NARRATIVE RESEARCH

Physician Wellness Research – Draft Interim Report

Draft Report Prepared for:

Newfoundland and Labrador Medical Association

December 2020

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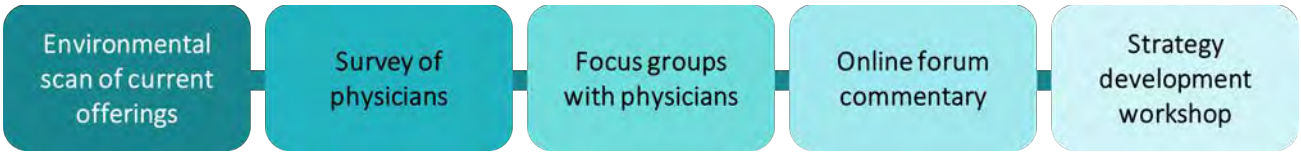
Introduction

With financial assistance from the Canadian Medical Association's (CMA) Affinity Fund, the Newfoundland and Labrador Medical Association (NLMA) has an opportunity to further increase its capacity with respect to physician health and wellness in terms of physician education and programming. In this regard, there is a need to complete a comprehensive needs assessment and gaps analysis to tailor future services, programs and initiatives to meet the health and wellness needs of physicians. Similarly, it is also important to take stock of what physician health and wellness offerings currently exist within the province in order to avoid duplication of efforts and to leverage what is already taking place. The information obtained from the needs assessment will be used to develop a four-year strategy for physician health and wellness in the province.

The NLMA commissioned Narrative Research to lead a number of initiatives to inform the development of this strategy including:



To date, three (3) components of the research process have been completed, namely, the environmental scan, physician survey, and focus groups.

Highlights

The research findings clearly indicate that the majority of physicians in Newfoundland and Labrador (NL) are feeling overworked and undervalued. Systematic issues, beyond physicians' control, are the primary drivers of the stress and burnout being experienced. The demands and expectations that the health care system is placing on physicians are immense and have been further compounded by the pandemic. Physicians are expected to perform at optimal levels, even if it is at the cost of their own health and well-being. This scenario is not unique to NL but was also detailed during discussions with representatives from other medical association representatives in the Atlantic provinces and Ontario.

There is a need to destigmatize physician unwellness within the profession. It was acknowledged that healthy physicians are better equipped to manage the needs of their patients as opposed to those who are unwell. It was also recognized by participants that there is a fear of being labelled, or even potentially being penalized or losing their license, if they were to come forward with any issues. There is an immediate need to create an environment that promotes wellness and encourages physicians to reach out for assistance in a safe and solution-focused way, without fear of punitive regulatory action.

Addressing the root causes of physician burnout is seen as being one of the most important aspects of a physician health program (PHP). Indeed, identifying opportunities to address systemic issues through a PHP must be considered. Physicians clearly indicate that developing PHP offerings, without taking into account the broader context of the health care system and the challenges it is creating, will not meet their needs. It will be viewed as placing the onus on physicians to be well or resilient without recognizing that many issues are beyond physicians' control. Doing so, could result in backlash.

While there are already a variety of programs and supports available to physicians, there are opportunities for collaboration and enhanced programing. Most notably, it is important to create and foster a sense of connection within the physician community. Participants express strong desire for mentorship and peer-to-peer support, as well as enhanced congeniality among physicians. Stressors within the health care system have contributed to the sense of isolation and feeling unsupported, and deteriorated relationships among physicians and these areas need to be addressed in a PHP.

PHP offerings need to be responsive to the stressors and challenges that physicians face over the span of their careers. Memorial University's Faculty of Medicine has been credited with establishing an array of supports and programs to address the well-being of learners. However, as learners' transition from residency into practice, their needs and stressors change. Currently, there is a gap in supports and offerings to meet their changing needs and to support this transition. Similarly, specific supports and services must align with the needs of physicians who are mid-career, as well as those approaching retirement. Likewise, the PHP must take into account the unique needs of international medical graduates (IMGs) to mitigate the feelings of cultural isolation and connectedness to the medical community that many are experiencing. Ensuring that rural and remote physicians have the connections and support they need is also important.

On an operational level, physicians must have confidence and trust in the PHP and must be able to access the resources and supports they require in a timely fashion. Most notably, when faced with substance use disorder and/or a mental health crisis they must be able to access the appropriate supports immediately and confidentially.

With respect to other offerings, resources need to be easy to access and easy to digest. Physicians are looking for practical information that they can immediately put into action. The findings speak to the opportunity to have a number of resources available in a centralized repository (e.g., dedicated website). Moreover, there is an opportunity to have physicians within the province sharing their experiences (e.g., brief videos) as they want to hear from other physicians who have lived experience.

Working in partnership with the regional health authorities (RHAs), the Faculty of Medicine and the College of Physicians of Newfoundland and Labrador, the NLMA has the opportunity to develop and deliver a robust PHP. The NLMA has the ability to leverage its already strong working relationships with these entities to create an environment and build supports and programming to better meet the health needs of its members.

Methodology

As mentioned, three components of the research process have been completed, including:

The following provides further details on the research methodology employed for each component.

Environmental Scan

The environmental scan included two (2) components:

- ***A scan within Newfoundland and Labrador (NL)*** to identity and examine all programs (formal and informal) currently offered in support of physician health within the province. This includes programs offered by Regional Health Authorities (RHAs), Memorial University Faculty of Medicine, Family Practice Networks (FPNs), and other informal programs such as those adopted by Memorial Faculty Educational Stream Leads across the province. In addition, the College of Physicians and Surgeons of NL (CPSNL) were invited to share their views and perspectives of physician health in the province; and
- ***A scan of other jurisdictions*** to identify the practices and components of physician health programs (PHPs) of other medical associations in Atlantic Canada and Ontario, which could provide insight into potential offerings for NL.

As part of this process, Narrative Research conducted key informant interviews from each of the identified stakeholder organizations and groups. In addition to identification of program offerings, the interviews were designed to obtain views on physicians' health needs within the province and elsewhere. The data collected as part of the environmental scan allowed for the identification of gaps, redundancies, and opportunities for collaboration, as well as to better understand perspectives on physician health needs.

As of December 2nd, a total of 20 interviews were conducted with representatives from the following organizations:

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health
- Ontario Medical Association (OMA)
- Medical Society of PEI (MSPEI)
- Family Practice Network Chairs
- Memorial University Faculty of Medicine
- College of Physicians and Surgeons of NL (CPSNL)
- Canadian Medical Association (CMA)
- Canadian Medical Protective Association (CMPA)
- Doctors Nova Scotia (Doctors NS)
- New Brunswick Medical Association (NBMA)

Survey

The physician health survey examined a number of elements including:

The survey details are as follows:

Approach

This questionnaire was self-administered (i.e., completed by the member) using an online methodology. The project was a census, in that all NLMA members were invited to take part. Invitations were distributed via email to all members (n=2,177) for which the NLMA had a valid email. Each member received a unique link, which could only be used once.

- Invitations sent by email to all NLMA members *(for which NLMA had a valid email)*
- Self-administered online survey

- 2,177 invitations sent
- 333 useable surveys completed
- 15% response rate

- Avg. survey length: 18 minutes

- Data collection dates: October 21 - November 9, 2020

- Analysis: Data were weighted by age and gender to ensure results reflected the actual population distribution for these factors. Results were also examined by a number of sub-groups to determine any noteworthy differences.

Focus Groups

The focus groups obtained the perspective of physicians on health needs, as well as what and how they should be addressed via a PHP. The methodology details are as follows:

- Five (5) focus groups were held, one (1) with each of the following audiences:
  - Urban Specialists (4 participants)
  - Rural Specialists (4 participants)
  - Urban Family Physicians (4 participants)
  - Rural Family Physicians (5 participants)
  - Students (5 participants)
- Participants were recruited from the NLMA membership list.
- Each session was conducted online via Teams and lasted approximately 90 minutes.
- Participants were each paid a $100 honorarium for their time.

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are directional only and cannot be projected to the overall population under study.

Detailed Findings

The detailed findings from the environmental scan, physician focus groups, and physician survey are presented in this section.

Well-Being Indicators

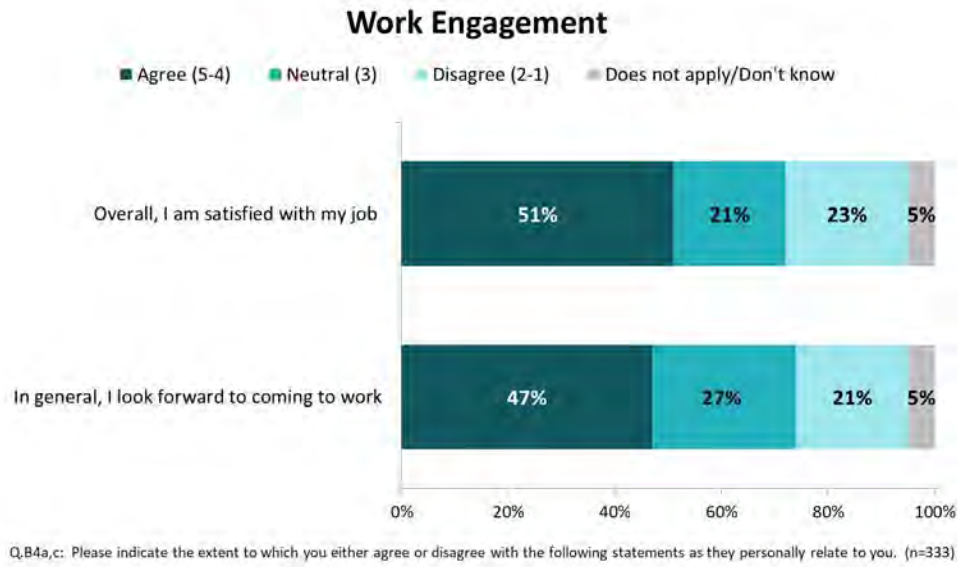
A number of factors were examined in the survey in order to create a snapshot of physicians' current health and well-being. These reflect the current level of physicians' well-being, and thus, point to important areas to address. This data will serve as a benchmark and will be important to track over time to examine the impact of the PHP.

Workplace Engagement

Job satisfaction among physicians is somewhat limited.

From a work perspective, one-half of physicians are **satisfied with their job**. Narrative Research maintains an Employee Opinion Database of Atlantic Canadian organizations regarding employee opinion and, on average, 79% of employees are satisfied with their job, which is well above the level evident among physicians in NL. Approximately one-half of physicians also **look forward to coming to work**, which is below the 77% evident in Narrative Research's database.

Of note, job satisfaction is notably lower among those practicing between six and ten years, as is looking forward to coming to work. Both are notably higher among physicians identifying as a visible minority. (Tables B4a and B4c)

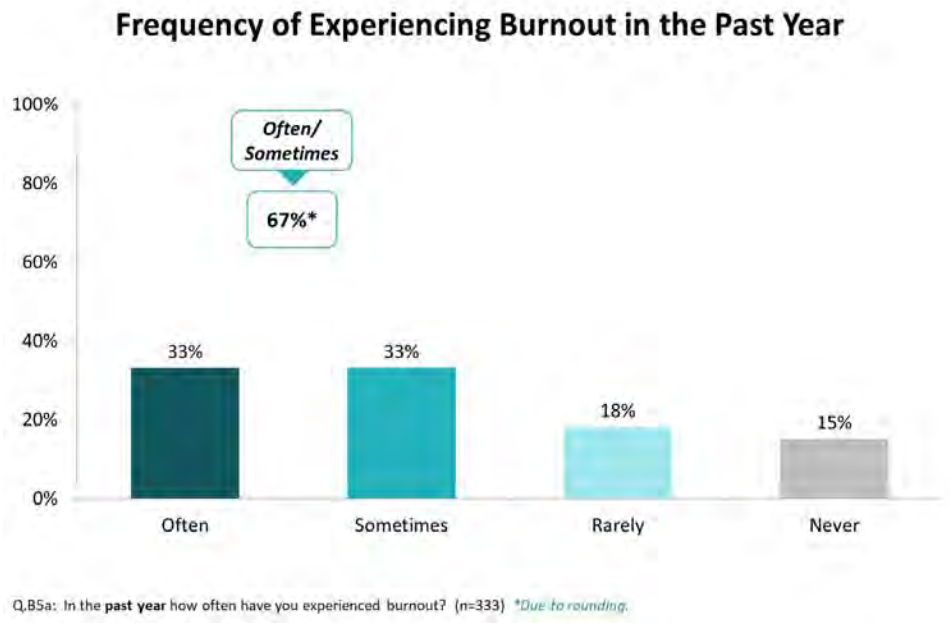


Q.B4a,c: Please indicate the extent to which you either agree or disagree with the following statements as they personally relate to you. (n=333)

Burnout and Balance

Burnout is a prevalent issue among physicians.

