



UNIVERSITY POLICY

SUBJECT: ACADEMIC AFFAIRS

TITLE: IMPAIRED FACULTY

CODING: 00-01-20-55:00

ADOPTED: 04/01/89

AMENDED: 08/06/03

I. PURPOSE

To set UMDNJ policy in the event of impairment among faculty, to provide assistance to impaired faculty, and to protect the health and safety of patients, students and employees of UMDNJ.

II. ACCOUNTABILITY

Under the President and the Senior Vice President for Academic Affairs, the Deans shall implement and ensure compliance with this policy, including provision of the faculty assistance committees with the resources needed to carry out their responsibilities under this policy.

III. DEFINITION

An impaired faculty member is one who is unable to participate within the University community with requisite skill and safety. The impairment may be due to substance and/or alcohol abuse or dependency, mental disorder, or other medical disorders. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- unusual or inappropriate behavior
- negative changes in performance of assigned duties
- frequent or unexplained absences and/or tardiness from duties
- frequent or unexplained illnesses or accidents
- conduct which may constitute violations of law, including citations for driving while impaired
- significant inability to contend with routine difficulties and to act to overcome them.

IV. REFERENCE

Individuals with Handicaps/Disabilities [00-01-35-40:00](#)

V. POLICY

Physical and mental disorders and alcohol and other drug abuse or dependencies are often treatable. It is the policy of the University to assist impaired faculty (as defined above) in obtaining treatment, when such assistance does not adversely affect the University's ability to safeguard the public health and effectively discharge its missions.

This policy focuses on the behavior of the impaired faculty member and its impact on the faculty member and others, not on any underlying medical condition or disability. If an impairment is caused by a disability, it shall be the faculty member's obligation to comply with University policy, Individuals with Handicaps/Disabilities, 00-01-35-40:00 with regard to requests for accommodation.

Impairment of faculty due to substance abuse and other forms of mental and physical disorders adversely affects all aspects of the University's missions. These disorders may impair work performance and/or the provision of patient care. Conduct related to impairment may be sufficient grounds for disciplinary action, including dismissal, and may require immediate action to protect the health and safety of others.

In the event that the impairment poses a risk for patient care, clinical practice privileges and/or clinical duties shall be suspended immediately pursuant to existing University procedures.

Where an incident may involve a violation of federal, state or local law, the Office of Legal Management may be consulted to determine whether there is an affirmative duty to report that violation or take other action.

Confidentiality of all referred and identified faculty and of individuals making referrals shall be maintained to the extent possible and permitted by law.

VI. PROCEDURES

- A. Each UMDNJ School shall develop its own faculty assistance policies and procedures incorporating all existing resources, including the Faculty Assistance Committees (see below), to identify and, when appropriate, attempt to assist impaired faculty.
- B. If, in the judgment of the Dean or his/her designee, the continued presence of a faculty member poses a substantial and immediate danger to the welfare or safety of any person or property, the Dean or his/her designee may take immediate disciplinary or other appropriate action to prevent harm. A faculty member suspended or terminated in this manner shall, if practicable, be given an opportunity to appear personally before the Dean or his/her designee to discuss whether the faculty member's continued presence poses a substantial and immediate danger to himself/herself, to others and/or to property. In the case of immediate suspension or termination, any applicable grievance procedure provided through a collective bargaining agreement between UMDNJ and an applicable bargaining unit may be thereafter invoked by the faculty member.
- C. In order to supplement existing University and School resources, bring previously unidentified impaired faculty into treatment, and accomplish identification and treatment earlier in the course of these disorders when the prognosis for successful rehabilitation is likely to be better, the Schools shall establish Faculty Assistance Committees which will have the following basic functions:
 - assessment of reports of impairment;
 - presentation of concerns to identified faculty;
 - referrals for diagnosis and treatment;
 - monitoring of impaired faculty until final disposition;
 - referral of faculty who are not cooperative or who are non-compliant in the evaluation, referral and/or treatment to the appropriate dean for possible disciplinary or other action.

Details of the functions, composition and procedures of these committees can be found in section VI.E. below.

