

FITNESS TO PRACTICE ISSUES PROTOCOL

UPDATED SEPTEMBER 2016

(As per CDSS Bylaw 9.2(2)(p)(x) and CDSS Code of Ethics A2 Article 2 Para 2)



PATHWAYS

1. Self-Recognition of issues

Member recognizes and addresses an issue followed by their voluntary reporting to CDSS regarding personal issues that could affect fitness to practice (pursuant to responsibility to report). This is funded by the CDSS Team Assistance Program (TAP).

2. Concerns reported by colleagues, family or friends (before harm)

- a. Member attends PAR Consulting for assessment and directs PAR to report assessment, treatment and follow up to CDSS.
- b. Member signs a 'CDSS Consent to Receiving Intervention' from PAR Consulting according to the CDSS/PAR MOU.
 - i. Signed agreement and cover letter
 - ii. MOU – Referral Protocol for the Provision of EFAP
 - iii. Release of Required Confidential Information Release (A) (B) and (C)
 - iv. As may be required/recommended by PAR - Change of Order Notification – Non-practicing until further notice

3. Patient complaint of harm

Complaint/Concerns address by the CDSS Professional Conduct Committee Complaint Resolution Process.

Possible outcomes are the following:

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- a. No further action
- b. Consent to Conditions agreement – may include referral for assessment and treatment (documents)
- c. Referral to Discipline Committee