



MEDICAL AND DENTAL PROFESSIONS BOARD

Guidelines for the management of impaired students

November 2014

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Guidelines for the management of impaired students

The HPCSA defines impairment as a **mental or physical** condition which **affects competence, attitude, judgement or performance of professional acts** by a registered practitioner.

The definition should **include considerations for fitness to practice³, risk to self, colleagues and patients, willingness to cooperate with investigations into behaviour, illness (or competence), adherence to management and remediation processes and pattern of occurrence of behaviour.**

A standardised approach should be outlined by the HPCSA to all Faculties in the country guiding them on the identification and stages of management or impairment or potential impairment i.e. at Faculty level and when to report to the HPCSA.

See flow diagram below.

1. A Faculty Review Committee should consist of the Dean or nominee of the Dean and other experts such as a Psychiatrist, the Programme Co-ordinator and experts who may be co-opted *ad hoc* members depending on the matter arising e.g. a legal expert, ethicist or expert on the illness a student may present with.
2. The Review Committee must implement a process which will determine whether a student has reached the threshold at which the student can be considered impaired and requires reporting to the HPCSA.
3. Guidelines should be used to individualise reporting to the HPCSA on a case-by-case basis.
4. The student with a medical or psychiatric condition could be evaluated by student health services or independently according to the student's choice. Based on expert advice from the treating physician or the assessment of the Committee and *ad hoc* members, the Committee will determine whether the condition is optimally remediable, whether the student is impaired at the point of presentation or potentially impaired and whether to recommend deregistration with the Faculty and the HPCSA.
5. Also depending on the stage of the academic course of the student and based on the definition of impairment the Committee will decide whether to report the problem to the HPCSA at that stage or at the time of graduation and registration as practitioner.
6. Some conditions are refractory to management, may require review of diagnosis or treatment and take a long while before improvement is noted. At time of qualification resolution may not have occurred. Faculty will have to refer such matters to the HPCSA for further management.
7. Expert advice will guide the Committee about the required period of remediation. The Committee will determine whether that period will coincide with the time of qualification after which the HPCSA will have to monitor the condition further and consider for fitness to practice.
8. The HPCSA will advise the Head of the facility where the person is employed of the concerns expressed by the Faculty from which the person graduated.

9. This is especially important in chronic and recurring conditions where the Faculty will be obliged to communicate with the HPCSA about the pre-existing condition. Recurring conditions may for example have abated at the time of registration as a practitioner but could recur at a later stage leaving the person temporarily or permanently impaired in the future.
10. If after expert advice there is no possibility of recurrence or progression and the Committee is certain the professional is able to function independently, the Faculty may consider not to advise the HPCSA. Faculty should advise the graduate of the responsibility as a health care professional to report ill health or impairment if it is going to put him/her at professional risk.
11. Once problems are reported to the Review Committee, the student must be informed of the concerns, all the management and support strategies that are available and that they are non-punitive, remediation strategies. This could include a period of interruption of studies or other feasible academic adjustments substantiated by documents from treating specialists advising accordingly.
12. The student should be advised about the importance of involving parents, guardians or other support structures. This is especially important if the student due to the illness does not have insight into the problem, is uncooperative or non-adherent to management strategies.
13. The student has the right to appeal the decisions taken by the faculty by submitting a written response after reviewing the concerns and may consider seeking an independent professional opinion. The independent reports should be submitted to the Review Committee.
14. The student must be informed of the conditions for continued registration as a student. The Committee may decide to impose conditions for continued registration of the student at the Faculty. Based on non-adherence to remediation programmes the student may be de-registered.
15. Confidentiality of the student remains of prime importance.
16. There may be a need for disclosure to Faculty staff involved in teaching the student if the student is accommodated academically, additional academic support is beneficial and needs to be justified. This should occur after consultation with the student and informed consent is obtained.
17. The Faculty must develop inter-departmental processes for monitoring of the student and advise the student of the purpose and confidential nature of the monitoring process.
18. The potentially impaired student must be advised of the obligation of Faculty to comply with the Health Profession Act in reporting conditions or behaviours that they are aware of or have managed and that may impact on patient safety, at the time of graduation and prior to employment in a patient service provider environment. Where possible the doctor or therapist-patient relationship will not be compromised.
19. Breach of confidentiality may be necessary if the person poses a risk to self, fellow students, patients and staff.
20. Faculties need to have guidelines for situations where a student is a threat to him/ herself or others and is unmanageable.

