

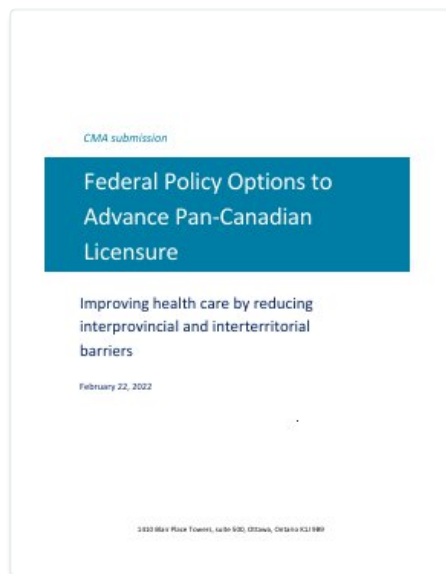
# Federal Policy Options to Advance Pan-Canadian Licensure

<https://policybase.cma.ca/link/policy14471>

POLICY TYPE	Parliamentary submission
DATE	2022-02-22
TOPICS	Health systems, system funding and performance Health human resources Ethics and medical professionalism

## Documents

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## Physician health

<https://policybase.cma.ca/link/policy13739>

POLICY TYPE	Policy document
DATE	2017-10-21
REPLACES	PD98-04 Physician health and well-being
TOPICS	Health human resources Ethics and medical professionalism

## Documents

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PHYSICIAN HEALTH

See also [Background to CMA Policy on Physician Health](#)

RATIONALE

The term *physician health* encompasses the prevention and treatment of acute or chronic issues of individual physicians, as well as the optimization of interconnected physical, mental and social factors to support health and wellness.<sup>1</sup> Applicable to a range of personal, occupational and system-level factors, physician and learner well-being can be meaningfully defined and called for measures and support.

As a central issue for Canadian physicians, and a growing concern within the medical profession, physician health is being increasingly understood as a set of risk-management practices, including the use of strategies rooted in organizational psychology and occupational medicine, as well as informed oversight by professional bodies, and the integration of maintaining personal health as a core medical competency.

Physician health, in response to the long-term sustainability of the physician workforce and health systems. As a quality indicator<sup>2</sup> addressing the complex array of related issues, it is shared regardless of individual physicians and the systems in which they work.<sup>3-7</sup> This involves efforts from individuals as well as system-level influences, such as professional groups, local unions and unions, academic medicine, medical education, practice environments, accreditation and regulatory bodies, provincial and territorial medical associations, regional and local health authorities, national medical associations and their affiliates, governments and other decision-making bodies.

Meaningful, system-wide change can only occur via deliberate and concerted efforts on a national scale<sup>8</sup> to address personal, workplace, and cultural barriers and barriers to the promotion of opportunities and conditions for optimizing health and wellness. Although considerable progress has been made, it is necessary to continue working towards a more coordinated and colored system of health promotion, disease prevention and tertiary care to build on these successes.<sup>12</sup>

This policy aims to provide broad, aspirational recommendations to help guide stakeholders at all levels of the health system to promote health, safety, and engaged profession — including a healthy practice and training culture, and work environment.

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BACKGROUND TO  
CMA POLICY

PHYSICIAN HEALTH

See also [CMA Policy on Physician Health](#)

In recent decades there has been growing recognition of the impact of physician health on systemic outcomes and patient care.<sup>13</sup> Physician health encompasses the prevention and treatment of acute or chronic issues of individual physicians, as well as the optimization of interconnected physical, mental and social factors to support health and wellness.<sup>1</sup> It is also being increasingly understood as a set of risk-management practices aimed at shifting perceptions of health from being an individual (personal) matter to more of a shared resource.<sup>14</sup> In Canada evidence for this includes the use of strategies adapted from organizational psychology and occupational medicine to change physician behaviours, as well as increased oversight by professional bodies, and the inclusion of maintaining personal health as a core competency for physicians.<sup>15</sup> Despite concerted efforts to promote and protect the health and wellness of physicians, the collective state of physician health remains a significant threat to the viability of Canada's health system.<sup>16</sup> Physician distress is emerging as an important quality indicator in medical practice,<sup>17</sup> and both individual and system-level factors are well-established contributors to compromised physician health.<sup>18</sup> As such, the advancement of a model of shared responsibility — targeting the relative roles of individual physicians and system-level influencers<sup>19</sup> — represents a robust response to this reality.

