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National Capital Consortium
Graduate Medical Education
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NATIONAL CAPITAL CONSORTIUM PHYSICIAN IMPAIRMENT POLICY

ACGME Institution Requirement: IV.I.2

A. **PURPOSE:** The purpose of this policy is to:

- Protect patients from harm.
- Support physician health and well-being.
- Maintain public trust in the medical profession.
- Meet the ACGME institutional requirements.

B. **APPLICABILITY:** This policy applies to all National Capital Consortium (NCC) trainees.

C. **DEFINITION:** Physician impairment is the inability of a physician to provide medical care with reasonable skill and safety due to illness or injury.

D. **BACKGROUND:** Physician impairment can be caused by a variety of factors, including:

- Substance abuse disorders, such as alcohol or drug addiction
- Mental health disorders, such as depression, anxiety, or bipolar disorder
- Physical health conditions, such as chronic pain, fatigue, or neurological disorders
- Cognitive impairment, such as dementia or Alzheimer's disease
- Burnout

Physician impairment can have serious consequences for patients, including misdiagnosis, medical errors, and even death. It is important to note that not all physicians who have a substance abuse disorder, mental health disorder, or physical health condition are impaired. However, if a physician's condition is affecting their ability to provide safe care, they are considered to be impaired.

E. **RECOGNITION OF AN IMPAIRED PHYSICIAN:**

There are a number of signs and symptoms that may indicate that a physician is impaired. A physician may self-identify or may be identified by others who may suspect impairment. Some signs and symptoms of physician impairment include:

- Changes in behavior, such as increased irritability, aggression, or withdrawal
- Changes in work performance, such as decreased productivity, increased errors, or difficulty concentrating
- Physical changes, such as slurred speech, poor coordination, or bloodshot eyes

- Substance abuse, such as the smell of alcohol on the breath or needle marks
- Legal trouble, such as driving under the influence or possession of drugs

F. **POLICY:**

Confidentiality: The National Capital Consortium, the DIO, and all other graduate medical education related officials will ensure confidentiality of records, files, and information related to issues of physician impairment.

Reporting Responsibility: Any institutional employee, medical staff member, or trainee who has reasonable concerns or significant information that patient care is or could be affected by a possible trainee impairment, has the responsibility to report the concerns to the program leadership.

G. **PROCEDURES:**

Any suspected impairment in a trainee within the NCC is referred to the Provider Wellness Committee (PWC) chair in accordance with the most up-to-date version of references #1 and #2 below. A trainee can self-refer directly to the PWC or request assistance from the program director or other supervisors. Program Directors and other GME leaders can request assistance from the DIO or the Director of the Graduate Medical Education for any assistance. Trainees located at either Fort Belvoir or Walter Reed are referred to their respective PWCs.

H. **ASSESSMENT AND TREATMENT:**

Once a physician has been identified as impaired, they will be assessed by a qualified healthcare professional in accordance with the PWC. The assessment will determine the nature and severity of the impairment, as well as the need for treatment.

Treatment for physician impairment may include a variety of services, such as substance abuse treatment, mental health counseling, and physical rehabilitation.

I. **OUTCOMES:**

Return to Practice: Once a physician has completed treatment and is no longer impaired, they may return to practice. However, they may be required to undergo monitoring to ensure that they continue to practice safely in accordance with PWC policies.

Inability to Return to Practice: Given the nature of military service, certain conditions, or the length required to treat a condition may not meet military service-specific retention criteria. In these cases, the trainee is processed through medical board and disability channels and removed from the training program for non-academic reasons. Please refer to the NCC Disability and Special Accommodations Policy for additional information on this process.

REFERENCES:

1. Standard Operating Procedure for Enrollment and Management of the Provider Wellness Program. Defense Health Agency, National Capital Region Market Office Implementation Guidance. February 2022.
2. Defense Health Agency (DHA) Procedures Manual (PM) 6025.13 “Clinical Quality Management (CQM) in the Military Health System” August 29, 2019.
3. Fort Belvoir Community Hospital Administrative Instruction Number 1010.03, “Provider Wellness Program”; dated 14 March 2018

Per ACGME Institutional Requirements effective 1 July 2022.

Approved at the 1 November 2023 GMEC meeting.