



## **Report of the FSMB Workgroup to Study Risk and Support Factors Affecting Physician Performance**

### **Executive Summary**

A risk factor in the setting of the practice of medicine is any factor that negatively impacts or alters any facet of a physician's performance, whereas a support factor is any factor that helps to foster, develop or improve a facet of a physician's performance. Common factors studied and published in the literature include the practice environment, type of specialty, experience, scores on various assessments, age, gender, and whether the physician had international versus domestic medical education. Understanding these factors and how they relate to the performance of licensees and the care patients receive from them may provide state medical boards with important tools for helping target their regulatory resources where they are needed most.

The following report provides an overview of recent research on physician risk and support factors, a description of current areas of focus among state medical boards, and considerations for boards related to medical professional culture, licensee wellness and burnout, and the operational use of risk and support factors in medical regulation and public protection. Risk and support factors are analyzed based on their relationship with health and wellness, career transitions, and the practice environment in order to shed light on these factors and to identify areas where greater supportive resources may be needed.

The report suggests that effectively incorporating knowledge of risk and support factors into medical regulation requires a focus on all three categories of factors in order to account for individual and systemic features of physician performance. This also allows for meaningful change to the prevailing medical professional culture to occur, facilitating the development and use of supportive resources that positively impact licensee health, performance, and patient care.

## Section 1: Introduction and Workgroup Charge

The ability of a physician to provide safe and high-quality care to patients is influenced by a variety of factors. Quality of training, area of specialty, and practice experience have traditionally been seen as key factors influencing the quality of care a physician is able to provide. More recently, the list of relevant factors has expanded significantly to include specific elements of one's practice, such as the practice environment, practice patterns, and ways of remaining up to date in one's specialty. Physician health and wellness have also garnered significant attention for the ways in which they influence one's ability to practice safely. Less modifiable factors are now also known to be relevant, such as a physician's age, gender, and the systems outside of medical practice with which they interact.

A deeper understanding of why these factors are relevant to medical practice – and how they impact the quality of care patients receive – can influence the ways in which state medical boards carry out their mission to protect the public. In order to contribute to such an understanding, FSMB Chair Scott Steingard, DO, in April of 2019 appointed the FSMB Workgroup to Study Risk and Support Factors Affecting Physician Performance. The Workgroup is chaired by Mohammed Arsiwala, MD, and charged with:

1. Collecting and evaluating data and research on factors affecting physician performance and ability to practice medicine safely, including but not limited to practice context (specialty, workload, solo/group, urban/rural), gender, time in practice, examination scores, and culture;
2. Convening stakeholder organizations and experts to engage in collaborative discussions about patient safety issues and ethical and professional responsibilities as they relate to physician performance, including the duty to report;
3. Identifying principles, strategies, resources and best practices for assessing and mitigating potential impacts on physician performance;
4. Providing information to state medical boards about the risk and support factors affecting physician performance throughout their careers, how these can impact patient care, and what key principles should be applied to consideration of fair, equitable and transparent regulatory processes.

## Section 2: Background and Current Focus

Since Donabedian's seminal work on the evaluation of medical care in the 1960s,<sup>1</sup> researchers have been studying factors affecting physician performance. In recent years, this work has been considered by medical regulatory authorities responsible for the licensing and discipline of healthcare professionals. Regulation of medical practice has taken on a risk-based approach in many international jurisdictions. Oftentimes, the purpose of identifying risk factors affecting

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<sup>1</sup> Donabedian A (1966) Evaluating the Quality of Medical Care, *Milbank Memorial Fund Quarterly* 44(3 Suppl.): 166-206.

performance in these jurisdictions is to identify sets of practitioners with particular risk factors thought to be predictive of poor performance in order that they may be assessed to determine whether they pose an actual risk to the patients they treat.

This type of approach – which involves identification, assessment, remediation and support of physicians who are perceived to be at risk of poor performance – is common across multiple regulatory approaches in developed countries with well-resourced regulatory authorities. It also depends on a system of regulation that involves conducting assessments of large groups of licensees either exclusively by the regulatory authority, or through a partnership between the regulatory authority and other systems, such as academic medical training institutions or certifying bodies. While such an approach is not currently being considered in the United States, potential partners for such a system do exist.

There are several limitations posed by such a system for medical regulation in the United States, including existing administrative burdens involved in medical practice, high rates of burnout across all medical specialties, and now the additional burden practitioners face as a result of the COVID-19 pandemic. As such, the Workgroup feels it is most appropriate at the present time to first focus on risk factors in order to identify those areas where support is most needed.

### **Section 3: Definition of Risk and Support Factors**

For the purposes of this report, the Workgroup has adopted the definitions of risk and support factors used by Glover Takahashi and colleagues in their work on examining risk and support factors for competence.<sup>2</sup> A risk factor is therefore understood as any factor that negatively impacts or alters any facet of performance, whereas a support factor is understood as any factor that helps to foster, develop or improve a facet of performance.

