



Policy Number:	26-21
Policy Name:	Graduate Medical Education: Physician Impairment Policy
Authority:	ACGME Institutional Requirements, ACGME-approved interim revision September 3, 2025; effective September 3, 2025, Section 4.9b.
Original Policy Date:	June 12, 2026 Effective Date: 06/12/26
Supersedes:	24-01
Policy Last Revised:	N/A
Attachments:	N/A

PURPOSE

This policy describes how Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), as a Sponsoring Institution for ACGME-accredited graduate medical education (GME) programs, addresses physician impairment by requiring that every BHRS-SMC clinical site where residents/fellows are present maintain and implement physician impairment policy and/or procedures that will be followed by all physicians and learners at that site, consistent with applicable laws and regulations.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement 4.9.b requires the Sponsoring Institution to have a policy which addresses physician impairment. Physician impairment may involve medical, psychiatric, behavioral, and/or substance-use related conditions that pose a risk to patient safety or to a safe learning and working environment. BHRS-SMC is committed to early identification, safe intervention, timely access to evaluation and treatment resources, and a non-retaliatory reporting culture.

DEFINITIONS

Participating Site / Clinical Site: Any BHRS-SMC-operated or affiliated clinical setting where residents/fellows provide patient care or participate in required educational experiences.

Physician Impairment: Any condition or behavior, regardless of cause, that may interfere with a physician’s ability to provide safe and competent patient care or to function as normally expected in the clinical environment. This may include medical, psychiatric, behavioral, fatigue-related, cognitive, or substance-use related impairment.

Non-Retaliation: Prohibition on intimidation, reprisal, or adverse consequences for good-faith reporting of impairment concerns or participation in related processes.



POLICY

I. Site Physician Impairment Policy and/or Procedures

- A. BHRS-SMC will ensure that every clinical site where BHRS-SMC residents/fellows are present maintains a site impairment policy and/or procedure that addresses physician impairment consistent with applicable laws and regulations.
- B. BHRS-SMC and its programs will follow the site physician impairment policy and/or procedures at each site for any suspected or identified physician impairment event occurring at that site.
- C. Site Impairment Policies must include, at a minimum:
 1. Processes for reporting suspected impairment;
 2. Processes for timely assessment and intervention, including immediate safety actions when needed;
 3. Processes for safe removal from patient care duties when there is concern for imminent risk;
 4. Referral pathways for evaluation and treatment; and
 5. Processes for return-to-work/return-to-duty and monitoring as applicable.

II. Protected Reporting and Non-Retaliation

- A. BHRS-SMC prohibits retaliation for good-faith reporting of impairment concerns.
- B. Residents/fellows must have access to protected reporting pathways at the site and through BHRS-SMC program and institutional channels.

III. Institutional Oversight

- A. GMEC will oversee that programs have mechanisms to:
 1. Inform residents/fellows of site impairment reporting pathways; and
 2. Ensure residents/fellows can report impairment concerns in a protected manner.
- B. The DIO and GMEC may review de-identified aggregate trends or systemic concerns related to impairment processes affecting the learning and working environment.

PROCEDURE/PROTOCOL

I. Site Policy Access and Orientation

- A. Each program will maintain a current list of participating sites and ensure residents/fellows receive information at onboarding and/or site orientation regarding:
 1. the site's impairment reporting process; and
 2. the chain of escalation for urgent safety concerns.



II. Reporting Suspected Physician Impairment

- A. If a resident/fellow observes suspected impairment at a participating site, the resident/fellow should follow the site physician impairment reporting process.
- B. If the concern involves the resident/fellow's immediate supervisor, or if the resident/fellow believes the site process is not safe or is not being followed, the resident/fellow may report to:
 - 1. the Program Director; and/or
 - 2. the DIO and/or GMEC.
- C. When patient safety is at risk, residents/fellows should use the site's urgent escalation process immediately (e.g., on-call attending/supervisor, unit leadership, administrator on call, or equivalent per site policy) and notify the Program Director.

III. Immediate Safety Actions

- A. When a site determines there is risk to patient safety or to a safe work environment, the site will take immediate actions, which may include removal of the impaired physician from patient care duties pending evaluation.

IV. Documentation and Coordination

- A. Events involving impairment concerns will be documented and managed per the site physician impairment policy and/or procedures and applicable laws.
- B. When an event materially affects resident/fellow supervision, patient safety, or the learning environment, the Program Director will notify the DIO/GMEC as appropriate for institutional oversight and support.

V. Policy Availability and Review

- A. GMEC will ensure this policy is available for review by residents/fellows at all times through the GME manual, BHRS-SMC intranet, or similar accessible location.
- B. This policy will be reviewed at least every year, or more frequently if ACGME requirements, County/site policies, or applicable laws change.



SIGNATURES

Approved: Signature on File
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REVISION HISTORY

Date of Revision	Type of Revision	Revision Description