

## Fitness to Practice Issues Protocol

(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) Members attends PAR Consulting for assessment and directs PAR to report assessment, treatment and follow up to CDSS and to the workplace (Release “C”) as required for non-practice or back to work plan
- (b) Member signs a ‘CDSS Consent to Receiving Intervention’ from PAR Consulting according to the CDSS/PAR MOU.
  - (i) Signed agreement and cover letter (attached)
  - (ii) MOU – Referral Protocol for the Provision of EFAP(attached)
  - (iii) Release of Required Confidential Information Release (A) (B) and (C) (attached)
  - (iv) As may be required/recommended by PAR – to be communicated to CDSS (for appropriate CON) and workplace logistics and monitoring.

#### **3. Patient complaint of harm**

Complaint/Concerns address by the CDSS Professional Conduct Committee Complaint Resolution Process. Possible outcomes are the following:

Possible outcomes:

- (a) No further action
- (b) Consent to Conditions agreement – may include referral for assessment and treatment (documents)
  - (i) Signed agreement and cover letter (attached)
  - (ii) MOU – Referral Protocol for the Provision of EFAP(attached)
  - (iii) Release of Required Confidential Information Release (A) (B) and (C) (attached)
  - (iv) As may be required/recommended by PAR – to be communicated to CDSS (for appropriate CON) and workplace logistics and monitoring
- (c) Referral to Discipline Committee