



PHYSICIAN HEALTH AND WELLNESS NATIONAL ANALYSIS

SUMMARY OF ENVIRONMENTAL SCAN APPROACH

Introduction and Overview

Physician health and wellness is a critical issue in Canada for doctors, patients and health system sustainability. Physicians are at higher risk of developing symptoms of [burnout](#), [depression](#) and other forms of psychological distress and of engaging in [suicidal ideation](#). In recognition of these facts, the Canadian Medical Association (CMA) has identified physician health and wellness as one of its strategic priorities. To better understand the impact of practice- and system-level reform on the health care landscape in Canada as well as on physicians' health and well-being, the CMA's Physician Wellness and Medical Culture team undertook a Physician Health and Wellness National Analysis.

The Physician Health and Wellness National Analysis was comprised of three main activities:

1. An environmental scan to better understand the current state and national landscape of physician health and wellness in Canada
2. A [COVID-19 briefing report](#) that looked at the impacts of the pandemic on physician health and wellness
3. A [national recommendation report](#) to assess and identify opportunities to improve physician health and wellness in Canada, both now and for the future

This report summarizes the steps taken to complete the environmental scan and current state assessment.

Environmental Scan Approach

The first deliverable within this exploration was an environmental scan of the current landscape of physician health and wellness. This included a critical analysis and review of key organizations, an assessment of existing structures, programs and processes, and a consideration of opportunities for improvements in a future state, both in Canada and beyond. More than 50 stakeholders across Canada were formally engaged to identify gaps, barriers and opportunities in the physician health and wellness landscape.

STAKEHOLDER ENGAGEMENT

Stakeholders were engaged using two primary methods:

INTERVIEWS: Structured along three main themes:

1. Current programs and services – including questions on governance, organization, activities and performance

2. Success factors, challenges and potential opportunities – including questions on programs and services (both current and potential future) at the local, provincial/territorial and pan-Canadian levels
3. Advancing physician health and wellness in Canada – including questions on current gaps and issues, as well as roles of stakeholders involved

INFORMATION COLLECTION FORMS: An online surveying tool was used to gather standardized information on three major topics, as they related to physician health and wellness:

1. Governance and strategy
2. Service delivery
3. Information and outcomes

In total, 51 interviews were completed and 46 information collection forms were collected in late 2019. The following stakeholders were included:

Category

National physician organizations: Organizations operating at the national level with a focus on physicians and/or physicians-in-training

National health care organizations: Organizations operating at the national level with a health care focus (non-physician specific)

Provincial and territorial physician organizations: Provincial and territorial medical associations, as well as provincial physician health programs

Health authorities and workplaces: Regional health authorities and hospitals

Medical schools: All Canadian medical schools, considering the perspectives of undergraduate and postgraduate programs and faculty

Regulatory authorities: The Federation of Medical Regulatory Authorities of Canada, as well as its 13 member organizations

Other: Representatives from the CMA's Patient Voice community, the Canadian Armed Forces and the quality improvement community

Secondary research was conducted by exploring the existing literature as well as obtaining feedback from members of the CMA Ambassador Program (a group of medical students, residents and physicians in their first five years of practice) at the Canadian Conference on Physician Health in October 2019, and from representatives of all provincial and territorial medical associations and physician health programs during a workshop in November 2019.

COLLECTION FORM QUESTIONS

The largest groups surveyed were provincial and territorial physician organizations and larger national physician organizations. The collection form questions are provided below. It's worth noting that there were some subtle differences in the questions asked for each stakeholder group. For more information, please contact: physicianhealth@cma.ca

Section 1: Governance and strategy

- What is your program's mandate and/or scope with regards to physician health and wellness?
- What are your program's current priorities with regards to physician health and wellness?
- Is there a specific leading practice/model/framework that forms the basis of your physician health and wellness program/services — or otherwise, that you feel would be of value in exploring? If so, please list below.

