



POLICY

Physician Health

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1. Registrar's Appointment

- 1.1 A Physician Health Program is established and maintained by the Registrar, and administration of the program as assigned to the doctor.
- 1.2 The Registrar shall appoint a member to be the Director of the Physician Health Program for a period of up to three years and that appointment may be renewed or revoked at the discretion of the Registrar.

2. Purpose of Physician Health Program

- 2.1 Operate the Physician Health Program of the College in accordance with the policies of Council set out below;
- 2.2 Appoint Advisory Service Panels to provide advice to the College or Council on specific health issues (e.g. Blood Borne Pathogens, Medical Marijuana) in relation to specific members or as to matters of best practice;
- 2.3 Provide advice to Council with respect to trends and best practices in relation to the Physician Health Program of the College;
- 2.4 Make referrals to the Registrar where the Director of Physician Health and Deputy Registrar believe that the conduct of a member who is in the Physician Health Program warrants referral to the Registrar.

3. Powers and Authority of the Director of Physician Health and Doctor

- 3.1 All powers and authority of the Director of Physician Health are to be exercised jointly with the Director of Physician Health and the Deputy Registrar responsible administratively for Physician Health Program.
- 3.2 The Director of the Physician Health Program, in conjunction with the Deputy Registrar, has the authority to use staff resource time for administration support of the Physician Health Program and meetings related thereto.
- 3.3 The Director of Physician Health and Deputy Registrar have the authority to operate the Health Program of the College in accordance with Council policies set out herein, including the following authorities:
 - 3.3.1. to establish its own processes and policies for the operation of the Physician Health Program provided that the processes and polices are consistent with the Council's policies set out below;
 - 3.3.2. to establish criteria within which the Director of Physician Health and Deputy Registrar may exercise such authority:
 - 3.3.2.a. to determine whether it is appropriate to ask a member participating in the Health Program to provide an undertaking to the College in relation to the member's practice;

- 3.3.2.b. to accept undertakings from member;
 - 3.3.2.c. to refer any member who is participating in the Health Program to the Registrar where the Director of Physician Health and Deputy Registrar believes that it is warranted in the public interest;
 - 3.3.2.d. to vary the terms of an undertaking given by any member who is participating in the Health Program whether or not the undertaking was provided to the College through the member's involvement in other College processes (e.g. investigation or registration), provided that the term to be varied is related to the member's health condition;
 - 3.3.2.e. to release any member in the Health Program from one or more terms of the member's undertaking, whether or not the undertaking was provided to the College through the member's involvement in other College processes (e.g. investigation or registration), provided the term is related to the member's health condition;
 - 3.3.2.f. to waive a breach of a member's undertaking where the Director of Physician Health and Deputy Registrar are satisfied that waiver is in the public interest.
- 3.3.3. to establish processes for effective monitoring of undertakings pertaining to members' health.
- 3.4 The Director of Physician Health and Deputy Registrar have no authority to vary or release any condition on a member's license or registration unless the person or committee responsible for the imposition of that condition has specifically authorized the Director of Physician Health and Registrar to do so.
- 3.5 The Director of Physician Health and Deputy Registrar have the authority to appoint Advisory Service Panels to advise the Physician Health Program on:
- 3.5.1. Specific cases involving members with a health issues which warrants expert input (e.g. blood borne pathogens, medical marijuana);
 - 3.5.2. Issues relevant to establishment of best practices in the Health Program.

4. Physician Health Program Objectives

- 4.1. The Physician Health Program has the following objectives:
- 4.1.1. Early identification and monitoring of a member (including those who are not physicians) who has a health issue which has the potential to adversely impact the member's ability to practice medicine safely;
 - 4.1.2. Adoption of a remedial approach to dealing with a member who has health issues where the member is cooperative in the process, has insight into the member's own health status and is compliant with treatment and rehabilitation;

- 4.1.3. Collaboration with a member who has health issues and the member's care givers with the goal of creating an environment in which the member can practice medicine safely.

5. Policies and Processes

5.1. The Physician Health Program shall operate in accordance with policies and processes consistent with objectives.

5.1.1. Where, in the opinions of the Director of Physician Health and Deputy Registrar, a member:

- is non-cooperative; and/or
- is non-compliant with treatment or rehabilitation; and/or
- has breached his or her undertaking in a manner warranting referral; and/or
- intervention is indicated for any other reason,

the member must be promptly referred to the Registrar with a request that the member be referred to the Investigation Committee.

