

Tufts Medical Center

Tufts-NEMC Hospital-Wide Policy	Subject: Physician Health Policy	File Under: 2025
Issuing Department: Risk Management		Latest Revision Date: March 2007
Original Procedure Date: November 15, 2001	Page 1 of 3	Approved By: Paul Summergrad, M.D. Psychiatrist-in-Chief David G. Fairchild, M.D., M.P.H. Chief Medical Officer

I. Purpose:

The purpose of the Physician Health policy is to *educate* the medical staff in the appropriate processes to follow in the identification, evaluation, *monitoring* and resolution of issues affecting physician health.

II. Eligibility:

This policy applies to physicians, psychologists and house staff at Tufts Medical Center. For purposes of this policy, the term “physician” applies to physicians, psychologists and house staff.

III. Policy:

Committee on Physician Health:

The Committee on Physician Health (CPH) provides a forum and a process for the identification, evaluation and resolution of issues that affect physician health.

The process includes education of hospital leaders and medical staff about physician health, prevention of physical, psychiatric, or emotional illness, and facilitates confidential diagnosis, treatment and rehabilitation of physicians. The process provides assistance and rehabilitation, rather than discipline, and is intended to aid physicians in retaining or regaining professional functioning, consistent with maintaining optimal patient safety. The Committee consists of representatives from various clinical specialties, the Chief Medical Officer and the Director of Risk Management.

1. The Committee will maintain a list of internal and external resources available for the evaluation, diagnosis and treatment of impaired physicians. Affected physicians will be given a confidential referral to the appropriate resource.
2. Affected practitioners will be monitored through the mechanism determined by the Committee. If at any time during the diagnosis, treatment or rehabilitation phase of the process it is determined that the affected physician is unable to safely perform the privileges he/she has been granted, the matter will be forwarded by the Committee to the Medical Board for appropriate action, pursuant to the Medical Staff Bylaws.
3. While the goal of the Impaired Professional Program is to provide assistance to the physician rather than disciplinary action, in some instances the Committee members may deem discipline as a necessary action to improve or resolve quality of patient care issues. Any requests by the Committee for disciplinary action will be forwarded to the Medical Board for action consistent with the Medical Staff Bylaws.

IV. Procedure

A. Referral to the Committee on Physician Health

1. Self Referral

A physician who refers him/herself to The Committee on Physician Health shall be provided with written materials which detail the services available through the Massachusetts Physician Health Services (PHS) Program of the Massachusetts Medical Society and of the resources available through the Committee and will be referred to the internal or external resources appropriate for evaluation, diagnosis or treatment of his/her condition.

2. Third Party Referral

Any individual may initiate a referral to the committee regarding an individual physician. Reports may be made to the physician's Division Chief or Department Chairperson, to the Chief Medical Officer, the Committee Chairman, the Chief Operating Officer, the Vice President of Nursing Services and/or the Director of Risk Management.

Such referrals are evaluated for credibility by the Committee Chairman or the Chief Medical Officer and the Director of Risk Management. All reports, complaints, allegations or concerns regarding the potential impairment of a physician will be thoroughly investigated and evaluated for validity. The CPH will maintain the referring individual's confidentiality and will serve as a support and resource to them.

3. The physician will be referred to the internal or external resources appropriate for evaluation, diagnosis or treatment of his/her condition.
4. The confidentiality of any physician referred to the Committee will be strictly maintained to the extent permitted by law while ensuring patient safety.
5. Any physician referred for assistance will be monitored until rehabilitation is complete.
 - a. The method of monitoring will be determined by the Chief Medical Officer, the Chairman of the Committee on Physician Health, the Chairman of the Physician's Clinical Department and the Director of Risk Management
 - b. Monitoring will continue until the Committee is assured that the impairment for which the physician was referred to the program no longer exists or no longer potentially impacts the quality and safety of patient care.

B. Educational Resources

Education of organizational leaders and the medical staff about illness and impairment recognition issues specific to physicians will be provided on a periodic basis.

The Medical Staff Office will maintain information regarding the resources available through the Massachusetts Physician Health Services (PHS) Program of the Massachusetts Medical Society, as well as other resources.

C. Reporting Obligations

The CPH will serve as a resource and advisor to individuals who may be obligated to report to the Massachusetts Board of Registration in Medicine any physician who is impaired by chemical dependence, or physical or psychiatric illness or disability.

Massachusetts General Laws C112 S.5F requires licensed physicians, house officers, registered nurses and certain other health care providers to report to the Board of Registration in Medicine "any person who there is reasonable basis to believe . . . is guilty of practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability or mental instability." The CPH strongly encourages individuals who may have a statutory obligation to report to the Board of Registration in Medicine to seek consultation with the Committee as the reporting obligations are complex.

Committee Approval

Medical Board : May 10, 2007

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