

Resident and Fellow Physician Impairment Policy #0.06

I. Statement of Purpose

The KCU-GME Consortium and its programs are committed to the provision of support and appropriate referral for residents/fellows whose performance may be impaired due to psychological stress, psychiatric illness, or drugs and/or alcohol. Accordingly, programs must ensure that all residents/fellows are aware of these services and informed of the mechanisms through which they may confidentially access them, either to address problems they are experiencing personally or to intervene when problems are suspected or observed in a peer. The sponsoring institution and its programs will take all reasonable steps to protect the confidentiality of a resident/fellow who seeks voluntary treatment or is referred for treatment, subject to applicable legal constraints and the provisions of the accreditation policy.

II. Impairment

Impairment is defined as “the inability to practice medicine with reasonable skill and safety as a result of mental disorder; physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or substance-related disorders including abuse and dependency of drugs and alcohol” (Federation of State Medical Boards, 2011).

An impaired resident or fellow is one whose behavior has been affected by alcohol, chemicals, or mental illness which interferes with the resident’s/fellow’s ability to function competently.

Practicing medicine while impaired is considered professional misconduct.

III. Counseling Services

Programs must provide access to confidential, affordable mental health assessment, counseling, behavioral health services, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

All residents have access to counseling services through TimelyCare, including other resources as outlined in policy [#0.23 Well-Being](#).

IV. Policy

To maintain community trust and to provide a safe environment for residents/fellows, patients, families, visitors, and other healthcare professionals, the sponsoring institution and its programs have zero tolerance for substance misuse.

Residents/Fellows are required to report to work in appropriate mental and physical condition to ensure performance expectations are met. While on KCU, an employer, or a participating site's premises and/or while conducting program-related activities off premises, no resident/fellow may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted only if it does not impair the resident's/fellow's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger patients or other individuals.

When a resident's/fellow's use of alcohol, illegal drugs, or illegal use of drugs affects their ability to perform their job, the program shall attempt to assist the resident/fellow with correcting and alleviating the problem. Corrective action plans may include counseling, the KCU ERS, or other treatment programs required of the resident.

The following policy is to provide guidance regarding resident/fellow impairment issues and to provide procedural guidelines to programs, residents/fellows, and other medical education associates in dealing with physician impairment issues.

V. Procedure

Core curriculum educational modules regarding physician impairment are provided to resident/fellow physicians and faculty, including the recognition of impairment in physicians, and proper procedure to assist a physician when there is a concern for possible impairment.

Concerns of resident/fellow impairment should be brought directly to the Program Director of the impacted resident. Further management of the situation shall be at the discretion of the resident/fellow employer and its leadership. The DIO should be immediately informed of the concern(s) and the plan for assisting the impacted resident/fellow. The DIO will confer with the employer and if the resident/fellow refuses assessment or treatment, the resident may be terminated from the program.

Residents/Fellows and healthcare institutions have the moral and ethical obligation to report impairment to protect patient safety and the integrity of the institution. Such reporting will enable the program and GME leadership to address the impairment issue in a timely manner, which may not necessarily result in punitive action against the impaired resident/fellow.

KCU GME and its programs will protect the confidentiality of those who bring forward the issues of impairment and of residents/fellows who struggle with impairment issues.

VI. Mechanism

Residents/Fellows who suffer from an impairment that affects their education are encouraged to voluntarily bring the issue to their Program Director to take appropriate steps to protect their patients and aid.

If a resident/fellow has a concern that another resident/fellow has an impairment issue that may affect their education and ability to provide patient care, a confidential notification shall

be submitted to the Program Director, who shall appropriately document the report of impairment. If the concern is that a resident/fellow is unable to provide safe patient care, an immediate response is necessary to protect patients' safety.

If the concern is confirmed, the resident/fellow shall be relieved of all patient care responsibilities in an appropriate and timely manner. In the case of alcoholism and/or substance use, the immediate suspension of the resident physician's clinic duties shall be warranted.

When a resident's/fellow's impairment is confirmed, the Program Director or a Designee shall meet with them and discuss the issue as soon as possible but within five (5) working days. After the meeting, the Program Director or Designee shall inform other residency/fellowship staff who are directly involved in the resident's/fellow's education, and members of the program's Clinical Competency Committee on a need-to-know basis.

Depending on the nature and severity of the impairment, the Program Director, Employer, or Sponsoring Institution may require one or more of the following options (but not limited to these options):

- i. Limitations be placed on the resident's/fellow's academic and clinical responsibilities.
- ii. Resident/Fellow voluntarily take a leave of absence during which time they shall participate in a rehabilitation program (e.g., State Physician Health Program or ERS) or necessary medical treatment to address the impairment.
- iii. The resident/fellow be assessed by the Missouri Physician's Health Program (MPHP) or Missouri Associate of Osteopathic Physicians & Surgeons Physician Health Program (MAOPS PHP), or similar organization selected by the program that offers comparable services, and results provided to the Program Director or Designee and the DIO.

If the impairment involves substance use, the resident/fellow shall be required to agree to be assessed by the Missouri Physician's Health Program (MPHP) or Missouri Associate of Osteopathic Physicians & Surgeons Physician Health Program (MAOPS PHP), or similar organization selected by the program that offers comparable services.

VI. Return to Work

The Program Director, in collaboration with the DIO and the Employer, will evaluate whether a resident/fellow will be allowed to return to work or complete their training on a case-by-case basis, considering the following:

- The recommendations of the assessment or treatment program;
- Limitations, if any, on the resident's/fellow's ability to practice and the expected duration of the limitations;
- If reasonable accommodations can be made by the program; and
- Whether patient and staff safety can be maintained.

Upon receiving proper documentation of the resident's/fellow's satisfactory completion of the required treatment plan and recovery from the impairment, provided by the rehabilitation program or treating specialist(s), the Program Director shall reinstate the resident/fellow to their former position, assuming the rehabilitation has occurred within a reasonable length of time.

The Program Director may require periodic updates from the treatment program or treating physician regarding the mental and physical status and/or condition(s) of the resident/fellow if deemed necessary.

VII. Refusal to Cooperate

If a resident/fellow who requires assessment or treatment as determined by the program refuses to be assessed or enroll in treatment, the Program Director will be obligated to terminate the resident and immediately report the resident/fellow to the state medical board. The resident/fellow does not have the right to appeal the suspension and/or termination.

Approval by GMEC: 06.07.2024; 06.02.2023; 05.11.2022; 06.04.2021; 06.05.2020; 05.03.201; 01.11.2019; 06.18.2018; 03.08.2018; 06.02.2017; 05.27.2016; 07.01.2015
--