



Health Monitoring at the College

New Resident Orientation

July 14, 2020

Dr. X

- 26-year-old R1
 - MVA and TBI
 - Leaves program for two months → one year
 - Scramble when returns to program
 - Untreated depression, anxiety, AUD
- Complex, but real
- And common: There are approximately 800 files in the monitoring department



When physicians get sick...

- Health monitoring at the College
- Regulating physicians as they transition from sickness to health, and transition out of, and back to work





Physician health: a growing concern

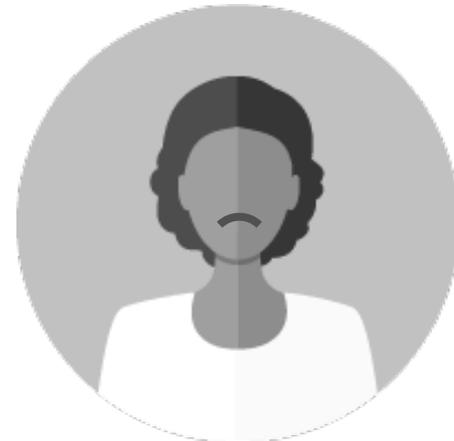
Physician health and growing impact on public:

1. A complex, fast-paced, high-pressure health-care system:
 - Burnout (up to 50%)
 - Depression (12–18%)
 - Alcohol use disorder (13% male, 21% female)
 - Suicide (1.4x M, 2.3x F)
2. These numbers are even higher for our youngest registrants



Health of physicians: overcoming barriers

- Medical error, less capable of managing complex care needs
- Effective treatments exist, but physicians are reluctant
 - Shame and stigma
 - Losing one's licence and livelihood



Health of physicians: overcoming barriers

- Opportunity exists to help
- Effective, non-intrusive monitoring
- Balance
 - Delicate, respectful inquiry
 - Helping physicians face limitations
 - Firm decisive action to protect public



An obligation to practise healthy

CMA Code of Ethics and Professionalism

- Value personal health and wellness and strive to model self-care
- Be aware of and promote health and wellness services, and other resources, available to you and colleagues in need
- Seek help from colleagues and appropriate medical care from qualified professionals

Legislation

- **Health Professions Act**
 - Sections 32.1–32.3:
Duty to Report
 - Section 25.6:
Suspension pending
medical examination
- **Bylaws**
 - Section 1-20: Blood
Borne Communicable
Disease Committee

This Act is Current to August 3, 2016

This Act has "Not in Force" sections. See the [Table of Legislative Changes](#).

HEALTH PROFESSIONS ACT
[RSBC 1996] CHAPTER 183



College of Physicians and Surgeons of British Columbia

BYLAWS

HEALTH PROFESSIONS ACT RSBC 1996, c.183
DATED JUNE 1, 2009 (revised September 19, 2015)

Licensure

- Licences: full, provisional, educational
- Active or inactive
- Temporarily inactive – health leave



The College

- Health monitoring department
- A “supportive” arm of the College
- We work with complaints and registration departments



What do we monitor?

Health conditions

- Physical, cognitive, mental health conditions
- Substance use disorders
- Blood-borne pathogens
- Conditions that do or could impact practice
- Caseload: ~800

Medicine is a safety-sensitive occupation

- Some more, some less risky scopes of practice
- Monitoring commensurate with risk



When do we monitor health?

- Registrant self-disclosure re: health condition with **potential** impact
- Third-party expression of concern about possible health condition
- Duty to report a health condition that has impacted their practice and resulted in a restriction of health authority privileges or employment (*HPA s.32.2*)
- Duty to report that registrant has been hospitalized for a psychiatric condition or addiction (*HPA s.32.3*)

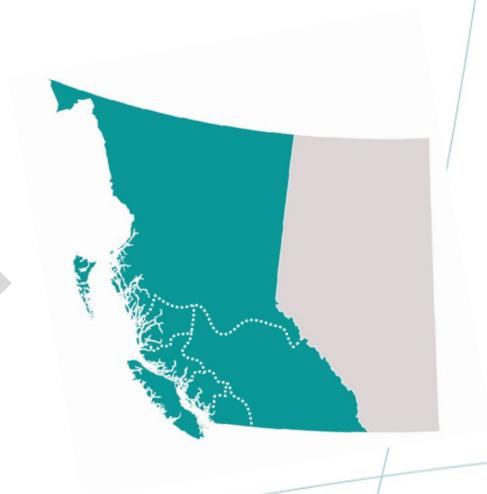
How do we monitor health?

- TI and absence from practice
- **Before** return:
 - “fitness to practise” reports from treating physicians
 - consent to health monitoring
- **Ongoing health monitoring**, treating physicians provide progress reports that registrant:
 - continues to be a patient
 - is compliant with treatment recommendations
 - is compliant with biological monitoring (if applicable)
 - is fit to practise medicine

How long do we monitor health?

- Usually depends on recommendations of treating physicians
- Typically two to five years, but may be longer or indefinitely with a progressive, intermittent or recurrent condition
- SUD: five years or indefinitely if relapse

We collaborate



Questions

