

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

FITNESS TO PRACTICE COMMITTEE GUIDELINES

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

FITNESS TO PRACTICE COMMITTEE GUIDELINES

Table of contents

A-INTRODUCTION

1-Powers of fitness to practice Committee

B-ASSESSMENT BY FITNESS TO PRACTICE COMMITTEE

4-Information

5-Notification and reports

6. Action following reports on medical examination

7. Findings of fitness to practice Committee

8. Confirmation by fitness to practice Committee

9. Compliance by Practitioner

C-INVESTIGATION BY FITNESS TO PRACTICE COMMITTEE

10.Notice of investigation

11.Health assessors

12. Accessibility of investigation

13. Procedure

14.Adjournment for further medical reports

15. Resolutions of the fitness to practice Committee

16. Notification of decisions of fitness to practice Committee

17.Right of appeal and the appeal process

Definitions

In these regulations any word or expression to which a meaning has been assigned in the Act shall bear such meaning, and unless the context otherwise indicates

"assessment" means the informal process conducted in terms of these regulations to establish whether or not a practitioner is impaired;

"health assessor" means a qualified medical expert appointed by the to advise on clinical matters during an investigation;

"health examiner" means a practitioner appointed by The fitness to practice committee, as the case may be, to examine a practitioner and report back on the alleged impairment of that practitioner;

"investigation" means the formal process conducted by the fitness to practice committee

- a) in the absence of the voluntary cooperation of a practitioner, to establish whether that practitioner is impaired; or
- b) to deal with the conditions of registration or practice imposed on a practitioner.;

"management" means the administrative and clinical steps required to be taken by the fitness to practice committee to implement these regulations;

"medical examination" means a medical evaluation of a person by the appropriate physical, psychiatric and psychosocial means required to determine whether or not the person is impaired;

"practitioner" means a person registered in terms of the Act. to practise a profession for which the Act provides;

"the Act" means the UMDPC Act, CAP 272, 1996

"therapist" means a medical practitioner or any other professional person who holds the appropriate registration, nominated by an impaired practitioner and approved by the fitness to practice committee to take responsibility for that practitioner's treatment and to submit reports to the fitness to practice committee thereon, as well as on his or her fitness to practise.

PREAMBLE

The Uganda Medical and Dental Practitioners Council established by an Act of Parliament has a mandate to ensure that practitioners provide quality health care on top of Protecting the public from unsafe medical and dental practices.

UMDPC has therefore established a fitness to practice Committee as one of its organs to address the issues of fitness to practice amongst the practitioners in the Country.

fitness to practice is based on principle that one to practice must be physically and mental sound so as to engage himself/herself in the honourable profession of medicine and dentistry. This guideline provides for the procedure of lodging a complaint or an observation upon the practice of the practitioner whose fitness to practice is in doubt. This can be done by a colleague, patient or any interested party.

The guideline details the process on how the complaint is lodged, handled and the persons involved until the final decision on the matter is confirmed by the Council. The Committee will be constituted by 4 Council members.

A-INTRODUCTION

1-Powers of fitness to practice Committee

- (a) To make a finding on whether or not a practitioner is impaired, based on an assessment or investigation in terms of these regulations;
- (b) To resolve on the management of a practitioner who has been found to be impaired with a view to securing of patient safety and the treatment or rehabilitation of such practitioner; and
- (c) To impose any condition of registration or practice which the fitness to practice committee may deem to be appropriate to achieve the objects , which may include conditions with regard to
 - (i) his or her status as a registered person;
 - (ii)the locality of his or her practice;
 - (iii) the scope of his or her practice;
 - (vi) ensure and secure the treatment and rehabilitation of the impaired practitioner;
 - (vii) secure supervision of the fitness to practise and the performance of the impaired practitioner.

(2) A condition which is imposed by the fitness to practice committee on a practitioner who has been found to be impaired shall be subject to:

- (a) reports submitted by the relevant therapist or supervisor to the fitness to practice committee to ensure that the objectives are being achieved;
- (b) review by the fitness to practice, and the position of each impaired practitioner shall be so revised at least every three years.

