

Framework on a Regulatory Approach to Physicians with Health Conditions and Potential Impact on Performance and Patient Safety

Preamble and Purpose

Medical practice is a safety-sensitive occupation. The presence of symptoms relating to a medical registrant'sⁱ health condition may adversely impact performance and pose a risk to patient safety. The risk assessment is very case specific. The range of health conditions is exhaustive, including those associated with increasing age. Although this paper is not intended to address diseases or conditions specifically, a survey of the medical regulatory authorities (MRAs) identified the top health conditions of concern for riskⁱⁱ.

The purpose of this paper is to propose recommendations and minimum regulatory standards to the Federation of Medical Regulatory Authorities of Canada (FMRAC)'s members when physician health may adversely impact performance and pose a risk to patient safety. It is incumbent on MRAs to develop policy and approaches to ensure effective regulation.

MRAs also have a key role in assisting medical registrants to identify their own health conditions, or that of a colleague, *before* it poses a risk to patient safety and has risen to a level requiring mandatory reporting. Demonstrating a “commitment to physician health and well-being to foster optimal patient care” is one of the CanMEDsⁱⁱⁱ key competencies, and medical registrants should be reminded of this and other professional, ethical and legal obligations^{iv}.

Standards

It is expected that each MRA develop and implement policy that:

- is informed by legislation and evidence;
- balances the rights of the public to receive care with the least possible risk from providers and the rights of medical registrants to confidentiality regarding their own health conditions;
- emphasizes the ethical obligations of medical registrants;
- addresses those major health conditions that may impact performance and patient safety; and
- supports an operational approach that addresses the elements outlined below.

Each MRA should address in policy:

1. The obligations of medical registrants to seek advice from their treating physicians about when they are not well enough to provide competent care.
2. The responsibility of medical registrants, including treating physicians, to report any health conditions that may be impacting performance and may pose a risk to patient safety.
3. The obligations of medical registrants to consult a suitably qualified health care provider for health conditions that may impact performance and patient safety and to follow their advice about any necessary changes to practice.
4. The extent to which practice limitations will be communicated.

Recommendations

FMRAC recommends the following:

1. All MRAs advise medical registrants to have a primary care provider, avoid self-diagnosis and treatment, and be encouraged to seek help early when ill.
2. All MRAs have contact information about a physician health program accessible on their web site.
3. All MRAs provide guidance to medical registrants about reporting health concerns that may adversely impact performance and patient safety.
4. All MRAs follow due process in assessing the fitness of medical registrants to practice.
5. All MRAs ensure that decisions about a medical registrant's performance and ability to practice are made within the context of the registrant's patient population and practice setting.
6. All MRAs consider age as a screen for potential risk to competence and patient safety.
7. All MRAs consider developing policy to confirm a medical registrant's good health throughout practice, that may include various screening tools (such as cognitive, visual, auditory), depending on identifiable risk factors and scope of practice.
8. All MRAs have a process to monitor identified health conditions of medical registrants whose diagnosis or health concerns come to their attention and may pose a risk to patient safety.
9. All MRAs have a process to encourage members to voluntarily place limits, terms or conditions on their practices when necessary to provide safe patient care.
10. All MRAs have a process to restrict practice if the at-risk medical registrant does not cooperate.
11. All MRAs develop a process for collecting information about serious health concerns regarding their medical registrants, whether by self-reporting, reporting by other health professionals, health facilities or local authorities.
12. All MRAs develop a process for sharing information about a medical registrant's health with other MRAs if the medical registrant has a health concern that may impact practice and patient safety, and is changing jurisdictions or is registered in other jurisdictions, as permitted by statute or consent.

13. All MRAs collaborate with other stakeholders to promote physician health and well-being and patient safety.

ⁱ This framework includes all potential categories of members and registrants of colleges of physicians and surgeons, recognizing that not all categories are members in all jurisdictions. As such, “medical registrants” refers to physicians, medical students, and physician’s assistants in applicable jurisdictions.

ⁱⁱ Federation of Medical Regulatory Authorities of Canada, 2014 Survey of Medical Regulatory Authorities about Physician Health and Top Concerns for Risk. List of identified categories and the number of MRAs that listed that category:

1. Addictions/substance use issues (9)
2. Mental health issues, including bipolar disorder, depression, personality disorders (9)
3. Cognitive impairment from dementia, injury or other disorders (8)
4. Blood borne viruses (7)
5. Disruptive behaviour (4). [Note: It is recognized that disruptive behaviours per se are not a health issue, but may be a manifestation of a health issue.]

ⁱⁱⁱ The CanMEDS 2015 Physician Competency Framework, see: www.royalcollege.ca

^{iv} Includes but is not limited to the following:

- *CMA Code of Ethics 2004, sections 10, 53, 54*
- *CMA Policy on Physician Health and Well-Being 1998*
- *Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients – Health Law Institute 2012*

Approved by the FMRAC Board of Directors
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