21. The following are likely to be managed by other Faculty processes:
 - a. Academic impairment - examination and promotion rules resulting in exclusion of students after non adherence to remediation when early identifiers signal academic underperformance. Note that some students may initially present with academic underperformance and manifest later with serious illness resulting in impairment.
 - b. University disciplinary committees deal with illicit behaviours such as soliciting, selling or distributing illegal substances, involvement in other criminal activities or any unethical or unprofessional behaviours that bring the profession or the university into disrepute.
 - c. If the matter has not been resolved at the time of graduation by the disciplinary committee or the court of law and if the person is allowed to graduate with the pending charges then the faculty is obliged to inform the student that the matter will be brought to the attention of the HPCSA.
 - d. The transgression may be of such a serious nature that the Committee may recommend cancellation of the student's university registration with immediate effect hence de-registration with the HPCSA.
 - e. Vigilance, screening, and suspicion of pathology causing behaviour disturbance and academic underperformance is necessary for identification of underlying remediable.
22. Regarding training of other health care professionals by academic institutions the guidelines should be applicable to other statutory bodies such as South African Nursing Council (SANC); the South African Pharmacy Council (SAPC).
23. Obligations and accountability to the HPCSA should be periodically reinforced by regular contact with student affiliates through communication, e-newsletters, interactive media and student representation.
24. Education on importance of identification, implications of reporting and obligations to report should be strategically incorporated into the curriculum and openly discussed on student forums via SRC's so that impairment can be de-stigmatised, the behaviour patterns recognised and reported.
25. Deans and SRC's should endorse mental health wellness and substances abuse awareness days.
26. A clearly defined substance abuse protocol visible to the students and included in student yearbooks must be implemented
27. Persons involved in the discussion and management of the impaired student should not be involved in the assessment of the student.
28. Academic institutions need to create staff awareness of factors impacting on student performance so that early remediation steps can be implemented.

Possible causes of impairment

Conditions which can result in student impairment at the point of identification or at a later stage in the students' academic course or upon qualification, can be identified as follows:

1. Academic under-performance which may adversely affect patient care

Concerns about constant failing not remediated by optimal student support. Lack of insight into concerns expressed by clinical supervisors. Non-adherence to remediation measures implemented by the Faculty support mechanisms.

2. Physical causes

Student suffering from a serious and /or recurring condition in which functioning is/may be impaired:

- Disease: Progressive or recurring or chronic conditions such as progressive visual impairment, epilepsy.
- Accident.
- Injury: Head injury with neuropsychiatric manifestations.

3. Psychiatric illness

A serious and recurring illness in which functioning can be impaired:

- Psychotic illness
 - Schizophrenia
 - Mood disorder
- Nonpsychotic illness
 - Major Depressive Episodes
 - Mood disorder
 - Panic disorders
 - Adjustment disorders
 - Eating disorders
- Psychiatric emergencies
 - Long term or recurrent conditions presenting as an emergency
 - Overt psychosis
 - Actively contemplating suicide
 - Grossly disorganised, or catatonic, or aggressive or destructive behaviour

4. Dependence on alcohol and /or illicit substance.

5. Unprofessional conduct not caused by aforementioned conditions that may adversely affect patient care and described by the HPCSA as improper, disgraceful, dishonourable or unworthy behaviour:

