In an environment in which the capacity to capture, link and transmit information is growing and the need for fuller accountability is being created, the demand for physician information, and the number of people and organizations seeking to collect it, is increasing.

Physician information, that is, information that includes personal health information about and information that relates or may relate to the professional activity of an identifiable physician or group of physicians, is valuable for a variety of purposes. The legitimacy and importance of these purposes varies a great deal, and therefore the rationale and rules related to the collection, use, access and disclosure of physician information also varies. The Canadian Medical Association (CMA) developed this policy to provide guiding principles to those who collect, use, have access to or disclose physician information. Such people are termed “custodians,” and they should be held publicly accountable. These principles complement and act in concert with the CMA Health Information Privacy Code, which holds patient health information sacrosanct.

Physicians have legitimate interests in what information about them is collected, on what authority, by whom and for what purposes it is collected, and what safeguards and controls are in place. These interests include privacy and the right to exercise some control over the information; protection from the possibility that information will cause unwarranted harm, either at the individual or the group level; and assurance that interpretation of the information is accurate and unbiased. These legitimate interests extend to information about physicians that has been rendered in non-identifiable or aggregate format (e.g., to protect against the possibility of individual physicians being identified or of physician groups being unjustly stigmatized). Information in these formats, however, may be less sensitive than information from which an individual physician can be readily identified and, therefore, may warrant less protection.

The purposes for the use of physician information may be more or less compelling. One compelling use is related to the fact that physicians, as members of a self-regulating profession, are professionally accountable to their patients, their profession and society. Physicians support this professional accountability purpose through the legislated mandate of their regulatory colleges. Physicians also recognize the importance of peer review in the context of professional development and maintenance of competence.

The CMA supports the collection, use, access and disclosure of physician information subject to the conditions outlined below.

1. **Purpose(s):** The purpose(s) for the collection of physician information, and any other purpose(s) for which physician information may be subsequently used, accessed or disclosed, should be precisely specified at or before the collection. There should be a reasonable expectation that the information will achieve the stated purpose(s). The policy does not prevent the use of information for purposes that were not intended and not reasonably anticipated if principles 3 and 4 of this policy are met.

2. **Consent:** As a rule, information should be collected directly from the physician. Subject to principle 4, consent should be sought from the physician for the collection, use, access or disclosure of physician information. The physician should be informed about all intended and anticipated uses, accesses or disclosures of the information.

3. **Conditions for collection, use, access and disclosure:** The information should:
   - be limited to the minimum necessary to carry out the stated purpose(s),
   - be in the least intrusive format required for the stated purpose(s), and its collection, use, access and disclo-
sure should not infringe on the physician’s duty of
confidentiality with respect to that information.

4. Use of information without consent: There may be justifica-
tion for the collection, use, access or disclosure of
physician information without the physician’s consent if, in addition to the conditions in principle 3 being met, the custodian publicly demonstrates with respect to the
purpose(s), generically construed, that:
  • the stated purpose(s) could not be met or would be
    seriously compromised if consent were required,
  • the stated purpose(s) is(are) of sufficient importance
    that the public interest outweighs to a substantial
degree the physician’s right to privacy and right of
    consent in a free and democratic society, and
  • that the collection, use, access or disclosure of physi-
cian information with respect to the stated purpose(s)
    always ensures justice and fairness to the physician
    by being consistent with principle 6 of this policy.

5. Physician’s access to his or her own information: Physi-
cians have a right to view and ensure, in a timely
manner, the accuracy of the information collected about
them. This principle does not apply if there is reason to
believe that the disclosure to the physician will cause
substantial adverse effect to others. The onus is on the
custodian to justify a denial of access.

6. Information quality and interpretation: Custodians
must take reasonable steps to ensure that the informa-
tion they collect, use, gain access to or disclose is accu-
rate, complete and correct. Custodians must use valid
and reliable collection methods and, as appropriate, in-
volve physicians to interpret the information; these
physicians must have practice characteristics and cre-
dentials similar to those of the physician whose infor-
mation is being interpreted.

7. Security: Physical and human safeguards must exist to
ensure the integrity and reliability of physician informa-
tion and to protect against unauthorized collection, use,
access or disclosure of physician information.

8. Retention and destruction: Physician information
should be retained only for the length of time necessary
to fulfill the specified purpose(s), after which time it
should be destroyed.

9. Inquiries and complaints: Custodians must have in
place a process whereby inquiries and complaints can
be received, processed and adjudicated in a fair and
timely way. The complaint process, including how to
initiate a complaint, must be made known to physicians.

10. Openness and transparency: Custodians must have
transparent and explicit record-keeping or database
management policies, practices and systems that are
open to public scrutiny, including the purpose(s) for the
collection, use, access and disclosure of physician in-
formation. The existence of any physician information
record-keeping systems or database systems must be
made known and available upon request to physicians.

11. Accountability: Custodians of physician information
must ensure that they have proper authority and man-
date to collect, use, gain access to or disclose physician
information. Custodians must have policies and proce-
dures in place that give effect to the principles in this
document. Custodians must have a designated person
who is responsible for monitoring practices and ensur-
ing compliance with the policies and procedures.

Reference