



1. Purpose & Scope

The purpose of this policy is for Trainees who have been appointed to a Post Fellowship Education & Training (PFET) Program in Transplantation Surgery, and who become ill, injured, or impaired, to continue training where possible with the support and assistance of the GSA Transplant Training Committee. 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. Definitions

Listed here are all key terms and acronyms used in the policy, and their definitions.

| Acronym – Key Word | Definition |
|---------------------------|----------------------------------------|
| GSA | General Surgeons Australia |
| PFET | Post-Fellowship Education & Training |
| RACS | Royal Australasian College of Surgeons |
| TTC | Transplant Training Committee |
| Board | GSA Board of Directors |

3. 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 TTC informed of any illness, injury, or impairment that may impact on their ability to undertake or complete the PFET Program in Transplantation Surgery.

All Trainees and Fellows 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 RACS Code of Conduct.

3.2 Illness, Injury, or Impairment

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 participate fully in the PFET Program in Transplantation Surgery. For the purposes of this policy, substance abuse (alcohol and drugs) that is not the subject of criminal activity is classified as an illness.

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.

4. Voluntary Leave from Training

4.1 Short Term Leave

The TTC is responsible for defining the maximum amount of leave that can be taken within a training rotation. The TTC will determine whether the term can contribute to the completion of the PFET Program in Transplantation Surgery.

Where a Trainee takes sick leave from employment that is within the allowable leave limits, no notification to the TTC is required.

4.2 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 *PFET Transplant Registration and Variation Policy*.

4.3 Mandatory and Voluntary Notification to Medical Board

To comply with relevant legislation, the TTC will make a voluntary notification to the Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Board of New Zealand (as appropriate) where the TTC is informed of illness, injury or impairment of a Trainee. Notification by the TTC 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 GSA will relieve Fellows, who are otherwise health practitioners and potentially bound by mandatory notification requirements, from making any notification to AHPRA.

4.4 Medical Registration Authority Investigation

A Trainee is required to report to the TTC and employer any investigation by a relevant medical registration authority to 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 TTC and the Board.

4.5 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 TTC may recommend dismissal from the PFET Program in Transplantation Surgery.

4.6 Investigation of Ability to Participate in Training

4.6.1 TTC Review

The Chair of the TTC may recommend the investigation of a Trainee's ability to participate in training. Circumstances that may trigger an investigation are:

- Self-reporting or 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

4.6.2 TTC Interview and Recommendations

To provide the Trainee with the opportunity to give their perspective in writing and verbally, the TTC must interview the Trainee prior to making a decision regarding

their ability to participate in the PFET Program in Transplantation Surgery. The TTC must not include a practising lawyer.

Prior to the interview in cases of self-reporting the TTC may request that the Trainee is assessed by a 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 ability to participate in the PFET Program in Transplantation Surgery. 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 TTC may make a recommendation to the Board.

The TTC will consider whether the Trainee has the ability to fully participate in the PFET Program in Transplantation Surgery and to make recommendations that aid continuation in the PFET Program in Transplantation Surgery 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.

4.6.3 Board Approval

The recommendation and minutes of the TTC must be forwarded to the Board for consideration. The 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 Board.

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

5. Documents and Forms

1. GSA PFET Selection to Transplant Training Policy
2. GSA PFET Assessment of Transplant Training Policy
3. GSA PFET Transplant Registration and Variation Policy
4. RACS Code of Conduct

6. Implementation

The policy will be available on the GSA website.