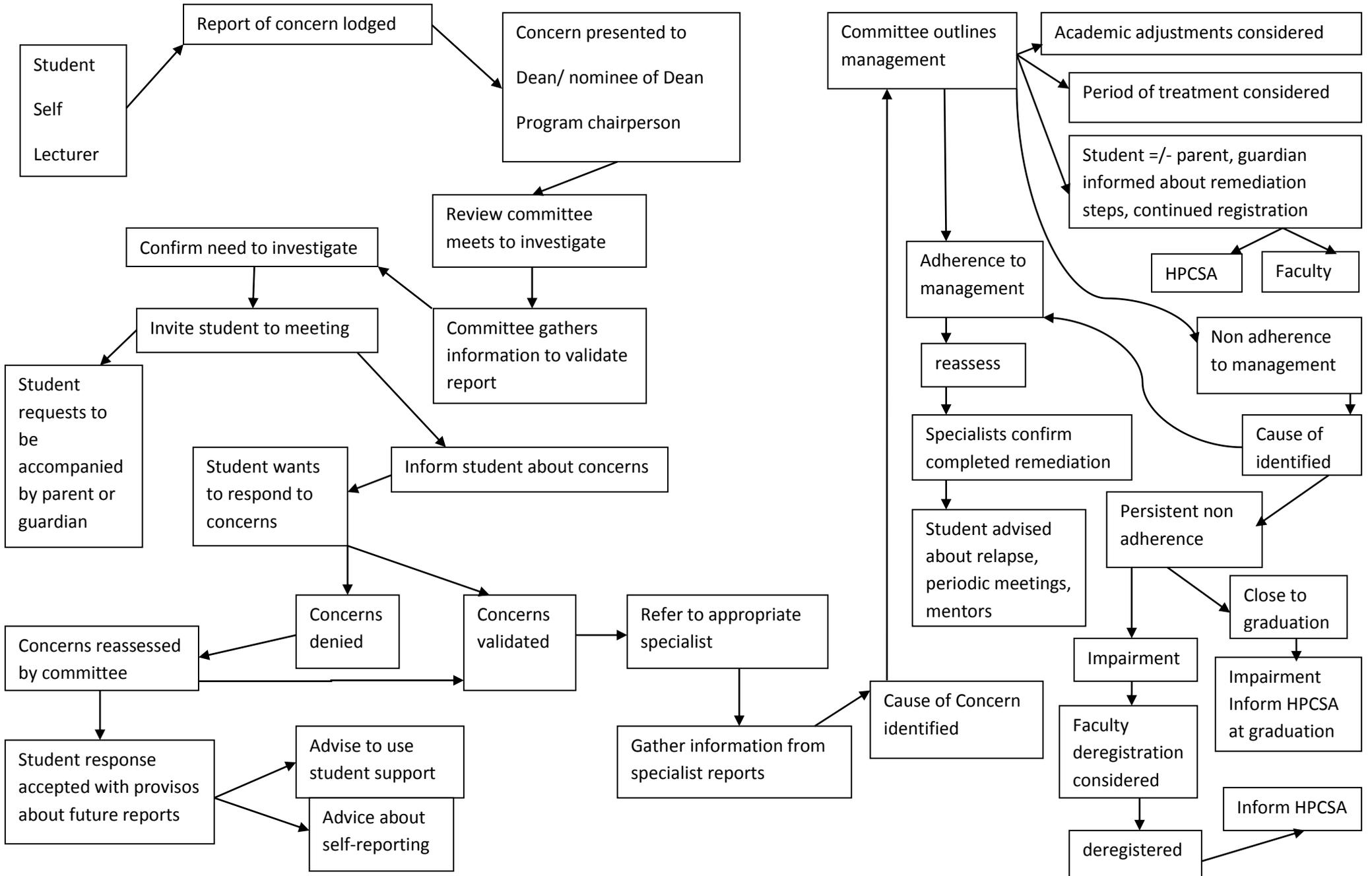
- Ethical: Deliberate misrepresentation, dishonesty, abusive behaviour towards peers, teachers and patients including use of foul language.
- Professional: Persistent non fulfilment of academic commitments without permission for absence.
- The World Medical Association cautions about social media behaviour and that attention of medical students and physicians be drawn to the fact that online posting may contribute to the public perception of the profession⁵.

6. Reasons of public policy

- It is not in the public interest to allow the student to practice the profession due to ill health caused by either a mental or physical disability.
- Sexual behaviour disorders.

Step 1

Step 2



1. Background

A document review of all the guidelines of the various medical schools in South Africa and the existing HPCSA guidelines was done. In preparation of this document the guidelines of the American Medical Association¹, WHO definition of impairment², guidelines set by the General Medical Council of Britain³, Guidelines for mandatory notification of the Medical Board of Australia⁴, Guidelines of the World Medical Association⁵ and various articles related to student or physician impairment were also reviewed.

a. Dealing with student impairment

All the above bodies manage student impairment similarly to physician impairment. There may be differences in the reporting process of students relating to Faculty guidelines. Students are identified mainly by self, fellow students, clinical trainers or teaching staff. Faculties need to have a process whereby they can determine whether a student has reached the threshold at which the student can be considered impaired. The Faculty decides at which the point a student is reported to a legislative body such as the HPCSA. Guidelines should be used to individualise reporting to the HPCSA on a case by case basis.

