

Accessibility: the solution lies in cooperation

<https://policybase.cma.ca/link/policy11518>

POLICY TYPE Parliamentary submission

DATE 2015-03-25

TOPICS Health human resources

Documents

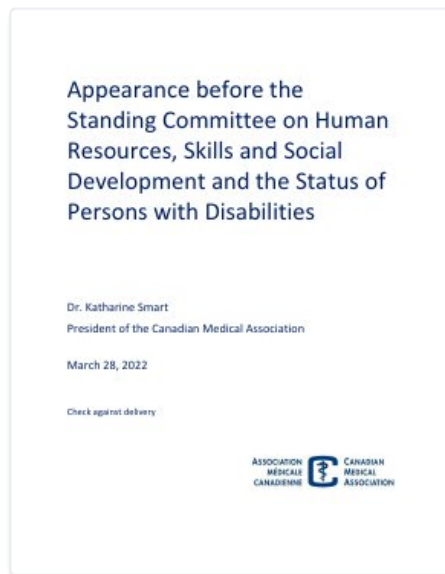


Appearance before the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

<https://policybase.cma.ca/link/policy14472>

POLICY TYPE	Parliamentary submission
DATE	2022-03-28
TOPICS	Health human resources Health systems, system funding and performance

Documents



Avoiding negative consequences to health care delivery from federal taxation policy

<https://policybase.cma.ca/link/policy11957>

POLICY TYPE	Response to consultation
DATE	2016-08-31
TOPICS	Health human resources Physician practice, compensation, forms

Documents



Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

<https://policybase.cma.ca/link/policy14477>

POLICY TYPE	Policy endorsement
DATE	2021-05-17
TOPICS	Health systems, system funding and performance Health human resources

Documents

Clinical Review

Editor's key points

A timely and quality rural anesthesia, surgery and obstetric care program provides clinically relevant and readily accessible to rural and remote communities. The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care. The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care. The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care.

Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

Summary The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care. The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care. The development of networks of specialist and non-specialist providers in the environmental and supportive settings of rural programs, systems and programs is essential to ensure that rural patients and providers have access to high-quality care.

Objective To describe the essential components of well-resourced and high-functioning rural high-quality networks that support high-quality anesthesia, surgery, and obstetric care in rural Canada, wherever it is feasible to have as possible.

Composition of the committee A consensus statement was developed from the Society of Obstetricians and Gynaecologists of Canada, the Society of Rural Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of General Surgeons, the College of Family Physicians of Canada, and the Association of Canadian University Departments of Anesthesia.

Methods A collaborative effort over the past several years among the professional organizations has culminated in this consensus statement on network care designed to inform and support a specialist and non-specialist, urban and rural, anesthesia, surgery, and obstetric care in high-functioning networks based on the best available evidence.

Impact Surgical and obstetric care needs to be established within networks to address the barriers between rural/rural programs and local access to care. Safety and quality must be the objectives for the networks, across rural patients and providers, regardless of network size. Triage of patients across networks to ensure a quality customer service experience. Addressing clinical coaching between rural and regional centers can be helpful in building and sustaining high-functioning networks. Monitoring of quality and the provision of continuing professional development in rural/rural settings represent a mutual care proposition.

Conclusion The building relationships that are fundamental to successful networks are built through clinical coaching, continuing professional development, and quality improvement. Conversely, a collaborative effort in these relationships, involving a provincial program - rural surgical obstetric network - built on the principles and supporting evidence described in this consensus statement.

258 | Canadian Family Physician | Volume 67, Number 5, May 2021

A Doctor for Every Canadian – Better Planning for Canada's Health Human Resources: The Canadian Medical Association's brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities – Addressing Existing Labour Shortages in High-Demand Occupations

<https://policybase.cma.ca/link/policy10387>

POLICY TYPE Parliamentary submission
DATE 2012-05-09
TOPICS Health human resources