The Faculty Assistance Committees are only one of several options available to a School for identifying impaired faculty members and bringing them into treatment, and are meant to be utilized by the Deans in concert with other resources and other appropriate procedures which may include disciplinary action and leaves of absence.

- D. A summary of this policy and of the assistance available through the Faculty Assistance Committees and other existing resources shall be incorporated into faculty informational materials and faculty orientation programs.

E. A Faculty Assistance Committee shall be established for each University Campus.

1. Composition of the Faculty Assistance Committees

The Dean(s) of the School(s) on each Campus shall appoint the members of the committees. Members shall be faculty from the Schools on each Campus. One or more individuals with expertise in mental health and in addiction/substance abuse should be included on each committee. The Schools on each Campus may decide to have separate subcommittees for each School or one committee serving one or more Schools. Each committee shall name a chair and establish its own procedures and meeting schedule.

2. Functions of the Faculty Assistance Committees

a. Publicizing the Faculty Assistance Committees

The committees shall annually publish and disseminate to faculty and pertinent administrators a statement summarizing the University's Impaired Faculty policy, including the names, locations and telephone numbers of the members of the committees to whom reports of potential impairment are to be made, and a description of other resources for dealing with impairment. The committees shall ensure that a statement regarding the Faculty Assistance Committee is incorporated into faculty informational materials and faculty orientation programs, and that Campus forums on substance abuse include reference to the Faculty Assistance Committee.

b. Advocacy for Preventive Activities

The committees shall develop and recommend to the School and University administrations preventive activities aimed at faculty.

c. Assessment of Reports of Impairment

Sources of referrals and reports concerning faculty impairment may include:

- self referral
- spouse, other family or household members
- other faculty and colleagues
- students, housestaff
- committees on faculty affairs
- School administrators and other staff of the School
- health professionals with knowledge of the faculty member from other treatment programs, especially when the faculty member has failed to follow or complete the previous program.
- patients

The committees are responsible for the preliminary assessment of the validity of reports and referrals made to them prior to presenting their concerns to the faculty member.

The committees shall consider reports of behavior or incidents which may be indicative of impairment and which occur within and/or outside the University premises.

d. Presentation of Concerns to Identified Faculty

Once the committee has concluded that there is a likelihood of impairment in a referred faculty member, two members of the committee shall be selected to privately present the committee's concerns to the faculty member. Where appropriate, individuals possessing first-hand experience with the faculty member's impaired behavior or status shall be asked to voluntarily take part in the presentation of concerns to the faculty member. Those members of the committee who will perform interventions should have received specialized training in handling such presentations (intervention training). (If desired by a committee considering a referred faculty member who is a physician, the Physicians Health Program of the Medical Society of New Jersey may be asked to perform or assist in the intervention.)

Four possible outcomes of the initial presentation are:

- i. The presenters conclude that based on additional information given them by the faculty member, there are no grounds for concluding that the faculty member is impaired and that no intervention is required.
- ii. Further assessment and/or additional information is required. This may include referral of the faculty member for a clinical evaluation.
- iii. The faculty member is convinced of the need for help and assents to enroll in an appropriate treatment program; the presenters will begin the referral process for evaluation and treatment.
- iv. Treatment is indicated and the faculty member resists help, either by refusing treatment or refusing evaluation to determine if treatment is necessary. The presenters shall report back to the committee which shall convey the information concerning the faculty member to the appropriate Dean. The Dean, after his/her own assessment of the available information, may make additional attempts to get the faculty member into treatment or evaluated for the need for treatment. If the Dean is convinced that the faculty member is impaired and the faculty member continues to refuse treatment or evaluation, then the Dean shall initiate the appropriate steps to discipline or dismiss the faculty member from the institution in accordance with the School's bylaws, policies and procedures.

e. Referral for Evaluation, Diagnosis and Treatment

The committee shall refer faculty for clinical evaluation to those resources identified by the committee as appropriate. Referred faculty will be allowed to choose an approved resource from among those identified by the committee or be able to utilize an alternative resource that meets the committee's approval. A specially trained professional at the resource shall evaluate each referred faculty member, make all relevant and, if needed, recommend a treatment program which may be outpatient or inpatient.