Various legislative and non-legislative documents were considered by the Faculties in their guidelines viz. the Mental Health Care Act (Act 17 of 2002), Health Professions Act (Act No. 56 of 1974), Constitution of South Africa (Act 108 of 1996), The Bill of Rights, the National Health Act, South African Integrated National Disability Strategy, Employment Equity Act, United Nations Convention on the rights of persons with disabilities and various university specific documents. The University of Kwazulu Natal also looked at the other statutory bodies with whom they register students such as the South African Nursing Council (SANC) and the South African Pharmacy Council (SAPC) to whom the guidelines would also be applicable while in training as students.

From the Faculty documents submitted it appears that each has developed its own approach to dealing with impairment. The HPCSA can assist in standardising the definition, process to be followed and give guidelines on conditions that can result in impairment so that inconsistencies in identification of impairment, academic management and reporting do not occur.

b. HPCSA registration

Students register administratively with the HPCSA at entry to a Health Sciences Faculty, as Student Interns and at the point of exit as graduates. They complete membership forms and make a declaration that they have no existing or pending criminal liabilities. The Faculty has a one liner to complete indicating whether the student is fit to practice.

Intermittently students are exposed academically to the HPCSA via lectures in Ethics. It is imperative that students remain constantly observant of their registration obligations and accountability to the HPCSA. This must be reinforced periodically by regular contact with its student affiliates through communication possibly with e-newsletters or other interactive media and student representation.

c. Reporting and student awareness

The onus of reporting is placed on the person who has observed risk behaviour⁶. Roberts et al. demonstrated in their study that students were resistant to reporting fellow students and women were less likely than their male counterparts to report students who may be displaying impaired behaviour⁷.

Education on importance of identification, implications of reporting and obligations to report should be strategically incorporated into the curriculum and openly discussed on student forums via SRC's so that impairment can be de-stigmatised, the behaviour patterns recognised and reported. Deans and SRC's should endorse mental health wellness and substances abuse awareness days.

Students and Faculty need to be aware that impaired behaviour patterns may be remediable if addressed early hence a need for early reporting of any suspicion of impairment⁸.

They also need to be made aware that they would be exempt from liability on the basis that they have reported in good faith.

Malicious or frivolous intent for reporting will be dealt with disciplinary action.

Transparent opportunities for confidential, self-disclosure and reporting by others should exist.

Students should be aware that academic adjustments can be made to facilitate a remediation processes. They should have the assurance that their careers need not be threatened. They should be made aware of the consequences of non-adherence to remediation processes. Expert opinion from mentors, psychologists, psychiatrists or treating physicians may have to be obtained to determine the causes of non-adherence.

2. Definition of impairment

There doesn't appear to be a standard definition of impairment. Some include matters of a disciplinary nature and while others include disabilities. The HPCSA defines impairment as a mental or physical condition which affects competence, attitude, judgement or performance of professional acts by a registered practitioner while the WHO defines disability as any loss or abnormality of psychological, physiological or anatomical structure or function². Most other definitions encountered, explicitly state that patient safety is of first and utmost importance.^{3,4,5} If a student in any way is perceived to be placing a patient now or in future practice at risk the student should be considered as impaired. On graduation the student must be capable of rendering a professional service in a skilled and safe manner.

The definition should include considerations for fitness to practice³, risk to self, colleagues and patients, willingness to cooperate with investigations into behaviour, illness (or competence), adherence to management and remediation processes and pattern of occurrence of behaviour.

The University of the Free State definition of disability considers long term, recurring and progressive conditions. This may be equally applicable to impairment. Long term implying an impairment that lasts a minimum of twelve (12) months, recurring

an impairment that is likely to occur again and includes a constant underlying condition and progressive a condition that is likely to deteriorate or change over time.

The GMC³ talks about the threshold of students' fitness to practice. They allude to concerns expressed by academic facilitators about constant failings that cannot be managed by optimal student support, unwillingness to behave ethically or professionally or lacking insight into obvious professional concerns.

