POLICY ON REPORTING IMPAIRED PRACTITIONERS

1. BACKGROUND

1.1. Despite being both ethically sound and obligatory under Statutory Instrument 93 of 1993 for practitioners to report an impaired professional colleague to Council, there is reluctance or even unwillingness on the part of colleagues to act in relation to obvious impairment on the part of another colleague.

1.2. Peer awareness, reporting and monitoring are the primary mechanisms for identifying and rehabilitating impaired practitioners. The issue of impaired practitioners is a serious health issue affecting not only practitioners but also their families, colleagues, and ultimately the health of their patients; hence, the need for concerted efforts.

1.3. The root causes of such reluctance or unwillingness are:

i) fear of possible litigation for defamation and claims for damages which may ensue
ii) fear of being accused of pursuing personal agendas
iii) fear of the harmful consequences of disciplinary actions which may result from such reporting to Council, both for the impaired practitioner and the reporting colleague
iv) fear of having to confront a colleague and of the personal, collegial, professional and possible financial consequences of such confrontation
v) an unwillingness to become involved in the "personal affairs" of another colleague

2. POLICY OBJECTIVES

2.1. This policy seeks to:

i) overcome concerns facing whistle blowers
ii) make it binding to report fellow impaired practitioners
iii) promote early identification and rehabilitation of impaired practitioners
iv) promote awareness to the symptoms of danger signs of impaired practitioners since early identification can be accomplished through the vigilance of colleagues

2.2. In terms of this policy, subject to such reporting occurring in a privileged situation and subject to it being carried out in a bona fide fashion, the reporting colleague **can not** be held liable for:

i) Any civil claim
ii) Any claim for defamation
iii) Any unfortunate consequences which might result from such reporting.

2.3. Council reserves the right not to divulge the identity of the reporting colleague (if they so wish) if the information provided is found to be correct. However, in situations where the reporting is frivolous then their identity may be divulged with or without their consent.

2.4. **It is every doctor's duty to inform an appropriate person or body when doubt arises about a colleague's fitness to practice safely and effectively. Failure to do so would, if harm occurs to a patient attract the same liability or censure on colleagues who were aware, as on the impaired practitioner himself/herself.**

3. DUTY TO SELF REPORT

3.1. It is also obligatory for an impaired practitioner to self report to the MDPCZ, Employer or other responsible authority. Such reporting:

i) Occurs within the framework of managing impairment in the interest of optimal patient care with a view to treatment and rehabilitation.
ii) Serves as a most valuable sign of a physician's willingness to receive and actually utilize treatment in the best interest of him/herself and his/her patients.
iii) If not adhered to, serves as an aggravating circumstance, should any harm or damage has occurred to a patient.
iv) If adhered to, serves as a mitigating circumstance should any harm or damage has occurred to a patient.

3.2. Self reporting seeks to promote -

i) self-knowledge and self-awareness in practitioners of danger signs of impairment and the availability of programmes to assist practitioners in their management of impairment
ii) a willingness to obtain and fully utilize professional and other available resources to manage impairment with a view to rehabilitation

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