One in three physicians indicate they have 'often' experienced **burnout** in the past year, while another one in three have 'sometimes' experienced burnout. In contrast, two in ten have 'rarely' experienced burnout, while 15% have 'never' experienced burnout within this timeframe. (Table B5a)



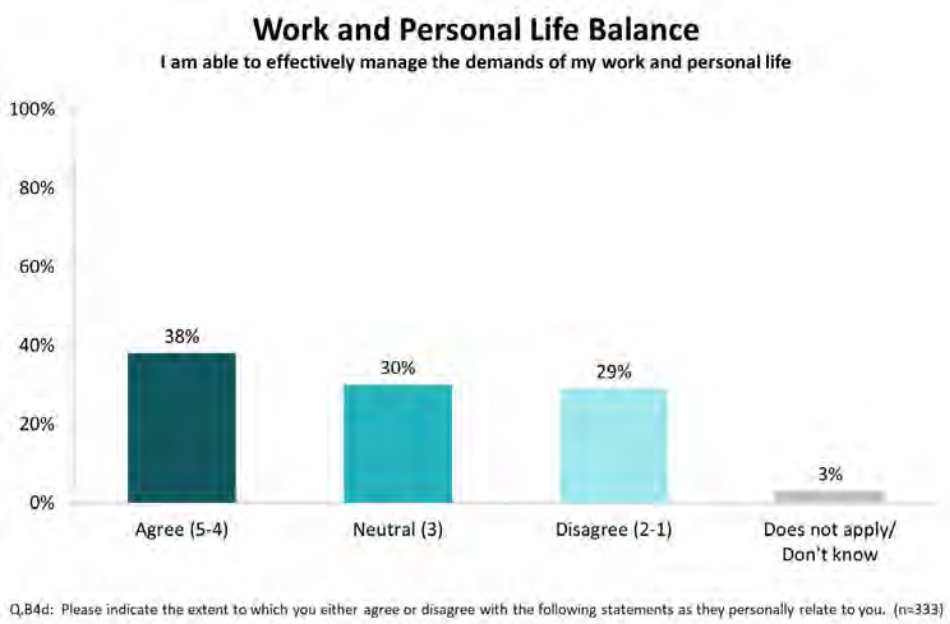
The incidence of reporting burnout 'often' or 'sometimes' is higher among:

- Physicians in leadership roles.
- Females.
- Those new to practice.
- Those who are part of a visible minority.
- Those under 50 years of age.

As well, burnout is related to several other factors. Those more likely to report 'often' or 'sometimes' experiencing burnout include:

- Those who disagree they are supported as a physician (82%) versus those who feel supported (55%).
- Those who do not feel connected to their peers (78%) versus those who feel connected (62%).
- Those who disagree they can maintain a balance of work and personal life (85%) versus those who agree they can maintain balance (52%).

Four in ten physicians agree they can effectively **manage the demands of their work and personal life**, while three in ten disagree. (Table B4d)

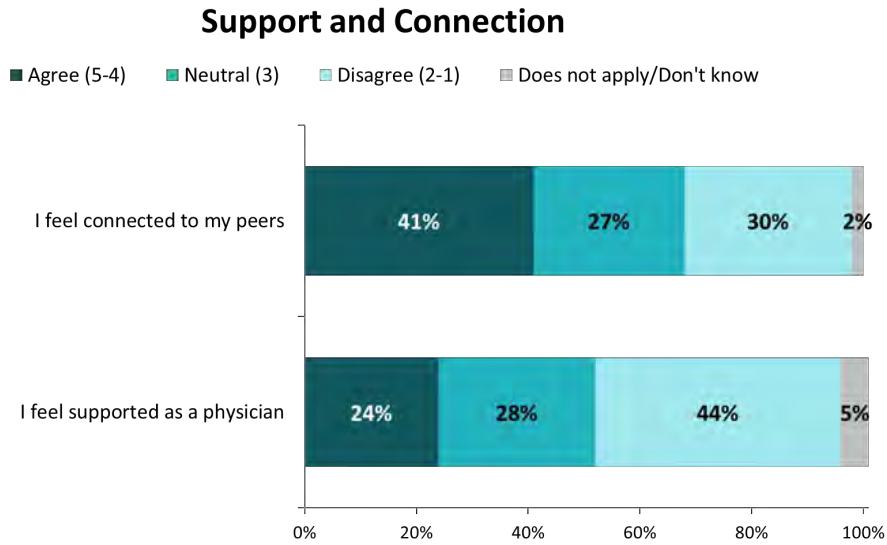


Q.B4d: Please indicate the extent to which you either agree or disagree with the following statements as they personally relate to you. (n=333)

Support and Connection

Connection among peers, and especially the sense of being supported, is limited among physicians.

Connection to peers is mixed, with four in ten physicians **feeling connected to their peers** and three in ten *not* feeling connected. The sense of lack of connection is lowest among those new to practice versus more seasoned practitioners. Physicians identifying as a visible minority are also more likely to feel connected. (Table B4e)



Q.B4e,f: Please indicate the extent to which you either agree or disagree with the following statements as they personally relate to you. (n=333)

Only one-quarter of physicians believe they are **supported as a physician**, while almost twice as many do not feel supported. The sense of *not* being supported is notably elevated among those practicing

between six and ten years (67%). IMGs (36%) are more inclined to feel supported than non-IMGs (21%). (Table B4f)

Newfoundland and Labrador Offerings

The Newfoundland and Labrador Medical Association (NLMA)

In 2014, the NLMA established the Medical Director position as part of its staff complement. The duties of the Medical Director include developing, implementing and managing the NLMA's PHP, as well as overseeing the policies and procedures that govern the Physician Care Network (PCN). The NLMA has also established a Physician Wellness Advisory Council comprised of four (4) physicians and the NLMA's Associate Executive Director and Medical Director. The Council oversees the Association's physician health and wellness initiatives.

Currently, the NLMA's PCN is comprised of the following components:

- ***Wellness Support Line.*** The NLMA is participating in the Canadian Medical Association's (CMA) Wellness Support Line. This service is available to physicians, learners and their immediate family members and provides short-term mental health support and counselling. The support line is available 24/7, 365 days a year and is staffed with Master level trained counsellors. The Wellness Line has the ability to provide immediate crisis counselling, conduct risk assessments and match callers with the appropriate supports and services.
- ***MDLink.*** This program assists NLMA members gain access to primary care providers. *MDLink* connects physician-patients with physician-providers in either their own community or in a neighboring community.
- ***Workshops.*** The NLMA also has trained physician facilitators to deliver Crucial Conversations and Getting Things Done workshops.
- ***Substance Use Disorder Monitoring Program.*** The NLMA administers the CPSNL's physician substance abuse monitoring program. The intent of this program is to facilitate successful and sustained recovery. Program responsibilities include monitoring a participant's illness course; monitoring that appropriate therapeutic modalities are in place; educating and monitoring for early symptoms or signs of illness recurrence; receiving medical and psychological reports; and, when authorized, providing information to third parties regarding clinical progress and stability within the monitoring program. While the program takes referrals from the College, members are able to self-refer and referrals can also be made by a colleague, clinical chief, an RHA or other party.

Memorial University Faculty of Medicine

In its 2018-2023 strategic plan, *Destination Excellence*, Memorial University's Faculty of Medicine identified, *'fostering an environment that encourages wellness for all'* as a priority. An implementation steering team was established to operationalize the faculty's strategic plan. In addition, seven (7) project teams were created to oversee the implementation of specific projects designed to realize the goals outlined in the strategic plan. Most notably, a Wellness Project Team was formed to oversee a wellness survey that was administered to the Faculty of Medicine community. A sub-committee has also been formed to evaluate and disseminate the survey findings and to propose a series of recommendations.

In addition, a Mentorship Project Team was established to leverage the mentorship that was already occurring informally within the Faculty. The major output of this team has been the establishment of a mentorship website. Through this platform, learners are able to search and connect with potential faculty mentors on the basis of areas of expertise and/or interest. This mentorship program has been designed not only to provide guidance and direction in learners' careers, but all aspect of their lives. Currently, the mentorship program is confined to students, but there are plans to expand its use to faculty to faculty.

The Faculty' s Learner Well-Being Office, *'assists and supports MD learners to focus on their well-being, engage in healthy activities, and make lifestyle changes that can assist them to maintain or create balance in their lives.' The* Office of Learner Well-Being and Success provides a number of programs and supports to undergraduate and postgraduate learners. In addition to the mentorship program previously described, the Office also offers the following supports and services:

- ***COVID-19 Hub***. Includes weekly emails to learners and faculty with useful information regarding COVID-19, including suggested coping strategies and supports.
- ***Professionalism in Practice***. In conjunction with the Office of Professional and Education Development, the Office of Learner Well-Being has developed a voluntary, accredited, online Professionalism in Practice Module that is available for both clinical faculty and learners. This module has been designed to explore the concept of professionalism, how professionalism impacts both medical education and the modern practice of medicine in NL, what behaviours are typically considered professional and which are perceived as unprofessional. It also outlines the regulatory and policy framework governing medicine and medical education.
- ***The Gathering Grounds***. Consists of monthly, drop-in sessions facilitated by medical learners trained by a Learner Wellness Consultant. This offering has been designed to provide a safe, structured and positive environment for all medical learners to talk with one another. Through this forum, learners have the opportunity to share highs and lows of medical school, connect over common experiences, provide positive support and problem solve in an open, caring, non-judgmental environment. The intent is to make medical learners feel more connected to one another, foster an environment that promotes well-being in the profession and help destigmatize issues within medicine.

- ***Counselling Services.*** The Office provides confidential counselling and referral services to both undergraduate and postgraduate medial learners. Common areas where advice and/or support is sought include school-life balance, stress/anxiety, depression, 'Imposter Syndrome', communication difficulties, couple and relationship issues, medical issues, academic difficulties, career counselling and financial planning.
- ***Coffee Breaks with Buddies.*** Learners are able to sign up for this online service. A Learner Well-Being Consultant randomly assigns a student with a classmate. These individuals then meet virtually for a 'coffee break'. This service is positioned as a way for learners to connect with one another outside school on non-academic issues and/or interests.

Regional Health Authorities

All four (4) RHAs have employee and family assistance programs in place (EFAP), which salaried physicians are able to access. The actual physician uptake of these services is unknown. Antidotally, it is believed that in some instances physicians do not necessarily see themselves as 'RHA employees' and thus do not see EFAPs as being designed for their needs. In contrast, some physicians have chosen to avail of these services as opposed to accessing similar supports through the NLMA's PCN.

Across the RHAs there are some specific initiatives that warrant highlighting.

RHA	Initiative
Eastern Health	• *Peer to Peer Program*. Relatively new support/mentorship program that is available to all employees. • *Rapid Response Team.* Deployed when a staff member(s) is in a crisis situation. • *Occupational Health Physician.* Provides functional assessments and accommodations to all RHA staff, including physicians, as required. • *Employee Virtual Assistant (EVA).* Uses artificial intelligence to connect employees with the most appropriate mental health support for their unique life challenges. It is a confidential and anonymous service available to all staff, including physicians, 24 hours a day, seven (7) days a week. • *Employee & Physician Navigator Line.* Provides employees and physicians with rapid access to psychological, technical and clinical supports across the organization. This service is available seven (7) days a week from 8:00 am-10:00 pm. • *Civility & Respect in the Workplace.* This is a course currently offered on an ad hoc basis.
Central Health	• Aside from the EFAP, no specific programs and/or services were noted.
Western Health	• Medical Services has conducted a review in the area of physician health and wellness. As part of this review, a comprehensive literature review has been

RHA	Initiative
	undertaken. The findings of this review are being presented to the Medical Advisory Committee (MAC) for review and action. • Informal mentoring is occurring. • The *Working Minds Program* has been implemented where required.
Labrador-Grenfell	• Mentorship and peer support are happening organically, most notably in Happy Valley Goose Bay. Good collegiality is reported amongst physicians in this area and there is a strong core of physicians that have been working in this community for quite some time.

College of Physicians and Surgeons Newfoundland and Labrador (CPSNL)

As previously noted, the College's Substance Use Disorder Monitoring Program is currently being administered by the NLMA's PCN and was outlined in the Memorandum of Understanding (MOU). CPSNL is striving to move from a reactive/disciplinary approach to a more proactive/preventative model, which is further described in more detail throughout this report. It is felt that the MOU needs to be revisited and possibly expanded to include other aspects of physician health that could be better addressed through the PCN, such as neurological issues and dementia. Defining the role of the regulator in these areas of physician health merits further exploration.

Family Practice Networks (FPNs)

As part of the environmental scan, the Chairs from three (3) of the four (4) Family Practice Networks (FPNs), participated in a focus group. All three (3) FPNs identify physician health and wellness as a priority, but to date, they have engaged in little activity in this regard due to the recent establishment of the FPNs and competing priorities. The views and opinions expressed during the focus group are detailed further in this report.

National/Other Provincial Jurisdictions

In order to learn from the experiences of other medical associations, the NLMA's counterparts in Atlantic Canada were included in the environmental scan as well as the Ontario Medical Association (OMA). Similarly, the Canadian Medical Association (CMA) and the Canadian Medical Protective Association (CMPA) were also included in the review, given their focus and experience with physician health, as well as centralized connections across the country.

The following summarizes the programs in each of these jurisdictions.

Medical Society of PEI (MSPEI)

In the Master Agreement between the Medical Society of PEI (MSPEI) and the PEI Government, Article D4 outlines the establishment of a Healthy Physician Workforce Program, developed and operated by MSPEI. This program is to be designed to address physician health, physician leadership development and engagement, as well as physician practice support and management.