In the South African context these thresholds are likely to be managed by Faculty examination and promotion rules resulting in exclusion of students for not demonstrating academic progress or by university disciplinary committees for unethical or unprofessional behaviours or behaviours that bring the profession or the University into disrepute. There has to be vigilance for underlying remediable causes for such behaviour and adherence to its management prior to punitive, disciplinary measures being taken.

The American Medical Association adjudicates the responsibility of identification and management of aberrant behaviour patterns to the Schools advising that there should be a strong presence of the Dean in the management of the student via a Dean's letter¹.

3. Identification of students

Students may be identified by themselves, clinical partners, mentors, lecturers, clinical supervisors, patients or the Examination Committee of the Faculty. Referral should be considered if there is bizarre behaviour, disruptive behaviour, intoxication or obvious signs of distress.

Students may mask a problem by developing various adaptive behaviours while they have insight. Academically underperforming students need to be screened regularly for underlying disorders which may progress to impairment. A sense of vigilance is required from persons supporting students academically. Reporters need to have a clear idea of when to refer, where to refer, obligation to refer and that since they are doing it in good faith that they would incur no liability on themselves.

4. Causes of impairment

Conditions which can result in student impairment at the point of identification or at a later stage in the students' academic course or upon qualification, can be identified as follows:

- a. Academic under-performance which may adversely affect patient care
 - Concerns about constant failing not remediated by optimal student support.
 - Lack of insight into concerns expressed by clinical supervisors.
 - Non-adherence to remediation measures implemented by the Faculty support mechanisms.
- b. Physical causes
 - Student suffering from a serious and /or recurring condition in which functioning is/may be impaired.
 - Disease - progressive or recurring or chronic conditions such as progressive visual impairment, epilepsy

Accident
Injury - head injury with neuropsychiatric manifestations.

c. Psychiatric illness

A serious and recurring illness in which functioning can be impaired.

Psychotic illness

Schizophrenia
Mood disorder

Non-psychotic illness

Major Depressive Episodes
Mood disorder
Panic disorders
Adjustment disorders
Eating disorders

Psychiatric emergencies

Long term or recurrent conditions presenting as an emergency
Overt psychosis
Actively contemplating suicide
Grossly disorganised, or catatonic, or aggressive or destructive behaviour.

d. Dependence on alcohol and /or illicit substance.

e. Unprofessional conduct not caused by aforementioned conditions that may adversely affect patient care and described by the HPCSA as improper, disgraceful, dishonourable or unworthy behaviour.

Ethical: Deliberate misrepresentation, dishonesty, abusive behaviour towards peers, teachers and patients including use of foul language.

Professional: Persistent non fulfilment of academic commitments without permission for absence.

The World Medical Association cautions about social media behaviour and that attention of medical students and physicians be drawn to the fact that online posting may contribute to the public perception of the profession⁵.

5. Reasons of public policy

It is not in the public interest to allow the student to practice the profession due to ill health caused by either a mental or physical disability.

Sexual behaviour disorders.

6. Management of the impaired student

a. Standardised approach

A standardised approach should be outlined by the HPCSA to all Faculties in the country guiding them on identification and the stages up to which the student should be managed at Faculty level and when to report to the HPCSA.

The guiding document should be used in conjunction with existing guidelines of the various Faculties. Universities should be encouraged to share their documents with other faculties so that universities can incorporate aspects that may be lacking in their documents and modify the guidelines where necessary to suit their Faculty and University specific rules.

The different Faculties have review or health committees which are similar in composition. There may be a differences related to curriculum structure.

b. Substance abuse protocol

A clearly defined substance abuse protocol visible to the students and included in student yearbooks must be implemented. At the University of Stellenbosch the Pienaar protocol for dealing with students with a problem of substance abuse, is included in each year book. Despite this the awareness and incidence of reporting is low. There is unwillingness amongst students to report for fear of reprisals.

c. Define role

To improve the incidence of reporting and self-reporting, students must experience transparency, know the clearly defined role of each person involved in the discussion or management of the student and understand that a non-punitive, therapeutic and supportive role will be played by persons involved in the management of the student. The Universities of Cape Town and Kwazulu Natal advise that persons involved in the discussion and management of the student should not be involved in the academic year programme or assessment of the student.

d. Determination of impairment

A review or health committee at the Faculty must determine whether the person is impaired at the point of presentation or potentially impaired due to the natural progression of the condition precipitating the concern, or due to non-compliance to remediation, medication and/or psychotherapy. Some conditions are refractory to management and require changes in dosages, changes in therapeutic agents or review of diagnosis and take a long while before improvement is noted.