Section 2: Service delivery

- How would you broadly categorize your range of physician health and wellness services* (select all that apply):

Service	Select all that apply	b. Describe the current services offered in this category and how these services are delivered (e.g., by in-house staff vs. partner organizations):
Access line		
24/7 access line		
Triage		
Assessment		
Treatment coordination and planning		
Direct treatment		
Monitoring		
Resources		
Education and primary prevention		
Supporting access to primary care		
Advocacy		
Research		
Other		

* see Appendix A for definitions of services provided

- b. Describe any current collaborations and/or partnerships with other organizations on physician health and wellness services.
- c. What delivery channels are used to provide your services (e.g., in-person, online, etc.)?
- d. Do you provide 24/7 access to assistance resources, such as a “help line” or an “assistance program”? If so, please describe.
- e. How are you using technology to support current physician health and wellness services? How would you like to see technology in this space developed?
- f. What is your organizational structure / staffing model for delivery of your physician health and wellness program and services?
- g. What unique people capabilities and/or skills would you highlight that are key to your current physician health and wellness programs and services?

Section 3: Information and outcomes

- a. What metrics do you track with regard to individual-level physician health and wellness (e.g., satisfaction, Maslach Burnout Inventory, psychological safety ratings, other wellness outcomes)?
- b. How do you measure and report program outcomes?
- c. Are you participating in or leading any empirical or applied research to inform your physician health and wellness programs and/or services? If yes, please explain.

Section 4: Additional information

- a. Please provide any other current-state information that you believe is important to informing the environmental scan.
- b. Please provide links to relevant reports or other information (e.g., documents, websites, resources or other outputs) for your program.

USE OF INFORMATION

The data collected were used to inform our understanding of the landscape of physician health and wellness (e.g., existing structures, programs and processes) and to assess opportunities for the future.

During the data collection process any information a stakeholder deemed to be sensitive and/or confidential was excluded from any final analysis report or other public output. Respondents were also notified of the option to withdraw any information from reporting, after data collection.

The results were then synthesized into a national environmental scan report.

Outcome and Next Steps

From the findings of the environmental scan, draft recommendations were developed and articulated. The recommendations were socialized and workshopped with the CMA and then drafted in full detail including general considerations, preliminary actions and prioritization.

The end result was 12 recommendations defining action areas to improve physician health and wellness as well as medical culture in Canada.

Following the development of the recommendations and considering the COVID-19 pandemic, the CMA Physician Wellness and Medical Culture team assessed the recommendations against a set of implementation considerations:

- **Feasibility:** Given the relative scale (in terms of resourcing and time requirements) and urgency of the initiatives, could our team practically commit to executing these recommendations?
- **Priorities:** Do these recommendations align with our team's evolving areas of focus and ambitions?
- **Existing initiatives:** How do these recommendations align with our team's current and planned initiatives?

On the basis of their assessment of these factors, the team developed a practical path forward for meeting the aims and achieving the goals of the recommendations and for advancing the issue in alignment with the [CMA's strategic plan](#).

Appendix A: Service Definitions

The following definitions were used as guiding principles when considering service provision:

Service	Description
Access line	Intake telephone line through which initial contact with client is managed
24/7 access line	Access line that is available 24/7
Triage	Initial intake assessment, including preliminary exploration of needs to determine appropriate service options
Assessment	Detailed assessment through which presenting concern or issues are defined and services selected
Treatment coordination and planning	Case management / coordination of client's service needs (as they are delivered by physician health program [PHP] or another provider)
Direct treatment	Treatment provided directly by provincial/territorial medical association or PHP staff
Monitoring	Formal agreement for provision of contractual monitoring (e.g., for treatment compliance, biological monitoring)
Resources	Physician health and wellness publications/tools/online offerings delivered to members through websites, promoted through email, etc.
Education and primary prevention	Structured educational activities with learning objectives (e.g., resilience training)
Supporting access to primary care	A service to link members and/or members' families to primary care physicians
Advocacy	Intentional organizational effort to influence system-level change (e.g., at provincial/territorial or health authority level)
Research	Scholarly research (i.e., intended to be published) supported financially, or performed by in-house staff
Working groups, committees, task forces	Facilitated by or participated in by the stakeholder
Events	For example, symposiums, conferences, workshops
Coaching and/or mentorship	Formal program somehow facilitated by the stakeholder group