

UNSW FACULTY OF MEDICINE

MEDICAL STUDENTS AND FITNESS TO PRACTISE POLICY

HOW IS UNFITNESS OR IMPAIRMENT DEFINED?

The Dictionary to the Medical Practice Act 1992 defines impairment as follows:

A person is considered to suffer from an impairment if the person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise medicine. Habitual drunkenness or addiction to a deleterious drug is considered to be a physical or mental disorder."

The following are to be used by the Faculty of Medicine as guidelines:

Medical Illness. This includes conditions sufficiently advanced so as to detrimentally affect or be likely to detrimentally affect the student's capacity to satisfactorily participate in the essential elements of a clinical placement.

It also includes a student with a blood borne virus which presents or potentially presents a danger to public health in particular circumstances.

It further includes habitual drunkenness or addiction to a deleterious drug.

Mental Illness. This includes any mental illness or condition which detrimentally affects or is likely to detrimentally affect the person's mental capacity to satisfactorily participate in the essential elements of a clinical placement.

Behaviour This includes dishonesty, unacceptable aggression or abusive behaviour, harassment of other students, staff or patients and unethical or criminal behaviour. The University's codes of behaviour and professional codes would assist in defining unacceptable behaviour. [including but not limited to the UNSW Student Misconduct Rules; UNSW Breach of Discipline and Misconduct in Assessment Procedures, UNSW Student Discrimination and Harassment Grievance Policy and Procedures; the NSW Medical Board's Duties of a Doctor Registered with the Board, and the Australian Medical Association's Code of Ethics] It might also include difficulty associated with stress, when such stress is likely to lead to interference with the student's capacity to satisfactorily participate in the essential elements of a clinical placement.

Physical Disability This includes any physical disability which would detrimentally affect or be likely to detrimentally affect the person's physical capacity to satisfactorily participate in the essential elements of a clinical placement.

FACULTY MECHANISMS TO MANAGE THESE DIFFICULTIES

1. MAKING STUDENTS AWARE OF REQUIREMENTS AND ENCOURAGING SELF-IDENTIFICATION

A Prior to entry into the MBBS Program

At time of application students will be informed of the robustness of the Program and about the stresses and strains on physical and mental well-being which can attach to the study of medicine and to its practise. Prospective students are invited to contact the Student Affairs Coordinator if they have any questions or concerns.

Under the Medical Practice Act, all medical students in New South Wales must be registered with the Medical Board as a prerequisite to undertaking a course of medical study at a medical school in the State. Applications for registration are completed on initial enrolment and updated annually. Once a student is registered with the Board, the Board's jurisdiction applies with respect to the process of evaluating and assisting impaired registrants through the mechanism of the Impaired Registrants Panels, if and when required.

After being offered a position in the Program, students will be informed of the existence of the Faculty's Fitness to Practise Policy and of the Medical Board's Impaired Practitioners Program and will be directed to the relevant websites.

B Upon entry and again at the commencement of each year

At a presentation early in the year, students will be informed of the Faculty Fitness to Practise Policy.

These presentations will inform students of their duties and responsibilities on the one hand and will encourage them to self-identify for assistance on the other. The inclusive ethos of the Policy and the Medical Board's Impaired Practitioners Program will be emphasised to make clear that neither is intended to be punitive rather they are a source of assistance and remediation for students with the desired outcome being the successful completion of the MBBS and subsequent successful practise of medicine.

Students should be made aware of the existence of the Student Affairs Coordinator and the Schools Key Contact (described below) as people they can approach for advice, support and assistance if they are feeling vulnerable, ill, overstretched, emotionally or physically stressed.

2. APPOINTMENT OF 'KEY CONTACTS'

Each School shall nominate a staff member who shall be the Key Contact, for students and for the Faculty, for issues related to fitness to practise.

The Key Contact will be responsible for ensuring that the process established by the Faculty for dealing with such issues is followed. The Key Contact will be able to provide supportive assistance to the student whilst recognising their duty to the well-being of other students, staff, patients, and public health generally. The relationship of the Key Contact to the student will not be that of practitioner to patient.

The Key Contact will also ensure that the Student Affairs Coordinator is kept informed of developments in each case. This is a most important aspect of the Key Contact's role.