(3) A review of the conditions of registration or practice may at any time be:

- (a) requested by the impaired practitioner;
- (b) recommended by the impaired practitioner's supervisor or therapist; or
- (c) brought about by the fitness to practice committee itself on the basis of reports.

B-ASSESSMENT BY FITNESS TO PRACTICE COMMITTEE

4-Information

- (a) The registrar shall, if he or she receives information regarding a practitioner which indicates possible impairment, submit that information in writing to the fitness to practice committee depending on the urgency.
- (b) On receipt of the information, the fitness to practice committee may cause such inquiries to be made in relation to the matter as are deemed necessary.

5-Notification and reports

If The fitness to practice committee deems it necessary to take the matter further, it shall instruct the registrar to notify the practitioner in writing that information had been received which alleges that he or she may be impaired and

- (a) requesting him or her to submit to a medical examination by the health examiner or examiners, as the case may be, who will furnish the committee with an individual or combined report on the alleged impairment after such examination; informing him or her if the information received by the registrar includes reports on such practitioner by one or more medical practitioners
- (b) who have recently examined him or her and it appears to the fitness to practice committee that such reports contain sufficient medical evidence that such a practitioner is impaired;
- (c) informing him or her that he or she could, in addition to the reports, submit one or more other reports on the alleged impairment by medical practitioners of his or her own choice;
- (d) inviting him or her to submit any observation or other evidence which he or she may wish to offer regarding the alleged impairment;
- (e) and informing him or her that, if he or she refuses to be examined or if, after having agreed thereto, he or she subsequently fails to submit to the medical examination, the matter may be dealt with by the fitness to practice committee by way of an investigation.
- (i) The registrar shall enclose in the written notification, a summary of the information received by him or her and may enclose copies of any report.

6. The registrar shall submit the information and reports to the health examiners and request them to report to the fitness to practice committee

- (a) on the practitioner's alleged impairment;
- (b) on the fitness of the practitioner to practise, either generally or on a limited basis; and
- (c) on their recommendations, if any, as to the management of the practitioner's case.

7. Action following reports on medical examination

(a) The registrar shall submit copies of the reports by the health examiners to:

(i) The fitness to practice committee during the intervals between the meetings or where the urgency of the matter requires immediate action; or

(ii) If the health examiners and medical practitioners report unanimously that the practitioner –

(1) is impaired and not fit to practise; or

(2) is impaired and not fit to practise except on a limited basis or under supervision or both;

or

(3) suffers from a recurring or episodic physical or mental condition which, although in remission at the time of the medical examination, may be expected in future to render him or her unfit to practise or unfit to practise except on a limited basis or under supervision or both, The fitness to practice committee shall make a finding on the matter and resolve on the further management of the case and, thereupon, direct the registrar to inform the practitioner in writing accordingly;

(b) If the FTPC do not report unanimously, it shall make a finding on the matter that he or it deems fit in the light of the balance of opinion in the reports submitted and resolve on the further management of the case, including any limitations on the practitioner's registration or practice, and thereupon direct the registrar to inform the practitioner in writing accordingly;

(c) report unanimously that the practitioner is not impaired, the fitness to practice committee shall make a finding on the matter and direct the registrar to inform the practitioner in writing accordingly.

8. Findings of fitness to practice Committee

In the event of a finding, the registrar shall request the practitioner to state in writing before a date determined by the registrar whether he or she is prepared to undertake voluntarily to comply with the resolutions of The fitness to practice committee on the management of his or her case, including any limitations on his or her registration or practice which The fitness to practice committee may have imposed.

9. Confirmation by fitness to practice Committee

Any matter which has been dealt with by The fitness to practice committee shall be submitted to the Council by the registrar at its next meeting for confirmation of The fitness to practice committee's actions or such amendment thereof as deems fit.

10. Compliance by Practitioner

(a) If within 21 days the practitioner has indicated that he or she undertakes to comply with the resolutions regarding the management of his or her case, including any limitations imposed on his or her registration or practice may, if the FTPC is satisfied that the undertaking is being observed by the practitioner, it shall postpone further action on the case and cause the practitioner to be informed accordingly.

