



GME - PRE-EMPLOYMENT DRUG TESTING FOR RESIDENTS AND FELLOWS

POLICY 12.01.03

Effective Date: July 29, 2014
Date Last Revised:

The following are responsible for the accuracy of the information contained in this document

Responsible Policy Administrator
Associate Dean for Graduate Medical Education

Responsible Department
Graduate Medical Education

Contact (508) 856-2903

Policy Statement

New residents and fellows (collectively referred to herein as “residents”), conditionally hired by the University of Massachusetts Medical School (UMMS) are required to comply with pre-employment drug-testing as described below

Reason for Policy

Because a UMMS resident will work within the UMASS Memorial Medical Center (UMMMC) workplace and will be subject to certain UMMMC policies (including Policy 4029 Drug and Alcohol Free Workplace), pre-employment drug testing is an important condition to be satisfied prior to beginning work.

Entities Affected By This Policy

This policy applies to all residents and fellows in UMMS ACGME-accredited and non-ACGME accredited residency and fellowship programs.

Related Documents

Policy 4007 Employee Health Services General Policies and Scope
Policy 4029 Drug and Alcohol Free Workplace

Attachment A – List of Substances in Drug Screening Panel
Pre-Employment Drug Testing Consent and Release Form

Scope

This policy applies to all residents and fellows in UMMS ACGME-accredited and non-ACGME accredited residency and fellowship programs.

Responsibilities

The OGME and EHS are responsible for ensuring that all procedures are followed

Procedures

- A. Applicants to all UMMS residency and fellowship programs (ACGME-accredited and non-ACGM accredited) will be notified in writing of the requirement for pre-employment drug testing at the time of interview; and further, that a conditional offer of employment may be rescinded by the applicant's failure to comply with UMMS' pre-employment drug testing.
- B. Within thirty (30) days after the Match, the matched applicants will be notified in writing about presenting to a drug collection facility designated by EHS to submit a urine sample for drug testing. For programs not participating in a matching process, the applicants will be so notified in their conditional offer of employment.
- C. EHS shall obtain and document consent for the drug test from the resident. If the resident is not in close proximity to UMass Memorial at the time the drug testing is requested, a suitable alternate site will be designated. The certified lab that is used has collection sites throughout the United States.
- D. International residents (IMG's) will have to schedule their test when they arrive at UMass in Worcester.
- E. The urine test will be performed at a certified DHHS lab. All positive tests will be reviewed by EHS certified MRO, or their qualified designee. The presence of any illegal drugs constitutes a positive test. The presence of any legal drugs for which there is not a prescription also constitutes a positive test. Marijuana use, whether for medical purposes or not, is prohibited and shall be considered a positive test.
- F. If a urine screening test is positive, the DHHS lab will automatically test the same specimen through a confirmatory testing process prior to forwarding the results to the MRO.
- G. The MRO will contact any resident who has a positive confirmatory test.
- H. If the testing process cannot be performed because of validity of the specimen or any other reason, including an error in collection process, the MRO will determine if the test is cancelled, adulterated, or substituted. The MRO makes the decision as to whether the test should be repeated.

- I. The MRO or designee will notify the Associate Dean for Graduate Medical Education (ADGME) whether each resident failed or passed the drug test using a standard form.
- J. Any resident with a positive urine drug test will be given the opportunity to undergo an evaluation with a substance abuse specialist, outside of the UMMS / UMMMC system, at their own expense. The selection of a particular substance abuse specialist must be with the consent of EHS, which consent shall not be unreasonably withheld.
- K. The substance abuse specialist will evaluate the applicant and all related drug tests and proffer an opinion to the UMMS/UMMMC Joint Credentialing Committee on same and the impact such may have on the applicant's employability at UMMS.
- L. If a resident declines / fails to undergo this substance abuse specialist evaluation, a Match waiver will be requested (if applicable) and the offer of employment shall be rescinded.
- M. The final decision on whether to allow the resident to train at UMMS/UMMMC shall be in the sole and exclusive judgment of the UMMS/UMMMC Joint Credentialing Committee.
- N. If, for any reason including a positive drug test, the UMMS/UMMMC Joint Credentialing Committee decides not to allow a resident to train at UMMS/UMMMC , the following will occur:
 - i. for those residents who came to UMMS though the NRMP, UMMS must request a Match waiver prior to rescinding the offer of employment.; and
 - ii. for all other residents, UMMS shall advise the resident in writing that its conditional offer of employment is rescinded.
- O. Urine drug test results will be retained in a confidential EHS electronic record in EHS. The paper copies of a negative test will be retained for one year. The paper copy of a positive test will be retained for five years.
- P. The applicant will be provided a copy of the drug test results upon request.

