Policy /Procedure Document	
Manual:	N/A
Origination Date:	10/23/2017
Last Review Date:	
Next Review Due:	10/31/2022
Policy Owner:	Medical Staff
Required Approvals:	
Committee*:*	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	**Guidelines for Practitioners Requesting a Leave of Absence or Exemption from Call Responsibilities**
SCOPE:	These guidelines are intended to inform Medical Staff Privilege Holders of the process for requesting a leave of absence or an exemption from staff call.
DOCUMENT TYPE:	N/A
PURPOSE:	There may be times when a Practitioner is not able to participate in clinical activities and/or Membership duties for a period of time. This policy is intended to provide information on how the Practitioner should request a Leave of Absence or an exemption from call responsibilities.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Leave of Absence:

A voluntary Leave of Absence must be requested by any Staff Member/Privilege Holder who will not be participating in clinical activities and/or Membership duties for a period of over **6 months**. This leave may be requested by submitting written notice to the Medical Staff Office stating the anticipated period of the Leave, which, except for military service, may not exceed two (2) years. The Medical Executive Committee (MEC) will review the request and make a recommendation to the Board of Trustees (Board). Clinical Privileges, Membership rights, and Staff obligations will be suspended during the period of the Leave.

At least sixty (60) days prior to the termination of Leave, the Staff Member/Privilege Holder must request reinstatement by submitting a Reinstatement Request Form to the Medical Staff Office. (This form is appended to the end of this document.)

If the Leave of Absence was due to medical issues, the written request must include a statement from the Practitioner's treating physician that the Practitioner is both physically and mentally capable of resuming the practice of medicine within the Hospital.

If the Leave was not due to medical issues, the Staff Member/Privilege Holder must submit a written summary of relevant clinical and medical staff activities during the period of Leave.

The MEC will review the request for reinstatement and make a recommendation to the Board concerning reinstatement of Membership and Privileges. The MEC may recommend proctoring, chart review or other activities dependent upon the nature, duration and clinical activities of the Leave in order to confirm competency. The Staff Member/Privilege Holder may not resume clinical activities until any additionally required information, if requested by the MEC, has been received and Board approval is granted.

Clinical Privileges, Membership rights, and obligations of the Staff Member/Privilege Holder are held in suspension during the period of the Leave.

Staff Call Responsibilities:

A Practitioner scheduled to be on staff call at a particular time has the option to 1) take the call, 2) mutually agree to trade on-call days with another Medical Staff Member with similar Privileges, or 3) mutually agree with another Practitioner who will take that on-call day. It is the responsibility of the scheduled on-call Practitioner to be available when on-call, or to assure that his/her duties are otherwise covered. The Summit Center must be notified of any changes to the staff call schedule.

A Staff Member/ Privilege Holder may be excused from call for up to 90 days by submitting a request to the Medical Staff Office. Documentation may be requested as to the basis of any such request, e.g., a request due to medical issue(s) would require a letter from the Practitioner's physician corroborating the medical issue(s). Approval must be obtained from the Department Chief and President of the Medical Staff. (If the Practitioner provides call coverage for a particular service for more than one Department, each Department Chief from which the call pool derives must approve the request.)

If the exemption from staff call is beyond 90 days, the MEC must approve the request.

The impact on the Hospital's ability to provide adequate on-call coverage will be considered in all requests for excuse from staff call.

(Please see Emergency Department On-Call Responsibilities Policy/Procedure Document for additional information regarding staff call obligations.)

Document Revision History:		
Revision Date:	Revised By:	Summary of Changes:
10/23/2017		Original Document

MEMORIAL HOSPITAL
Reinstatement Request Form

A REQUEST FOR REINSTATEMENT MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO RETURN

I hereby request reinstatement to the Medical/Allied Health Staff, effective:_____

Name: _____
Last **First** **Middle Initial**

Primary Office Address: _____

_____

Phone Number: _____

MEDICAL LEAVE:
If your Leave was due to medical reasons, please attach a statement from your treating physician that you are physically and mentally cable of performing the privileges requested.

CLINICAL AND MEDICAL STAFF ACTIVITY:
Please list all relevant clinical activity during the period of the Leave of Absence:

HOSPITAL AFFILIATIONS:
Please list all Hospital affiliations you have held since your last practice date at Memorial Hospital.

Hospital Name	Address	Staff Category	From	To

Reinstatement Request Form

PROFESSIONAL LIABILITY DATA:
This only pertains to any claims that may have occurred since your last practice date at Memorial Hospital. If you answer "YES" to any of the following questions, please give full details on an additional page.

Yes	No	
☐	☐	Have any suits or claims arising out of your professional practice been made against you or an entity that employed you which are presently pending?
☐	☐	Have any judgments or settlements been made for or against you arising out of your professional or hospital practice or training?

PLEASE ANSWER THE FOLLOWING QUESTIONS.
If you answer "YES" to any of the following questions, please give full details on an additional page.

Yes	No	
☐	☐	Have you had an application for a professional license denied?
☐	☐	Have you been investigated by any licensing board, agency or professional association in connection with medical competency, practice act violations, unprofessional conduct or unethical conduct?
☐	☐	Has any disciplinary action been instituted which could have affected or could now affect your license to practice in any state or foreign country?
☐	☐	Have you been subject to informal or formal proceedings by any licensing board, agency, or professional association to revoke, suspend, restrict or limit a professional license?
☐	☐	Have you been subject to informal or formal proceedings which might have resulted in the surrender of a state and/or federal narcotic registration certificate?
☐	☐	Have you had any hospital privileges denied, removed or restricted, or limitation imposed on such privileges, or resigned hospital privileges to avoid such action?
☐	☐	Has your employment at any medical facility been terminated for any reason?
☐	☐	Have you been convicted of any crime, felony or misdemeanor?
☐	☐	Have you been arrested for, or charged with any crime?
☐	☐	Have you had any physical, mental or emotional condition which impaired or does impair your ability to practice medicine safely and competently?
☐	☐	Have you been admitted to any hospital or other inpatient care facility for any physical, mental or emotional condition?
☐	☐	Have you had a dependency on the use of alcohol or drugs which impaired or does impair your ability to practice medicine competently?
☐	☐	Have you engaged in the excessive or habitual use of alcohol or drugs or received any treatment for alcoholism or excessive or illegal drug use?

Signature:_____ **Date:** _____

FOR OFFICE USE ONLY:

Recommendation regarding reinstatement of Membership/Privileges			
Medical Executive Committee	☐ **Recommend**	☐ **Deny**	**Date**
Board of Trustees	☐ **Approve**	☐ **Deny**	**Date**