### **Section 4a: Current Research on Risk**

The aforementioned study by Glover Takahashi and colleagues involved a scoping review of articles published in the literature between 1975 and 2014 on factors affecting physician performance and was commissioned by a group of Canadian medical regulatory authorities and partner organizations. The review yielded 943 articles, 754 of which focused specifically on competence in physicians, and 418 articles focused on risks to competence. The following risks were identified in studies, commentaries or in the gray literature (that is, outside of traditional publishing channels):

- Transitions (including change in status, change in focus of practice, new graduates and transitions) (74 articles)

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<sup>2</sup> Glover Takahashi S (2017) [Epidemiology of Competence: A Scoping Review to Understand the Risks and Supports to Competence of Four Health Professions](#), *BMJ Open*, 7(9), 1-12.

- International medical graduates (72 articles)
- Lack of clinical exposure/experience (67 articles)
- Age (66 articles)
- Gender (58 articles)
- Practice features (including location of practice, professional isolation and size of practice) (55 articles)
- Lack of specialty certification (53 articles)
- Wellness (53 articles)
- Resources (including people, money and time) (48 articles)
- Adequacy of medical practice or education (30 articles)
- Area of specialty (22 articles)
- Other risks to competence (9 articles)
- Previous disciplinary action (2 articles)

The review also identified 750 total articles focusing on supports to competence. The following support factors were identified in studies, commentaries, or gray literature:

- Continuing education participation (307 articles)
- Educational information/program features (282 articles)
- Personal support and feedback (including mentorship and peer performance) (127 articles)
- Adequate clinical exposure/experience (96 articles)
- Quality assurance participation (77 articles)
- Support through structure or organization (44 articles)
- Professional organization participation/systems (43 articles)
- Technology (41 articles)
- Other supports to competence (36 articles)
- Reflection and self-assessment (33 articles)
- Assessment and feedback through tools (24 articles)
- Performance review (22 articles)

To build on the information gleaned through this scoping review, additional focused and systematized reviews were conducted, providing a deeper understanding of the degree to which particular risk and support factors have been studied and the strength of evidence supporting each factor as impactful on physician performance. In all, over 900 studies were included in this analysis. Detailed findings, including a categorization of risk factors based on strength of evidence are available in Yen W and Thakkar N (2019) State of the Science on Risk and Support Factors to Physician Performance: A Report from the Pan-Canadian Physician Factors Collaboration, *Journal of Medical Regulation* Vol.105(1).

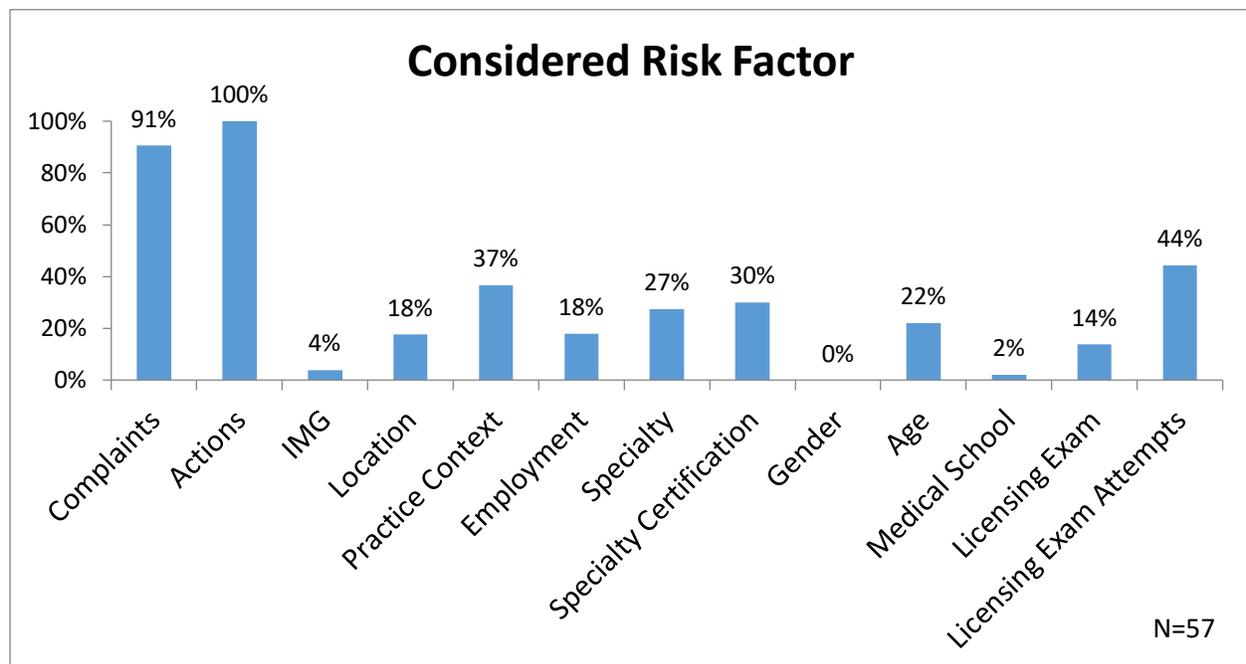
## Section 4b: Current Research on Support

