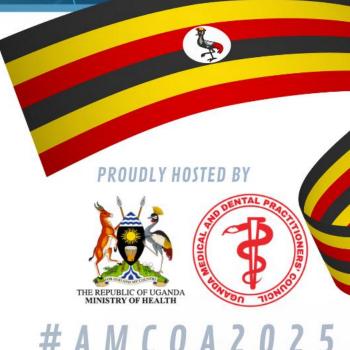# Managing Impairment and Reintegration into Professional Practice

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Conference Context and Theme

- AMCOA 2025 Theme: "Regulator 2.0 - The Balanced Approach"

- Focus: Empathy and authority in regulatory decision-making

- Shared priority: Supporting practitioner wellness while upholding patient safety

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Presentation Objectives

- Define "impairment" in a regulatory context

- Explain legal framework and Health Committee mandate

- Explore challenges in assessing and managing impairment

- Share successful reintegration strategies
- Offer recommendations relevant to African regulators

- **What is impairment in the regulatory context?**

- HPCSA: A condition (mental, physical, or substance-related) affecting competence, judgment, or performance

- Impairment vs Illness: Not all illness = impaired practice

- Focus: Risk to patient safety and professional performance

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The Legal Framework in South Africa

- Health Professions Act No. 56 of 1974

- Section 51: Legal basis for the Health Committee (HC) and its functions

- Rule 25: invokes a duty to report impaired colleagues or to self-declare

- Aim: Public protection, ethical responsibility, and professional restoration of functionality and reputation

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The Health Committee Mandate

- Early identification and intervention

- Informal and formal assessment pathways

- Conditions on duties and other responsibilities as required dependent on degree of impairment if confirmed

- Monitoring of treatment adherence, progress and recovery

- Regular reviews and status updates

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Process Flow of Case Management

1. Referral or self-report initiates the process

2. Followed by an initial informal assessment by Committee

3. Then the committee proceeds to a voluntary agreement (in cases of self declaration) OR a formal investigation where more information is sought to determine if impairment should be declared.

4. Committee findings: Impaired or not. If impairment declared, Health practitioner's details and specifics of case go on register for duration of period required until successful recovery and reintegration

5. Action: Conditions on practice, registration, or supervised reintegration with a set process of follow up which requires practitioner to submit information on treatment, adherence, supporting tests, reports from treating team and or supervisors. Discussed at every committee sitting until point of discharge from the

6. Review cycle every 2 to 3 years or sooner if warranted

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Challenges in Managing Impairment

- Secrecy driven by fear and stigma- reduced self-reporting

- Ethical tensions around confidentiality vs duty to report

- Resource constraints for monitoring and support (regulatory body or at site). Effective and efficient secretariat support essential

- Lack of consistent early detection mechanisms

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Ethical Dilemmas

- "If I report my colleague their career is over"
- "They can… because they are doctors."
- When does support become enabling if we do not report ?
- Duty to protect the public vs supporting the professional/colleague/ friend
- Navigating confidentiality, stigma, and compassion within a legal mandate often difficult while balancing safety and risk to patients' concerns

- Essential to normalise mental health literacy and self-care. How? Integrate into medical and health sciences curricular

- Ensure accessible and confidential counselling and peer support that respects privacy in both public and private health care settings

- Reducing punitive perception of regulatory oversight and promote supportive nature of process which sets boundaries when required

- Encouraging early help-seeking through awareness campaigns and regular communication of HC role

Reintegration Strategies and Tools

- Modified scope

- Supervised practice

- Multidisciplinary team care where appropriate with structured regular reporting to HC following a structured recovery plans

- Time-bound conditions with progress milestones to encourage recognition of good progress

- Peer mentorship or professional buddy system encouraged where appropriate

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- Early follow up and intervention when behind schedule
- Interviews with practitioners on register if continued non-adherence
- Reaching out to treating team, supervisors when obstacles or non-adherence poses a risk to progress; or to nearest relatives when risks escalate to emergency level
- Matching conditions of practice to level of risk identified

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Success Factors

- Ensuring a clear legal mandate provided for in the law that governs health practitioner registration and regulation

- Ensuring consistent implementation

- Collaboration with treatment affected practitioners, treating professionals and employers

- Structured monitoring with feedback loops at every level

- Emphasis on rehabilitation and restoration, **not punishment**

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Sharing Good Practice in this Setting of African Regulators

- Balance: Regulatory Mandate + Supportive Pathways + Robust Oversight
- Coordination with other committees within regulatory body where necessary

- Advise on peer-driven early identification programs in public and private sector

- Share databases and case review tools across regions regulatory body committees to ensure wholistic assessment and management

- Public and private sector should be encouraged to invest in wellness and mental health literacy and capacity at training and practice levels

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- Case 1: Intern with cannabis and alcohol dependency -> 12-month supervised program, now fully reinstated

- Case 2: Psychiatrist with recurrent depression -> Therapy + reduced caseload -> Full reintegration after 2 years

- Case 3: Surgeon >70 years old, reported for tremor, slowness,. Likely Parkinsons. Report from Neurologist, Psychiatrist and Occupational Therapist sought. forgetfulness and inappropriate comments to patients. Assessment ongoing

- Ultimate goal/ ideal outcomes: No harm to patients, professionals retained in system where possible

Conclusion

- Managing impairment is central to ethical, effective regulation

- Assessment, management and reintegration ensures sustainability of the workforce

- Achieving balance effectively while remaining effective in assessment and management of impaired practitioners requires empathy, structure, responsibility and accountability

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QUESTIONS?

Q&A

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