



TORRANCE  
MEMORIAL

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Department: MEDICAL STAFF

Policy/Procedure: PRACTITIONER RETURN TO  
WORK

## **POLICY**

Members of the Medical Staff of Torrance Memorial Medical Center and Allied Health Professionals (AHP's) who return to work following a formal or informal medical leave of absence must be medically evaluated to ensure they maintain adequate physical and mental health status to provide care to patients at the hospital, as required under the Medical Staff Bylaws.

## **PURPOSE**

It is recognized that impairment of a physician's, and AHP's, physical or cognitive abilities can place patients at risk. To ensure that only physicians and AHP's who maintain adequate physical and mental health provide clinical care and treatment of patients at Torrance Memorial Medical Center, members of the medical staff and AHP's who return to work following any formal or informal leave of absence that is based in whole or in part on any medical event or physical or mental impairment ("Medical Absence"), must undergo a medical or other evaluation as set forth in this policy.

The Medical Staff of Torrance Memorial Medical Center has the authority to determine whether or not a member of the medical staff or an AHP maintains the physical and mental health necessary to exercise clinical privileges after their return to work following a medical absence. To that end, the Practitioner's Well Being Committee will review and evaluate the physical or mental health, as appropriate, of a medical staff member or AHP who returns to work following a medical absence, in accordance with the procedure outlined below.

## **PROCEDURE**

- A. Medical Staff Responsibility: The Medical Staff Bylaws require that a member of the medical staff or AHP be able to document his/her "adequate physical and mental health status." As such, a medical staff member or AHP returning from a medical absence must do the following:
1. Notify Medical Staff Services Department of when they are returning from a medical absence and identify any health-related issues that could affect their performance of clinical privileges. A medical staff member or AHP who was granted a leave must provide notice in accordance with the Bylaws.  
AND
  2. Review their current clinical privileges and submit a new request to Medical Staff Services Department for clinical privileges. This review is to encourage any changes or modifications due to health and fitness limitations or status.  
AND
  3. Arrange for their attending physician to provide medical clearance which identifies any possible limitations the medical staff member or AHP may have in connection with exercising the requested clinical privileges.

AND

4. Sign a consent for the release of medical information from the medical staff member's or AHP's attending physician to the Practitioners' Well Being Committee.
5. Any medical staff member or AHP who returns from a medical leave and who refuses to arrange for medical clearance; refuses to consent to the release of the medical clearance and other medical information to the Practitioners' Well Being Committee; or refuses to undergo any other clinical examination as may be required by the Practitioner's Well Being Committee, may be required to appear before the Medical Executive Committee to discuss such their ability to document their physical and mental health status, as required by the Medical Staff Bylaws.

B. Medical Staff Responsibility: Where a medical staff member or AHP returns to work following a medical absence, the Practitioner's Well Being Committee shall:

1. Review the requested clinical privileges and the list of any health-related issues that could affect their performance of clinical privileges; and review their medical clearance. The Practitioner's Well Being Committee may obtain input from the Chief of the appropriate clinical department when appropriate.
2. Require the physician or AHP to undergo an independent medical assessment if the Practitioner's Well Being Committee determines that the information provided in the medical clearance is not sufficient to document the medical staff member's or AHP's physical and mental health status.
3. Upon reviewing all information, make a recommendation to the Chief of Staff or the Medical Executive Committee as to whether the physician or AHP maintains the health and fitness to perform the requested clinical privileges. If the recommendation is to reduce the physician's current clinical privileges or deny the requested privileges, and if the Medical Executive Committee affirms that recommendation, the affected physician or AHP shall be provided with a notice of the adverse recommendation and of his/her right to a hearing as outlined in the Medical Staff Bylaws.
4. All medical information obtained by the Practitioner's Well Being Committee concerning a physician's or AHP's physical and mental health under this Policy shall be treated in a confidential matter and not disclosed to any third party except in accordance with committee and/or hospital policies and procedures.
5. Physicians returning from routine Maternity Leave may be cleared for return to work by the Chief of their clinical department and do not require Practitioner Well Being review.

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Initial Approval and Major Revisions:

Practitioner Well Being Committee: 12/13/2005; 03/18/2014;

Bylaws Committee: 8/29/2019; 08/18/2023

Medical Executive Committee: 02/14/2006; 07/08/2014; 10/15/2019; 10/10/2023

Board of Trustees: 07/31/2014; 12/13/2017; 10/31/2019; 10/31/2023