Some students may initially present with academic under-performance, features suggestive of depression, substance abuse, risk behaviours or adjustment disorders before manifesting more serious illness such as Bipolar Mood Disorders or Schizophrenia. Faculty needs to create awareness of these manifestations amongst staff so that students can be referred early and treated with sensitivity.

e. The Review Committee

The Dean or nominee of the Dean and other experts such as a Psychiatrist, the Programme Co-ordinator and experts who may be co-opted ad hoc members depending on the matter arising. A legal expert, ethicist or expert on the illness may serve on the Committee.

The student with a medical or psychiatric condition could be evaluated by student health services or independently according to the student's choice. Based on expert advice from the treating physician or the assessment of the Committee in consultation with the other role players involved with the management of the problem at Faculty level, the Committee will determine whether the condition is optimally remediable or whether the student is impaired.

Depending on the stage of the academic course of the student and based on the definition of impairment the Committee will decide whether to report the problem to the HPCSA at that stage or at the time of graduation and registration as practitioner.

Expert advice will guide the Committee about the required period of remediation. The Committee will determine whether that period will coincide with the time of qualification after which the HPCSA will have to monitor the condition further and consider for fitness to practice. This is especially important in chronic and recurring conditions where the Faculty will be obliged to communicate with the HPCSA about the pre-existing condition. Recurring conditions may for example have abated at the time of registration as a practitioner but could recur at a later stage leaving the person temporarily or permanently impaired in the future.

If, after expert advice there is no possibility of recurrence or progression and the Committee is certain the professional is able to function independently, the Faculty may consider not to advise the HPCSA. Faculty should advise the graduate of the responsibility as a health care professional to report ill health or impairment if it is going to put him/her at professional risk.

f. Inform student

When the condition manifests or is reported the Faculty must formally inform the student of the concerns, all the management strategies available to the student especially that they are non-punitive and supportive and the process that will be followed for managing the problem. The management strategies could include a period of interruption of studies or other feasible academic adjustments. The student should be advised about the support services and the importance of possibly involving the parents or guardians in the support system. This is especially important if the student due to the illness cannot gain insight into the problem or is un-cooperative and non-adherent to management.

The student must be informed of the conditions for continued registration as a student. The Faculty should develop inter-departmental processes for monitoring of the student and advise the student of the purpose and confidential nature of the monitoring process. The student may submit a written response after reviewing the concerns and may consider seeking an independent professional opinion. The independent reports would be requested for submission.

g. Records

The Committee must keep a confidential record of all referred students and inform students that they will be revisited periodically by the Committee or an identified mentor who will report on adherence to the defined programme and that reports from treating practitioners may be required at intervals. In this way students not deemed unfit to continue with the programme can be discouraged from manipulating the system to their advantage with regard to prolonging their academic stay at the Faculty and non-commitment to their academic duties.

The Committee may decide to impose conditions for continued registration of the student at the Faculty. Based on non-adherence to remediation programmes the student may be deregistered.

The student has the right to appeal the decisions taken by the Faculty. The student and other involved parties must be informed that at graduation, the HPCSA would be advised if the condition remains unresolved, is persistent, chronic or recurring or if the maladaptive behaviour persists. By the time the student graduates and registers with the HPCSA the student has developed to the adult non-dependent stage and hence the HPCSA cannot be expected to involve parents and guardians. The HPCSA will advise the Head of the facility where the person is employed of the concerns expressed by the Faculty from which the person graduated.

h. Disclosure

Confidentiality of the student remains of prime importance. There may be a need for disclosure if the student is accommodated academically by Faculty staff involved in teaching the student. This should occur after consultation with the student and informed consent. The benefits of disclosing to facilitate additional academic support must be explained to the student. The potentially impaired student must be advised of the obligation of Faculty to comply with the Health Professions Act in reporting conditions or behaviours that they are aware of or have managed and that may impact on patient safety, at the time of graduation and prior to employment in a patient service provider environment. Where possible the doctor or therapist-patient relationship will not be compromised.