Documents

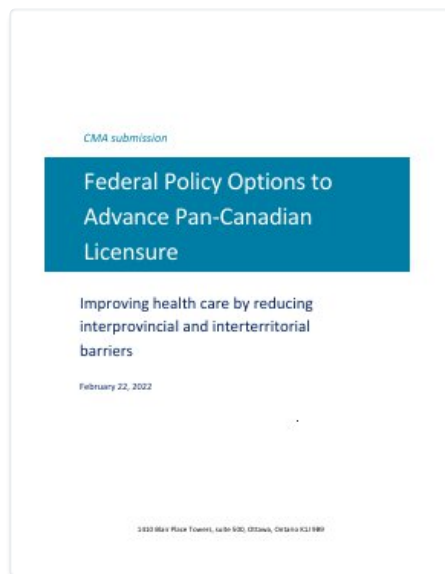


Federal Policy Options to Advance Pan-Canadian Licensure

<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

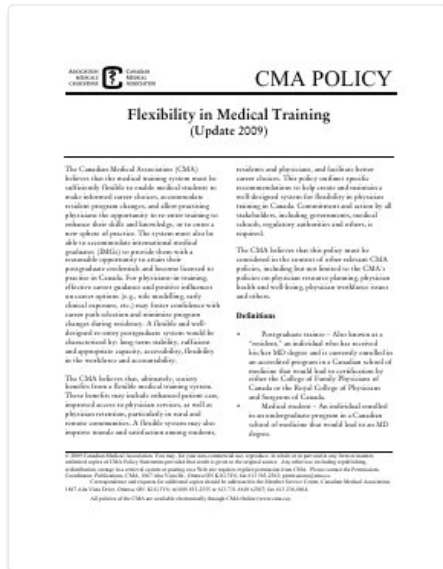


Flexibility in Medical Training (Update 2009)

<https://policybase.cma.ca/link/policy9485>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2009-05-31
REPLACES	Flexibility in Medical Training
TOPICS	Health human resources

Documents

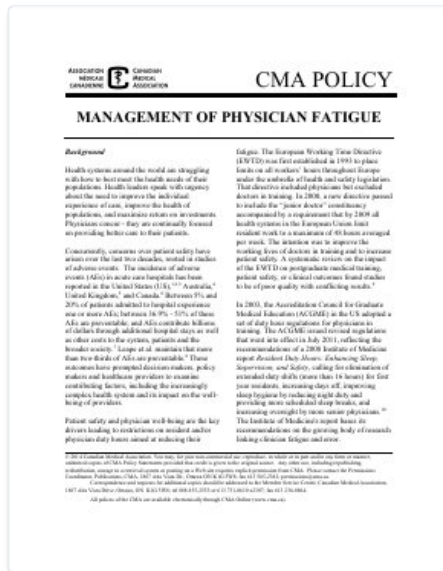


Management of physician fatigue

<https://policybase.cma.ca/link/policy11127>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2014-05-24
TOPICS	Health human resources

Documents

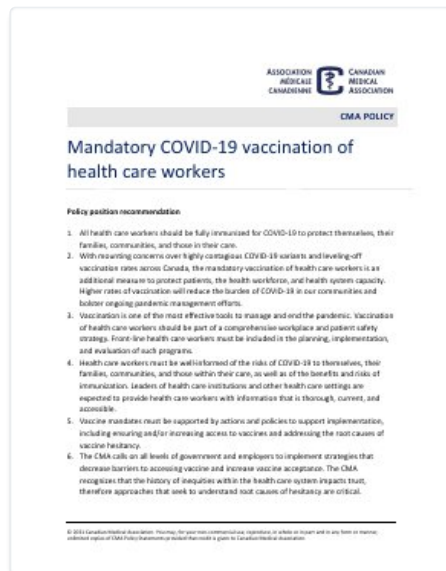


Mandatory COVID-19 vaccination of health care workers

<https://policybase.cma.ca/link/policy14449>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Health human resources Population health, health equity, public health