1. The state of learner and physician health

Four health may develop before or during training and persist into medical practice. Medical school and residency training are particularly challenging times, when a myriad of competing personal and professional demands threaten learner health. In Canada, it has been reported that most students suffer from at least one form of distress over the course of their training,<sup>20</sup> and recent national data point to higher rates compared to their age and education-matched peers. With respect to burnout, characterized by a high level of emotional exhaustion and/or high level of depersonalization [of least weeks], over one-third reportedly 37%.<sup>21</sup> Similarly higher levels of depression, anxiety and suicidal ideation are reported among American medical students than in the general population.<sup>22</sup>

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CMA STATEMENT ON PHYSICIAN  
HEALTH AND WELLNESS

Guiding Principles and Commitments for a Vibrant Profession

What it is

This statement identifies a set of guiding principles and commitments to provide a vibrant and engaged profession by identifying key factors that promote healthy training and practice environments with the view to a vibrant and healthy sense of fulfillment and engagement. This statement affirms that physicians should have access to safe and healthy work environments and supports to address any personal and professional difficulties they may experience.

Why it matters

Physician health and wellness is a critical issue for all physicians, their patients, and health systems. Physicians are at a higher risk of experiencing adverse health outcomes, including personal and professional dissatisfaction, burnout, depression, suicidal ideation and suicide. This has been shown to affect patient care and health system performance. Addressing the factors that affect physician health and the challenges that physicians face in navigating their increasingly complex training and practice environments has become a priority and practice imperative.

If meaningful, sustained improvement is to be achieved, the profession and other stakeholders will need to make deliberate commitments to reduce personal, cultural, and occupational barriers, and to promote better practice and conditions that optimize health and wellness. The CMA is committed to promoting a model of shared responsibility targeting individual and system-level factors that influence and contribute to health and wellness through advocacy and collaboration. This statement is based on the [CMA Policy on Physician Health and Support](#) document.

GUIDING PRINCIPLES

A broader understanding of physician health

In the past, addressing physician health often focused on individual issues. Today, our understanding encompasses the complex interplay of individual, organizational, occupational, and systemic factors and includes efforts to develop preventive measures and strategies to address these issues. This new understanding enables us to look at physician health more broadly to take into account, and seek to address, the array of factors that influence medical training and practice.

Physician health as a quality indicator

Physician health and wellness outcomes are becoming a significant quality indicator in the practice of medicine and the overall functioning of health systems. Physician health has been identified as an additional component of the "Triple Aim,"<sup>23</sup> renamed the "Quadruple Aim,"<sup>24</sup> which seeks to optimize health system performance through enhancing the patient experience, improving population health, reducing costs, and supporting physician wellness.

Physician health as a shared responsibility

It is increasingly recognized that the complex range of factors that contribute to health and wellness need to be addressed at both the individual and systemic levels. While initiatives targeted to individual physicians remain relevant, there needs to be a greater focus on occupational and system-level initiatives and collaboration between stakeholders and physicians to produce meaningful and sustainable change, in a model of shared responsibility.

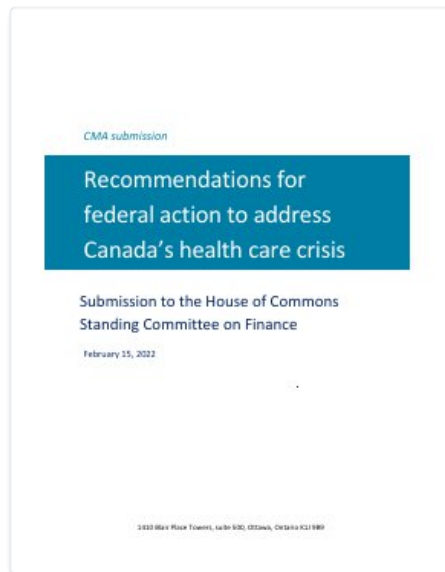
# Recommendations for federal action to address Canada's health care crisis

<https://policybase.cma.ca/link/policy14468>

POLICY TYPE	Parliamentary submission
DATE	2022-02-15
TOPICS	Health systems, system funding and performance Health human resources Ethics and medical professionalism

## Documents

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# Standing Committee on Health's study on violence faced by healthcare workers

<https://policybase.cma.ca/link/policy14052>

POLICY TYPE	Parliamentary submission
DATE	2019-05-14
TOPICS	Health care and patient safety Ethics and medical professionalism Health human resources Physician practice, compensation, forms

## Documents

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# Study on Canada's Health Workforce

<https://policybase.cma.ca/link/policy14469>

POLICY TYPE	Parliamentary submission
DATE	2022-02-16
TOPICS	Health systems, system funding and performance Health human resources Ethics and medical professionalism

## Documents

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