MSPEI has a number of Physician Wellness components in place including:

- ***Counselling***. Counselling is outsourced through the Doctors of British Columbia Health Program and is available to members and their families. Given MSPEI's relatively small membership base, outsourcing through Doctors BC has provided the capacity for services that could not otherwise offered locally. There has been positive feedback from members with respect to the anonymity provided from using an out-of-province service and is deemed to have higher rates of utilization. Moreover, the time change has proved beneficial as PEI-based physicians can access the service at the end of their day.
- ***Coaching Program***. Executive coaching opportunities are funded for those wishing to avail of this service. Through this one-on-one coaching program, MSPEI matches physicians with qualified leadership coaches to support them in strengthening their leadership skills and/or to help with overall health and wellness. The rationale behind the coaching program is that having a coach can help build resiliency and thus reduce burnout.
- ***Mediation Initiatives***. Mediation activities, such as those for workplace conflict, are funded by MSPEI.
- ***Events***. MSPEI offers an annual un-work/social weekend event intended for physicians and families to connect with one another.
- ***Healthy Physician Workforce Coalition***[1]. The establishment of a tripartite Healthy Physician Workforce Coalition was identified as a requirement in the Master Agreement and is modelled after the Alberta Well Doc Program. This Coalition brings together all players (MSPEI, Government, and College) whose policies, processes and structures contribute to physician health and well-being.

MSPEI also has established a *physician health committee*.

Informally, the MSPEI Society often assists physicians in *navigating different requests or issues*.

[1] For more information, see Article D4 – Healthy Physician Workforce at https://www.princeedwardisland.ca/sites/default/files/publications/master_agreement.pdf

It was noted that MSPEI enjoys strong and collaborative working relationships with government and the health authority, which enables all parties involved to work together to address issues that arise affecting physician health and well-being including burnout, retention, and workplace conflict.

Moving forward, there are two (2) primary programs that are in the early stages of development to support physician health and wellness:

- ***EMR advisors*** have been retained as the province launces its EMR in 20201/22. These advisors will be available to provide assistance to physicians and troubleshoot during EMR implementation. The rationale for this initiative stems from the evidence demonstrating that EMRs have been a significant driver of physician stress and burnout elsewhere. Having advisors to support physicians during the implementation period is intended to pre-empt this situation.
- ***Floating locums*** which can be accessed around the province to provide physician relief in those situations where government locum coverage is not provided.

Similar to the NLMA, MSPEI is in the process of determining how to invest its CMA Affinity funding for maximum impact. Opportunities being investigated include:

- Effective *interventions* for physician burnout.
- Physician *leadership development*.
- Building physician involvement directly into *recruitment and retention* processes;
- *Billing and auditing*, through creating 'audit-proof' practices.
- Training of physicians to be peer supporters in adverse and/or uncertain events.

Doctors Nova Scotia (NS)

Doctors NS's programs include:

- ***Professional Support Program***. This program is based on peer-to-peer support for members and families who are dealing with personal and/or professional problems. It is delivered by six (6) counsellors that are based across the province. They cover a variety of topics including College complaints, relationship issues and addictions. In some instances, those seeking assistance may be redirected to a psychologist.
- ***Leadership Development***. Physicians can participate in Physician Leadership Institute (PLI) courses, or more in-depth training through the longer-term Physician Leadership Development Program (PLDP). The PLI courses are offered in collaboration with Joule (CMA) and are four (4) 2-day courses that are subsidized at 60%. Topics include: Managing Disruptive Behaviour, Leadership for Medical Women, Insights Discovery: Understanding Your Personality Preferences,

and Crucial Conversations. The PLDP is intended to enhance the skills of experienced leaders to influence heath system decisions and is comprised of six (6) 2-day modules. PLDP is in high-demand, taking one (1) cohort per year, traditionally over six (6) weekends, and involves a number of partners in health care including Dalhousie University, Nova Scotia Health and the IWK Health Authority.

- ***Physician Navigator Program***. This program offers guidance and moral support on what to expect throughout a College investigation. This is provided on a volunteer basis by colleagues and is provided via telephone, email or in-person. This program has had limited uptake as most access the Professional Support Program for this need.
- ***Continuing Education***, through the CMA's Joule offering.
- ***Restoring the Joy in Medicine***. This is being funded through the Affinity Fund and three (3) areas have been identified to pilot through a formal mentorship program including:
  - Physician *leaders with medical learners*,
  - *International Medical Graduates* who may be working with defined licences, and
  - *Early and late career physician partnerships* who can share FTEs between them to transition in and out of practice. This is based on the premise that these transitions can be stress provoking.

Other areas that are being further developed and/or explored include:

- *Inclusion, diversity, and equity* framework, that involves a number of initiatives to educate staff, board and committee members on the impact of systemic racism for patients and physicians who experience it in day-to-day practice.
- How to better meet the unique needs of *IMGs* and the issue of cultural disconnect.
- *Conflict resolution*.

New Brunswick Medical Society (NBMS)

NBMS's programs include:

- ***Counseling Program***. This program involves full-service counseling solutions for physicians and family members. This replaces the previously used, *inConfidence* Program. The new tailor-made program is provided by a local company and has been in operation since May 2019. It includes the services of psychiatrists and psychologists, and encompasses a wide range of supports/topics.

- ***MD for MD Program***. Similar to the NLMA's *MDLink* Program, NBMS's MD for MD Program matches its members with a family physician. This program is available exclusively for physician members and not their families.
- ***Peer Support Program***. This program, which was soft-launched this year, connects physicians with a trained physician volunteer who has a shared experience in areas where life and work intersect. Topics covered include, but are not limited to parenting, grief/loss, marital matters and divorce.
- ***Wellness Conference***. A one (1) day conference for physicians and families.

In addition to the above, NBMS has offered various ad hoc activities including hosting a *wellness week for students* covering topics such as time management and test writing anxiety. As well, it has provided *educational sessions/assistance* in the areas of conflict resolution, de-escalation, self-compassion, and assertive communication for its members.

NBMS has also partnered with a local physician to develop a *mindfulness program*, and is currently exploring how this should be delivered and sustained long-term.

Things that are being explored in the near future include:

- A *review of addictions and mental health* involving various stakeholders;
- *Leadership* activities;
- *Coaching programs*; and
- Addressing *cultural and systemic change*.

Due to negative member feedback, NBMS discontinued its participation in the *InConfidence* Program and replaced it with its own tailored solution as previously noted. It also merits highlighting that during the pandemic the organization launched virtual support groups. Due to limited uptake of this offering, the decision was made to discontinue the support groups.

Ontario Medical Association (OMA)

The OMA's PHP provides services across the career span of physicians, including retirement. The program encompasses the following four (4) broad categories:

- ***Intake***. OMA has an intake system available to a broad audience - physicians themselves, family members, lawyers, and regulators, essentially anyone concerned about a physician. The intake process connects the person with the appropriate resource (psychotherapists, psychologists, coaches, peer supports, groups). All telephone inquiries are answered by master level clinicians that will often follow along with the case to make sure the person gets connected to the right place. More recently, the OMA is partaking in the CMA support line.

- ***Formal Assessment Service***. The *PHP Assessment Service* provides comprehensive assessments for health professionals who have been referred for assessment by their workplace, regulatory body, residency programs, or medical school. The aim of the assessment service is to provide meaningful information, understanding, and recommendations to both the health professional and the referral source. Assessments focus primarily on mental health, behavioural problems and substance use disorders. This service is available to medical students, residents, physicians and veterinarians.
- ***Monitoring and Advocacy Program***. The monitoring program is available for physicians, residents and medical students with substance use, mental health concerns and those having difficulties in the workplace. It is a voluntary program, but may be requested by the workplace, university or regulatory body. Because of the negative connotations associated with the term 'monitoring', the OMA is shifting its focus to reflect more physician support and advocacy. The goal is to assist physicians adopt and maintain healthy behaviours and practices.
- ***Prevention/Education***. This entails a variety of activities including presentations and workshops, networking, assisting with development of programs, and essentially serving as a hub for health and wellness information.

Canadian Medical Association (CMA)

The CMA operates the *Physician Wellness Hub*, which focuses on improving physician wellness individually and at the system level. The Wellness Hub includes:

- The ***Wellness Support Line*** which is available to physicians, learners and families for counselling and mental health support.
- The ***Wellness Connection***, which consists of peer support groups led by trained facilitators, many of whom are physicians. These groups are conducted virtually and cover a variety of topics including peer support to discuss factors affecting health and wellness, and to learn strategies to support physicians, and residents, medical students; compassion rounds, mindful parenting, psychological first aid, and stress reduction practices.
- ***Repository of information*** on various topics pertaining to health and well-being. They source third-party resources and develop resources to fill any identified gaps.

Beyond the Wellness Hub, the CMA also performs a number of other roles including:

- An informal '***go-to'*** for the Medical Associations and other organizations across the country.
- ***Advocacy*** on physician health issues.
- Engaging in ***research activities,*** including undertaking an environmental scan of programs and supports for physician wellness across the country, administering a physician health survey, and developing a policy on physician health reflecting the current 'state of the union.'

Canadian Medical Protective Association (CMPA)

The CMPA's primary physician health offerings are as follows:

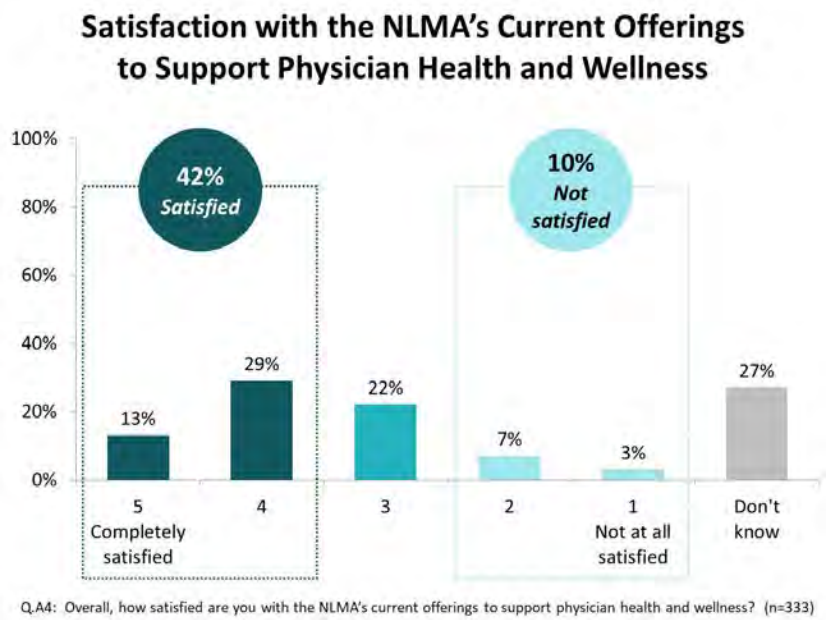
- ***Physician Advisors. CMPA members can contact physician advisors with medical-legal concerns who*** support them with expert medical-legal advice as well as the emotional component of a medical-legal issue.
- ***Various articles,*** outlining information, advice and guidance on coping with stress and managing medical-legal issues.

Within the province, CMPA also works closely with the NLMA's PCN and its Medical Director.

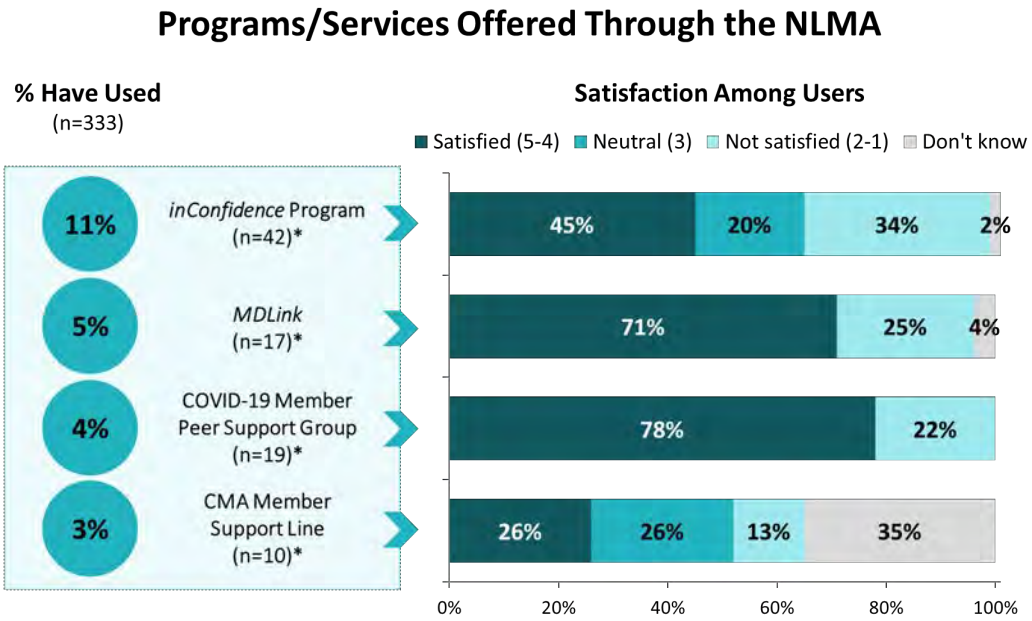
Members' Perceptions of Current Offerings

There is opportunity to enhance satisfaction with the NLMA's current offerings supporting physician health and wellness.

