

Physician Health Questions in Credentialing

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Introduction

Various studies¹ are shedding light on how the language used when asking physicians health-related questions in licensing and credentialing applications can impact a physician's likelihood of disclosing and seeking treatment for medical conditions. As such, the Ontario Hospital Association (OHA), in consultation with hospital physician leaders and the Ontario Medical Association (OMA), have recognized the need for guidance regarding how to effectively and appropriately ask physicians health-related questions in credentialing applications.

This resource provides guidance to hospitals to assist with the development of credentialing applications that will fulfill a hospital's duty to ensure patient safety, while doing so in a manner that is transparent and supportive and that protects physicians' privacy and human rights. While credentialing is commonly used as an umbrella term that encompasses the recruitment, assessment, and privileging of professional staff at a hospital, for this resource, credentialing refers to the specific process of obtaining, verifying and assessing the qualifications of a practitioner.

There are several types of health professionals that are subject to credentialing, including physicians, dentists, midwives and extended class nurses. This resource is specific to physicians due to the available literature on the subject; however, it may also be appropriate to consider when preparing credentialing applications for other types of health care professionals.

This resource is specifically focused on aspects of credentialing that relate to physician health; please refer to the OHA's [Professional Staff Credentialing Toolkit](#) for a comprehensive resource on credentialing.



¹ These studies are referenced in footnotes 5 and 7.

Background

Hospital boards have a fiduciary duty to ensure they effectively credential physicians in accordance with the terms of the *Public Hospitals Act*,² any hospital by-laws, and patient safety. Underlying this duty is the notion that public safety must be a top priority when the board of a hospital is making a decision regarding physician applications for appointment.³ There are many factors to consider when credentialing a physician and amongst them is a physician's health and whether they may be experiencing an illness that could hinder their medical judgment, competence or the safety of themselves and/or others.

Research has shown that physicians report higher rates of depression, anxiety, burnout and suicidal ideation than the general population.⁴ Notably, this research was conducted prior to the COVID-19 pandemic, which has taken a considerable toll on health care workers and exacerbated the mental illness and burnout that many of them have experienced.⁵ However, research has also shown that some physicians have forgone treatment or disclosure of their medical condition to avoid the stigma associated with the condition as well as potential consequences to their medical licence.⁶

Given this evidence, it is important for hospitals to take a balanced approach during the credentialing process when asking physician health questions. This is to ensure that physicians are not practicing with health impairments, while also not creating barriers to disclosure and seeking medical treatment. The College of Physicians and Surgeons of Ontario (CPSO) has similarly recognized the importance of using language in licensing applications that supports rather than deters safe disclosure and has made efforts to modify its questions relating to physician health accordingly.

Hospitals must also be mindful throughout the credentialing process of physicians' rights pursuant to the Ontario Human Rights Code (Code), which prohibits discrimination on the basis of disability. Notably, disability is defined in the Code to include both physical and mental health conditions and many mental impairments have been recognized as disabilities under the Code, including anxiety, panic attacks, depression, schizophrenia, alcohol dependence, and addictions to illegal drugs.

2 *Public Hospitals Act*, RSO 1990, c P40

3 *Thannikkotu v. Trillium Health Centre*, 2011 HPARB at p. 19.

4 Dutheil F, Aubert C, Pereira B, et al. Suicide among physicians and health-care workers: A systematic review and meta-analysis. *PLoS One* 2019;14:e0226361; CMA National Physician Health Survey. Ottawa: Canadian Medical Association. 2018.

5 Myran DT, Roberts R, McArthur E, Jeyakumar N, Hensel JM, Kendall C, et al. Mental health and addiction health service use by physicians compared to non-physicians before and during the COVID-19 pandemic: A population-based cohort study in Ontario, Canada. *PLoS Med* 20(4): e1004187.

6 Gold KJ, Andrew LB, Goldman EB, et al. "I would never want to have a mental health diagnosis on my record": a survey of female physicians on mental health diagnosis, treatment, and reporting. *Gen Hosp Psychiatry* 2016;43:51-7; Dyrbye LN, West CP, Sinsky CA, et al. Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clin Proc* 2017;92:1486-93; Gold KJ, Shih ER, Goldman EB, et al. Do US medical licensing applications treat mental and physical illness equivalently? *Fam Med* 2017;49:464-7; Saddawi-Konefka D, Brown A, Eisenhart I, et al. Consistency between state medical license applications and recommendations regarding physician mental health. *JAMA* 2021;325:2017-8.



Guidance on Physician Health Questions

The OHA and OMA, having reviewed both Canadian and international guidance on identifying and supporting physicians with impairment, recommend that hospitals consider the following guidance when preparing future appointment and reappointment applications for its medical staff. This falls into the following four categories:

1. Focus on Current Impairment

Application questions should focus only on current impairment and not the mere presence of illness, treatment-seeking or past impairment. Physicians, just like their patients, have a right to privacy. As such, questions about their health should be narrow in scope so that physicians are only asked to disclose information that is currently relevant to patient safety. Past impairment and present illnesses that are being appropriately managed are not relevant to assessing whether a physician is currently able to safely practice medicine and, therefore, questions seeking this information should not be asked. Application questions can encourage physicians to consult with their treater(s) to determine whether a current medical condition should be disclosed in the interest of patient safety.

