that impair performance including psychiatric or other medical conditions.

POLICY STATEMENT: The University of Vermont Medical Center Care (UVMMC) is committed to providing a safe working environment for the residents and fellows affiliated with UVMMC's graduate medical education programs. University of Vermont Medical Center is also committed to ensuring that the residents and fellows enrolled in UVMMC graduate medical education programs are physically and mentally competent to provide high quality patient care.

Physicians' ethical responsibilities to colleagues who are impaired by a condition that interferes with their ability to engage safely in professional activities include timely collegial intervention to ensure that these colleagues cease practicing and receive appropriate assistance. If collegial intervention is not successful, the physician or any other individual who has cause to believe that a Physician in Training (PIT) is impaired should report their concerns to the PIT's Program Director.

This policy is intended to provide clear guidelines in regard to identifying impaired Physicians in Training in order to facilitate their treatment. The policy allows confidential reporting or self-reporting of substance use disorders and psychiatric or other medical conditions of sufficient magnitude to affect a physician's competence. The policy also provides for confidential investigations, when appropriate, and for interventions to encourage impaired PITs to receive appropriate evaluation and treatment.

This policy shall apply to all issues of impairment due to substance use disorders, psychiatric conditions, or other medical conditions. The procedures described in this policy concerning intervention, monitoring, and treatment are to be used for all Physicians in Training who are impaired due to substance use disorders. When a psychiatric or other medical condition is of sufficient magnitude to impair a physician's competence, the PIT's Program Director may elect to use these same procedures for monitoring the PIT's treatment or he/she may tailor the monitoring contract described in this Policy to better meet the needs of the impaired physician.

DEFINITIONS

Intervention means an organized encounter in which a group of authorized individuals confront a potentially impaired physician in order to motivate that individual to accept evaluation and treatment of a suspected condition contributing to impairment

Monitoring Contract means an agreement that outlines a structured program of recovery, rehabilitation, and monitoring for each individual. The contract is entered into before an impaired PIT can return to work at UVMMC following treatment. The contract is considered a binding contract between the individual, his/her training program, and the health care professional(s) coordinating the monitoring program.

Monitoring means the process used to follow the recovery of the impaired physician. This includes follow-up visits and, in the case of substance use disorders, scheduled or random drug testing as deemed necessary. Monitoring of Physicians in Training who are impaired due to substance use disorders shall be coordinated by the Vermont Practitioner Health Program (VPHP).

Ad Hoc Committee of the Graduate Medical Education Committee (GMEC) means the committee formed to advise, facilitate or conduct the investigation, and/or assist in development of the treatment and follow-up plans.

Vermont Health Practitioner Program (VPHP) is a service of the Vermont Medical Society (VMS), developed in conjunction with the Vermont Board of Medical Practice, to serve as a peer review program of the Vermont Medical Society. Its primary purpose is to protect the public by the early identification, treatment and rehabilitation of physicians who are impaired or at risk of impairment by the excessive use of drugs, including alcohol. VPHP provides ongoing, confidential support for recovery from substance use disorders, including referral, liaison with colleagues, recovery monitoring, and documentation. Communications with VPHP are confidential under state law. VPHP is independent of the Vermont Board of Medical Practice. VPHP is not required to disclose to the Board the identity of participants, except to the extent where there is an injury, or the risk of injury to a patient, a criminal act, relapse of the use of alcohol or drugs, or other failure by the participant to comply with their monitoring contract. More information about VPHP is available at <http://www.vtmed.org/vphp>.

GUIDELINES:

I. REFERRALS

Self-Referral

Any PIT may seek treatment from a health care provider of their choice or the UVMMC Employee Assistance Program for substance use disorders, a psychiatric disorder or other medical condition that interferes with their ability to engage safely in professional activities. Individuals who are seeking treatment for substance use disorders may also seek treatment through VPHP.

If a PIT is charged with a criminal offense involving alcohol or drugs, the PIT must immediately notify their Program Director of the circumstances of the charge. Likewise, if a PIT is convicted of a criminal offense involving alcohol or drugs, the PIT must immediately notify their Program Director of the conviction.

Referrals by Colleagues/Co-workers

Colleagues or co-workers who have cause to believe that a PIT is impaired are strongly encouraged to report their concern to program leadership, including but not limited to the PIT's Program Director, Chief Resident, or GME representative [e.g. Designated Institutional Official (DIO), Director, etc.]. Sufficient causes for concern and subsequent reporting will include but are not be limited to:

- Evidence of misuse of prescribed or non-prescribed medications;
- Evidence of use of alcohol while on duty or immediately prior to duty;
- Information that a PIT has been charged with or convicted of a criminal or civil offense involving alcohol or drugs;
- Deteriorating quality of work, including documentation;
- Repeated absences/tardiness;
- Personality/behavior changes;
- Bizarre or disruptive behavior;
- Any performance that is overtly negligent;
- Physical or verbal abuse toward a colleague, co-worker, or patient;
- Any other factual circumstances reasonably suggesting that the PIT is impaired.