Overall, four in ten members express **satisfaction with the NLMA's current offerings**. Dissatisfaction is low at 10%, but there are large segments that are either not familiar enough with the NLMA's offerings to offer a definite opinion, providing a 'don't know' response, or have a 'middle of the road' view, providing a rating of '3'. Satisfaction levels are similar across various physician segments. Tracking this measure over time, both in terms of level of satisfaction and familiarity, will be important as the PHP evolves. (Table A4)

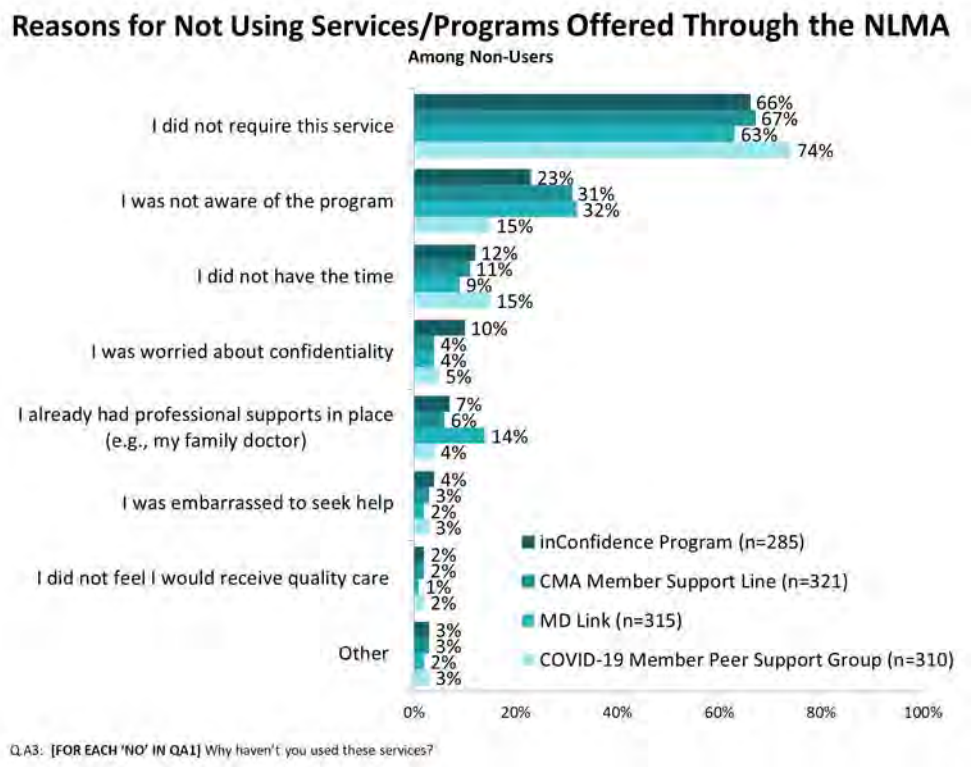


Each of the current or recent support programs have a small proportion of members availing of the service. While results should be interpreted with caution due to the small sample sizes, satisfaction with the **COVID-19 Member Peer Support Group** and ***MDLink*** are fairly robust. Nonetheless, approximately one in four are not satisfied. Satisfaction with the previous ***inConfidence*** **Program** is much more divided, suggesting this program did not effectively meet all needs. Satisfaction with the **CMA Support Line**, with more limited use to date, has a large segment indicating they 'do not know', suggesting that perhaps the assistance is still in progress and it is too early to determine satisfaction. (Tables A1-A2)



Thinking about current and recent assistance offered through the NLMA …
Q.A1: Have you or a member of your family ever used the: …?
Q.A2: [**FOR EACH 'YES' IN QA1**] How satisfied were you with the support/counseling provided? **Caution: Small sample size.*

Perhaps not surprisingly, the primary reason for not using the various services is a perceived **lack of need**. In addition, **lack of awareness** also contributed to low uptake of these services. Of particular note, lack of awareness of the *MDLink* is elevated among those new to practice or new to the province, those belonging to a visible minority, and those not in leadership roles. This points to a need to enhance awareness, particularly among these audiences, regarding *MDLink*. This lack of awareness was also evident in the focus group discussions amongst those practicing in rural locations. (Table A3)

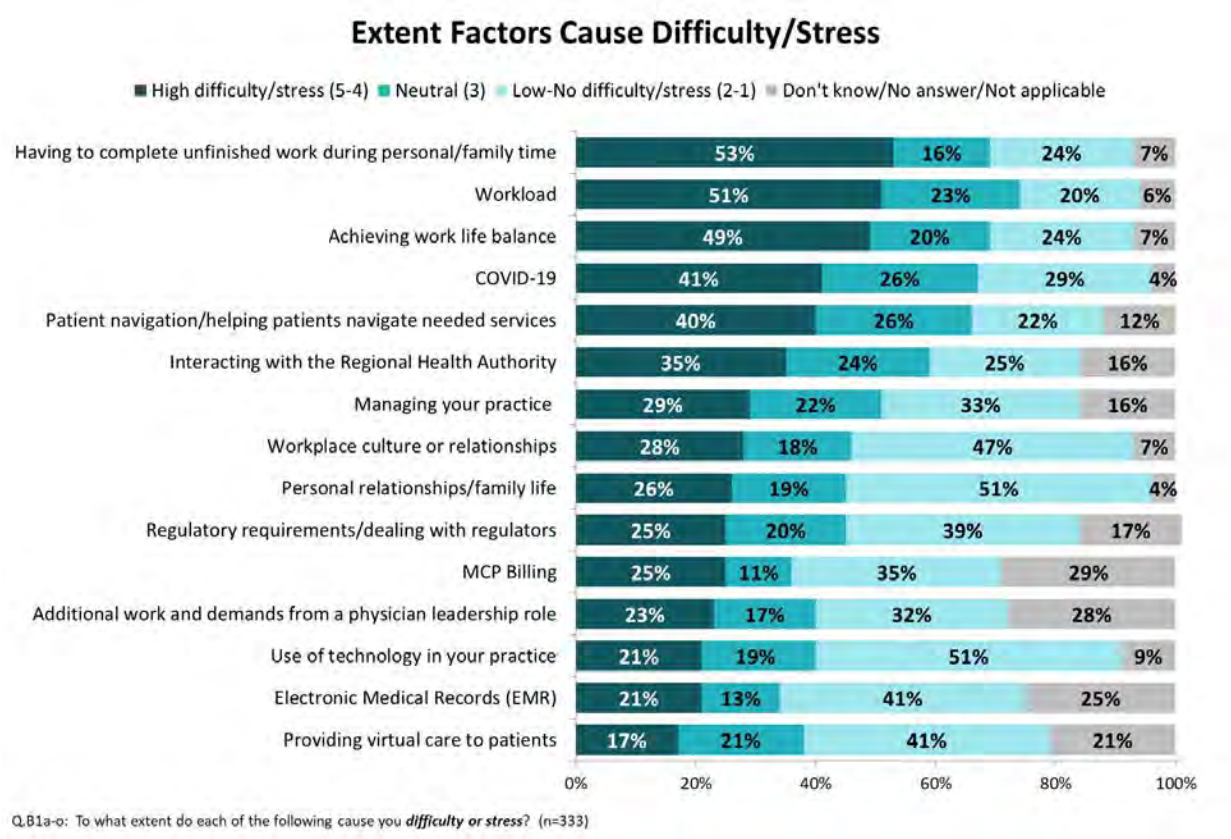


Physician Health Needs

Burnout is prevalent, with top stressors for physicians reflecting workload issues.

As a means of helping to determine the critical topics to focus on in a PHP, physicians were asked in the survey to indicate the extent to which a number of factors (15 in total) cause them difficulty or stress (using a scale of 1 to 5, where '1' was 'no difficulty or stress at all' and '5' was 'a great deal of difficulty or stress'). (Tables B1a-o)

The proportion giving a top-2 rating of 4 or 5 ranged from 17% to 53% across the items. The top three stressors identified are: **having to complete unfinished work during personal/family time**, **workload**, and **achieving work life balance**. A second tier of stressors include **COVID-19**, **helping patients navigate needed services**, and **interacting with the Regional Health Authority**. These findings are consistent with the views shared by focus group participants.



Generally speaking, the top stressors are the most prevalent regardless of physician characteristics. That said, there are some variations that should be considered in the design of a PHP:

- Family practitioners and fee-for-service (FFS) physicians are more likely to identify patient navigation as a stressor.
- Females are more likely than males to identify work life balance, workplace culture or relationships, and patient navigation as stressors.
- Those in leadership role are more likely to indicate all factors are stressors as opposed to those who are not in leadership positions.
- Those who report burnout 'often' or 'sometimes' in the past year are more likely to indicate all the factors presented have caused them stress in the past year, in comparison to those who report they have 'rarely' or 'never' experienced burnout in the same timeframe.

Focus group participants, along with those participating in the environmental scan, consistently identify ***burnout*** and ***stress*** as the greatest health concern facing physicians. Preventing, recognizing, and managing physician burnout is

"Burnout seems to be the greatest current theme, so some manner of first recognizing burnout, and then addressing burnout in a way that is not seen as punitive to our practices or our income."

widely viewed as one of the top priorities for a PHP. Much of the needs identified in this section entail contributing factors to burnout and stress.

Systemic Issues and Workloads. It is evident that challenges related to the healthcare system negatively impact physician health. This is the case both within the province and elsewhere. Participants indicate workload is one of the primary causes of physician. Other challenges described include navigating services for patients, finding coverage and locum relief, and an extensive amount of paperwork that often has to be completed after hours. Participants also identified the inability to influence the system and bring about positive change as a contributing factor to burnout/ disengagement. It was observed that opportunities to make physician life better in the interim should be examined within the context of a PHP, but that long term systemic improvements are required to foster a culture and mindset of physician wellness.

"A system that promotes wellness. You can have the best wellness program in the world, but without systemic change and people in leadership positions that promote wellness in the workplace, we're not going to be well. Especially in some rural areas, physicians can't take time off, are forced to do extreme amount of call regularly, are not paid fairly for extra call, and are not listened to by those in leadership. I left a job in a rural area because it was managed so poorly and no wellness program would have helped me cope to the point where I could have stayed in that position."

Culture of Medicine. Participants note that their work demands are constantly increasing. They describe their work culture as one that places high expectations on their performance. Physicians work when they are unwell (be it physical or mental) given the expectations placed on them and most will not reach out for help.

"We are expected to be superhuman and work ourselves into the ground without any show of weakness, but among my colleagues the workload is universally taking a toll."

Similarly, many physicians find it difficult to take time to engage in self-care activities. They are unable to take time during the day to attend health and wellness seminars and/or activities that conflict with their clinic schedules. Others note that while the NLMA's Safe Harbour retreat looks like a great event, they find it difficult to take the time to attend even though it is offered outside of clinic hours. Physicians acknowledge that prioritizing self-care in the context of an extremely busy work life is challenging.

"It is insulting to offer wellness retreats to overworked doctors when the reason they're overworked is because they are understaffed or can't get locums."

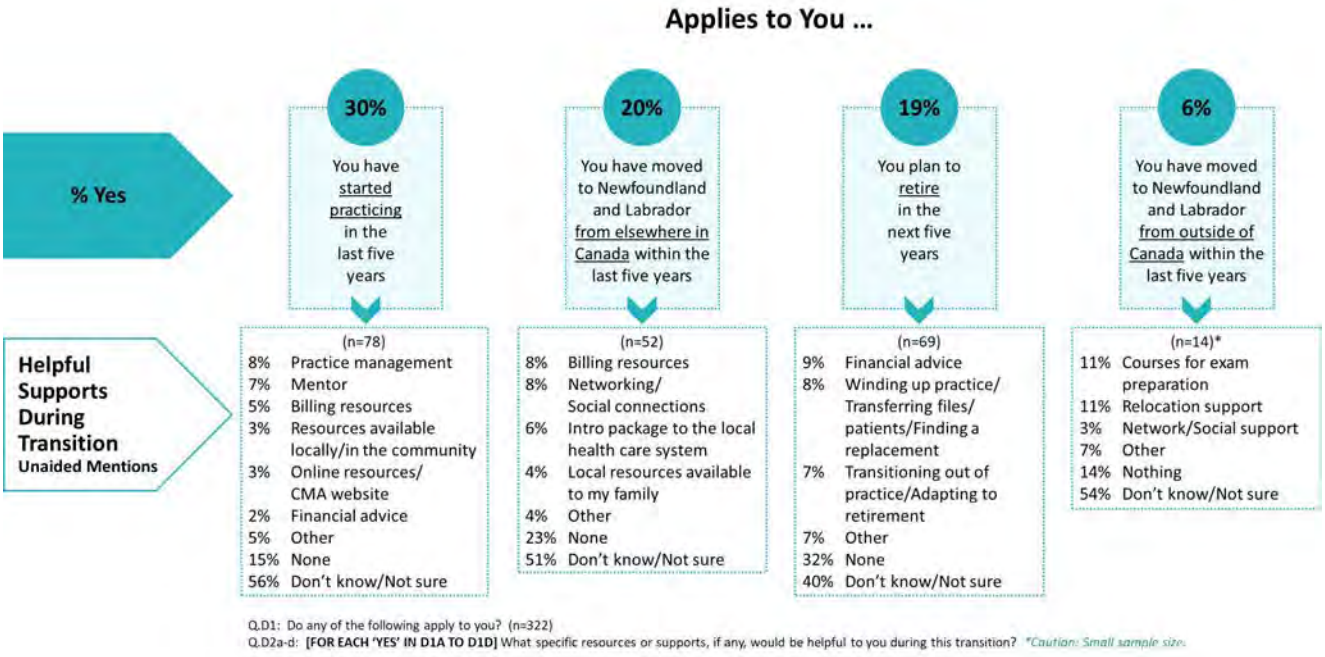
"Encouragement and acceptance to practice wellness. For example, being encouraged to take time to exercise during a lunch break instead of being proud that you worked through lunch."