2. Use Clear Language

Applications should use clear language when asking physicians about their health. Terms should be defined when necessary to avoid ambiguity. For example, if an application asks whether a physician has a medical condition that impairs their ability to safely practice medicine, “impairs” should be clearly defined so that the applicant understands exactly what they are being asked to disclose. Similarly, if a question asks if a physician has a medical condition that could or does negatively impact their work, the question should clearly explain what is meant by “negatively impact”. It should be clear that “impairs” or “negatively impact” means a medical condition that could reasonably pose a risk of harm to patients and “risk of harm” can include both clinical harm as well as harm caused by unprofessional, unethical behaviour.

3. Do Not Distinguish Between Physical and Mental Health

Applications should not distinguish between mental and physical health. A single question should be asked regarding any type of medical condition, rather than asking one question about physical health conditions and a second question about mental health conditions. Alternatively, if separate questions are asked about mental and physical health conditions, the questions should be framed in the same way. This is important to reduce the stigma that continues to exist around mental health, which contributes to physicians not disclosing or seeking treatment for mental health conditions, including substance use disorders.

4. Use Supportive and Transparent Language

Questions about a physician’s health in the credentialing application should be supportive in nature and transparent. The application should clearly explain how a physician’s health information will be used and how it will be safeguarded and its confidentiality maintained. There should also be transparency with respect to how physicians who may pose a risk to the safety of patients due to their medical condition will be supported. The application itself should encourage seeking treatment, provide information about the confidential services offered by the OMA’s Physician Health Program,⁷ and direct physicians to the “Physician Wellness” page of the CPSO’s website.⁸

⁷ OMA, Physician Health Program - <https://php.oma.org/>

⁸ CPSO, Physician Wellness - <https://www.cpso.on.ca/en/Physicians/Your-Practice/Physician-Advisory-Services/Physician-Wellness>

Using appropriately framed questions with sufficient clarity on how the disclosed information will be used and safeguarded will help reduce any perceptions or concerns physicians have with respect to disclosing and seeking treatment for a medical condition. This approach, which only requires disclosure of conditions that pose a risk to patient safety, will also support the privacy and human rights of physicians who have health conditions that do not affect their ability to provide safe, professional patient care. When a physician discloses a medical condition, hospitals should, to the extent possible, rely on external medical evaluations that reveal only the personal health information necessary to evaluate potential patient safety and professional ethics concerns.

Given the human health resource shortages our health care system is facing, it is imperative that physicians feel supported in seeking treatment so that they can appropriately manage their condition and continue safely contributing to our health care system.

Sample Questions

This section provides two sample questions for hospitals to consider when developing credentialing applications. Hospitals are encouraged to use either of these sample questions, or a variation thereof, depending on broader organizational approaches or policies.

Sample Question 1:

Are you currently suffering from a condition that impairs your ability to practice medicine? A condition that impairs your ability to practice medicine means a condition that adversely affects your judgment or your ability to practice medicine in a safe, competent, ethical and professional manner. Conditions that are being treated such that they do not impair your ability to practice medicine do not need to be disclosed. You should consult with your treater(s) if you are uncertain if your condition is being sufficiently treated and does not require disclosure.

Note: [Hospital] recognizes that physicians, like their patients, experience physical and mental health conditions. Physicians should seek treatment, as needed, to ensure

they are not practicing medicine while impaired. Resources available to physicians suffering from a medical condition include the OMA's Physician Health Program, which provides confidential support (<https://php.oma.org/>), as well as a variety of supports set out on the Physician Wellness page of the CPSO's website (<https://www.cpso.on.ca/en/Physicians/Your-Practice/Physician-Advisory-Services/Physician-Wellness>). Additionally, applicants are advised that disclosure of any medical conditions in this credentialing application will be kept in strict confidence and will only be used to evaluate what privileges will be granted to a physician for the upcoming credentialing year.

Sample Question 2:

This example is the question asked on the CPSO's licence renewal application, along with supporting and clarifying information with respect to the question.

Do you have any medical or other condition identified since [date of last renewal] that may compromise your ability to practice medicine? This includes any condition that impairs your judgment or otherwise adversely affects your ability to practise medicine in a competent, ethical and professional manner, and for which you are not currently receiving appropriate and effective treatment? A medical or other condition includes an addiction or substance use problem (including alcohol).

Important: CPSO recognizes that members encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do, and expects its members to address their health concerns as needed to assure patient safety. Members must not practice while their ability is impaired. At all times, physicians must only practise medicine when they have the required capacity to do so, act in the best interests of their patients, and ensure patient safety. The OMA's Physician Health Program (PHP) (<https://php.oma.org/>) is available to all physicians and provides confidential support for individuals who are struggling with substance use and mental health concerns, as well as with other behaviours that have a personal and professional impact.

Resources

Credentialing

Public Hospitals Act, RSO 1990, c P40

OHA - Professional Staff Credentialing Toolkit

Physician Supports

OMA – Physician Health Program

CPSO – Physician Wellness Services

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