Where possible, the Key Contact should not be someone who has a direct influence on the student's assessment or progression and if the case necessitates, the Clinical Associate Dean or their nominee should stand-in as Key Contact where a conflict arises or is likely to arise. The Clinical Associate Dean or their nominee will also stand-in as Key Contact where the Key Contact is absent for any reason.

It is important that the role of Key Contact is not construed as being essentially "passive" in waiting for self-referrals. It is ideal that the Key Contact is "out and about" in the School and gets to know the student cohort, for many reasons including facilitating early identification. The Key Contact will be a member of academic staff (in this context includes conjoint staff) who is experienced and empathic and who is able to network with students as well as academic and general staff in performing their role.

3. THE PROCESS

A Making staff aware of their duty.

The Key Contact should ensure that all staff in their School understand their duty to provide feedback of any concerns re the capacity of students to function effectively and professionally on clinical placement. Feedback of concerns with respect to medical, mental

or physical disability or inappropriate behaviour should be provided confidentially to the Key Contact. It should be made clear to staff that reporting will lead to efforts at assistance and remediation.

B Being proactive in enquiring about student welfare.

In addition to relying on reports from staff, the Clinical Associate Dean and the Key Contact should ideally institute a system whereby opportunities are created for problems to be identified early permitting early attention for resolution.

More formal avenues such as raising the issue generally at School meetings are also encouraged.

Confidentiality is a key element throughout this process and therefore any discussion in an open forum should be without individual students being identified.

C Keeping the Student Affairs Coordinator informed.

Once a student is identified as having difficulties, either by way of self identification or by report from a member of staff, the Key Contact will confidentially advise the Student Affairs Coordinator that this has occurred. There are a number of reasons for this:

So that the Student Affairs Coordinator can monitor cases and ensure that closure occurs or that after a reasonable period referral of the matter is made to the Senior Associate Dean or to the Dean;

So that a record can be maintained so as to monitor a student's on-going progress in the event they move to another clinical venue or take a rural clinical placement, or that problems re-occur.

So that the Student Affairs Coordinator can decide, at their discretion, whether it is appropriate to inform the Senior Associate Dean of the case..

D Designing a program of assistance and remediation.

In consultation, the Student Affairs Coordinator, and the Key Contact will suggest a program of assistance for the student. This may include suggesting referral to an appropriate medical specialist or counsellor or other appropriate action (perhaps a set of specialised instructions to the student). All such referrals are handled with due regard to confidentiality. The Key Contact may elect to refer a student to the Student Affairs Coordinator who will make an assessment and manage referral processes. The program should be sufficiently clear so as to create a pathway to resolution.

It will depend on the circumstances as to whether the student is interviewed and by whom however it is expected that in most instances the student will be involved in some of the discussions which inform the design of the program.

In some instances it may be appropriate to consider referring the student to the New South Wales Medical Board's Impaired Registrant Program. The student's academic record may form part of the information provided by the Faculty to the NSW Medical Board. Where such a referral is indicated, the matter will be discussed with the student by the Student Affairs Coordinator, Senior Associate Dean or the Dean... However, students are advised that the ultimate decision to refer a student to the NSW Medical Board's Impaired Registrant Program rests with the Dean. The Faculty believes that students who are entered with the Board's Impaired Registrant Program are expected to comply with the Board's requirements. The Faculty maintains that continuing enrolment may be contingent upon a student's acceptance of the Board's recommendations.

E Keeping the student informed.

Whether they have self identified or otherwise, it is important that the student not be left feeling helpless or disempowered at this stage. Students must understand what is expected of them. Procedural fairness will only be served if this is the case. However students should

understand that once a referral has been made to the NSW Medical Board, communication is between the Board and the student rather than via the Faculty.

F Monitoring progress. An important aspect of this process will be monitoring of progress. The Key Contact and the Student Affairs Coordinator would be responsible for this.

Where satisfactory progress is not made, where the program designed is not 'working', where the Student Affairs Coordinator considers it appropriate to do so or where the student so requests, the matter will be referred to the Senior Associate Dean or to the Dean.

4. APPEAL

As provided in the Medical Practice Act, if the case is referred to the Impaired Practitioners Program, a process of appeal exists within that Program.

If the case is dealt with by the University (including by the Faculty) then University processes of appeal would be available. See <http://www.infonet.unsw.edu.au/poldoc/studegrv.htm>

**Approved by Faculty Standing Committee
at its meeting on 16 August 2006**