If, after receiving the evaluation report, the committee sees the need for additional information or evaluation, or for a second opinion, the committee may refer the faculty member to another resource.

When referring a faculty member for clinical evaluation/treatment, the committee shall transmit to the provider information describing conduct by the faculty member which suggests or indicates potential impairment. When referring a faculty member, the committee shall not transmit any individually

identifiable health information or medical records directly to the provider except with the written authorization of the faculty member.

Treatment, if indicated, may be conducted at the resource performing the evaluation or at an alternative resource selected by the faculty member subject to committee approval.

f. Monitoring of Impaired Faculty

The committee shall monitor the treatment and rehabilitation of referred impaired faculty as appropriate. This will include newly hired faculty members with a previous impairment that was identified at the time of initial hire and whose employment is contingent upon such monitoring. The committee will also be responsible for monitoring faculty members whose impairment becomes identified through a mechanism other than those identified in Section D.2.c. If a faculty member is enrolled in a treatment program, the committee may delegate the monitoring function to the treatment program, and, in that event, shall receive regular reports on the faculty member's progress. The faculty member shall be required to permit the treatment provider to provide relevant information to the committee and to inform the committee if the faculty member drops out of treatment, relapses or shows other evidence of deterioration liable to result in significant functional impairment. Failure of the faculty member to permit the treatment provider to provide relevant information may result in action by the School, including possible dismissal.

The committee shall determine in each case the appropriate duration of monitoring. In making this determination, consideration should be given to the practice of the New Jersey State Board of Nursing and the New Jersey State Medical Society's Physicians Health Program to monitor practitioners who are impaired due to substance abuse or other physical or mental disorders that may impact on the safe care of patients. Monitoring by the committee may need to be maintained for an indefinite period, or until the faculty member leaves the University.

A faculty member on medical leave of absence because of an impairment that is being monitored by the committee should be considered for reinstatement by the School administration only after consultation with the committee. The committee's recommendation in this regard will be based upon the current evaluation by the faculty member's treatment provider(s) and upon any independent evaluation requested by the committee.

g. Consultation with New Jersey State Assistance Programs

The committee shall maintain open communication with the Directors of the Physicians Health Program of the Medical Society of New Jersey, the Dental Association's Assistance Program and the Nurses Association's Nurse Assistance Program for exchange of information and advice and for consultation. Assistance with intervention with referred clinical faculty may be requested from these programs at the discretion of the committee.

h. Submission of Annual Reports to the Deans and to the Senior Vice President for Academic Affairs

The committees shall each submit an annual report to the respective Deans and to the Senior Vice President for Academic Affairs. These reports will summarize the activities of the committees (referring to individuals by case

number only), report on the status of individuals under committee supervision or monitoring, and make recommendations for improving the role of the Faculty Assistance Committee. The committee chairperson is responsible for the preparation and submission of the reports.

F. Urine and/or blood testing for drugs

There shall be no mandatory, routine use of urine or blood testing for drugs. However, where there is reason to believe that an impairment is the result of substance abuse and the faculty member refuses to submit to drug testing, the University reserves the right to take disciplinary action or other action as may be deemed appropriate to protect the health and safety of patients, students, other faculty members and employees. Testing may be performed by the selected treatment program. The committees may also recommend drug testing to a faculty member to help rule out the existence of a substance abuse problem. Drug testing may be required to verify a drug-free state during treatment and as part of the follow-up and monitoring after the conclusion of formal therapy.

G. Confidentiality

The Faculty Assistance Committees shall make every effort to maintain the confidentiality of referred individuals to the extent possible and permitted by law. Only case numbers rather than individuals' names shall be used during meetings and in records. Files involving impaired faculty shall be stored under lock separately from personnel records. Inactive files and files of faculty who have left the University shall be sealed and stored separately. If a faculty member is referred to a state assistance program, the appropriate files shall be shared with that program, and a notation of the sharing kept at the University.

By Direction of the President:

Vice President for Academic Affairs