

## **MANAGEMENT COMMITTEE STATEMENT**

### **Physician Health and Wellness**

#### **Purpose**

1. IAMRA's Purpose is to promote effective medical regulation worldwide by supporting best practice, innovation, collaboration and knowledge sharing in the interest of public safety and in support of the medical profession.
2. One of IAMRA's strategic goals is, *'creating a global community of medical regulators by expanding IAMRA's membership, partnerships and impact, and increasing value to members.'* In support of this goal, IAMRA develops policy statements which may be of assistance to Members as they navigate the challenges and competing priorities of regulating the medical profession in their own jurisdiction.

#### **Background**

3. IAMRA does not promote a particular model of medical regulation, recognizing that models are influenced by the structure of the health care system, the legal framework in which regulatory authorities operate and the resources available. Nevertheless, Medical Regulatory Authorities (MRAs) have shared objectives: to protect patients by employing effective regulatory tools to manage risk, to ensure that doctors are fit to practice, and to contribute to the provision of high-quality health care.
4. Effective regulation makes a vital contribution to patient safety, and patient safety is directly aligned with physician health and wellbeing. This statement addresses the importance of physician health and wellbeing in the delivery of safe and effective health services, recognizing that psychological, emotional, and physical health and wellbeing are critical to the practice of a competent, caring, and resilient physician.

#### **Physician Health and Wellbeing**

##### Preventing harm to patients

5. Like all members of the community, physicians may be vulnerable to physical and mental health conditions. Of particular concern to MRAs are physicians with substance use disorders, psychotic illnesses and cognitive decline because with these conditions, patients may be at risk of harm arising from impaired performance by the physician, because the physician:
  - i. is unable or unwilling to access appropriate care, and/or;
  - ii. is not receiving, or compliant with appropriate and effective treatment, and/or;
  - iii. does not have sufficient insight to recognize risk to their patients.
6. Physicians may be reluctant to seek assistance because of concern about the adverse impact of disclosure on their careers and standing in the profession. The stigma associated with mental illness is particularly problematic in this regard.

7. On the other hand, physicians may be insightful about their health condition and be willing and able to practice safely within their abilities. In these circumstances, management by the MRA should not be necessary.
8. No matter the model of regulation, a process for managing physicians whose professional performance is impaired by their health is an essential part of ensuring that the physician population is fit to practice.
9. When managing an impaired physician, MRAs should:
  - i. put public health and safety first;
  - ii. support the physician to access appropriate care;
  - iii. adopt an approach that is not stigmatizing and enables the physician to continue to practice subject to appropriate monitoring (e.g. medical review, drug testing, alcohol breath testing) and practice modification (e.g. supervision, reduced scope or hours of practice), unless such an approach would not be in the public interest.

### Preventing harm to physicians

10. As well as the physical and mental health conditions affecting physicians as a subset of the general population, mental health conditions such as burnout, depression and suicide are known to be particularly prevalent in the physician population because of factors such as:
  - the inherent stressors of medical training and practice;
  - excessive working hours and fatigue;
  - workplace bullying, discrimination and sexual harassment.
11. In addition, physicians may be subject to extraordinary demands and/or personal risk in their work environment, such as when providing medical services during a serious event such as a natural disaster or epidemic/pandemic<sup>1</sup>.
12. MRAs have an important role in advocating for physician health and wellbeing. Doing so may require engagement with government, employers, professional associations and training bodies. Model standards, policies and guidelines should:
  - i. guide physicians on:
    - recognizing their own health needs
    - recognizing when to consult with and follow advice of a health professional
    - identifying and acting on risks posed to patients by their personal health;
  - ii. advocate safe working hours;
  - iii. advocate safe working conditions, such as the provision of personal protective equipment, and guide physicians on their professional responsibilities and obligations in situations where working conditions are unsafe;
  - iv. require education and training providers to demonstrate awareness of and address factors that affect trainees' health and wellbeing, including fatigue, stress, bullying, discrimination and sexual harassment;
  - v. recognize workplace bullying, discrimination and sexual harassment perpetrated by physicians against any other healthcare worker as professional misconduct.

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<sup>1</sup> Refer to the Management Committee Statement on *Regulation During a Serious Event Such as a Disaster, Epidemic or Pandemic*

## Statement

Medical regulatory authorities (MRAs) are encouraged to advocate for physician health and wellbeing and safe working conditions, recognizing their importance in preventing harm to patients. MRAs are also encouraged to develop policies, guidelines and practices that aim to protect the public and support physicians to practice safely if their health and wellbeing are compromised.

**POLICY STATUS:**    *Physician Health and Wellbeing*

<b>Governing Authority</b>	Management Committee
<b>Approval Authority</b>	Management Committee
<b>Responsible Officer</b>	Executive Director
<b>Approval Date</b>	October 2020
<b>Effective Date</b>	October 2020
<b>Review Date*</b>	Approval date + 4 years (maximum)
<b>Date of Last Revision</b>	
<b>Related Policies</b>	

\* Unless otherwise indicated, this policy will still apply beyond the review date.