II. CONFIDENTIALITY

All information disclosed to program leadership shall be held in confidence and will not be disclosed to others unless program leadership determines that certain individuals in the PIT's clinical department have a legitimate need to know in order to facilitate proper treatment for the PIT and/or provide safe patient care.

III. INVESTIGATION / FOLLOW-UP

1. All allegations/concerns shall be investigated in a timely manner. GME leadership (DIO, Director) should be notified as soon as possible once an allegation or concern is raised in order to help facilitate next steps, which may include temporarily relieving the PIT of clinical duty during the investigation.
2. GME leadership shall determine if an ad hoc committee of the GMEC is to be convened to advise, facilitate, conduct the investigation, coordinate an intervention, and/or develop a management plan.
3. The UVMMC Practitioner Health and Advocacy Committee (PHAC) may serve as a resource to the ad hoc committee and Program Director at any point during the investigation and follow-up. If utilized, the Chair of the Practitioner Health and Advocacy Committee shall communicate with the other members of the Committee and its advisors as needed. The Chair will make a good faith effort to protect the confidentiality of the PIT by providing information that is blinded as to the PIT's name and program.
4. If the investigation confirms that the PIT is impaired due to substance use disorders, a psychiatric disorder or other medical condition, the Program Director shall immediately relieve the impaired PIT of any patient care responsibilities.
5. If deemed necessary, an intervention shall be coordinated by the GMEC ad hoc committee. The goal of the intervention is to encourage the PIT to voluntarily submit to formal evaluation(s), which may include choice of evaluation options as approved by the ad hoc committee, but which will not be a self-designed course of action.
6. If a PIT who has been identified as impaired (or at risk for impairment) refuses to voluntarily submit to evaluation, the ad hoc committee and Program Director in consultation with GME leadership shall determine if the individual's continued participation as a PIT could endanger the health and safety of self, patients, and/or others. If so, the ad hoc committee shall recommend further action, which may include administrative leave, suspension or termination. All decisions to suspend or terminate a PIT from a training program shall be subject to the review process described in the UVMMC House Staff Employment Contract and House Staff Handbook.
7. If the PIT refuses to submit to a requested evaluation, the refusal may be considered grounds for termination of training for "due cause" as "due cause" is defined in the UVMMC House Staff Employment.
8. If the PIT agrees to evaluation, the PIT may be placed on a leave of absence.
9. Long-term follow-up of impaired PITs due to substance use disorders shall be coordinated by the VPHP. The follow-up shall be governed by the terms of the monitoring contract agreed to by the PIT. The impaired PIT must agree to sign the necessary release forms authorizing VPHP to disclose information, with regard to compliance with the monitoring contract, to the designated authority. Follow-up of impairment unrelated to substance use disorders will be managed as per the plan developed by the ad hoc committee and Program Director.
10. If the VPHP staff, designated authority, Program Director, or the health care professional responsible for monitoring the PIT's compliance with the monitoring contract, believes that the PIT is relapsing or is not complying with the terms of his/her monitoring contract, the Program Director may consider a recommendation for suspension of training. If training is suspended, the recommendation for termination or reinstatement will be determined by the Program Director, in consultation with the ad hoc committee and/or PHAC. Any decision to terminate training will also result in termination of employment. Any action to suspend, terminate, or reinstate a PIT shall be governed by the terms and conditions described in the UVMMC House Staff Employment Contract.

IV. RETURN TO WORK PROCEDURE

1. Following successful treatment, the PIT must be specifically authorized to return to work by the VPHP or treating provider. A copy of the PIT's monitoring contract shall be provided to the PIT's Program Director, as well as the ad hoc committee and/or PHAC. The final decision to allow the PIT to return to work following treatment shall be made by the Program Director, in consultation with the ad hoc committee and/or PHAC.

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2. If the Program Director, in consultation with the ad hoc committee, determines that a return to clinical duties is incompatible with recovery or that a return to the training program poses an unacceptable risk to patients or others, the PIT will be provided the opportunity to resign from the training program. If the PIT does not resign, he/she shall be terminated from the program. Any termination will be subject to the terms and conditions described in the UVMMC House Staff Employment Contract and House Staff Handbook.

Note: *In the event that the Program Director is unavailable, the Chair of the applicable Health Care Service shall be authorized to make decisions of an urgent nature concerning impaired PITs.*

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC