

Management of oral health practitioners with conditions affecting their fitness to practise policy

Date last reviewed	December 2007
Scheduled review	
Approved by	Council

Purpose

The purpose of this policy is to ensure a fair and consistent approach to the management of oral health practitioners with conditions affecting their fitness to practise, in a manner which protects the health and safety of the public.

Scope

This policy applies to all registered oral health practitioners.

Policy

1. A practitioner will be determined by Council to be unfit to practise if he or she:
 - (a) Is unable to make safe judgements; or
 - (b) Is unable to demonstrate the level of skill and knowledge required for safe practice; or
 - (c) Behaves inappropriately; or
 - (d) Risks infecting patients with whom he or she comes into contact; or
 - (e) Acts or omits to act in ways that impact adversely on patient safety; or
 - (f) Demonstrates a condition which indicates the practitioner risks the health and safety of a patient, including (but not limited to) alcohol or drug dependence, other psychiatric disorders, a temporary stress condition, an infection with a transmissible disease and certain illnesses or injuries or physical disabilities.
2. It is mandatory for practitioners, managers and employers (of practitioners) and the Medical Officer of Health to notify the Registrar of the responsible authority, in writing, if their own or another health practitioner's fitness to practise is in doubt because of some physical or mental condition.
3. It is mandatory for a professional conduct committee (PCC) or competence review committee (CRC) to immediately notify the Registrar if it has reason to believe that the practitioner's practice poses a risk of serious harm to the public, and the reasons for it.
4. The Dental Council will always act in the interests of public safety and will take action, including suspending a practitioner's Annual Practising Certificate where this is necessary. However, the Council focuses on rehabilitation in the first instance, as health issues are separate from discipline.
 - 4.1. Council recognises that with treatment and/or limitations on practice, most practitioners should be able to remain in work safely. Council will therefore consider treatment and/or limitations on practise first to enable practitioners to remain in work.

4.2. Wherever possible, Council will seek a voluntary agreement with the practitioner to confirm to limits or conditions on their practice, or to cease practise entirely.

How the Dental Council responds

The Health Practitioners Competence Assurance Act (“the Act”) provides a range of mechanisms for management of oral health practitioners with conditions affecting their fitness to practise.

Council acts immediately upon receiving information. The Registrar or Professional Standards will contact the practitioner and the Council will then evaluate the concern. The Council takes advice from a common medical practitioner, and expert medical or legal advisors as required.

The practitioner may be required to be assessed by a medical practitioner appointed by the Council. If required, this examination is compulsory and will be at the Council’s expense.

Council and the practitioner will receive a copy of the medical practitioner’s report. The practitioner will be given a reasonable opportunity to make written submissions and/or be heard on the matter, either personally or by his or her representative.

Council will consider the practitioner’s fitness to practise at a physical or teleconference meeting. The practitioner is entitled to make a submission and present this in person at the meeting, with a support person if desired.

1. If Council determines that the practitioner is impaired, Council will generally decide on one of the following courses of action available under the Act to protect public safety:
 - (a) Seek the practitioner’s agreement to cease practise or to confirm to limitations on their practise;
 - (b) Order an interim suspension of a practitioner’s Annual Practising Certificate or inclusion of conditions on the practitioner’s scope of practice. The conditions and/or suspension may be for a period of up to 20 working days and can be extended for a further 20 working days;
 - (c) Place conditions on the practitioner’s scope of practice relevant to their condition;
 - (d) To suspend the practitioner while treatment is carried out.

The usual outcome is a voluntary agreement with the practitioner, underpinned by the acknowledgement that a breach may result in conditions on or suspension of practice.

Voluntary agreements or conditions on practice

A typical programme for managing a health impaired practitioner might include some or all of the following:

- (a) Limit the practitioner’s practise to certain procedures and/or locations;
- (b) Require the practitioner’s practise to be supervised;
- (c) Require the practitioner to inform work colleagues about the relevant health issues;
- (d) Require the practitioner to undergo therapy;
- (e) Carry out random urine and occasional blood testing to check for the presence of drugs or alcohol;
- (f) Require the practitioner’s own general practitioner to provide regular supervision;
- (g) Impose prescribing restrictions;

- (h) Require the practitioner to attend peer support groups such as Alcoholics Anonymous and Narcotics Anonymous;
- (i) Appoint a practitioner as a mentor.

Process: Quick Summary

Step	Responsibility	Action
1.	Registrar	Contacts the practitioner and the Council.
2.	Dental Council	Evaluates the concern, establishes whether the practitioner is required to undertake a compulsory assessment by a medical practitioner appointed by the Council, at the Council's expense. The practitioner may have a support person present at this examination.
3.	Dental Council and the practitioner	Evaluates the medical practitioner's report when received (ensuring the practitioner has reasonable opportunity).
4.	Practitioner	Makes written submissions and/or be heard on the matter, either personally or by his or her representative.
5.	Dental Council	Considers the practitioner's fitness to practise at a physical or teleconference meeting. The practitioner is entitled to make a submission and present this in person at the meeting, with a support person, if desired.
6.	Dental Council	Decides the matter and take any required action.

References

1. Fitness to practise.