MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

MANAGEMENT PROTOCOL OF IMPAIRED PRACTITIONERS

Background

The mandate of the Medical and Dental Practitioners Council of Zimbabwe in terms of Section 30(1)(a) of the Health Professions Act is to assist the population of Zimbabwe by ensuring that every medical, dental practitioner and dental auxiliary is duly registered and fit to practise their profession without causing harm to the population of Zimbabwe. Council has a role to guide the profession to practice effectively, by ensuring their continued fitness to practice.

Introduction

Council has established a Health Committee whose mandate is to rehabilitate doctors and dental auxiliaries registered by the Council. The mandate is both to safeguard members of the public when a doctor/dental auxiliary is professionally impaired by a health condition, and equally, to promote the rehabilitation of the concerned medical practitioner/dental auxiliary. This process enables rehabilitation of the practitioner as opposed to the imposition of punitive measures.

The conditions referred to the Health Committee are related either to major psychiatric conditions, substance abuse, medical conditions, physical handicaps or disabilities.

1. DEFINITION OF IMPAIRMENT

1.1. An impaired practitioner under MDPCZ is a doctor/dental auxiliary with a physical, mental or behavioural disorder that may interfere with his/her ability to engage **safely** in professional and social activities.

1.2. The above definition shall be used in assessing a concern for impairment of a practitioner

2. REPORTING

2.1 In terms of Statutory Instrument 93 of 1993 a practitioner has an obligation to inform council about an impaired professional colleague.

2.2 Any other person or entity may report impairment, and this may include the employer, a patient, a member of the public etc**.** Health Committee will take these reports seriously and investigate the cases.

3. MANAGEMENT PROCEDURE

3.1 Every case of alleged impairment shall be for the attention of the Registrar in the first instance.

3.2 Upon receipt of a case of alleged impairment, the Registrar shall:

3.2.1 Submit the case for consideration by the Health Committee at its next meeting. Or

3.2.2 Submit the case to the Chairperson/Vice Chairperson/Acting Chairperson of the Health Committee established in terms of the Health Professions Act (Chapter 27:19), during intervals between meetings of such a committee if the nature of the case requires immediate action.

3.2.3 The Chairperson / Vice Chairperson/ Acting Chairperson of the Health Committee may instruct the Registrar to notify the practitioner, as follows:

i. Require the practitioner to submit medical examinations by two Health Examiner, one of which will be appointed by the Registrar on recommendation of the Chairperson / Vice Chairperson/ Acting Chairperson of the Health Committee and submit a report in accordance with guidelines in Addenda II/III. And / Or

ii. Request the practitioner to comment on the allegation within twenty-one (21) days. And / Or

iii. Call the doctor for an interview to get further information. And / Or

iv. Get permission in writing by the alleged impaired practitioner to obtain medical information from his attending practitioner, if there is one, or apply for a court order to access the medical records if the practitioner refuses to consent.

v. Facilitate random toxicology tests

vi. Contact the next of kin, police, employer etc. in the case of non-complying mentally disordered practitioners to facilitate admission using the mental health act into a Psychiatric institution (section 4 below).

3.3 ASSESSMENT OF ALLEGEDLY IMPAIRED PRACTITIONERS

Assessors will include a nominated psychiatrist and/or other medical practitioner (in the case of medical/ physical disabilities) of the practitioner's choice; they will be given assessment guidelines. The Health Committee shall also nominate a second practitioner of its choice.

Assessors' reports will be submitted to the Health Committee for consideration and a decision will be made on further action.

4. DISPOSAL OF CASE

The practitioner who agrees to follow the management plan proposed by the Committee will be required to sign a contract (Addendum I) which should include a formal consent to share information with the supervisor, psychiatrist, other practitioner to that effect, and should agree to random drug screening where appropriate, which may include blood and urine tests. (Practitioners Drug Screening Protocol HC/03/11)

The practitioner who refuses to accept the management plan or appears to be seriously impaired, mentally or physically at the initial assessment will be referred for further action in terms of Section 130 of the Health Professions Act. The Committee may recommend to Council to invoke the provisions of Section 44 of the Mental Health Act for admission and monitoring of the practitioner. (Standard Operating Procedure on Reception Orders HC/02/12)

5. GUIDELINES FOR CONTINUAL CARE

Practitioners under surveillance should make sure that his/her reports (Addenda II, III and IV) come to Council. If the agreed management plan is not adhered to then the following steps should be taken by the Council.

A practitioner will be provided with a warning letter No. 1 (by registered post) copied to the supervisor/psychiatrist/other practitioner. In the absence of a positive response, a second warning letter No. 2 (by registered post) should be sent after 30 days copied to the supervisor/psychiatrist/other practitioner. After the second letter, a third letter No. 3 (by registered post) will be sent and/or the practitioner will be called for an interview with the Health Committee to explain the non-compliance with the contract of surveillance.

