



# Practicing and Operating while Impaired

## INTRODUCTION

Surgeons should not practice or operate when their performance is impaired by drugs or alcohol.

The professional conduct of surgeons and other medical practitioners is subject to a high level of scrutiny from government, regulatory authorities, their peers and the public. Surgeons have a responsibility to their patients, their colleagues, the communities they serve and their employers to ensure they maintain an appropriate high standard of conduct both personally and professionally.

## KEY WORDS

Drugs, substance abuse, patient care, self-care, support

## RACS POSITION

RACS does not, under any circumstances condone the misuse of any substance or drug by Fellows, Trainees or IMGs under oversight or supervision whilst practising.

If RACS becomes aware of such behaviour it may make a report to the AHPRA or the MCNZ. RACS will always report behaviour where required by law. RACS encourages all surgeons to have their own general practitioner to assist with their health care.

## KEY ISSUES

### Patient Safety

A surgeon's duty of care to their patient and ensuring their safety is paramount. Surgeons with alcohol dependence are more likely to have an attributed major error reported, resulting in decreased quality of patient care, with significant implications for patient outcomes and safety.

Substance abuse or dependence is strongly associated with surgeon distress, including emotional exhaustion, depersonalisation, depression, suicidal ideation, and this adversely affects the quality of care they provide to their patient<sup>i</sup>.

### Code of Conduct

The Royal Australasian College of Surgeons (RACS) Code of Conduct states that a Fellow will "refrain from practising if impaired by drugs or alcohol" and will "refrain from practising if impaired by any physical, psychological or emotional ill-health that could affect patient care, and if impaired by drugs or alcohol". It is a breach of the Code of Conduct to "practising with an impairment that

Approved by: Professional Development and Standards Board	Version: 3	Approval date: June 2017
Document owner: Manager, Professional Standards	Review date: June 2020	Reference number: FES-PST-035



could adversely affect patient outcomes”<sup>ii</sup>. Where a Fellow has breached the Code of Conduct, RACS will respond in line with the Sanctions Policy<sup>iii</sup>.

Fellows, Trainees and International Medical Graduates (IMGs) should be aware that serious and/or repeated breaches of the Code of Conduct could result in the loss of Fellowship or dismissal from the RACS training program. RACS will also notify the appropriate registration authority should this step be taken and this could have ramifications in relation to a Fellow’s ability to practise.

## Mandatory Reporting

RACS may have an (mandatory) obligation to report a Fellow, Trainee or IMG who has placed the public at risk of substantial harm because they have an “impairment”, which includes substance misuse, abuse or dependence.

In Australia, RACS may have an obligation to report a Fellow, Trainee or IMG where RACS reasonably believes that a Fellow, Trainee or IMG has behaved in a way that constitutes “notifiable conduct”, including where he or she has practised while intoxicated by alcohol or drugs<sup>iv</sup>.

RACS supports the Australian Health Practitioner Regulation Agency’s (AHPRA) national drug testing, which includes mandatory and routine testing (both hair and urine) for all registered health practitioners with substance related impairment or when a restriction has been placed on a health practitioner’s registration as a result of past misuse<sup>v</sup>.

In New Zealand (NZ), RACS is obligated to report a Fellow, Trainee or IMG where the College reasonably believes that he or she is unable to perform the functions required for practise of his or her profession because of a mental or physical condition that places the public at risk.

The Medical Council of New Zealand (MCNZ) states that a practising doctor needs to be able to make safe judgements; demonstrate the level of skill and knowledge required for safe practise; behave appropriately; not risk infecting patients and not act in ways that adversely impact on patient safety<sup>vi</sup>. Under the Health Practitioners Competence Assurance Act (HPCAA) managers of health service providers, health practitioners and employers have mandatory reporting obligations, including a requirement to report, where they reasonably believe, that a health practitioner is unable to perform the functions required for practise of his or her profession due to impairment caused by alcohol or drug abuse<sup>vii</sup>. Reported Fellows, Trainees or IMGs who are placed on supervision orders in NZ will be subject to varying testing process as directed by the Health Team and Health Committee.

## Support for Fellows, Trainees and IMGs

RACS encourages all Fellows, Trainees and IMGs to ensure that wellbeing and health self-care is an essential component of managing professional life. Surgeons who are experiencing difficulties should contact their general practitioner, or contact a relevant doctor’s health advisory

Approved by: Professional Development and Standards Board	Version: 3	Approval date: June 2017
Document owner: Manager, Professional Standards	Review date: June 2020	Reference number: FES-PST-035



service in their state, territory or region who can provide support and medical advice to doctors on any health matter or addiction.

## Executive Directors for Surgical Affairs

The Executive Directors for Surgical Affairs, Australia and New Zealand, are Fellows of the College and play an important role in assisting with a range of issues, including advice relating to health and impairment, re-entry to practice and re-skilling. They also serve as a point of contact for Fellows, Trainees and IMGs to discuss concerns on any matter.

RACS has partnered with Converge International to provide confidential support to surgeons. This can be for any personal or work related matter. Converge counsellors are experienced in working with individuals in the medical profession. Converge can be contacted in Australia on 1300 687 327 or 0800 666 367 in New Zealand or [eap@convergeintl.com.au](mailto:eap@convergeintl.com.au). Converge offers 24/7 emergency telephone counselling and is also available for face-to-face appointments<sup>viii</sup>. Other support services are listed on the [RACS website](#).

## REFERENCES

<sup>i</sup> Oreskovich M et al, 2012, 'Prevalence of Alcohol Use Disorders Among American Surgeons', *American Medical Association*, vol. 147, no. 2.

<sup>ii</sup> [http://www.surgeons.org/media/346446/2016-04-29\\_mnl\\_racs\\_code\\_of\\_conduct.pdf](http://www.surgeons.org/media/346446/2016-04-29_mnl_racs_code_of_conduct.pdf)

<sup>iii</sup> [http://www.surgeons.org/media/22263224/2015-11-27\\_pol\\_fes-pst-054\\_sanctions.pdf](http://www.surgeons.org/media/22263224/2015-11-27_pol_fes-pst-054_sanctions.pdf)

<sup>iv</sup> <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>

<sup>v</sup> <https://www.ahpra.gov.au/News/2015-11-18-nat-drug-screening-protocol.aspx>

<sup>vi</sup> <https://www.mcnz.org.nz/fitness-to-practise/health-concerns/#Content-h2-1>

<sup>vii</sup> <http://www.mcnz.org.nz/fitness-to-practise/health-concerns/>

<sup>viii</sup> <http://www.surgeons.org/member-services/college-resources/racs-support-program/>

<https://www.mcnz.org.nz/support-for-doctors/>

<http://www.medicalprotection.org/newzealand/help-advice/counselling-service>

Approved by: Professional Development and Standards Board	Version: 3	Approval date: June 2017
Document owner: Manager, Professional Standards	Review date: June 2020	Reference number: FES-PST-035