5.1.2. Where the Registrar is advised that a member has a health issue which has the potential to adversely impact the member's ability to practice medicine safely, the Registrar shall refer the matter to the Director of Physician Health and Deputy Registrar, and the following process shall apply:

- The Director of Physician Health and Deputy Registrar must assess what, if any, steps must be taken to address immediate concerns about the member's ability to practice medicine safely, including determining whether, in their opinion, the member must provide an undertaking to cease or to restrict practice until the member has the written permission of the Director of Physician Health and Deputy Registrar releasing the member from all or part of the undertaking. Where such an undertaking is considered appropriate by the Director of Physician Health and Deputy Registrar, resumption of practice or removal of some or all of the restrictions is dependent upon evidence satisfactory to the Director of Physician Health and Deputy Registrar that the member is well enough to return to practice or to practise without some or all of the restrictions as the case may be.
- Evaluation of whether a member is well enough to return to practice or practice without some or all of the restrictions may be based upon reports of the member's own caregivers and/or upon an independent assessment by professionals acceptable to the Director of Physician Health and Deputy Registrar.

- Whether or not a member has signed an undertaking to cease practice or to restrict practice, the Director of Physician Health and Deputy Registrar may require a member to provide a written undertaking creating obligations on the part of the member, to facilitate monitoring of the member's health and its impact on the member's ability to practice safely, including to:
 - participate in an on-going care plan (family physician, psychiatrist, addictionologist, etc.) approved by the Director of Physician Health and Deputy Registrar; and/or
 - participate in group meetings as appropriate (e.g. AA, NA, Homewood alumni, Physicians at Risk, etc.) as approved by the Director of Physician Health and Deputy Registrar; and/or
 - make disclosure to appropriate individuals in the workplace setting to promote a safe and supportive practice environment; and/or
 - limit practice to a restricted work setting/location and/or type and/or volume and/or under supervision as deemed appropriate by the Director of Physician Health and Deputy Registrar.
- 5.1.3. Where a member with an addiction who is participating in the Physician Health Program relapses, provided:
- 5.1.3.a. the Director of Physician Health and the doctor have the opinion that it is in the public interest to do so, and
- 5.1.3.b. the member is compliant with the requirement to immediately report the relapse and cease practice until the Director of Physician Health and Deputy Registrar are satisfied that the member may safely return to practice
- the Director of Physician Health and Deputy Registrar have the authority to continue to work with and support the member in the Physician Health Program.
- 5.1.4. As part of its monitoring process, the Director of Physician Health and Deputy Registrar must establish a system to ensure that it is notified when a member participating in the Physician Health Program is the subject of a complaint.

6. Advisory Service Panel - Cases involving Blood Borne Pathogens

6.1 Composition of Advisory Service Panel on Blood Borne Pathogen Issues

- 6.6.1. In all cases where the Director of Physician Health and Deputy Registrar appoints an Advisory Service Panel to advise it in relation to an individual member with a blood borne pathogen:

- 6.6.1.a. The Chair of the Panel must be an infectious disease specialist;
- 6.6.1.b. The Director of Physician Health and the doctor have the authority to appoint the remainder of the Panel members, taking into account the type of medical practice of the member under review who is sero-positive for a blood borne pathogen.

6.2 Authority of the Advisory Service Panel

- 6.2.1. The Advisory Service Panel has authority to assess the individual medical practice activities of the member who is sero-positive for a blood borne pathogen and to advise the Director of Physician Health and Deputy Registrar on appropriate modifications based on the best scientific, ethical and epidemiological principles.
- 6.2.2. In providing advice, the Advisory Service Panel must operate within the following principles:
 - 6.2.2.a. The advice must be based on recent scientific, ethical and epidemiological principles.
 - 6.2.2.b. The assessment of modifications required to a member's practice must be based upon the test of public protection.
 - 6.2.2.c. The members of the Advisory Service Panel must maintain confidentiality and protect the anonymity of members who are sero-positive for blood borne pathogens.
 - 6.2.2.d. An Advisory Service Panel appointed to advise the Director of Physician Health and Deputy Registrar in relation to an individual member also has the authority to provide advice to the Director of Physician Health and Deputy Registrar about the latest scientific information and best practices regarding members who have blood borne pathogens or who are dealing with patients who have blood borne pathogens.

7. Advisory Service Panel – Advice on Best Practices

7.1 Composition of Advisory Service Panel

Where the Director of Physician Health and Deputy Registrar appoint an Advisory Service Panel to provide advice on best practices in relation to a health issue, the Director of Physician Health and Deputy Registrar have the authority to appoint the Panel members.

7.2 Terms of Reference

The Director of Physician Health and Deputy Registrar must establish terms of reference for any Advisory Service Panel created to provide advice on best practices in relation to a health issue.

8. Report to Council

- 8.1 The Director of Physician Health and the Deputy Registrar shall provide a report annually to Council containing non-nominal statistical data of members involved in the Physician Health Program, work undertaken by the Advisory Service Panels, and any other matters of importance.