Documents

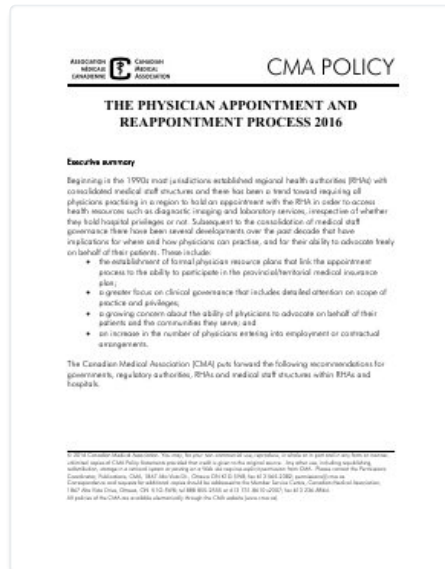


The physician appointment and reappointment process 2016

<https://policybase.cma.ca/link/policy13564>

POLICY TYPE	Policy document
DATE	2016-12-03
TOPICS	Health human resources Physician practice, compensation, forms

Documents



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

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.¹ 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 indicator² addressing the complex array of related issues, it is shared regardless of individual physicians and the systems in which they work.³⁻⁷ 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 scale⁸ to address personal, workplace, and cultural barriers and norms on 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, illness prevention and tertiary care to build on these successes.⁹

This policy aims to provide broad, aspirational recommendations to help guide stakeholders at all levels of the health system to promote health, illness, 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.¹⁰ 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.¹ It is also being increasingly understood as a set of risk-management practices aimed at shifting perceptions of health from being an individual (genetic) matter to more of a shared resource.⁶ 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.¹¹ 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.¹² Physician distress is emerging as an important quality indicator in medical practice,¹³ and both individual and system-level factors are well-established contributors to compromised physician health.¹⁴ As such, the advancement of a model of shared responsibility — targeting the relative roles of individual physicians and system-level influencers¹⁵ — 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,¹⁶ 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]), and rates one reportedly 37%.¹⁷ Similarly higher levels of depression, anxiety and/or suicidal risk reported among American medical students than in the general population.¹⁸

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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 total care services and support 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 policy and practice imperative.

If meaningful, sustained improvement can 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 sustain health and wellness. The CMA is committed to promoting a model of shared responsibility (engaging individual and systemic 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, occupational, and systemic factors and includes efforts to develop preventive measures and strategies to address these issues. This new understanding holds us to both a physician health vision ready to take into account, and seeks 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,"¹⁹ renamed the "Quadruple Aim,"²⁰ 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

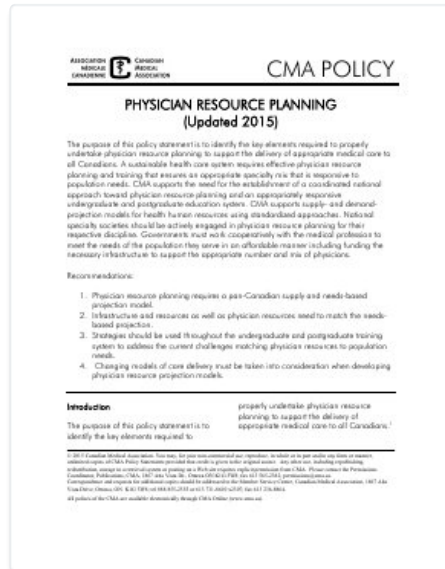
It is increasingly recognized that the complex range of factors that contribute to health and wellness need to be addressed at both the individual and systemic levels. While initiatives targeted to individual physicians remain relevant, there needs to be a greater focus on occupational and system-level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

Physician resource planning (updated 2015)

<https://policybase.cma.ca/link/policy11533>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2015-05-30
REPLACES	Physician resource planning (Update 2003)
TOPICS	Health human resources

Documents



Protecting and supporting Canada's health-care providers during COVID-19

<https://policybase.cma.ca/link/policy14260>

POLICY TYPE Parliamentary submission
DATE 2020-03-23
TOPICS Physician practice, compensation, forms
Health systems, system funding and performance
Health human resources