Breach of confidentiality may be necessary if the person poses a risk to self, fellow students, patients and staff. Faculties need to have guidelines in situations where a student is a threat to him/ herself or others and is unmanageable. The University of Kwazulu Natal has a step wise approach to such occurrences. The first call would be student support services, then involving the university Risk Management Services then resorting to the South African police services to assist with urgent referral to a facility where the student can be managed. In such situations the next of kin must be notified. The student must give informed consent and at the discretion of the psychiatrist or psychologist a report will be submitted to the Dean/Nominee.

Blood Borne Viruses

The GMC addresses aspects of Blood Borne Viruses and advises that affected persons not perform exposure prone procedures. In this case functioning may be limited and requires a commitment to safe practice. The GMC advises disclosure to the employer by the affected

person upon graduation if the condition poses a risk to patient safety. This topic will have to be broached with the student if the faculty is aware of the status of the student.

Unprofessional or criminal behaviours

University disciplinary committees deal with illicit behaviours such as soliciting, selling or distributing illegal substances, involvement in other criminal activities or any behaviour that the faculty sees fit for referral to such a committee.

If the matter has not been resolved at the time of graduation by the disciplinary committee or the court of law and if the person is allowed to graduate with the pending charges then the faculty is obliged to inform the student that the matter will be brought to the attention of the HPCSA.

The transgression may be of such a serious nature that the committee may recommend cancellation of the student's university registration with immediate effect. The student would have registered with the HPCSA at point of entry to the faculty. The faculty therefore needs to inform the HPCSA of the transgression and deregistration.

I suspect there is no tracking mechanism in place for the activity of a student after deregistration at one faculty and attempts to reregister at another faculty or in another health science discipline. This problem could potentially also occur with other reasons for impairment and deregistration.

Student supporters

It would be useful for student supporters who may not all be medically or diagnostically trained to utilise screening protocols to assist in identifying students who may be going through a prodromal phase of serious or less serious illness impacting on academic performance. If doubt exists, student supporters should refer students for diagnosis to specialists.

Some universities have arrangements with state psychiatric facilities. Students may be reluctant to utilise facilities at which they are undergoing teaching. Psychiatric facilities in the private sector could then be utilised. Access to private facilities may be unaffordable to many students. Limited and judicious usage of funding set aside by a faculty for such purpose should be strongly considered. Some bursars are also willing to assist in this regard.

The management of such students can be complex and often involves the university social services, psychological services, student health services, residence heads and the office for student finance.

Impact, isolation and monitoring attendance

It is important to bear in mind that students who are living at university residences may impact seriously and at crucial examination periods on fellow residents who play a supportive role.

Students who are ill or impaired commonly utilise their residence accommodation as a refuge, become reclusive and persistently and strategically miss clinical commitments resurfacing occasionally while they have insight.

Students living off campus display similar behaviour not fulfilling their clinical commitments.

These students rationalise their behaviour by lying to their peers, residence heads and concerned individuals asking questions about non-attendance.

Monitoring of student attendance in clinical and classroom settings is becoming increasingly challenging with the increase intake of medical students and larger clinical group sizes at the various faculties. By the time the student is noticed as absent the student may be seriously impaired, ill or not fulfilling the academic requirement to continue with the course.

Often it is a remediable cause. But students stigmatise the use of psychological services at campuses, feel ashamed of their incapacity and lack or underutilise the parental or financial support required for remediation.

Students need to be made aware of their clinical obligations as set out by the HPCSA for registration as practitioners. They also need to be made aware of the causes of absence from commitments which can be attributed to substance abuse, lack of motivation due to depression, ill health, unprofessional behaviour etc. so that a culture of earlier reporting can develop.

Conclusion

In conclusion I thank you for asking me to assist with the draft guidelines for management of the impaired student. It is a complex, multi factorial problem. I would suggest that input be gained from ethicists, psychiatrists, legal fraternity, health science faculty deans and student supporters for finalisation of a standardised document for use by all the Health Science faculties in the country.

Flow diagram - Stepwise management of potentially impaired student

See page 6

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