While the number of articles addressing supports to physician competence is higher than that studying risks, more than two thirds of these articles focus on participation in continuing professional development and on features of medical education. Nearly all state medical boards currently promote the value of lifelong learning to licensees through guidance, statements and CME requirements for licensure renewal. State medical boards increasingly make a range of educational resources available to licensees and commonly mandate their use as part of disciplinary actions. However, little is known about the uptake of these resources or their impact on physician practice, especially for groups with known risk factors. Further research is needed on the adequacy of supports in place, as well as the range of options applicable to each risk factor or collections of factors.

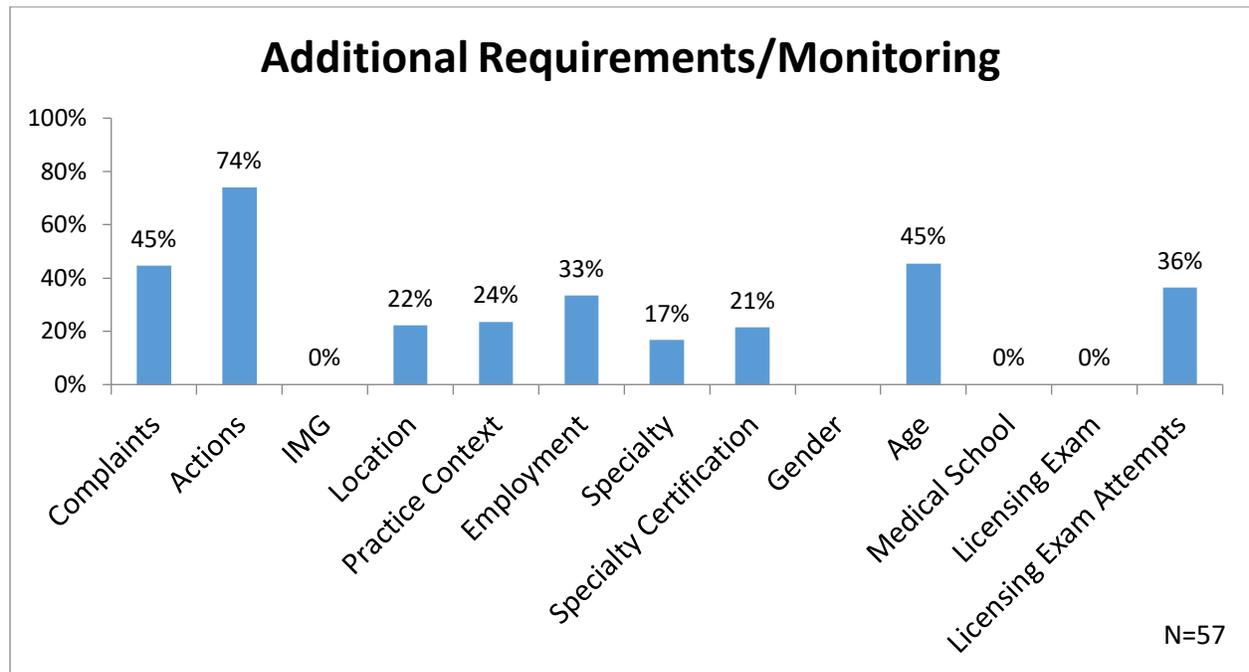
## Section 5: Current Areas of Focus Among State Medical Boards

The FSMB has periodically surveyed its member boards about their perceptions of risk factors affecting physician performance, their approaches to managing risk, and the supports they offer to licensees. A 2019 survey demonstrated that boards consider a broad range of risk factors to be relevant to licensee performance, with a history of complaints or disciplinary action as the most frequently cited among perceived risks. These metrics are also the risk factors that lead most commonly to additional requirements or monitoring of physicians by medical boards, followed by licensee age, licensing examination attempts before passing, and employment status (employed vs. self-employed). See Graphs 1 and 2 below for more detail.