Medical Career Transition. Participants confirm that physicians have different needs and experience different stressors at various stages of their careers. For instance, many of those transitioning from residency to practice face financial pressures associated with paying student loans and

"After you graduate and you out in practice, alone and in some cases in rural Canada, you might be the only provider, there's a lot of unchartered waters and uncertainty."

operational issues in setting up their practices. Likewise, those nearing retirement often struggle with leaving the profession, as it is a big part of their identity. They may also experience financial stressors associated with retirement. To date, PHPs are not seen as doing an effective job at assisting physicians navigate these transitions.

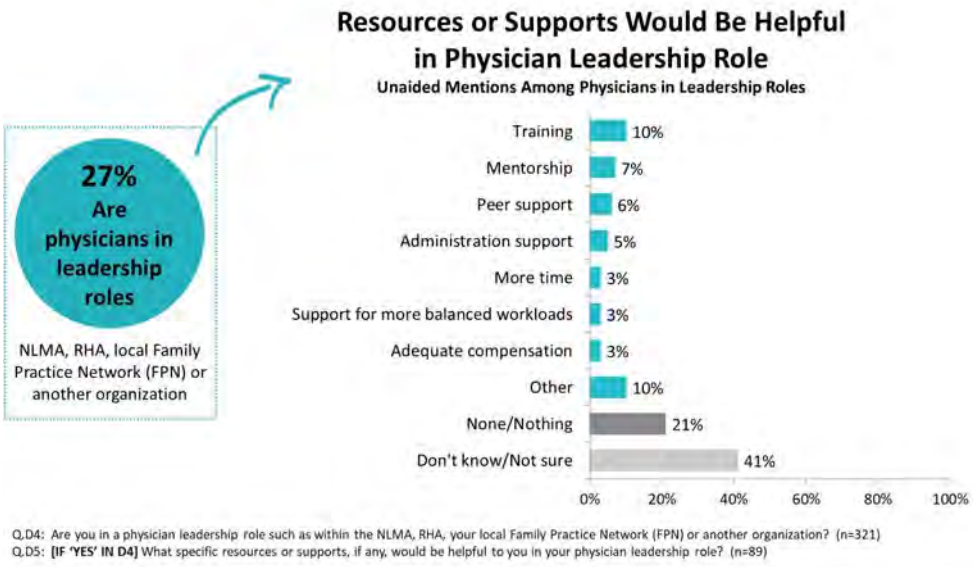
The needs of those at various transition points in their career were examined via the physician survey. The transition points included new to practice, new to the province (either from elsewhere in Canada or outside of the Country) and nearing retirement. In each case, a substantial proportion did not identify any specific needs. That said, those new to practice identified **practice management**, **mentorship**, and **billing resources** as potentially helpful supports. Those moving to the province from elsewhere in Canada identified **billing resources**, **networking/social connections** and an **introduction package**, while those moving from outside Canada identified **courses for exam preparation** and **relocation support** as beneficial supports. Those planning to retire identified **financial advice**, **assistance with winding down their practice**, and **adapting to retirement** as having value. (Tables D1a-d)



Physician Leadership. Focus group participants agreed that there is a need to focus on equipping physicians with the skills and tools to become effective leaders within the healthcare system. Such a focus will help achieve the system changes that are required to improve physician health and foster a culture of wellness. Similarly, physicians in leadership positions need to be better trained and versed in physician wellness, and how to support those physicians who are unwell and/or struggling. Value was perceived in cultivating these leadership skills and qualities early on in the careers of physicians.

With respect to the survey, a quarter of physicians identified as being in a leadership role. These physicians were further given an opportunity to identify what resources and/or supports would be helpful to them in this capacity. While no single resource or support was most prevalent, ones mentioned include

training, **mentorship**, and **peer support**. It is important to keep in mind the aforementioned finding that physicians in leadership roles are more inclined to identify a variety of stressors, and thus it is important to determine how these physicians can be better supported in these roles that appear to add an element of generally higher stress. (Tables D4-D5)



Geographic Isolation. Some physicians, most notably those in solo practices in rural and remote locations, feel both socially and clinically isolated from their colleagues and peers. Physicians practicing in these locations report specific challenges including a heavier on-call burden, lack of colleagues with which to discuss issues and collaborate (and to generally develop relationships), and difficulty taking time away from work due to a lack of coverage. They also note there can also be a higher burden of care, as physicians may not have access to the same resources (e.g., referrals to other health professionals) that would be available in the urban centers.

> *"...in small areas, it is the lack of support services, mental health services, physiotherapy...basically, trying to be everything to everyone because there was no one else to do it, and not having the time to do it well and not getting compensated for all the time it took to do that."*

Many of these physicians are also IMGs who are also struggling with cultural isolation. There is a need to link these individuals with the supports and services they require. Peer support and mentorship programs are seen as potential solution to addressing the challenges associated with isolation.

Meeting the Unique Needs of IMGs. As noted above, many of the physicians practicing in rural and remote locations are IMGs. If they have partners and/or children, there are virtually no supports available to assist family members integrate in the community and/or find work in their field if they are not a physician themselves. Participants agree that IMGs need to be better prepared for practice, especially in remote areas, with better orientation and ongoing support.

Practice Management. It was identified that better preparation of residents for practice is required. One component of this is ensuring that family practice residents have a solid expectation of the demands of practicing in a FFS environment, as currently most are only exposed to salaried practices during residency. In this setting, they typically see a lower volume of patients than they would generally see in a FFS setting. Also, in general, residency training is structured in silos, with residents responsible for one aspect of patient care (e.g., inpatients). This is not considered reflective of how they will be expected to practice and does not equip them with the skills to juggle multiple responsibilities.

> *"I trained here but was thrown into a job here on day one with no office, no secretarial support and no guidance on what I was supposed to do or how many people I was supposed to see or anything."*

Moreover, many new grads often establish solo practices in small towns, and they are not properly prepared for the experience. They may also not have the knowledge they require to setup a private practice and/or have an appreciation of the associated costs. In addition, it was recommended that the importance of obtaining critical illness insurance should be more widely promoted in residency.

It was also suggested that physicians could benefit from the knowledge and expertise of physicians who have successfully integrated other health professionals into their practice. While there may be a desire to have a more efficient practice through adopting a collaborative care approach, participants noted they did not know where to start and/or what the cost implications might be.

Financial Management. Aspects of financial management are also deemed important to physician health. This includes general financial management, as well as the financial implications of starting and managing a practice. Students indicate financial literacy is covered early on in starting medical school, but there is an opportunity for even more understanding of financial management throughout their career.

Renumeration Models. Within the FFS model, physicians do not have coverage in order to take time off if they are unwell or require a break from work. Oftentimes, they must work even when they are unwell to cover their overhead costs. In some instances when they do take time off, they feel guilty because they were unable to arrange locum coverage and there is no one available to see their patients and/or they are concerned about meeting their financial obligations.

In addition, the current pay structures are not seen as adequately compensating for the complexity of the patients being seen. It was highlighted that within the FFS model, there is no distinction or pay differential for a visit with a patient that has multiple co-morbidities.

Technology. Participants identify technology as a significant source of burnout. While the implementation of electronic medical records (EMR) is considered an advancement, there is a steep learning curve and the generation of additional tasks and paperwork.

> *"I think a big part of the tech stuff is that a lot of it is created without feedback from front line staff/users."*

Some participants recall negative experiences with the rollout of the provincial EMR. More specifically, participants feel there was a lack of consultation with physicians regarding the EMR requirements and how it would be integrated into their practices. Now some physicians are left with a situation where they are trying to 'retrofit' the system to meet their needs. EMR training and support are also described as limited, and there is a sense that insufficient resources were applied to the rollout.

> *"It [EMR] should be consultative process up front for them to say what types of things, forms, referrals do you need to do in your practice, what kinds of meds do you use, and then to go and create a program that is geared to that."*

The shortcomings of Meditech are also identified as a source of technology stress. Participants indicate that various platforms (EMR, Meditech, HEALTHe NL) need to merge, and Meditech needs to be consistent across RHAs.

Paperwork. Physicians note that the growing volume of paperwork they are receiving significantly impacts their workload/hours and, subsequently, is a source of stress. Many report that they complete their paperwork after hours due to competing clinical demands. This is particularly evident among family physicians.

> *"Another thing I found is increasing amount of extra tasks that aren't even medical related that are put on family physicians, EMRs and all the extra tasks with that. It seems like there are always more forms. Because we are affected by so many processes in the medical care system that when these extra little tasks get added it just adds this burdensome amount of extra paperwork, time consumption and mental fatigue."*

College Complaints. Patient complaints are widely recognized as having a detrimental impact, with it being described as one of the most stressful experiences in a physician's career. Training or education to help prepare and normalize the experience is viewed as a means to help reduce the stress associated with College complaints.

From the College's perspective, there is a sense of shifting perceptions of complaints from a regulatory focus to a health-related focus, a trend that is evident elsewhere in the country. Consideration is being given on how to optimize the relationship with the NLMA PCN, by expanding the terms of reference. It was observed by College representatives that some items being referred to the PCN is already beyond the scope of the MOU so the shift is already occurring to some degree. It was emphasized that it is important physicians trust in the independence of the PCN, and it is equally important to ensure a balance between recognizing a complaint as a potential health issue as well as ensuring fitness to work and protecting the public.

> *"You cannot have a successful Physician Wellness Program when the threat of college or insurance harassment hangs over any physician presenting with a mental health concern. It's not possible."*

Communications. Teaching physicians how to communicate effectively and providing them with the skills and abilities required for conflict resolution is seen as an area requiring additional attention. It was noted that when physicians are unwell and struggling, there tends to be a deterioration in their communication with both their patients and/or colleagues.

It was acknowledged that a growing number of College complaints are the result of breakdown in communications between physicians and their patients/patients' family members. Physicians who are experiencing burnout, stress and/or fatigue tend to be less effective communicators and often times become 'quick' with patients and/or take shortcuts that result in medical errors. Addressing the underlining causes of these behaviors, as opposed to punishing these actions, is considered to result in better outcomes for all parties.

Collegial relationships. It was noted by several physicians that relationships between physicians are not always collegial. Most notably, this is seen as evident by family physicians, as well as emergency department physicians, when interacting with their specialist colleagues. These participants express a strong desire to get physicians 'on the same page', restoring the sense of community among providers, and collaborating respectfully. It is also acknowledged that challenges in the system (e.g., workloads and more recently the stress of COVID-19) accentuate the discord among physicians.

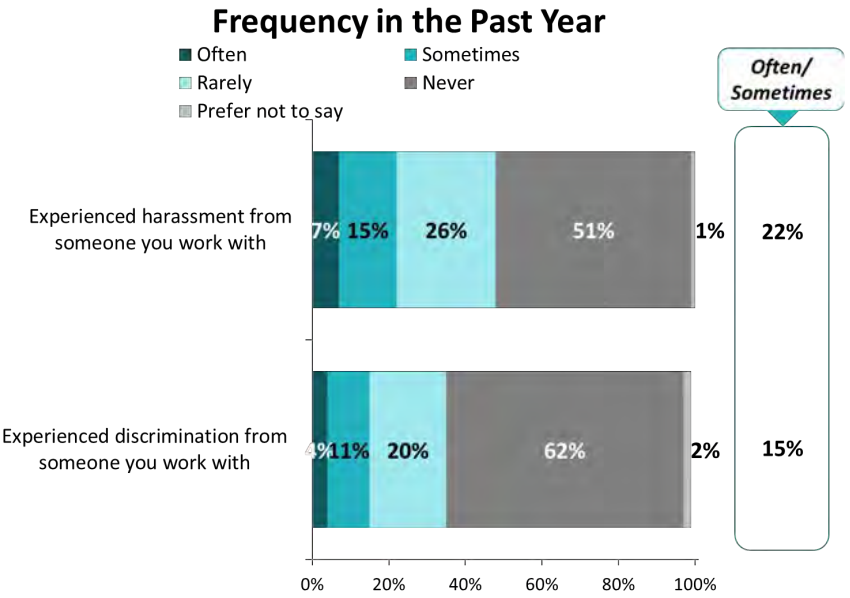
"Some of the interactions among colleagues are not always collegial, that is not new, but I find that has been accentuated since COVID started."

"I think there is a lot of work to be done, I think, between physicians to try and bolster that sense of collaboration and make sure there is no resentment building. I deal with a lot of colleagues, some of them are amazing, they are so good, but then sometimes there are these adversarial relationships that can develop."

Further to relationships, participants indicate that disruptive behaviour continues to exist in the system and needs to be addressed. It is recognized that this requires a cultural shift, and it is suggested that training on civility be mandatory.

