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**Policy title:** Impaired resident physicians

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## Policy Statement

UT Southwestern created the following procedure to identify, intervene, and refer for treatment any resident with a suspected or confirmed impairment. While the primary objective of this policy is to ensure quality patient care, it is equally important to strive for a safe environment for patients, employees, faculty and residents of UT Southwestern.

## Definitions

**Impaired Physician:** According to the American Medical Association, an impaired physician is one who has "any physical, mental or behavioral disorder that interferes with the ability to engage safely in professional activities." [AMA House Policy H-95.955]. This includes deterioration through the aging process or loss of motor skills, or excess use or abuse of drugs including alcohol.

**Under the Influence:** The condition wherein any of the body's sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. "Under the influence" also means any detectable presence of alcohol or drugs within the body.

## Procedure

### I. Identification

- A. Impaired resident physicians may reasonably be identified by behavior and patterns of behavior which include, but are not limited to:
1. Consistent tardiness
  2. Unexplained absences (especially after days off)
  3. Uncontrolled angry outbursts or unprofessional behavior
  4. Unexplained somnolence
  5. Legal difficulties (including, but not limited to an arrest for Driving under the Influence (DUI) or Driving While Intoxicated (DWI)).
  6. Decreased quality of care or unexplained lack of progression during the training year (reaching a plateau)
  7. Odor of alcohol on a resident while on duty
  8. Poor impulse control
  9. Lack of interest in work activities; or other symptoms of depression
  10. Other psychiatric disturbances
  11. Other medical illness
- B. UT SOUTHWESTERN encourages an impaired resident to self-report to his/her Program Director or designee. All reports of resident impairment shall be made known to the Designated Institutional Officer ("DIO"). Upon receipt of a self-report, the Program Director or designee will

meet with the resident to determine the severity of the problem and the appropriate course of action.

- C. If a hospital employee or an individual outside UT Southwestern (such as a friend or family member) reports a resident concern or complaint, which has the potential to affect professional activities, UT Southwestern will assume the responsibility for investigating the complaint. All complaints of resident impairment shall be made known to the Designated Institutional Officer ("DIO").
- D. All complaints of resident impairment shall be made known to the Designated Institutional Officer ("DIO").

## **II. Intervention**

- A. In instances where the resident's reported impairment could present an immediate threat of danger to patient care, colleagues or to the resident himself, the DIO may suspend the resident without pay subject to the outcome of an investigation.
- B. Within 10 business days, the DIO will appoint an ad hoc resident safety committee (RSC) to investigate the potential impairment. Committee members will include: the DIO, two UT Southwestern Program Directors who have not worked with or supervised the individual, one UT Southwestern GME Administrator or Coordinator, a professional who is in successful recovery (if possible) or a psychiatrist; and the relevant site's Vice-President for Medical Affairs (or their designee). The resident under review will have the option of selecting a peer resident from any of the UT Southwestern programs-including Chief Residents, President or Vice-President of the UT Southwestern Resident Association (Austin) or resident members of the GMEC-to sit on the RSC. In the event the resident under review fails or refuses to choose a peer, then one resident member of the GMEC will be appointed to sit on the committee.
  - 1. The DIO shall notify the resident in writing that the GME Office of UT Southwestern has received information indicating that the resident could be suffering impairment due to medical, psychiatric or substance abuse problems, and that an ad hoc committee is being formed to investigate the matter. The resident is given the opportunity to choose a peer to sit on that committee
  - 2. The RSC shall fully investigate the complaint or self-report. Such investigation may include, but is not limited to: (1) interviewing the reporting party, the program director, and other relevant witnesses; (2) review of patient and hospital records for any evidence which may demonstrate the resident is impaired; (3) request for drug testing and psychological, psychiatric and/or medical evaluation; (4) conference with the resident to gather information and provide the resident with an opportunity to dispute any allegations.
  - 3. If the resident refuses to cooperate with the investigation, the RSC will interview the resident and consider all available evidence. At the discretion of the RSC, the resident may be required to submit to an evaluation (including medical, psychological, psychiatric, or chemical) and serial monitoring in order to remain in residency training.
  - 4. If the RSC elects not to require further evaluation of the reported impairment; the Program Director will monitor and pursue issues related to the reported impairment. In such instances, the DIO may reconvene the RSC in the event of a subsequent report of impairment.
  - 5. After completing its investigation, the RSC may recommend one of the following options, depending upon the severity of the problem, if any, and prognosis. (Factors such as whether the resident self-reported and whether the resident immediately admitted the problem will be considered.):