Graph 1: Risk Factors According to Medical Boards



Graph 2: Additional Requirements/Monitoring



Most state medical board responses to risk occur after a risk has been identified through a complaint, disciplinary, or other regulatory process. Approaches taken by boards often vary depending on the nature of the risk and context of a licensee’s practice: Education (additional CME, re-entry to practice processes, reading requirements, outsourced training courses)

- Supervision/Monitoring (including mentoring in instances of solo or remote practice)
- Stipulated rehabilitation agreement (where confidentiality is maintained as long as the agreement is adhered to)
- Referral to a state Physician Health Program (PHP)
- Assessment, including clinical competency
- Counseling/Direction provided by the board to assist a licensee in overcoming limitations

State medical boards have also reported developing or promoting educational and other resources on several topics to licensees. Table 1 displays the topics of such resources developed and/or offered by boards, while Table 2 displays the topics of such resources that have been created by other organizations before being offered by boards.

Table 1: Topics of Resources Offered by Boards

COVID-19
Closing Practice
Competence Assessment and Education Programs
Core Processes of the Board (including Medical Jurisprudence, Legislation and Rule Changes)
Cultural Competency
Exceptions to Confidentiality
Health Disparities/Health Equity
How to Avoid Misconduct Filing
Human Trafficking
Improving Interprofessional Communication
Information from FSMB eNews and Reports
Investigations and Discipline (including “Disciplinary Pitfalls”)
Laser Surgery/Delegation
Licensure Processes
Duty to Report/Mandatory Reporting Requirements
Medical Marijuana
Medical Record Keeping
Medical Spas
PDMP
Pain Management or Prescribing (Including Controlled Substances)
Problem Based Ethics
Reentry to Clinical Practice Program
Serving as an Expert Reviewer
Standards of Practice
Telemedicine
Wellness

Table 2: Topics of Resources Offered by Boards Created by other Organizations

Behavioral Health Resources
Cannabis Education
CDC
Clinical Education (including Clinical Practice Re-entry Program; Clinical Refresher Courses)
Communication (e.g., Elevating Civility, Managing Difficult Communications in Medicine, Controlling Anger, Avoiding Outbursts, Communicating More)
Evaluation/Assessment Programs
FSMB Resources

Maintaining Mental Health During COVID-19
Medical Director Training
Medical Ethics, Boundaries and Professionalism (including Sexual Misconduct)
Medical Records Documentation and Management
Opioids/Controlled Substances, Prescribing, Pain Management, Addiction, PDMP, MAT Waiver Training, SBIRT Training
Racial Health Disparities in Telemedicine

## **Section 6: Summary and Analysis of Risk and Support Factors**

In order to simplify a very complex picture of factors that impact physician performance, this section will address risk and support factors based on their relationship with 1) Health and Wellness, 2) Experience and Transitions, and 3) Practice Environment.

The majority of the discussion of support that follows focuses on types of supportive offerings, rather than support factors in and of themselves. A support factor, as defined above, is any factor that supports competence. Supportive resources such as educational material, peer support groups, and health-related resources are not support factors themselves. However, the availability of such resources, a disposition of a physician to make use of such resources, and a work environment that evidence shows is conducive to safe practice would constitute support factors under this definition.

State medical boards would not be responsible for the creation of many of the supportive offerings mentioned below. However, efforts are encouraged to promote their availability and, where applicable, to allow for their confidential use, especially in the context of resources related to health and self-care.

*Health and Wellness*

Risk Factors	Support Factors
Burnout	Primary Care Physician
Work/Life Balance (Excessive Workload)	Regular Health Maintenance
Mental Health (including SUD)	Physician Health Program (PHP)
Psychological or Physical Conditions	Mandatory Cognitive Reporting
Declining Physical Performance	Decrease Workload/Time Management Training
Declining Cognitive Performance	Develop Hobbies or Interests
Late-Career Stages	Family Support
Male Gender	Mentorship/Coaching
	Social Support/Relationships
	Inclusion and Connectivity
	Financial Guidance
	Private Mental Health Care
	Spiritual Organizations

Key risk factors impacting the health and wellness of licensees include conditions they may be experiencing, typically as a result of illness or injury, that limit their ability to provide care with reasonable skill and safety. Conditions may include illness or impairment related to physical or mental health (including substance use disorder), injury, declining cognitive or physical performance (regardless of the age of the licensee), and symptoms of stress and burnout.

Current approaches to assessing the health and wellness of licensees among state medical boards primarily involve screening questions on licensing and license renewal applications, as well as fitness for duty assessment and collaboration with state PHPs, often following an investigation or as a component of disciplinary action. These approaches demonstrate a perception among boards that impairment (and possibly illness) is a risk factor to physician performance. Once a risk has been identified through these approaches, many board responses are aimed at assessing and improving licensee health and wellness, such as a referral to a PHP or assessment for clinical competency. These interventions, though supportive of physician health, are often associated with disciplinary action and are perceived as punitive in nature. They also typically occur after a complaint has been received or harm has occurred. Resources made available to licensees, as outlined in Tables 1 and 2, focus to a greater extent on conditions treated by licensees and the treatment modalities they use than on the health and wellness of the licensees themselves.