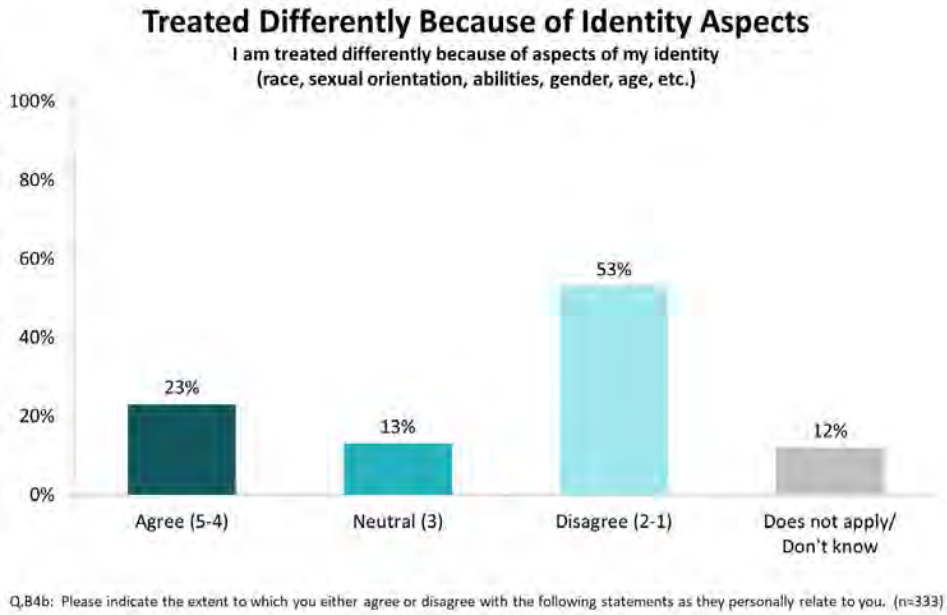
Via the survey, one in five physicians report at least sometimes **receiving harassment from someone they work with,** while a lower proportion have **experienced discrimination from someone they work with**.

- Physicians who are a visible minority are more likely to experience discrimination and harassment from someone they work with.
- Those more inclined to report burnout are more likely to report both.



Q.B5d-e: In the **past year** how often have you: …? (n=333) **Due to rounding.*

One in four physicians agree they are **treated differently because of aspects of their identity**. Female physicians (37%) are much more inclined than their male counterparts (11%) to report this is the case. (Table B4b)



Q.B4b: Please indicate the extent to which you either agree or disagree with the following statements as they personally relate to you. (n=333)

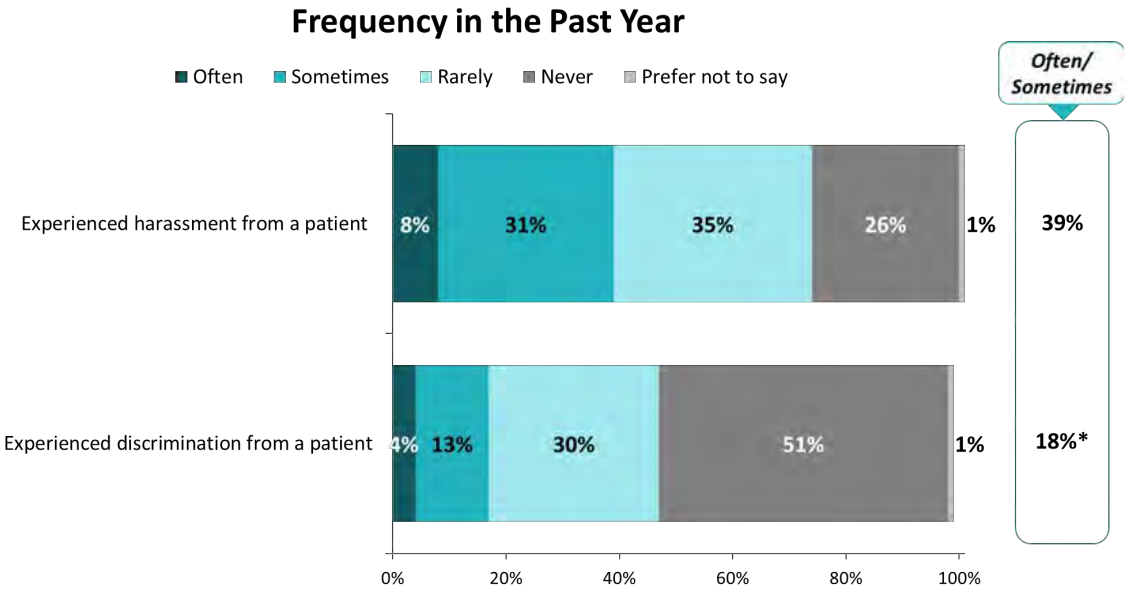
Virtual Care. The pandemic has expedited the rollout of virtual care in the province. Participants note that while the introduction of virtual care has had many benefits, there have been some negative impacts with respect to patient expectations. Most notably, some patients do not readily equate a telephone discussion with their physician as an actual appointment, while others feel they should be able to access their physicians via telephone relatively quickly and that calls should be

returned promptly. Managing patient expectations in this regard is viewed as important and perhaps there is a need for more broader communications with the public to develop the understanding of virtual care and, particularly, that a phone call is an appointment.

Patient Demands/Difficulties. Various focus group participants describe how patients' expectations can be very high, and most have to deal with difficult patients. These situations cause a great deal of stress, as physicians, most notably family physicians, feel they cannot discharge patients from their practice for fear of patient complaints. They do not feel they have the ability and/or support to deal with these situations. Sometimes there can also be safety concerns, for which physicians feel they have not been properly trained to manage. There is a desire for more skills and support in managing difficult patients.

"Availability of resources for if a physician is experiencing mental health concerns/burnout, as well as advisors for if there are difficult patient interactions/legal issues involving a patient."

Survey results confirm it is fairly prevalent to **experience harassment from a patient**, with four in ten physicians reporting they have had such an experience at least sometimes in the past year. One in five physicians report they have at least sometimes **experienced discrimination from a patient**.



Q.B5b-c: In the **past year** how often have you: …? (n=333) **Due to rounding.*

- Female physicians are more likely than males to experience harassment or discrimination from a patient.
- Those new to the province are more likely to have experienced discrimination from a patient.

- Those who are in a physician leadership role are more likely to have experienced harassment from a patient.
- Physicians who are a visible minority are more likely to experience discrimination.
- Those more inclined to report burnout are more likely to report both.

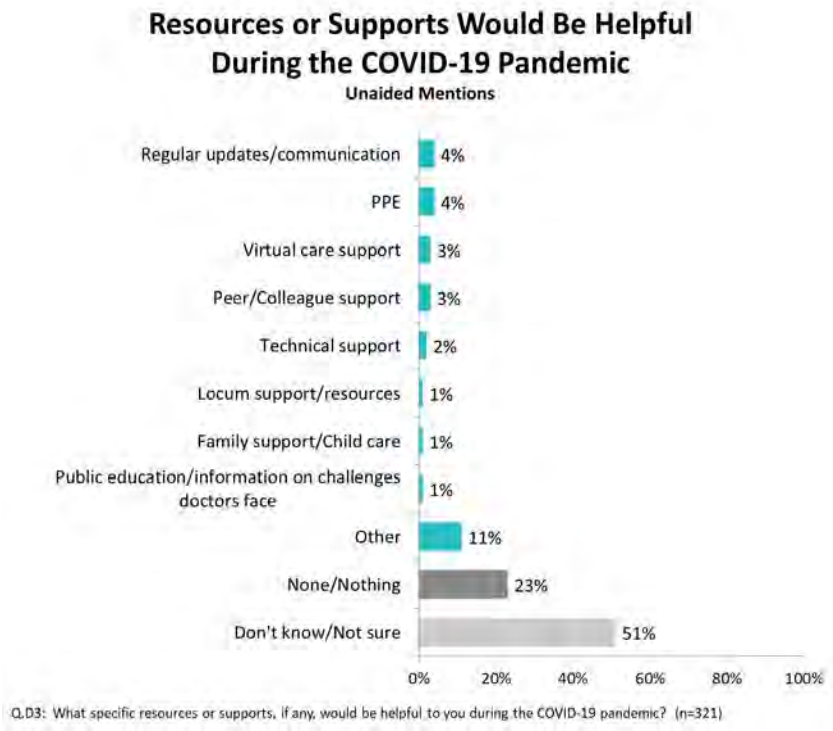
COVID-19. COVID-19 is also recognized as having a substantial impact on physician health and contributing to burnout. More specifically, physicians report that the pandemic has created a new set of stressors including patient backlogs/higher workloads, reduced clinic time, loss of income, challenges in navigating patient care within the system and remaining up to date on the latest information and/or COVID-19 guidelines.

"Increasing irritability of colleagues since COVID started. This has led to more difficulty in discussing patients with consultants, in less cohesiveness among interdisciplinary teams, less patience with each other. Overall, less compassion among colleagues."

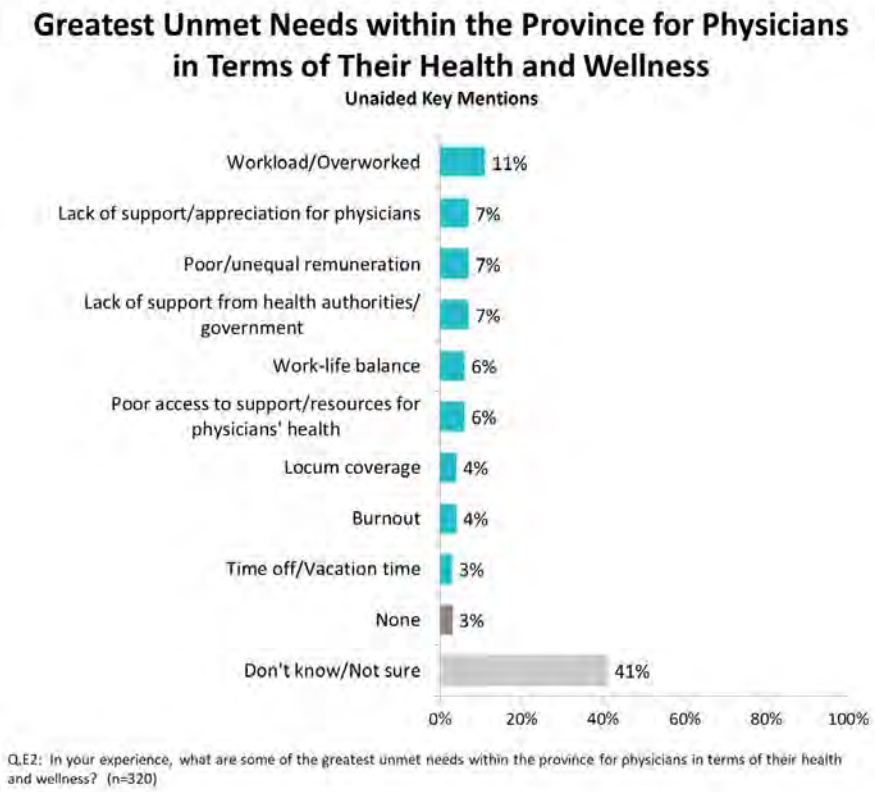
In addition, some physicians, especially those practicing in rural and/or remote settings, have traditionally used travel as a means to get a break from medicine. With the pandemic travel restrictions in place, this has been a challenging situation for these individuals, especially for those who are separated from their families.

Learners also express concern about the pandemic's impact on the quality of their education, as in-person labs are not occurring, and their clinical skills has been reduced. They also report the pandemic has created some isolation and they express concern about not being able to make connections with faculty and other physicians for mentorship and to engage in research opportunities. In addition, they feel that they are often the last to know what is happening with respect to the pandemic.

The survey findings did not yield considerable insight into physician needs during COVID-19. For the most part, the majority (74%) did not identify any resources or supports that would be helpful to them during the COVID-19 pandemic. (Table D3)



In terms of the greatest unmet needs, there were no highly prevalent mentions among survey respondents. However, workload/overworked was the most frequent mention. (Table E2)



PHP Success Factors

As part of the environmental scan, participants were given an opportunity to share, based on their own experiences, the lessons learned as well as their recommendations for a PHP. Similarly, focus group participants shared their views and perspectives on the elements of a successful PHP.

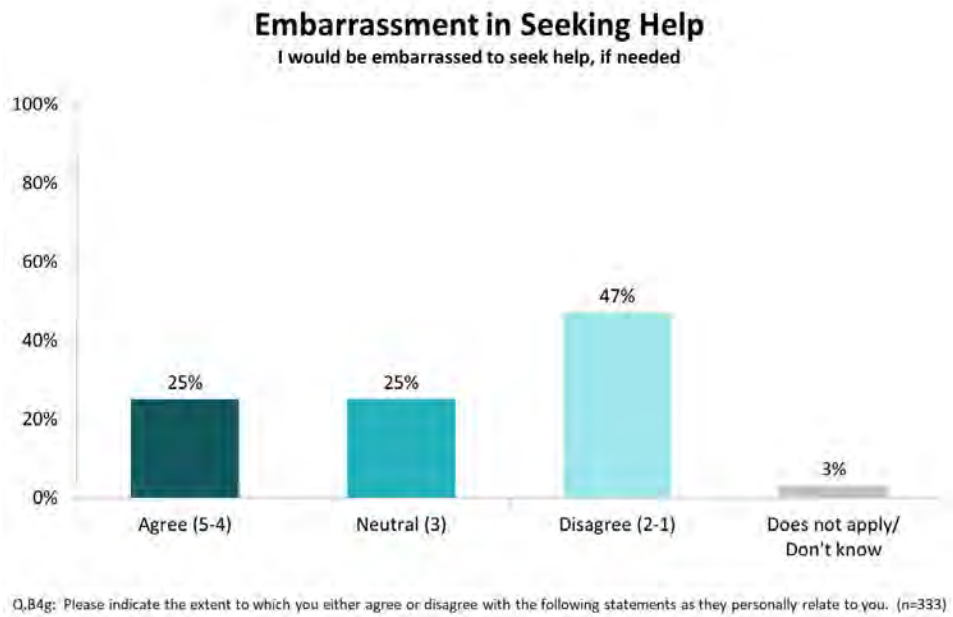
"You can't fix us without fixing the system because the system is breaking us."