Documents

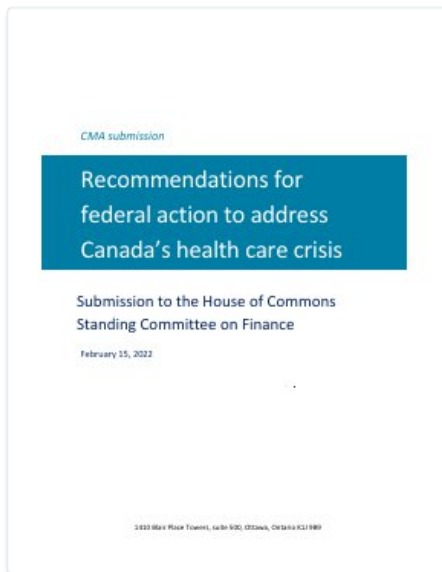


Recommendations for federal action to address Canada's health care crisis

<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

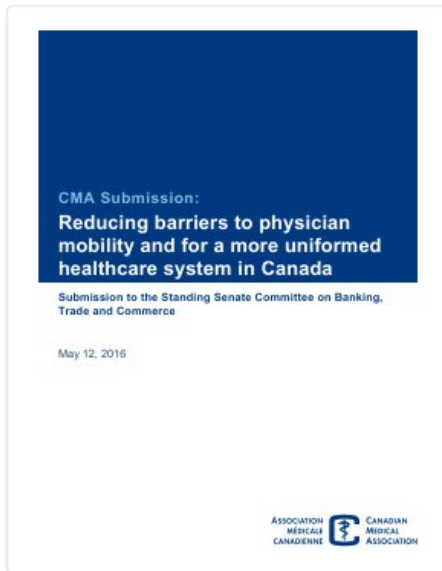


Reducing barriers to physician mobility and for a more uniformed healthcare system in Canada

<https://policybase.cma.ca/link/policy11850>

POLICY TYPE Parliamentary submission
DATE 2016-05-12
TOPICS Health human resources

Documents



Scopes of practice

<https://policybase.cma.ca/link/policy1237>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2002-01-22
TOPICS	Health human resources

Documents

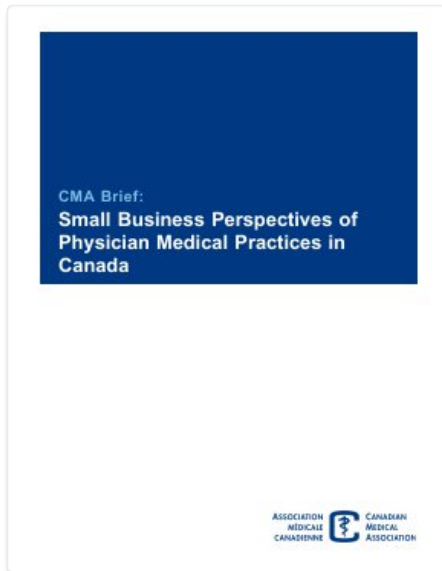


Small business perspectives of physician medical practices in Canada

<https://policybase.cma.ca/link/policy11846>

POLICY TYPE	Parliamentary submission
DATE	2016-03-21
TOPICS	Physician practice, compensation, forms Health human resources

Documents



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

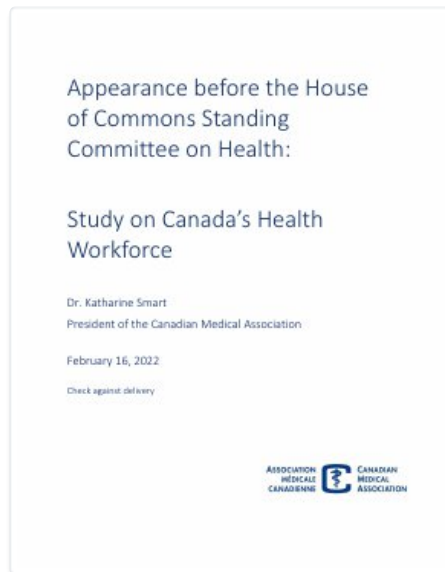


Study on Canada's Health Workforce

<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



Valuing Caregivers and Recognizing Their Contribution to Quebec's Health System

<https://policybase.cma.ca/link/policy14373>

POLICY TYPE	Parliamentary submission
DATE	2020-09-29
TOPICS	Health human resources Health systems, system funding and performance

Documents

