



Institutional Handbook of Operating Procedures Policy 08.01.07	
Section: Medical Staff	Responsible Vice President: SVP, Chief Medical & Clinical Innovation Officer
Subject: Medical Staff Health Policy	Responsible Entity: Health System, Medical Staff Executive Committee (MSEC), Medical Staff Services Department

I. Title

Medical Staff Health Policy

II. Policy

The University of Texas Medical Branch (“UTMB”) is committed to providing safe, quality care, which can be compromised if a Medical Staff member is suffering from a Health Issue that is not appropriately addressed. UTMB is also committed to assisting Medical Staff members in addressing Health Issues so they may practice safely and competently.

This Policy outlines the process that will be used to evaluate and collegially resolve concerns that a Medical Staff member may have a Health Issue. A flowchart that outlines the review process described in this Policy is set forth in Appendix A.

The procedures in this Policy are only applicable to Medical Staff members and are not applicable to Allied Health Professionals. Health Issues involving Allied Health Professionals will be reviewed through UTMB’s Employee Assistance Program (“EAP”).

III. Procedures

As outlined in the Medical Staff Organizational Manual, the Physician Health & Rehabilitation Committee shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The Physician Health & Rehabilitation Committee should provide reports as described in the Medical Staff Health Policy.

IV. Definitions

Administrative Team: the UTMB President, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, or any Administrator on call.

Employed Medical Staff Member: means a Medical Staff member who is employed by an Employer.

Employer: UTMB or a UTMB-related entity that:

(1) has a formal peer review process and an established peer review committee; and

(2) is subject to the same information sharing policy as UTMB, or has information sharing provisions in a professional services contract or in a separate information sharing agreement with UTMB.

Health Issue: any physical, mental, or emotional condition that could adversely affect a Medical Staff member’s ability to practice safely and competently. Examples of Health Issues are included at MSHM-1 in the Medical Staff Health Manual.

Medical Staff: all physicians, dentists, and podiatrists who are credentialed through the Medical Staff and designated as members of the Medical Staff by the UTMB President.

Medical Staff Leader: any Medical Staff Officer, Department Chair, Division Chief, or committee chair.

V. Relevant Federal and State Statutes

[Texas Occupations Code Chap. 160](#)

[Texas Occupations Code Chap. 167](#)

VI. Relevant System Policies and Procedures

[UTS 102 Drugs and Alcohol Policy](#)

VII. Additional References

[UTMB Health - Medical Staff Bylaws November 2023](#)

[UTMB Health - Medical Staff Organization Manual November 2023](#)

[UTMB - Medical Staff Health Policy November 2023](#)

[UTMB - Medical Staff Health Manual November 2023](#)

VIII. Dates Approved or Amended

Include origination date, dates of major or minor revisions and dates reviewed without changes.

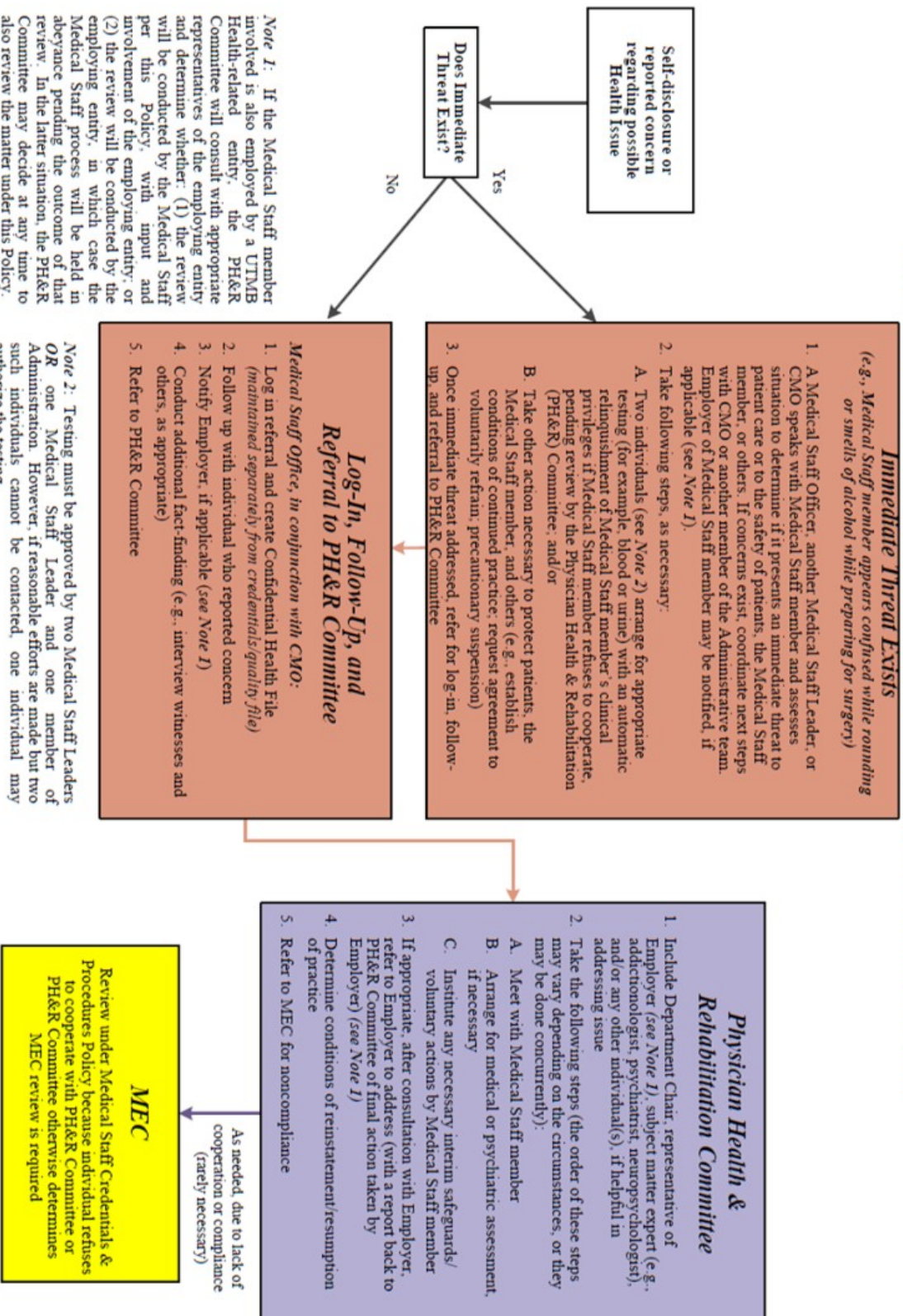
<i>Originated: 04/01/98</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
06/23/00	
12/17/2024	

IX. Contact Information

Medical Staff Services Department
(409) 772-5281

UTMB HEALTH

Appendix A: Review Process for Health Issues Involving Medical Staff Members



Note 1: If the Medical Staff member involved is also employed by a UTMB Health-related entity, the PH&R Committee will consult with appropriate representatives of the employing entity and determine whether: (1) the review will be conducted by the Medical Staff per this Policy, with input and involvement of the employing entity; or (2) the review will be conducted by the employing entity, in which case the Medical Staff process will be held in abeyance pending the outcome of that review. In the latter situation, the PH&R Committee may decide at any time to also review the matter under this Policy.

Note 2: Testing must be approved by two Medical Staff Leaders OR one Medical Staff Leader and one member of Administration. However, if reasonable efforts are made but two such individuals cannot be contacted, one individual may authorize the testing.