Participants indicate that many of the health concerns identified, most notably burnout, are the direct result of ***systemic challenges within the healthcare system*** and that until these issues are addressed, physicians' health and well-being will be compromised. Therefore, it is important that a PHP advocate work to make improvements within the healthcare system.

"Change the culture and the system. We don't need wellness programs as much as we need things to change. We need respect for family physicians, better pay, support for overhead for clinics, paid time to complete paperwork, ability to order MRIs, timely access for patients to consultant care and mental health services for our patients!"

Traditionally, PHPs tend to focus on the individual, but more recently there has been a move to address the ***culture of medicine.*** As previously described, there has been a stigma regarding physicians seeking help and an expectation placed on physicians, by themselves, patients and the medical system, to be resilient no matter the requirements. This mindset is described as detrimental to the health and well-being of physicians and needing to change. Participants indicate the value of self-care and compassion, including taking time off when needed, has to be recognized. In essence, there needs to be an underlying premise of systemic and cultural change in a PHP in order for it to have its intended affect.

Survey findings indicate that one in four physicians are embarrassed to seek help, reflecting the importance of normalizing seeking help in physician culture. Physicians identifying as a visible minority are more likely to be embarrassed to seek help. (Table B4g)



Awareness and promotion of offerings and how to access these offerings is also considered imperative. Currently, within the NL context, participants express concern that physicians may not readily understand what supports are available to them and how to go about obtaining access.

It is acknowledged that PHPs strategies must be ***actionable and include indicators of change***. There is agreement that the benefits derived from many PHP activities will not be evident overnight but will take time. Demonstrating progress on some of these larger system issues and outlining future actions is seen as being important in maintaining momentum and achieving buy-in from physicians.

Professionalism and confidentiality are also identified as a key component of a PHP. A safe and trusting environment is viewed as essential to the uptake of a PHP. Physicians agree that they must be able to access the supports they need without fear of retribution from the College. The support and disciplinary functions must be separate and the program's relationship with the College must be clearly articulated and communicated.

Participants observe that effective PHPs ***listen to the needs of physicians*** and develop programs and supports to meet these needs. Physicians must see their input reflected in the offerings provided.

Adopting a ***collaborative approach*** and engaging with multiple partner groups such as the RHAs, the Department of Health and Community Services, the Faculty of Medicine and the College is seen as essential to bringing about pervasive and sustainable change, most notably in relation in tackling systemic system issues. There is acknowledgement that there is a need to break down the silos that have traditionally existed within medicine and position physicians as system partners striving to bring about positive change.

Some physicians express a desire for ***local resources and supports***, as those providing the service understand the local context and can relate to their situation and/or concerns. As way of illustration, NBMS has realized success with their provincially-based counselling service. On the other hand, some physicians express concerns about confidentiality and anonymity, especially in small locations. For example, MSPEI indicated its members preferred to engage with service providers and/or colleagues outside of their local area to preserve their confidentiality and anonymity, a benefit of contracting the counseling services to the BC Medical Society.

> *"I prefer to have some of my counselling out of province due to a small amount of fear about breaches of confidence, in a small community."*

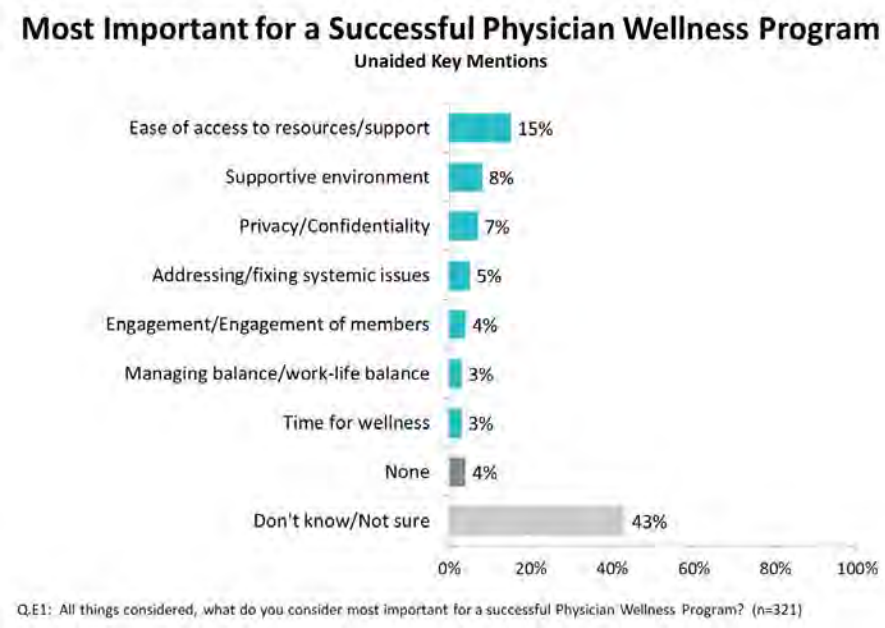
When establishing a PHP, ***adopting a broad view of health*** that encompasses the root causes of many of the stressors faced by physicians is considered essential. Similarly, a ***diverse array of supports and services*** are required ranging from health promotion/prevention activities to providing assistance to those struggling with mental health and/or substance use disorders. Including components that foster ***civility*** in the profession is also seen as being beneficial.

When delivering programs, it is important to be cognizant of the ***timing of these offers***. FFS physicians are unlikely to attend educational sessions that are offered Monday to Friday, 9:00 am-5:00 pm as this conflicts with their clinic schedules. It was also agreed that ***educational sessions that are accredited*** have greater appeal, and also reinforce the value of physician health and wellness.

Similarly, it is deemed important that physicians have ***timely access*** to the supports and services they require when they need them, most notably if they are in an acute or crisis state.

Participants see value in PHPs and their offerings being ***evaluated and monitored regularly*** to ensure the quality of the supports and services are maintained and that they are meeting the needs of the physicians.

Reiterating the qualitative findings, survey results indicate a PHP needs to be easy to access, foster a supportive environment and convey a strong sense of confidentiality. About one-half of the physicians responding to the survey put forth a recommendation for what was most important for the success of a PHP. Ease of access to resources/support was the top recommendation. Other mentions include supportive environment, privacy/confidentiality, addressing systemic issues, member engagement, balance, and time for wellness. (Table E1)

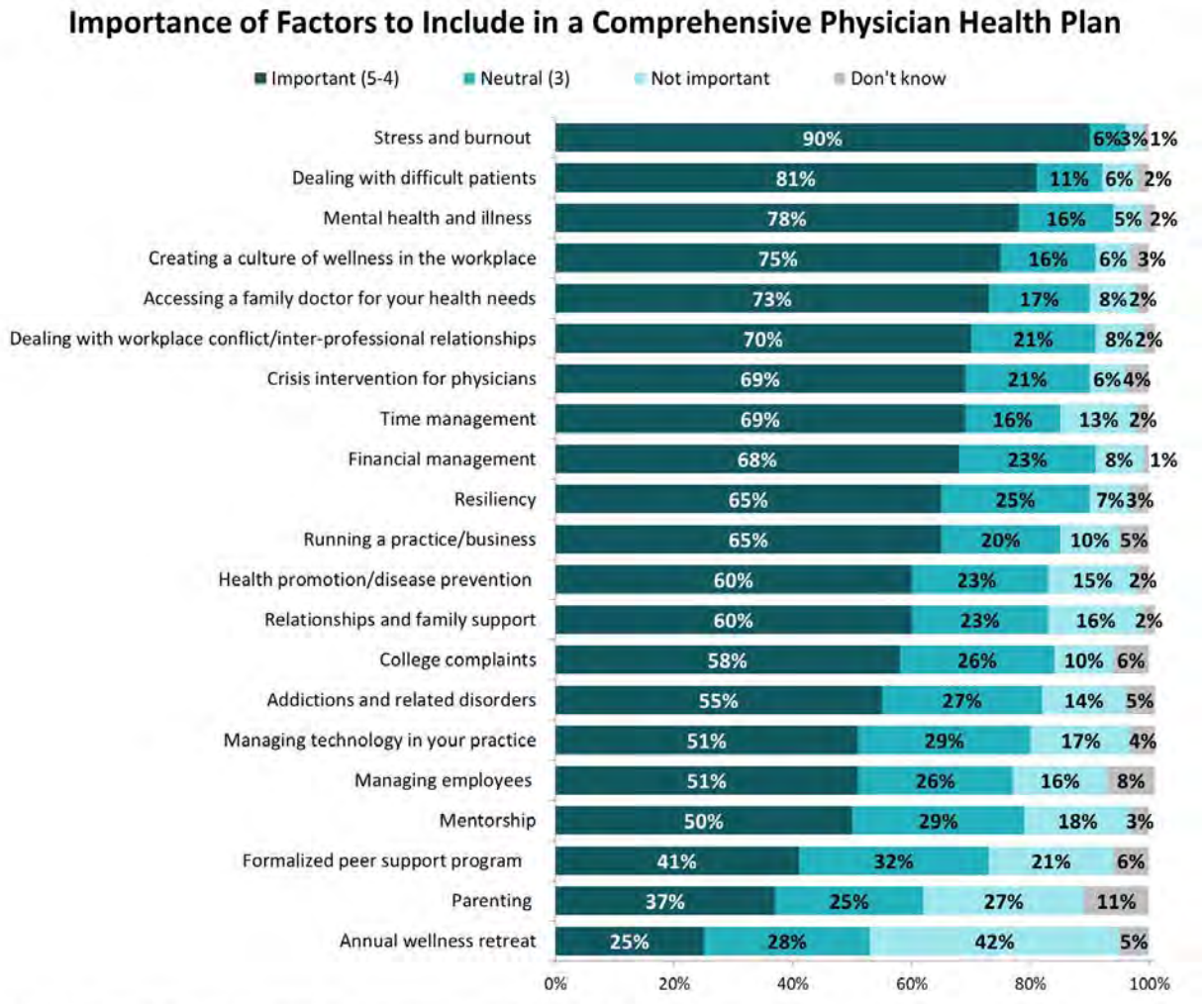


Key Components of a PHP

While it is evident that a multi-faceted physician health program is desired, there is a clear ranking of priorities, with stress and burnout topping the list.

Physicians were asked to indicate how important various elements are to include in a comprehensive PHP. They were asked to assess 21 factors using a scale of 1 to 10, where '1' is 'not at all important' and '10' is 'critically important.' Examining those that received a top-2 rating of 4 or 5 reveals most of the factors examined are considered important by a majority.

Topping the list is **stress and burnout**, followed by **dealing with difficult patients**, **mental health and illness**, **creating a culture of wellness in the workplace**, and **accessing a family doctor for health needs**. (Tables B3a-u)



Q.B3a-v: How important are the following areas to include in a comprehensive Physician Health Program? (n=333)

There are some demographic differences that warrant highlighting. They are as follows:

- Family physicians place more emphasis than specialists on running a business/practice and managing employees, as well as managing technology in their practice.
- Salaried physicians place more emphasis on managing conflict in the workplace as opposed to FFS physicians. They are also more likely to identify mentorship as a needed element.
- As would be expected, FFS physicians place more emphasis on running a practice.
- Female physicians are more likely than their male counterparts to place emphasis on a number of elements including creating a culture of wellness in the workplace, accessing a family doctor, and aspects of practice management including managing a business, employees, and technology.
- Physicians who report 'often' or 'sometimes' experiencing burnout in the past year are more likely than those who have not to think creating a culture of wellness and running a practice should be part of the program.
- Physicians 'rarely' or 'never' experiencing burnout are more likely than those experiencing burnout to indicate addictions and related disorders should be part of the program.

Focus group participants were also given an opportunity to identify the key components of a PHP. The following suggestions were but forth:

Access to Counseling/Support. Having access to immediate, urgent crisis support, as well as assistance with everyday wellness issues is considered a fundamental tenant of a PHP. Participants agree that mental health counselling services need to be easy to access, confidential and available 24 hours a day, seven (7) days a week and be easy to access.

Social Connections and Peer Support. A robust peer support program is consistently identified as a key component of a PHP. One particular situation where peer support is seen as potentially beneficial is discussion of hard cases with potentially poor outcomes. In addition, some participants made reference to a national peer support group that pertained to financial planning and management which they also report to be very beneficial.

"If we can get physicians talking more often amongst each other about the stuff that is really difficult about our job that would be really good."

It is suggested that more connections among physicians virtually would be desirable, especially during the pandemic and for those in remote areas. In particular, the opportunity to engage with other physicians in a wellness program (e.g., fitness challenges, mindfulness) would be beneficial to get physicians to think about their own health, as well as foster connections with their peers.

Participants indicate peer support has developed organically via Facebook groups, with reference being made to the COVID-19 and Moms in Medicine Facebook pages.

The concept of Balint groups were also put forth as a component of a PHP that should be considered. [As way of background, Balint groups are purposeful, facilitated, regular meetings amongst physicians. Initially, Balint groups were established for family physicians, but could be useful for the specialist population. They allow for discussion on any topic that occupies a physician's mind outside of their clinical encounters. The goal is to improve physicians' abilities to actively process and deliver relationship-centred care through a deeper understanding of how they are touched by the emotional content of caring for certain patients.]

The Balint group piece is focusing on small group, building connections getting to know some other physicians reasonably well would be really key.