Regulatory strategies and interventions should be closely examined to ensure they are “fit for purpose” and achieving expected outcomes. There may be missed opportunities to provide information and resources to licensees proactively in a non-punitive context that support their health and wellness. State medical boards can play a lead role in raising awareness about the importance of self-care and create opportunities for conversation within the medical community. Self-care as a professional responsibility can be promoted, as can the importance of sustained dialogue around wellness, health maintenance, and speaking up and seeking help when needed. Practices such as routine health screening, periodic neurocognitive assessment, and counselling can be promoted and incentivized by state medical boards to encourage licensees to take care of themselves. Less formal opportunities for supporting wellness and engagement can also be offered, such as suggestions for avoiding suffering in silence, approaching a peer or confidant when a conversation is needed, and seeking out mentoring or coaching to support healthy practice and life habits.

Stigma related to mental illness within the medical community can present a significant barrier to the supportive efforts of state medical boards and others, as well as willingness among licensees to seek care. However, widespread provision of support and concerted efforts to reduce stigma and achieve a culture of support (as opposed to a culture of silence) are likely more effective in terms of mitigating risk, promoting wellness, and protecting patients than a retroactive and punitive response. Boards have demonstrated successes in promoting a culture of lifelong learning among licensees. These can be used in parallel for encouraging “lifelong self-care” and can begin as simply as promoting the value of having one’s own primary care physician.

## Experience and Transitions

Risk Factors	Support Factors
Exam Scores	Financial Planning
Financial Pressures (Debt, Retirement)	Physician Wellness Programs
International Medical Graduate (IMG)	Continuing Education/Lifelong Learning
Cultural Factors	Cultural Support
Workload Variability	Specialty Societies
Lack of Experience (Early-Career)	Remedial Education
Time in Practice (Mid-Career)	Investment Strategies
Change in Scope of Practice	Retirement Planning
No Certification	Peer Support Programs
Resources Available (HR, Administrative, Financial)	
History of Complaints/Discipline	
Malpractice Complaints/Settlements	
Family Dynamics (Divorce, Child-Related Demands)	
Personality/Openness to Change	

The category of experience and transitions is meant to capture those risk factors that relate to stages along the continuum of medical education, training, practice, and retirement. Some of these factors, such as low scores or repeated attempts on licensing examinations, lack of specialty board certification, and a history of complaints and discipline offer signals to state medical boards and licensees themselves that a licensee may be at risk for poor performance. Others, such as transitions in training, changes in scope of practice, financial pressures (including retirement planning), and workload variability are events faced by nearly every licensee over the course of their career that merit attention and support in order to ensure they do not present risk to performance in practice. These factors are akin to some of the more personal transitions related to a licensee's culture, personality, and family dynamics that merit similar attention and support to mitigate associated risks.

The medical education community continues to develop a wide array of supportive strategies and resources meant to assist with a safe transition through training and into practice, as noted in the literature on support (see Section 4a above). However, there are fewer resources aimed at supporting licensees once they are in independent practice. Current resources offered by state medical boards include education about communication, "disciplinary pitfalls," re-entry to practice, and the appropriate way to close one's practice. Additional resources aimed at the early stages of practice would help provide support to new physicians at a particularly vulnerable career stage, assisting them in appropriately orienting themselves to the array of risks present throughout one's career. Physicians often face difficult financial decisions at various career stages and would benefit from guidance in this regard. Promotion of supportive offerings from specialty societies and medical societies and the local, state, and national level would also be helpful in supporting licensees at all career stages. Peer support networks can offer additional opportunities for licensees to learn from others and engage in conversation around mutual areas of concern. Finally, there are opportunities available from some PHPs in the areas of stress management and life, family, or career development that can offer support to licensees during difficult transition periods.

## Practice Environment



As noted by Yen and Thakkar, some factors associated with the practice environment have been shown to be conducive to greater risk of complaints, discipline, and suboptimal provision of care. For example, there is compelling evidence demonstrating that certain specialties are more prone to complaints (surgery, plastic surgery, dermatology, psychiatry, obstetrics and gynecology, and family medicine) and discipline (family medicine, psychiatry, surgery), and physicians in solo practice have been shown to have a greater likelihood of ordering fewer

tests, performing less well on assessments, and having lower scores on recertification examinations.<sup>3</sup>

Less tangible risk factors associated with the practice environment that are not easily measured through quantitative means are also relevant to performance. Examples include the culture within which one practices and the impacts of power dynamics, professional relationships, bureaucracy, and harassment (as opposed to inclusivity). Available resources, including support staff, technological resources related to patient and data management, including electronic health records, can also have a significant impact on performance and overall well-being. Finally, the patient population, nature and proportion of complex and difficult cases, workload expectations and employment-related requirements can present risk, depending on the individual practitioner.