- a. Take no action;
  - b. Ongoing monitoring of the suspected impaired resident which may include random drug screens;
  - c. Referral of the resident to the Travis County Medical Society's Physician Health and Rehabilitation Committee (PHRC), if in Austin; or to the Committee on Physician Peer Review and Assistance (COPPPRA), if in Dallas;
  - d. Require the resident to enter into a treatment program with or without pay as a condition of continued residency;
  - e. Impose appropriate restrictions on the resident's training and practice;
  - f. Suspend the resident from the residency program immediately with or without pay until an appropriate treatment program has been successfully completed to UT Southwestern's satisfaction.
6. The RSC will provide the resident with written notice of its decision within 10 days of completion of the investigation.
  7. If the resident refuses to accept a determination by the RSC requiring treatment, the resident may be terminated immediately and may exercise his or her rights under the UT Southwestern Due Process Policy.

### **III. Rehabilitation and Reinstatement**

- A. If the Dallas based resident is referred to COPPPRA or the Austin based resident to the PHRC, the resident will then work with COPPPRA or PHRC and, if applicable, the Texas Medical Board (TMB) to establish a treatment program. The Chairman of COPPPRA or the PHRC will work with the Program Director and the resident to establish terms of treatment.
- B. Any duration of treatment requiring absence from work will be considered a medical leave. Depending on the length of absence for treatment, the residents training time may be extended to meet requirements for promotion or board eligibility.
- C. The impaired resident is fully responsible for any out-of-pocket expenses related to the treatment that extends beyond his or her insurance coverage.
- D. UT Southwestern may, at its sole discretion, reinstate the resident if it has been established, by the treating physician or center, that he or she has successfully completed a suitable treatment program.
- E. If reinstatement is granted, UT Southwestern may place the resident on intensive supervision for a specified period with conditions including but not limited to the following:
  - i. Continuation of treatment/therapy
  - ii. Ongoing monitoring and periodic evaluations (Note: A monitoring program includes the following components: (1) random drug screens, (2) written reports from counselors/therapists, (3) a self report provided by the physician in recovery, and (4) written verification of attendance at self-help and support group meetings)
  - iii. Drug testing as requested by the residency director or treatment program;
  - iv. Authorization by resident for the release of practitioner's drug and alcohol abuse records;
  - v. Written updates from the physician or therapist treating resident for his or her impairment.
- F. Failure by the resident to comply with drug rehabilitation, the recommendations of the RSC, and/or the terms of any reinstatement may result in disciplinary action up to and including dismissal.
- G. Subsequent relapse by the resident at any time during their residency at UT Southwestern may result in action up to and including dismissal.

#### **IV. Duties of Program Director to Report**

This section applies to physicians holding a Physician-in-Training Permit. Any action taken by UT Southwestern which meets the current requirements for reporting under the Texas Medical Practice Act including, but not limited to, a determination that the resident poses a continuing threat to the public welfare through the practice of medicine, will be reported to the Texas Board of Medical Examiners as required by law. It is the responsibility of UT Southwestern Program Director to report within 30 days after discovery certain types of conduct to the Texas Medical Board and the UT SOUTHWESTERN GME Administrative Office. Behavior that must be reported includes (TMB Board Rule - 171.6):

- A. If a physician did not begin the training program due to failure to graduate from medical school as scheduled or for any other reason(s);
- B. If a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave)
- C. If a physician has been arrested after the permit holder begins training in the program;
- D. If a physician poses a continuing threat to the public welfare as defined under Tex. OCC. Code Sec. 151.002(a)(2), as amended;
- E. If the program has taken action that adversely affects the physician's status or privileges in a program for a period longer than 30 days;
- F. If the program has suspended the physician from the program;
- G. If the program has requested termination or terminated the physician from the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program and the action is final.

#### **V. Duties of PIT Holders to Report.**

If you are a Physician in Training (PIT) permit holder, you must report, in writing, to the Executive Director of the board, the following circumstances within thirty days of their occurrence:

- A. the opening of an investigation or disciplinary action taken against you by any licensing entity other than the Texas Medical Board;
- B. an arrest, fine (over \$250\*), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
- C. diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair your ability to practice medicine.

Failure to comply with the provisions of this chapter (22 Tex. Admin. Code, Section 171) or Tex. Occ. Code, Sec. 160.002 and 160.003 may be grounds for disciplinary action as an administrative violation. Duties of PIT holders to report are specified in 22 Tex. Admin. Code, Section 171.5.

#### **VI. Confidentiality**

UT Southwestern records, files, or other medical, psychiatric, and chemical dependency information including the results of drug tests are maintained by UT Southwestern as confidential. In addition, confidentiality protection is afforded to all resident and peer review committee discussions, investigations, deliberations, and documentation pursuant to the Texas Medical Practice Act.