"'It would be really nice to do some interdisciplinary Balint groups with different specialties because I think in medicine it becomes this us and them mentality. I think it would humanize us to each other to have Balint groups with multiple specialties in it, I think it would be awesome."

It also merits mention that some recent graduates report that they felt a stronger sense of peer support during medical school and residency, which disappeared when they transitioned to practice. Working with the Faculty of Medicine to build upon their existing peer support network and structures is an area that warrants further attention.

Mentorship. Mentorship programs are seen as effective vehicles to help physicians overcome some of the challenges they are experiencing, such as during career transitions and/or when then commence practicing in a new location to reduce feelings of isolation.

Throughout the discussions, it was clearly evident that participants value the experience and expertise of other physicians, with a clear desire to benefit from the "lived experience" of others. While this includes a desire to benefit from others' clinical expertise, there is also a strong desire to learn from others in terms of other aspects of physician life including practice management, financial management, and work/life balance. A formalized mentorship program is thought to be an effective vehicle to help physicians make these important connections.

"...sort of a portal where you had local physicians in certain fields and they could upload a video talking about some of the challenges, some of the strengths, some of the weaknesses, their day to day or maybe we as students could send it questions and they could answer them."

"The NLMA needs to have a program that people feel comfortable coming forward. I think a lot of people sort of shy away from coming forward or seeking help because they fear being reported or losing their license."

Substance Use Disorder. Consistent with the NLMA's current PHN offerings, providing supports and services to physicians battling substance use disorder is seen as an essential service. Participants indicate that this service must be easy to access and

confidential. It is also important that physicians have trust in this offering and not fear reprimands from the College when seeking assistance in this regard.

Physician Primary Care. As previously detailed in the environmental scan section of this report, The NLMA's *MDLink* Program connects NLMA members with physician providers. This service is identified as an important aspect of a PHP and should be maintained. However, it merits highlighting that within the rural focus groups, a couple of physicians noted they could not find a family doctor and were not aware of this program.

Online Educational Components. Participants express interest in being able to access various educational components, with an expectation that these components would be online in some form. Participants indicate that information would be better absorbed if they are 'bite-size', self-paced, and delivered physician to physician. It was highlighted that the information needs to be practical and actionable, as opposed to abstract and theory based.

"It has to be concise, engaging, and easy to access."

"Sometimes I feel like we get information but we don't actually know how to act upon it or we get good advice…. how can I actually implement into my everyday life?"

Health Promotion & Prevention. Offering seminars, workshops and retreats that focus on preventative actions to mitigate the risk of physician burnout and stress as well as other unhealthy behaviours is also seen as have value.

Collaboration Opportunities

As previously noted, collaboration is viewed as fundamental to the success of a PHP. Both interview and focus group participants repeatedly stated that efficiencies can be realized, and enhanced change can occur from working in partnership.

At the provincial level, it is believed that all the key stakeholders should be engaged at the onset in the design and development of a PHP. Participants identify buy-in and representation from the NLMA, RHAs, Faculty of Medicine and CPSNL as important to the success of any PHP. It merits highlighting that the Department of Health and Community Services is also considered a potential partner by some participants, but not with the consistent frequency of the other entities identified. Nonetheless, the development of a provincial locum program within the context of a PHP is frequently identified as an area where collaboration with provincial stakeholders would be extremely beneficial.

Working in collaboration with the College is also identified, both within the province and elsewhere, as an area meriting further exploration. As previously mentioned, there is a move within Colleges across the country to adopt a more proactive rather than reactive approach to complaints. It was noted that there is an opportunity to view issues that cross into the College's domain, such as substance use disorder and

mental health, that may compromise a physician's work function using a more collaborative, proactive and supportive means.

CPSNL reports having a positive working relationship with the NLMA's PCN that is outcome focused. It is important that CPSNL has confidence in the robustness of the monitoring program's processes and assurances that the public interests are protected. To date, this has been the case.

Across provinces, there is value in examining opportunities across Atlantic Canada for sharing resources, especially in our emerging virtual world. It was observed that the various provinces in Atlantic Canada offer different leadership training and perhaps economies of scale could be achieved by adopting a collaborative approach. Similarly, Doctors NS and MSPEI share an evaluation and strategist resource, thus demonstrating the opportunity to work across medical societies for efficient use of resources as well as collaboration. A recent collaboration between NBMS and MSPEI was also provided as an illustrative example. More specifically, NBMS was offering a peer support training program virtually and had additional capacity. NBMS extended an invitation to MSPEI to avail of this opportunity. Similarly, the CMA in its role often receives the same request from multiple stakeholders, further demonstrating the opportunities for collaboration across provinces.

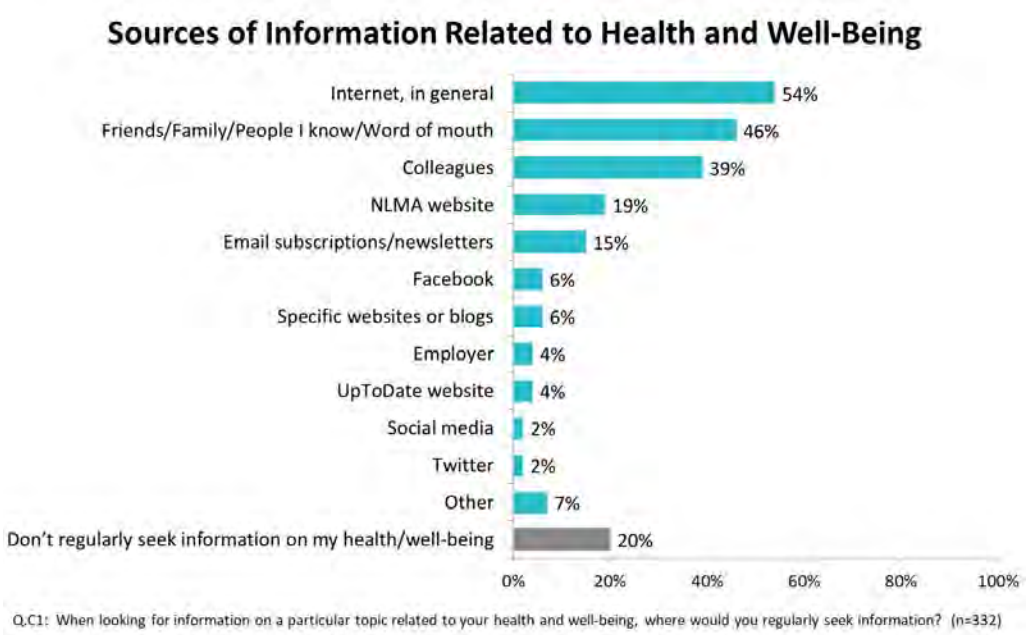
Emphasis was also given to ensuring there are strong connections across PHPs nationally to support physicians and help them gain access to the programs and services they need as they move from one province to another. In addition, developing a set of key performance indicators was also seen as having value and enabling a comparison of program outcomes on a broader scale.

Within the student focus group, it was suggested that having more student input/connections with the NLMA would be beneficial. While there is awareness of the student representative on the NLMA board, more comprehensive involvement with students (e.g., perhaps a dedicated Learner Wellness Committee) would be valuable to understand the perspectives of students, as well as provide an opportunity to develop student leadership skills. It was recognized that it is important to instill values regarding physician health and wellness at the early stages, during the learner period.

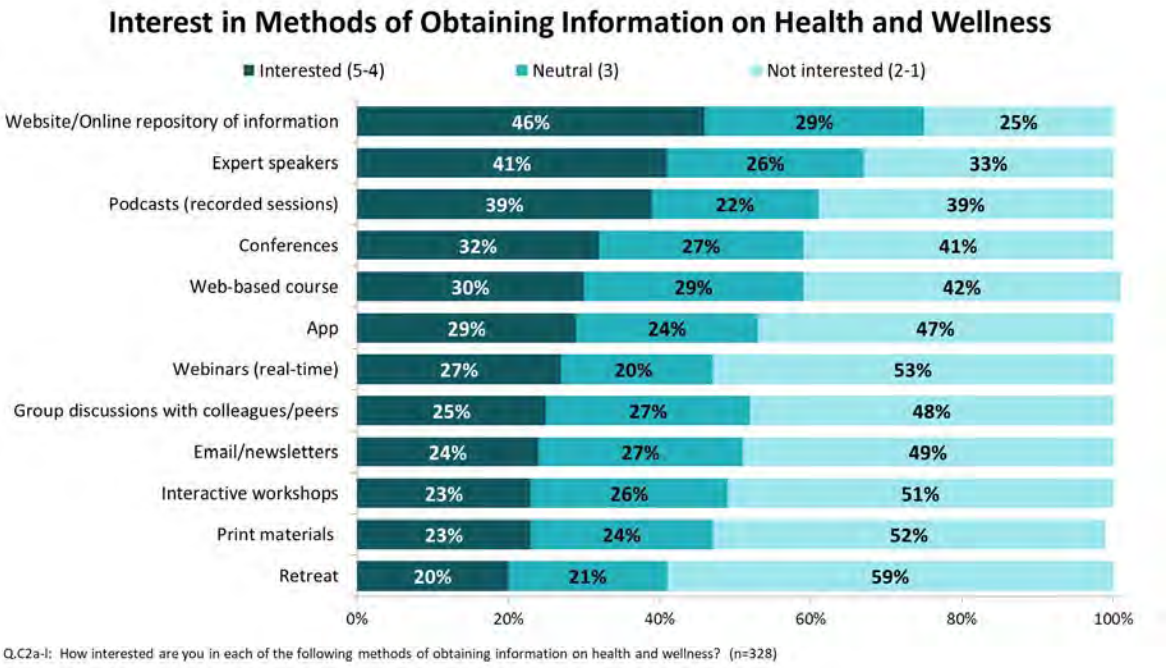
Communications

As a means of obtaining information on health and wellness, a website/online repository of information garners the most widespread interest.

Survey results indicate the top sources of information across all physician segments regarding health and well-being are the **internet**, **family/friends/people** they know, and **colleagues**. (Table C1)



Physicians were presented with twelve different methods of obtaining information on health and wellness and asked to indicate their interest on each. Overall, interest is highest in a **website/online repository of information**, followed by **expert speakers** and **podcasts**. (Tables C2a-l)



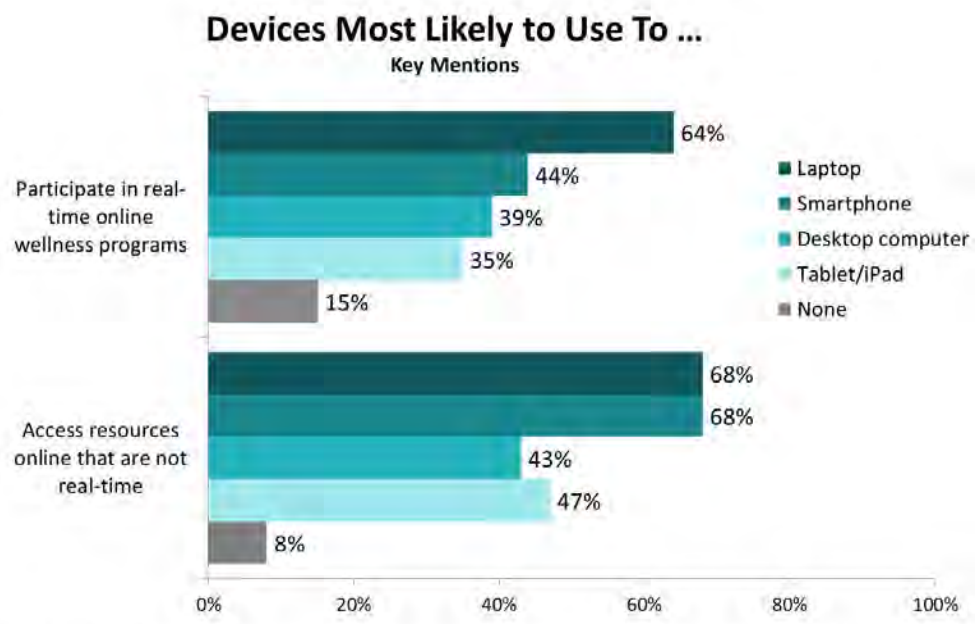
There are some variations that merit mention:

- Generally speaking, those with six to ten years tenure are less interested in all options presented.

- IMGs, visible minorities, those new to practice and/or to the province are generally more interested in all the various methods presented.
- Those in a physician leadership role are more interested in group discussions with peers and retreats.
- Interest in an app declines with age.
- Those reporting experiencing burnout 'often' or 'sometimes' are generally more interested in a number of options, suggesting a desire for greater resources.

Laptops are most likely to be used to access real-time online wellness programs, while laptops and smart phones are equally identified for accessing online resources that are not real-time.

Ensuring resources are accessible via laptops and smartphones would have a fairly broad reach. Indeed, three-quarters indicate either or both devices for accessing real-time resources (76%) or non-real-time resources (84%). Making them accessible via laptop and desktop would also have a wide reach, with 73% indicating they would use a laptop and/or desktop for real-time and 77% would use either for non-real-time. (Tables C4a-b)



Q.C4: What kinds of devices would you be most likely to use to a) Participate in real-time online wellness programs? b) Access resources online that are not real-time? (n=324)

Survey Respondents Profile

The following presents a profile of those responding to the survey based on their responses to Questions F1 toF4 and details from their NLMA profile.