Leicester Medical School Code of Practice for Management of Substrate Misuse (including alcohol)

Background
Studying for and practicing Medicine can be highly stressful and it is not surprising therefore that substance misuse amongst Medical Students and qualified doctors is said to be higher than in some other professions. The Medical School understands therefore that there will be students who struggle with substance use and misuse. The Medical School will do its best to support students with substance misuse problems (see below), but will always put patient safety first and will always operate within GMC and Department of Health guidance.

Relevant Guidance
Students should follow the following links:
http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp
and

- The GMC states that the use of alcohol or other controlled substances is defined as substance misuse when it starts to have a negative impact on the way a person functions. People with substance misuse problems often have a pattern of use that results in social, psychological or physical harm. Patterns of use that can cause harm include intoxication, bingeing or regular use with physical or psychological dependence.

- The GMC states that the use of controlled substances that are illegal is always a fitness to practise issue – medical schools must make this clear to students. However, they should also offer support to students who are addicted to controlled substances and prescription medicines e.g. opiate analgesia. Medical schools should offer support alongside the fitness to practise process.

- The GMC states that the following are fitness to practise issues:
  1. Alcohol consumption that affects the workplace (academic study and clinical placements)
  2. Drunk driving
  3. Aggressive/criminal behaviour resulting in police involvement
  4. Dealing, possessing or misusing drugs, even if there are no legal proceedings.
• Medical schools should train their staff to recognise the common signs that a student is misusing alcohol or drugs. When they suspect this is the case, they should encourage the student to seek help from their GP, university or medical school support services. In some instances, it will be appropriate to refer the student to an occupational health service.

• If a student has an addiction to alcohol or drugs, the medical school should monitor the student carefully. When a student returns to their course after treatment, they should be encouraged to agree to random testing and a behavioural contract. This process can be managed through the Medical School’s occupational health service or through a specialist clinical service.

• Testing gives the medical school reassurance that the student is fit to practise, and it can be used as evidence of abstinence when the student applies for provisional registration with the GMC. Agreeing to testing also shows that the student has an understanding of their condition and is prepared to take steps to reassure the medical school.

• If a student refuses to be monitored for substance misuse, the medical school could refer them to a student fitness to practise panel. Panels can place conditions on the student’s continued participation on the course. They can also enforce and monitor those conditions.

Medical School policies
Leicester Medical School policies regarding substance misuse are based in principle on the University Hospitals of Leicester Policy. This means that medical students will be subject to the same policy that will apply if they qualify and become an NHS employee. In addition, the Medical School policy is in principle the same as the Occupational Health Service that advises medical students on substance abuse. The following policies apply:

• Medical students are responsible for recognising when their performance is falling below the required standard through substance abuse and for seeking appropriate help where this is a problem. Help is available from the Pastoral Support Unit and the GP student Health Service. Students can self-refer to Occupational Health if they are concerned about the impact of their substance misuse on their ability to study/train.

• Members of staff must raise a concern if they think that a student is misusing alcohol or drugs. This concern should be raised with the student
and referred to the Health and Conduct Committee (HCC). The role of the HCC is to determine whether there are grounds for concern and to offer advice and support. The HCC may refer the student to the Occupational Health Service.

- Failure to attend an Occupational Health appointment after referral by the HCC is a professionalism concern and may result in referral to the Fitness to Practise Committee.

- Providing that there have not been any Professionalism concerns (including lack of attendance) there is not an ‘automatic ‘ need for the Medical School to be made aware of substance ‘use’. The GMC defines substance ‘misuse’ as when ‘it’ starts to have a negative impact on the way a person functions. This means that it is possible for a student to seek support/advice from the Pastoral support Unit, the GP student Health Service and/or Occupational Health Service without the need for any of these services to break student confidentiality. This policy also means that the support services may need to ask the Medical School in confidence whether there have been any professionalism concerns. If there have been professionalism concerns the support service will discuss with the student the role/impact of their substance misuse on their unprofessional behaviour and whether the student should inform the Medical School of the problem. Rarely, the support service may have to break student confidentiality in line with GMC policy. Guidance on Confidentiality and Data Protection

- Students will not be subject to disciplinary action where they have disclosed information regarding a substance abuse problem solely on the grounds that they have subsequently declined to accept referral for “specialist” help or advice or have discontinued an agreed recovery programme. However, where subsequent performance or conduct issues arise, the student’s failure to co-operate in this respect will reduce the scope for mitigation.

- Disciplinary action cannot be ruled out when information regarding a substance abuse problem has been divulged and help accepted. Students whose behavior remains a concern despite support/advice/help may still be subject to fitness to practice proceedings.
• Where a performance or conduct issue arises and the student has not previously disclosed a substance abuse problem, a disciplinary investigation will be carried out and disciplinary action potentially taken. The existence of such a problem will not be ignored as a mitigating factor but will carry much more weight if the student can provide appropriate evidence of his/her attempts to address the problem.

• If, following a return to work, after or during a recovery programme, conduct and performance is again affected by a substance abuse problem, each case will be considered on its merits. If appropriate, a further opportunity to accept and co-operate with help or treatment will be offered following advice from the Occupational Health Physician. However, disciplinary action may be appropriate, depending on the circumstances.

Summary

The Medical School understands that its students are at a relatively increased risk of substance use and misuse. The Medical School is committed to supporting students with substance use and misuse problems but also committed to protecting patients. By definition substance misuse will have resulted in a professionalism concern. Students who misuse substances are strongly advised to seek support as explained above. Substance misuse is always a fitness to practise concern but will not automatically result in referral to the Fitness to Practise Committee. The requirement for a Fitness to Practise referral will be considered on an individual case basis. Students should understand that in addition to the severity of the professionalism concern and the frequency of their unprofessional behavior, whether or not a student has recognized their problem, sought appropriate support and followed the advice given is also critical to the decision. If a Fitness to Practise referral is made, then the deliberations of a Fitness to Practice Panel will also be critically affected by these considerations. The same considerations apply in the case of mitigating circumstances applications. The mitigating circumstances committee is unlikely to accept substance misuse as mitigation if a student has not sought advice and followed the advice given. It is in the best interests of a student, and their potential future patients, to recognize the problem, seek help and support, and to follow the advice given.