(b) If the practitioner

(i) has within 21 days or such further period as the registrar may allow, failed to indicate that he or she undertakes to comply with the resolutions regarding the management of his or her case, including any limitations on his or her registration or practice; or

(ii) has within 21 days failed to reply to any letter sent to him or her; or

(iii) has refused or failed to subject himself or herself to medical examination .

The fitness to practice Committee may order the registrar to arrange for an investigation.

C-INVESTIGATION BY FITNESS TO PRACTICE COMMITTEE

11. Notice of investigation

Within 21 days after a case has been referred for an investigation, the registrar shall serve on the practitioner concerned a notice which shall:

(a) indicate the physical or mental condition by reason of which it is alleged that he or she is impaired;

(b) inform him or her that the matter has been referred to the fitness to practice Committee to determine whether he or she is so impaired and, if so, to take appropriate action for the management of his or her case;

(c) state the day, time and place of the investigation; and

(d) request the practitioner to attend the investigation and inform him or her that he or she may be represented by his or her legal representative, medical adviser or both.

12. Health assessors

The fitness to practice committee may instruct the registrar to arrange for one or more health assessors to attend any meeting of the fitness to practice Committee where a case is being considered in accordance with these regulations, in order to advise the fitness to practice Committee on any relevant clinical matter. In choosing health examiners or health assessors in relation to particular cases, The fitness to practice committee shall have regard to the nature of the physical or mental condition which is alleged to cause the impairment of the practitioner.

13. Accessibility of investigation

- (a) The fitness to practice Committee shall sit in camera.
- (b) The practitioner shall be entitled to be present while his or her case is being considered and may be represented by his or her legal representative, medical adviser or both, and may be accompanied by any member of his or her family or by a friend: Provided that this regulation shall not entitle the practitioner to be accompanied into the room where the meeting takes place by any person from whom oral evidence may be required.

14. Procedure

Where the practitioner is neither present nor represented, the fitness to practice Committee may

- (a) proceed with the investigation if the fitness to practice Committee is satisfied that all reasonable efforts have been made to serve the notice concerned;
- (b) consider the practitioner's alleged impairment on the basis of the reports, written statements and other documents circulated to members.

15. Adjournment for further medical reports

The fitness to practice Committee may adjourn an investigation in order to refer the allegedly impaired practitioner for a medical examination and to obtain further medical reports or other information as to his or her physical or mental condition or in relation to his or her fitness to practise.

16. Resolutions of the fitness to practice Committee

- (a) The fitness to practice Committee shall make a finding as to whether or not the practitioner is impaired by reason of his or her physical or mental condition.
- (b) In reaching its finding, the fitness to practice Committee shall be entitled to regard as an impairment.

- (i) The practitioner's current physical or mental condition;
 - (ii) recurring or episodic physical or mental condition; or
 - (iii) A condition which, although currently in remission, may be expected to cause a recurrence of the impairment.
- (c) Where a practitioner has refused or, in the opinion of the fitness to practice Committee, has failed to submit to a medical examination referred to in regulation
- (i) The fitness to practice Committee may find that the practitioner is impaired on the basis of the information before the fitness to practice Committee.
 - (ii) If the fitness to practice Committee finds the practitioner to be impaired by reason of his or her physical or mental condition, the fitness to practice Committee shall consider and determine whether to resolve that his or her registration and the practising of his or her profession should be conditional for the protection of patients or in his or her own interests and what the nature of such conditions will be.
 - (iii) If the fitness to practice Committee is of the opinion that the imposition of conditions on the practitioner's registration or the practising of his or her profession is insufficient, the fitness to practice Committee may resolve that the registration of the practitioner be suspended and shall determine the period of that suspension and the conditions thereof.

17. Notification of decisions of fitness to practice Committee

After the fitness to practice Committee has made a finding, adopted a resolution or amended or revoked a resolution under these regulations, the fitness to practice committee shall direct the registrar to inform the practitioner thereof in writing of his or her right to appeal against that finding, resolution or both.

18. Right of appeal and the appeal process

If the affected practitioner is not satisfied s/he can appeal the decision to the High court of Uganda.