

Division:	Education and Training Administration	Ref. No.	ETA-SET-019
Department:	Surgical Training		
Title:	Ill, Injured and Impaired Trainees		

1. PURPOSE AND SCOPE

Trainees who have been appointed to a Surgical Education and Training (SET) Program and who become ill, injured or impaired continue training where possible with the support and assistance of the Specialty Board. In some circumstances, however trainees may not be able to continue or re-enter training, or may need to re-enter after a period of competence assessment. This policy details the management process for ill, injured and impaired trainees.

2. KEYWORDS

Injury, illness, mental impairment, substance abuse, medical registration, SET, training, medical certificate, management plan.

3. BODY OF POLICY

3.1. Background

Trainees bear the primary responsibility of their own health in accordance with policies of the employer and the relevant medical registration authority. Trainees are required to keep the Specialty Training Board informed of any illness, injury or impairment that may impact on their ability to undertake or complete the training program.

All trainees and Fellows of the College are required to observe the obligations and duties relevant to illness, injury and/or impairment as specified by the relevant medical registration authority, and the College Code of Conduct.

3.1.1. Definitions

Illness or Injury – An illness or injury is any medically certified physical or mental condition that restricts a trainee’s ability to function as a medical practitioner or to fully participate in the training program. For the purposes of this policy substance abuse (alcohol and drugs) that is not the subject of criminal activity is classified as an illness.

Impairment - A trainee is impaired if they suffer from any physical or mental illness that detrimentally affects, or is likely to detrimentally affect, their capacity to practise safely and effectively.

Illness does not necessarily equate to impairment. An ill or injured doctor who is insightful and practices within their residual capacity is not necessarily impaired. For example, a trainee with blood borne viruses is not considered to be impaired, provided they practise within the policies of the relevant medical registration body.

3.2. Voluntary Leave from Training

3.2.1. Short Term Leave

The Assessment of Clinical Training Policy defines the maximum amount of leave that can be taken within a training rotation. Leave in excess of this period may lead to the rotation not being assessed, and therefore not contributing to the completion of the training program.

Where a trainee takes sick leave from employment that is within the allowable leave limits, no notification to the Specialty Training Board is required.

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3.2.2. Long Term Leave

Where a trainee requires sick leave that will exceed the prescribed limit for an assessable rotation an application should be made for interruption to training, in accordance with the Trainee Registration and Variation Policy.

3.3. Mandatory and Voluntary Notification to Medical Boards

To comply with relevant legislation the Chief Executive Officer of the College will make a voluntary notification to the Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Board of New Zealand (as appropriate) where a training board is informed of illness, injury or impairment of a trainee.

Notification by the College does not imply judgement that the illness, injury or impairment to the trainee has placed the public at risk of harm.

In Australia notification by the College will relieve Fellows, who are otherwise health practitioners and potentially bound by mandatory notification requirements, from making any notification to AHPRA.

3.4. Medical Registration Authority Investigation

A trainee is required to report to their Specialty Training Board and employer any investigation by a relevant medical registration authority into an illness, injury or impairment. It is the responsibility of the employer to determine if their employee (the trainee) can continue to practice medicine while the investigation is underway.

The result of the investigation must also be reported to the Specialty Training Board.

3.5. Suspension of Medical Registration

Trainees who have their medical registration suspended are automatically suspended from training. Where the suspension is not lifted within 24 months the Specialty Training Board may recommend dismissal from the training program.

3.6. Investigation of Ability to Participate in Training

3.6.1. Board Chair Review

The Specialty Board Chair may recommend that the board investigates a trainee's ability to participate in training. Circumstances that may trigger an investigation are:

- Self-reporting of illness or injury by a trainee that is not subject to a medical registration authority investigation; or
- Medical registration authority report of investigation into illness, injury or impairment

3.6.2. Subcommittee Interview and Recommendations

To provide the trainee with the opportunity to give their perspective in writing and verbally a subcommittee of the relevant Specialty Board (or its Specialty Regional Subcommittee) must interview the trainee prior to making a decision regarding their ability to participate in the training program. The subcommittee must not include a practising lawyer.

Prior to the interview in cases of self-reporting the subcommittee may request that the trainee is assessed by a Board-nominated practitioner to determine the extent and nature of their illness or injury.

Trainees will be provided with a minimum of 10 working days notice of the meeting and informed that the purpose of the meeting is to consider their

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ability to participate in the training program. Trainees may be accompanied by a person who can provide support but cannot advocate for the trainee. The support person cannot be a practicing lawyer.

Where a trainee elects to make a written submission it should be submitted 48 hours before the meeting.

Where a trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.

The Subcommittee will consider whether the trainee has the ability to fully participate in the training program and to make recommendations that aid continuation in the training program but do not compromise patient safety. Recommendations may include, but are not limited to:

- A modified training program
- Compulsory interruption to training
- Regular reports from the treating practitioner
- Increased frequency of meetings with the Surgical Supervisor
- A period of clinical practice prior to recommencing training (where a trainee has been on interruption for medical reasons and not employed in clinical practice)

Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the trainee within 10 working days and prior to any recommendation to the Board.

3.6.3. Specialty Board Approval

The recommendation and minutes of the subcommittee must be forwarded to the parent board/committee for consideration. The Specialty Board must be satisfied that the recommendation can be sustained and that the relevant processes have been followed and documented. The trainee will be advised in writing of the final decision of the Specialty Training Board.

The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

4. ASSOCIATED DOCUMENTS

Assessment of Clinical Training

Trainee Registration and Variation Policy

Selection to Surgical Education and Training (SET) Policy

Code of Conduct

Medical Registration Authorities publications

TMP - Notifiable Conduct Letter

Approver: Education Board

Authoriser: Council

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