Less well-represented in the literature and not as well understood in practice are the concepts of engagement and isolation or alienation, both geographic and professional. It is possible that professional isolation or alienation (understood in terms of powerlessness and lack of meaning) negatively impact performance, while a greater degree of engagement in one's work and with one's professional environment have a positive impact.<sup>4</sup> This theory and the supporting data could help state medical boards understand isolation as a risk factor and justify the development and targeting of resources aimed at fostering engagement to geographically isolated licensees practicing in rural or remote areas or ones in solo practice. It can also inform hospitals and health systems about the importance of ensuring a work environment that provides meaningful opportunity for professional engagement among employed clinicians. Such opportunities can include the creation of team-based environments, interprofessional practice models, mentoring programs, and clear pathways to career advancement and leadership opportunities. As these opportunities contribute to safer and higher quality care for patients, they could be recognized and incentivized by state medical boards as continuing professional development efforts among licensees.

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<sup>3</sup> Yen W and Thakkar N (2019) [State of the Science on Risk and Support Factors to Physician Performance: A Report from the Pan-Canadian Physician Factors Collaboration](#), *Journal of Medical Regulation* Vol.105(1).

<sup>4</sup> Nazan Kartal (2018): [Evaluating the relationship between work engagement, work alienation and work performance of healthcare professionals](#), *International Journal of Healthcare Management*, DOI: 10.1080/20479700.2018.1453969

Table 3: Risk Factors Associated with Potential Negative Outcomes and Relevant Supports

<b>Risk Factor</b>	<b>Negative Outcomes</b>	<b>Support Factors</b>	<b>Specific Sources of Support</b>
Exam Scores	<ul style="list-style-type: none"> <li>• Disciplinary Action</li> <li>• Increased Complaints</li> <li>• Impact on Patient Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Review for Quality of Care</li> <li>• Remedial Education</li> <li>• Reduce Complexity of Cases</li> <li>• Reduce Caseload</li> <li>• Team-based Care Model</li> <li>• Utilize Practice Support Staff</li> </ul>	
Specialty	<ul style="list-style-type: none"> <li>• Increased Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Remedial Education</li> <li>• Utilize Support Staff</li> <li>• Reduce Complexity of Cases</li> <li>• Reduce Caseload</li> </ul>	
Solo Practice	<ul style="list-style-type: none"> <li>• Burnout</li> <li>• Reduced Adherence to Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Review for Quality of Care</li> <li>• Guided Self-Assessment</li> <li>• Support Structures (Family, Social, Spiritual)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Society (Local, State, National, Specialty)</li> </ul>
International Medical Graduate	<ul style="list-style-type: none"> <li>• Increased Complaints</li> <li>• Disciplinary Action</li> </ul>	<ul style="list-style-type: none"> <li>• Mentor/Peer Support</li> <li>• Support Structures (Social, Cultural)</li> </ul>	
Poor Work-Life Balance (Excessive Workload)	<ul style="list-style-type: none"> <li>• Burnout</li> <li>• Mental Health (Including Substance Use Disorder)</li> <li>• Impact on Patient Outcomes</li> <li>• Increased Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Review for Quality of Care</li> <li>• Reduce Complexity of Cases</li> <li>• Reduce Caseload</li> <li>• Team-based Care Model</li> <li>• Utilize Practice Support Staff</li> </ul>	<ul style="list-style-type: none"> <li>• PHP</li> <li>• Medical Society</li> <li>• Peer Support Programs</li> </ul>
Career Pressures (Financial, Performance)	<ul style="list-style-type: none"> <li>• Burnout</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Management Education/Training</li> <li>• Career/Practice Coaching</li> </ul>	<ul style="list-style-type: none"> <li>• PHP</li> <li>• Medical Society</li> </ul>

