In 2019, the CMA undertook a national analysis to better understand the landscape of physician health and wellness in Canada.

The first deliverable was an environmental scan to look at the current state and assess opportunities for the future. This was done through a critical analysis and review of key organizations, a review of existing structures, programs and processes and extensive stakeholder engagement and consultation. The key themes and findings are presented below.

**SUMMARY**

Findings suggest that the current landscape of physician health and wellness shares many of the characteristics often used to describe our health system today — too complex, difficult to navigate, insufficient access to services, mosaic of priorities and players operating in silos and urgent calls for change.

It is comprised of a broad range of stakeholders who play different roles at the national, provincial/territorial and regional levels.

**NATIONAL LANDSCAPE**

**Different perspectives:**
Physician health and wellness is a priority at the national level, with areas of interest that include mental health, leadership, quality improvement and psychological safety. However, there are different perspectives on the contributing factors and impacts driven by the unique mandate of each stakeholder organization.

**Partnering to effect change:**
Stakeholders are eager to collaborate to improve current approaches, programs and services through a common shared vision and recognize that system change requires collective effort.

**Leadership and shifting the culture:**
Investment in culture and leadership is necessary to support the shift in culture across the system to prioritize physician health and wellness.

**PROVINCIAL/ TERRITORIAL LANDSCAPE**

**Service availability and delivery:**
While each province has some form of dedicated physician health program there are service gaps and challenges for certain geographies and demographics.

**Driving system change:**
Provincial and territorial medical associations are broadening the scope and scale of services; however, there exists a constant tension between providing current programs and investing in the future to drive broader change.

**Shifting culture together:**
There is willingness to collaborate and partner across provinces and territories to improve programming and shift the culture of wellness.

**REGIONAL LANDSCAPE**

**Individual, cultural and systemic issues:**
There is motivation and action to improve the work environment and the health of the workforce; however, competing priorities, budget constraints, unique local circumstances and broader system structures make it difficult to prioritize at the leadership level.

**Emerging grassroots action:**
The interest from the physician community to get involved is increasing, and physician and learners are looking for opportunities to play a role. Efforts are being undertaken but are usually uncoordinated and underfunded, and dedicated physician health and wellness roles are rare.

**Support at the local level:**
Dedicated leadership, funding and expertise are needed to efficiently address physician health and wellness; therefore, greater support is required for resourcing, education and training and creating a network between local leaders and stakeholders.

For more information, please contact physicianhealth@cma.ca

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