



<b>HEALTH PROFESSIONS LICENSING AUTHORITY</b>	
<b>TITLE: Impaired Practitioners Policy</b>	
<b>EFFECTIVE DATE:</b> May 2004	<b>UPDATED:</b> May 2005, October 2008
<b>BOARD: All Health Professional Boards of the Northern Territory</b>	

## **PURPOSE**

The Health Practitioner Registration Boards of the Northern Territory (the Board) have a statutory obligation to protect the public. The Health Practitioners Act 2004 (the Act) provides for the Board to be notified if a practitioner's ability to practise is or may be affected by:

- addiction to alcohol or another drug;
- a lack of mental or physical competence, or
- state of health.

The main functions that govern the Board's management of notifications concerning impaired practitioners are the protection of public safety and the rehabilitation of the practitioner, ideally while the practitioner continues to practice in his or her field. The Board has the power to suspend a practitioner's registration, enrolment or authorisation to practise or impose other conditions upon registration, enrolment or authorisation to practise should it be in the public interest to do so.

## **PROCESS**

A person can notify the Board if he or she believes that a practitioner is or may be suffering from a condition that is affecting the practitioner's ability to practise. . The Board may also, on its own motion, investigate a practitioner if it is of the opinion in that the practitioner is or may be suffering from a condition that is affecting the practitioner's ability to practise.

A person can also notify the Board if he or she considers that a person undertaking an accredited course for entry into a category of health care practice may have a condition that affects the person's ability to practise.

The notification (the Notice) must be in writing, contain particulars of the alleged impairment, identify the person lodging the Notice and the health practitioner to whom the Notice relates and contain a statement that the person lodging the Notice consents to a copy or particulars of the Notice being given to the health practitioner to whom the Notice relates.

Upon receiving the Notice the Board will, without undue delay determine to accept or not accept the Notice.

The Board will not take action on matters it considers are frivolous, vexatious or insubstantial.

After accepting the Notice or after deciding to conduct an own motion investigation, the Board may direct a committee, inspector or person to conduct a preliminary investigation of the health practitioner's fitness to practise. Most commonly, the Board will appoint the Complaints Manager at the Health Professions Licensing Authority to conduct the investigation.

The investigator will provide the practitioner with a copy of the Notice or the particulars contained in the Notice and provide the practitioner with the opportunity to make submissions to the investigator.

The Board may also require that the practitioner undergo a medical examination by a Board-approved clinician. The examination may be of a psychiatric, psychological or physical nature. The Board-approved clinician will provide a report to the Board and the practitioner of his or her findings. Should the practitioner fail to comply with a direction from a Board to attend a medical examination, it is open to the Board to suspend the practitioner's registration under he or she complies.

Upon completion of the investigation, the Investigator must provide the practitioner with a written report of the findings of the investigation prior to providing the same report to the Board. This is an opportunity for the practitioner to clarify or seek to amend the report.

Upon receipt of the report, and prior to a determination being made the Board may require the practitioner to provide further submission either orally or in writing to the Board.

Should the practitioner appear before the Board to provide oral submission, this meeting is closed to the public and the Board may delegate the responsibility of hearing the matter to several members, rather than hold a meeting of the full Board. The practitioner is entitled to have a support person assist them at the Board meeting, however, is not entitled to have anyone represent him or her at the Meeting.

After considering the report and any further submission from the practitioner, the Board may:

1. determine to take no further action into the matter;
2. if the Board is satisfied that the practitioner's ability to practise is or may be affected by an addiction to alcohol or another drug, a lack of mental or physical competence or a state of health: accept an undertaking from the practitioner to take or refrain from taking specified actions; or impose relevant conditions on the health practitioner's right of practise or authorisation to practise; or
3. may decide to take no action under the impairment provisions of the Act but refer the matter to be investigated under the Conduct or Performance Assessment provisions of the Act.

Some examples of the type of conditions or undertakings that might be set in place, after an impairment investigation include:

- a written undertaking not to practise, except as agreed;
- a requirement to undertake a period of supervised practise;
- regular treatment by a Board approved psychiatrist and/or psychologist and/or general practitioner;
- independent assessments by a psychiatrist nominated by Board;
- random urinalysis at a frequency determined by the Board (specimen produced in presence of a third party);
- cessation of the drug or alcohol;
- prohibition on possessing or administering any medication to self or family;
- surrender of registration, enrolment or authorisation to practise certificate to Board for safekeeping;
- notification of employer of requirement to undertake a rehabilitation program;
- written and oral reports from the practitioner's rehabilitation team (frequency and content to be determined by the Board);
- a requirement to undertake educational programs as determined by the Board,
- immediate notification to the Board by the practitioner if any aspects of his or her rehabilitation program changes.

After a period of time (determined by the Board on a case by case basis, but usually no less than 2 years), of negative urinalyses and satisfactory reports from the practitioner's psychiatrist, psychologist and/or general practitioner, the practitioner's conditions and/or undertakings may be reviewed with the conditions or undertakings eased gradually; for example; less frequent urinalyses; revised supervised practice arrangements; less frequent follow up reports.

It is open to the practitioner to request that the Board review the conditions or undertakings. Such requests should be accompanied by supporting material such as reports from treating practitioners.

After a period of consistent compliance it may be appropriate for the Board to remove the conditions or undertakings if they are no longer considered to be required.

It should be noted that the Board may give formal notice of any decision it makes under the impairment provisions of the Act to any health practitioner registration authority, body or person the Board considers it appropriate to notify. However, the Act also specifically states that the details of a practitioner's health related condition must not appear in the Register or Roll that is made available for public inspection. This provides the practitioner with a level of privacy regarding this information.

It should also be noted that, if the Board has major concerns about the public safety at any time during the course of an investigation or monitoring of an impaired practitioner, the Board has the power to review the conditions of that practitioner's registration and/or suspend his or her right to practice. In the event of any such decision, the practitioner would be notified of the reasons for the decision and the practitioner's rights of review and appeal.