Family Dynamics (Divorce, Child-Related Demands)	<ul style="list-style-type: none"> <li>• Burnout</li> <li>• Mental Health (Including SUD)</li> <li>• Impact on Patient Outcomes</li> <li>• Increased Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Support Structures (Peer, Social, Family, Spiritual)</li> <li>• Comprehensive Care/Monitoring</li> <li>• Promote Health and Well-Being</li> </ul>	<ul style="list-style-type: none"> <li>• PHP</li> <li>• Personal Physician</li> </ul>
Male Gender	<ul style="list-style-type: none"> <li>• Disciplinary Action</li> <li>• Increased Complaints</li> <li>• Reduced Adherence to Guidelines (Problems with Prescribing and Test Ordering)</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Review for Quality of Care</li> <li>• Guided Self-Assessment</li> <li>• Mentor/Peer Support</li> <li>• Promote Lifelong Learning including focus on self-care</li> <li>• Communication skills training</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Society (Local, State, National, Specialty)</li> </ul>
Lack of Experience (Early-Career)	<ul style="list-style-type: none"> <li>• Impact on Patient Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Mentor/Peer Support</li> <li>• Team-based Care Model</li> <li>• Lifelong learning, including self-care and health promotion</li> </ul>	
Time in Practice (Mid-Career)	<ul style="list-style-type: none"> <li>• Disciplinary Action</li> </ul>	<ul style="list-style-type: none"> <li>• Team-based Care Model</li> <li>• Remedial Education</li> <li>• Counselling and other supportive services</li> <li>• Lifelong learning, including self-care and health promotion</li> </ul>	
Time in Practice (Late-Career)	<ul style="list-style-type: none"> <li>• Disciplinary Action</li> <li>• Increased Complaints</li> <li>• Impact on Patient Outcomes</li> <li>• Reduced Adherence to Guidelines</li> <li>• Declining Physical Performance</li> <li>• Declining Cognitive Performance</li> </ul>	<ul style="list-style-type: none"> <li>• Promote Health and Wellness</li> <li>• Comprehensive Care/Monitoring</li> <li>• Promote Lifelong Learning</li> <li>• Professional Responsibility to Disclose/Address Impairment</li> <li>• Targeted Programs for Late-Career Physicians</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Physician</li> <li>• PHP</li> <li>• Medical Society (Local, State, National, Specialty)</li> </ul>

	<ul style="list-style-type: none"> <li>• Problems with Psychological and Physical Well-Being</li> </ul>	(Procedural and Non-Procedural) <ul style="list-style-type: none"> <li>• Team-Based Care Model</li> <li>• Utilize Support Staff</li> <li>• Peer Reviews for Quality of Care</li> <li>• Guided Self-Assessment</li> <li>• Reduce Complexity of Cases</li> <li>• Reduce Caseload</li> <li>• Mentor/Peer Support</li> </ul>	
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## Section 7: Discussion

Many of the support factors discussed above are meant to improve health and mitigate burnout and are therefore focused on the individual physician, such as peer and social supports, mentoring and coaching, and routine health maintenance. However, too narrow a focus on the provision of individualized support alone (i.e., support related to health and well-being without support related to the practice environment and career transitions) could miss important opportunities to improve environmental and cultural features that are important for the provision of safe and high-quality care.

Viewed through a regulatory lens, inattention to the presence of such environmental risk factors or the lack of associated support factors could merit greater regulatory scrutiny from state medical boards. An accurate picture of physician performance and the various risk and support factors affecting it must consider these individual *and* systemic features. This is in line with the Cambridge Model of physician performance which relates performance to competence but factors in relevant individual and systemic influences.<sup>5</sup> In all instances, however, the prevailing professional culture must be accounted for, both as a potential barrier to effective support at the individual and systemic levels, and a risk factor in and of itself.

### *Environmental Impact of Culture*

Medical professionals are strongly impacted by the culture within which they work and live. Many physicians entered medical practice because of a desire to help patients, often influenced by popular representations of an idealized physician. This physician is someone who “confidently and unfailingly gives care, not one who needs care – especially mental health

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<sup>5</sup> Rethans JJ, Norcini JJ, Barón-Maldonado M, et al. [The relationship between competence and performance: implications for assessing practice performance](#). *Med Educ* 2002;36:901–9.

services.”<sup>6</sup> This view of physicians as invulnerable and not susceptible to the same ailments or conditions as the general public has contributed to a “culture of silence”<sup>7</sup> throughout medicine where it is seen as inappropriate and unacceptable to admit weakness, let alone illness or impairment, or to seek help or treatment. This culture that pervades the medical profession impacts not only the availability of supportive resources for physicians, but also the willingness of physicians to seek help through those resources that are available. Cultural change must be a priority in order for risk to be effectively mitigated, physicians to be supported, and patients to receive safe care.

### *Burnout and Wellness*

The above tables and graphics attempt to simplify and provide order to a very complex picture of multiple different but interrelated factors that impact physician performance. Regardless of the categorization of factors, there is significant overlap with respect to those risk factors that negatively impact a physician’s health and well-being and lead to, or exacerbate, burnout. This demonstrates the important role played by health and well-being for the provision of safe patient care.

State medical boards seeking to impact medical culture could examine their own regulatory processes to identify ones that contribute to stigma surrounding illness and create barriers to treatment seeking. Such processes might include licensing applications that inquire about any previous history of illness or treatment, use of punitive approaches in response to impairment, a lack of confidentiality in regulatory processes related to impairment, and insufficient transparency regarding boards’ approaches to working with licensees experiencing impairing illnesses.

State medical boards can also look to their key partners in physician health, especially those in the physician health program (PHP) community. The goals of PHPs and state medical boards are closely aligned, especially insofar as they relate to ensuring patient protection by supporting licensees in their efforts to remain healthy or to safely transition through difficult or high-risk periods in their lives and careers. Relationships between state medical boards and PHPs merit ongoing attention and nurture to ensure that the most effective supports are in place for the licensee population.

