



**San Antonio Uniformed Services  
Health Education Consortium  
San Antonio, Texas**

**Reporting Adverse Academic Actions/Adverse Incidents to  
Air Force Risk Management, Army Quality Management Offices, and  
State Medical Licensing Boards Policy**

**I. Purpose:** The purpose of this policy is to develop an efficient process which will allow San Antonio Uniformed Services Health Education Consortium (SAUSHEC) program directors (PDs) to comply with state medical board reporting requirements, when adverse incidents occur, or adverse actions are taken against residents holding training permits or medical licenses. The term “residents” includes all physicians assigned to postgraduate medical training programs. References for this policy are AR 40-68 and AFI 41-119.

**II. Background:** All DoD physicians are required to have an active, valid, unrestricted medical license by completion of their second postgraduate year. Physicians may become licensed in any U.S. state, protectorate or territory, and the majority of SAUSHEC trainees apply for licenses in states with low cost and prompt application processing.

A. SAUSHEC graduate medical education programs assign residents to rotations at hospitals outside the consortium to obtain experiences unavailable at military facilities. Residents assigned to non-federal hospitals in Texas must obtain a Texas Physician in Training (PIT) permit if they are not in possession of a full Texas medical license. These permits are issued by the Texas Medical Board (TMB).

B. TMB has issued strict reporting requirements for PDs, which mandate that PDs submit, within 30 days of final action, information to TMB about residents who possess either a PIT or a full Texas medical license. The circumstances that require reporting include adverse academic actions and other adverse incidents. Adverse actions against residents who are not PIT holders and do not possess a full Texas license do not need to be reported to TMB.

C. The following link describes TMB reporting requirements for PDs:  
<http://www.tmb.state.tx.us/idl/EC9BF908-F2DD-1261-89F8-E9DB3A0B1E7F>  
The following link describes TMB reporting requirements for PIT holders (Residents):  
<http://www.tmb.state.tx.us/idl/88B3316D-E868-63ED-A848-65102B8ED4D0>

D. State reporting requirements vary widely. SAUSHEC PDs are judged to have met these requirements by reporting adverse information to the Air Force Risk Management or the Army Quality Management Division within required time intervals specified in this policy. The procedure for reporting is described in paragraphs III.A. and III. B.

E. Many SAUSHEC PDs maintain active Texas medical licenses. To avoid being sanctioned by TMB for failing to report resident adverse actions or incidents, PDs must report in a timely manner. In addition, they must comply with Air Force and Army reporting requirements.

**III. Policy:** The Air Force and Army have established central control over release of adverse information about staff and resident physicians. Military services reporting to the National Practitioner Data Bank and to state medical licensing agencies follow different procedures from civilian organizations. When a program director is required to submit a report to the TMB, the following procedures will be followed, **depending on the resident's sponsoring uniformed service.**

A. Procedure for Reporting **Air Force** Residents:

1. Within 30 days of when the action becomes final, or the PD has knowledge of a reportable incident, the PD will prepare the report and submit it to the Director of Medical Education (DME) for the 59 MDW.
2. The DME will provide oversight and recommend necessary changes. Routing all reports through the DME Office provides the Service office a single point of contact in the event of questions.
3. The PD will submit the approved report to all involved state medical boards concurrent with submitting it to both the Air Force Medical Operations Agency (see paragraph IV. A) and the Air Force Personnel Command Physician Education Branch (see paragraph IV.
4. A copy of the final report will be provided to the DME.
5. This action will comply with federal regulations and state medical board requirements.

B. Procedure for Reporting **Army** Residents:

1. Within 10 days of when the action becomes final or the PD has knowledge of a reportable incident, the PD will prepare the report and submit it to the Director of Medical Education (DME) for BAMC.
2. The DME will review and recommend necessary changes. Routing all reports through the DME Office provides the Service office a single point of contact in the event of questions.
3. The DME office will submit the report to the Army Medical Command's Chief, Quality Management Division (see paragraph IV. C.). The Quality Management Division will review the report, recommend any required modifications, and approve submission to the Texas Medical Board.
4. This action will comply with federal regulations and state medical board requirements.

C. PDs will inform residents in writing, whenever adverse information is being submitted to the resident's military service point of contact or directly to a state medical board.

D. Residents should follow state medical board requirements for self-reporting the precipitating event either before or concurrent with the PD's report.

#### IV. Reference:

A. The Air Force Medical Operations Agency (AFMOA) point of contact is:

Chief, Risk Management Operations  
Surgeon General of the Air Force  
AFMOA/SGHQ, Risk Management Operations  
7700 Arlington Blvd / Ste 5154  
Falls Church, VA 22042-5154  
Comm: 703-681-7878 DSN: 761  
Fax: 703-681-6066

B. The Air Force Medical Service Physician Education Branch (HQ AFPC/DPANE) point of contact is:

HQ AFPC/DPANE  
550 C Street, Ste 25  
Randolph AFB TX 78150-4701  
Comm: 210-565-0651 or DSN: 565-0651  
Fax: 210-565-2830 or DSN: 565-2830

C. The US Army Medical Command (USA MEDCOM) point of contact is:

Chief, Quality Management Division  
US Army Medical Command  
2748 Worth Road  
Fort Sam Houston, TX 78234  
Comm: 210-221-6195  
Fax: 210-221-7118