Definitions

DHHS Lab:

Department of Human Health Services lab; a private medical laboratory certified to meet the Federal Government standards to perform forensic drug testing.

EHS:

UMMMC Employee Health Services.

Illegal Drug:

Any illegal drug, or any drugs listed on Attachment A obtained without a valid prescription.

Legal drug:

A medication prescribed by a licensed medical practitioner for the purpose of treating a medical condition.

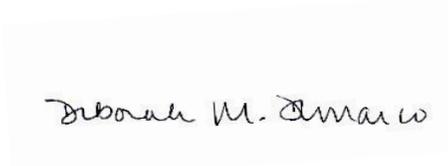
Medical Review Officer (MRO):

A licensed physician (MD) with training in substance abuse and applicable chain of custody involved with employee drug testing requirements. This physician serves to protect the interests and confidentiality of both employer and employee. The MRO interprets lab results for any confirmed positive results. The MRO also examines "negative" tests that show an abnormal result, which could indicate attempted alteration. The MRO then contacts and reviews the results with the applicant. If the applicant provides verifiable evidence of a legally prescribed medication or any other acceptable medical reason for the positive result, the MRO shall report the drug test results as negative.

Resident:

For purposes of this policy, the term resident will be used for "applicant" and includes interns, residents or fellows

Approvals



Deborah DeMarco, Assoc Dean for
Graduate Medical Education

July 29, 2014
Date

ATTACHMENT A

The comprehensive Healthcare Professional Profile, HPP-1, contains all of the following components:

Amphetamines

Barbiturates

Benzodiazepines (*Alprazolam Metabolite, Clonazepam Metabolite, Flurazepam Metabolite, Lorazepam, Midazolam Metabolite, Nordiazepam, Oxazepam, Temazepam and Triazolam Metabolite*)

Cocaine Metabolite

Fentanyl

Marijuana

Methadone

Meperidine

Opiates (*Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone and Oxymorphone*)

PCP

Propoxyphene

Tramadol

**PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM**

I, _____, acknowledge and understand the drug test I am taking today will identify the presence of specific drugs and/or drug groups or their components in my urine. I hereby consent to submit to this drug test and to furnish a sample of my urine for analysis, understanding that my offer of employment by the University of Massachusetts Medical School (UMMS) is specifically contingent on full and complete compliance with UMMS' Pre-Employment Drug Testing policy.

I further authorize and consent to UMass Memorial Medical Center's (UMMMC) Employee Health Service (EHS) and/or its authorized agents and physicians to send the specimen or specimens provided by me and collected by EHS to a laboratory or other testing facility.

I further authorize the laboratory or other testing facility to release any and all documentation relating to such test, including the results, to UMMMC's EHS).

I understand that interpretation of the drug testing results may require EHS to obtain additional medical information from me or my health care provider and that the failure to provide such information shall result in withdrawal of UMMS' conditional employment offer. EHS agrees that only the negative/positive result will be released by EHS, and all other medical information shall remain confidential within EHS. I also understand that marijuana use, whether for medical purposes or not, will be considered a "positive" finding under UMMS' Pre-Employment Drug Testing Policy, and may result in the withdrawal of UMMS' conditional employment offer.

Further, I understand, acknowledge and agree to indemnify, defend and forever hold free and harmless the University of Massachusetts Medical School and the UMass Memorial Medical Center, their agents, servants, employees, physicians, Officers and Trustees from and against any and all claims, disputes, litigations and damages (including but not limited to reasonable attorney's fees and costs) arising from and/or related to, in whole or in part, any act, conduct or omission by the University of Massachusetts Medical School and/or the UMass Memorial Medical Center, their agents, servants, employees, physicians, Officers and Trustees in the implementation of UMMS' Pre-Employment Drug Testing Policy, including but not limited to the collection of specimens, testing, and use of the information from said testing in connection with UMMS' consideration of my candidacy for employment.

I understand that a reproduced copy of this signed Pre-Employment Drug Testing Consent and Release shall have the same force and effect as the signed original.

I have carefully read the foregoing and fully understand its contents and agree to same.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____ Date: _____