

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**



**ADDENDUM I  
CONTRACT FOR IMPAIRED DOCTORS UNDER SUPERVISION**

1. Dr ..... Registration No. ....  
*Print Name In Full*

accept that I am currently working under supervision (*in accordance with the Provision of Section 130 of the Health Professions Act Chapter 27:19*) and agree to the following conditions:

- 2. **I will continue under the care and review of an agreed Specialist Psychiatrist/other Practitioner who will provide the Health Committee with regular reports on my progress and compliance with treatment as determined by the Health Committee. (Addenda II/III)**
- 3. **I agree to provide appropriate urine, blood and/or other samples for drug screening and other tests where appropriate. I understand that the sample may be required on request at any time in a health care/laboratory facility.**
- 4. **I accept that in employment I will be working under the supervision of an agreed senior medical practitioner or other health professional (supervisor) who will also provide the Health Committee with regular reports (Addendum IV) .**
- 5. **I accept that information that I am under surveillance be shared with appropriate professional colleagues and employers.**  
  
**I will notify the Health Committee if I should change employment so that an appropriate supervisor can be designated for submission of regular reports.**
- 6. **I will make every effort to be available for any interview requested by the Health Committee during the period of supervision.**
- 7. **I accept that any failure to comply with this contract during the period of supervision may result in the Health Committee instituting the Provision of Section 130 as read in the Health Professions Act No. XIX Chapter 27:**
- 8. **I have the right to appeal against the decision of the committee as per Section 22 of the Health Professions Act.**

**SIGNED** : .....

**DATE:** : .....