If the practitioner fails to comply with reports, Provision of Section 130 of the Health Professions Act will be invoked. The Committee will refer the practitioner to Council for further action either by the Practice Control Committee (PCC) or the Preliminary Inquiries Committee (PIC). The Health Committee may make a recommendation to withdraw the practising licence if the impairment poses an immediate danger to the public.

Notwithstanding the above, if it is the opinion of the Health Committee that the matter is urgent and action has to be taken in the interest of public safety, Committee shall invoke the Mental Health Act with the approval of the Chairman of Council.

6. TERMINATION OF PRACTISING UNDER SUPERVISION.

This is a guideline as to when and how such periods of contracted supervision can be terminated, i.e., as to when a practitioner is deemed rehabilitated and is on the register without any practice restrictions.

THE HEALTH CONDITION (DIAGNOSIS)

The nature of the condition will clearly have a bearing on the length of supervised practice.

6.1 Substance Abuse Conditions

The practitioner has been referred to the Health Committee as substance abuse has impaired his/her sound medical practice. With repeated referrals/ relapses the Health Committee may amend the diagnosis of substance abuse to substance dependency after the second relapse.

6.1.1 First Referral

- The practitioner has entered into a contract of surveillance and has been performing well with no adverse reports from supervisors and practitioners monitoring the condition for a period of one year with quarterly reports.

- The practitioner has demonstrated commitment to overcoming his/ her condition as demonstrated by regular follow up with appropriate professionals, compliance with treatment and good professional conduct. The practitioner is aware of the consequences of further referral.

- The period of contracted supervision may be terminated at one year provided the Health Committee conditions are met.

6.1.2 Second Referral

- As above but for a three-year period with regular progress reports as determined by the Committee.

6.1.3 Third Referral

- Indefinite supervision with regular reports as determined by the Committee.

6.2 Acute Psychiatric, Medical and Physical Conditions

Acute medical and physical conditions will be considered in terms of their own expected time frame of recovery.

Most acute psychiatric cases should be fully resolved within a six-month period and a report of full recovery would be expected at that time. Therefore, in acute psychiatric cases, supervision would be for one year with regular quarterly reports.

Notwithstanding the above, where a practitioner is on continuing psychiatric and/or medical management beyond a one-year period, then the period of supervision shall extend to six months after the committee has received a final recovery report from the attending psychiatrist and/or other medical practitioner.

6.3 Chronic Relapsing Psychiatric or Medical Conditions

6.3.1 This category will relate to most major psychiatric diagnosis such as schizophrenia, bipolar affective disorder and temporal lobe epilepsy or medical conditions where there is a reasonable risk of relapse and where the practitioner is taking regular maintenance medication under specialist follow up.

OR Where a medical condition is reported as chronic by the attending psychiatrist or other medical practitioner.

The first decision will clearly be as to whether the practitioner is fit to practice at all, even under supervision. There is a need for a specific report from a specialist psychiatrist and/or other medical practitioner to confirm this decision (Addendum II/III). Subsequent supervision shall be as follows:

Immediately after presentation or after an acute relapse, regular satisfactory quarterly reports for the first year will be required, and then biannually for the next two years, annually for two years, and thereafter he/she is to be discharged to a Specialist who shall follow up quarterly and report to the Health Committee if there is noncompliance.

A practitioner who consistently submits satisfactory reports for three years will be moved to the Inactive List where the practitioner will be required to produce annual reports from a psychiatrist and/or physician at the time of renewal of their practicing certificate.

A practitioner who is no longer practicing will be moved to the cases put aside List where the practitioner. The practitioner will be kept under the radar of Council to ensure there is no illegal practice.

6.3.2 Frequency of Submission of Reports

(i) Acute and Chronic conditions: During the first-year reports should be submitted quarterly.

(ii) Chronic conditions: After one year reports should be submitted twice a year.

(iii) After three years reports should be submitted annually

7.4 A practitioner can only be supervised by a fit and proper practitioner not under the surveillance of the Health Committee**.**

7.4.1 Council reserves the right to nominate a supervisor for the impaired practitioner.

8. EXIT INTERVIEWS

8.1 All weaned practitioners (discharged from surveillance or moved to the Inactive List) will be required to attend an exit interview by the Health Committee at which two reports will be required - one from a practitioner appointed by the weaned doctor and the other from a practitioner appointed by Council**.**

9. The decisions of the Health Committee will be referred to full Council for ratification.

910 APPEAL PROCESS

The practitioner has the right to object to a diagnosis or surveillance category. An objection to a diagnosis would be registered by the Committee on receipt of an opinion by an alternative specialist with comparable qualifications and an interview of the practitioner by the Committee.

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