State medical board engagement in this type of effort also presents an opportunity to start conversations about the importance of self-care and treatment seeking among licensees and engaging in support through communication. Open communication about these issues with licensees and the public (e.g., through editorials published in state or local newspapers) helps to reduce stigma and chip away at the culture of silence, thereby encouraging the licensees themselves to engage in their own conversations, share their experiences, ask others how they

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<sup>6</sup> Kirch D, [Physician Mental Health: My Personal Journey and Professional Plea](#). *Acad Med* 2021.

<sup>7</sup> Hengerer, A., and S. P. Kishore. 2017. [Breaking a culture of silence: The role of state medical boards](#). *NAM Perspectives*. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201708b>

are doing in a meaningful way and, most importantly, feel comfortable seeking help when necessary.

### *Operational Use of Risk and Support Factors*

As noted, state medical boards already create and provide a significant number of resources to help support physician performance in several areas. However, information about risk and support factors can also inform the work of state medical boards themselves.

Educational resources can be disseminated proactively to licensees who fall into particular risk categories, rather than retroactively as part of disciplinary actions. Where board resources allow for the creation of new educational or other supportive materials, assessments of educational need can be informed by data about which risk factors are most prominent in the licensee population.

State medical boards may also wish to use information about risk factors to help with decisions about financial and human resource allocation. Triage of complaints can also be facilitated by prioritizing investigation of those complaints against practitioners with the most significant or a greater number of risk factors. This is currently being done in Australia where the Australian Health Practitioner Regulation Agency cross-references information from complaints received against characteristics of a practitioner and their practice context.<sup>8</sup>

### *Progress in the Era of COVID-19*

Positive change with respect to providing support to licensees has occurred as a result of greater recognition of the widespread nature of health worker burnout and the need for self-care during the COVID-19 pandemic. This has led to new and expanded availability of counselling resources for clinicians, even in rural and remote settings through telehealth models, that can be promoted by state medical boards and others in an effort to ensure their permanence so that licensees can continue to benefit from their availability.

The value of “lifelong self-care” can be espoused by state boards alongside, and as a parallel to, statements about lifelong learning. Boards can encourage self-care as part of a professional culture that identifies risk early and takes mitigating action before it results in impairment or related patient safety concerns. This can take the form of encouraging routine health screening from a personal physician, counselling-related resources, especially during training, and opportunities to engage with mentors, coaches, or peer groups in practice or non-practice settings. The goal of such strategies is not to identify and remove from practice those physicians at risk of poor performance. Rather, it involves providing support to those who need it most in order to help keep them practicing safely and longer.

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<sup>8</sup> Australian Health Practitioner Regulation Agency, 2017-18 Annual Report, available at <http://www.ahpra.gov.au/annualreport/2018/notifications.html>

## *FSMB Resources*

The FSMB has given significant focus in recent years to the issues of physician health, burnout, and impairment. This has included development of a policy on Physician Wellness and Burnout, ongoing work with state medical boards focusing on regulatory processes that impact treatment-seeking among licensees, revisions to the FSMB's policy on Physician Impairment, and collaboration with partner organizations to address burnout and support physician wellness, including the FSMB's sponsorship of, and collaboration in, the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience.

The key themes and recommendations arising from this work are relevant in the context of risk and support factors. Given the ways in which the current practice environment has been affected by the COVID-19 pandemic and the associated stress and trauma it brings for physicians, action on the part of state medical boards that supports physician health and mitigates the risk of burnout is especially timely.

The FSMB can harness the momentum that has come from its work in these areas and continue to play a supporting role in this endeavor by promoting and facilitating positive developments in the areas of stigma reduction and support of physician health by state medical boards and others. The FSMB's "State Board Connect," a Policy Clearing House containing resources for state medical boards can also be leveraged as an additional means of sharing resources and approaches to addressing risk and providing support.

## **Section 8: Conclusion**

This report provides introductory information for state medical boards about risk and support factors affecting physician performance. An understanding of why these factors are relevant to medical practice and how they may impact the quality of care patients receive can influence medical board processes and approaches to more effectively and efficiently support safe medical practice and ensure patient safety.

State medical boards and the FSMB are encouraged to collaborate with partners in patient safety, medical education, and clinician health to develop resources, based on an understanding of risk and support factors, that help licensees to continue practicing safely throughout their careers. Effectively mitigating risk will require attention to the health and wellness of licensees, important transitions in their lives and careers, and their practice environment. Moreover, a sustained dialogue about the realities of risk and importance of support is necessary in order to bring the medical profession out of a culture of silence and into one of lifelong self-care. This is a responsibility of the medical profession to its members and to their patients.