



**Regulation Matters:
a CLEAR conversation**

Episode 78: Are Regulators Barriers to Professionals Seeking Treatment? July 9, 2024

Line Dempsey: Welcome back to our podcast, Regulation Matters: a CLEAR conversation. Once again, I'm your host, Line Dempsey. I am currently the chief compliance officer with Riccobene Associates Family Dentistry with practices in North Carolina, South Carolina, and Virginia. I'm also a board member and past president for CLEAR.

As many of you are aware, the Council on Licensure, Enforcement and Regulation, or CLEAR, is an association of individuals, agencies, and organizations that comprise the international community of professional and occupational regulation. This podcast is an opportunity for you to hear about important topics in our regulatory community.

Now, today's topic is important for multiple perspectives. We're going to be talking to the authors of a research paper about whether questions about health conditions on licensure applications can create a barrier to applicants seeking treatment for such conditions. So, joining us today, we have Gordon Giddings. He is assistant registrar, professional conduct at the College of Physicians and Surgeons of Alberta. Jeremy Beach is the assistant registrar, accreditation with CPSA. Also joining us is Fisayo Aruleba. And she was a former medical student. She just finished that and is going to be a new resident physician at the University of Toronto. So welcome. And we're glad to have you speaking with us today.

Guest speakers: Thank you. Thank you for having us.

Line: So, you had your paper published in the *Journal of Medical Regulation* in November of 2022. It's titled "[Do Medical Licensing Questions on Health Conditions Pose a Barrier to Physicians Seeking Treatment: A literature review.](#)" So I guess, can you start with maybe a very high-level overview of what the research is about? I want to kind of dive deeper into the details during our conversation. But first, please share with our listeners, what was your research topic? And, Gordon, if you wouldn't mind speaking to that.

Gordon Giddings: Thank you. So, as the physician regulator in Alberta, Canada, our legislative

responsibility is to protect patients. And to do this, we're expected as healthcare professionals to prioritize our own health.

I think there has always been an image of physicians as needing to not show vulnerability. And as someone who went through medical school in the 1990s, those were very much the cultural values that were espoused by the profession. And I think our training speaks to that as well, you know - certainly long hours on call, for instance.

And we know that physicians have higher rates of mental health conditions, burnout, suicide, as compared to the general population. And many of those things were certainly exacerbated during the pandemic. But physicians are less likely to seek treatment. I think there's still a bit of a stigma about seeking treatment, and in part out of fear that our licenses may be adversely affected, perhaps.

And leading into our research, we also realize that there is no standard approach to physician health across the country. Sometimes there may be help from physician associations and societies, but really, physician health is a patient safety issue.

So, our paper was about looking at approaches to asking about physician health, best practice, and through that, looking at approaches that might reduce shame and stigma and potentially begin to alter the culture so that individuals would be less reluctant to seek care when they need it.

Line: That's great. Thanks, Gordon. Jeremy, so maybe you could give us a little bit of insight on what the impetus for conducting this research and lit review was.

Jeremy Beach: Yeah, certainly. I mean, as is alluded to in the title and as Gordon has mentioned, there is certainly a perception out there that including these health questions in an annual renewal form or an initial registration form, asking about physicians' or other registrants' health, can act as a barrier to the individuals actually going and seeking help because of the potential stigma around that, possible effects on licensure, possible effects on being able to generate income if you can't work. So, we wanted to really explore that a bit further, understand the evidence underlies where those barriers occur, and, if possible I guess, how you could mitigate those barriers if you could ask the questions in a different way.

We also had to take into account things like disability law, because you have to think that asking about health has to be done in a measured way, that is, doesn't start to introduce bias or prejudice into employment processes or work processes.

But against that, I think there's a recognition that as a regulator we do have a duty ultimately to protect final customers, here in our case it's patients who come through. And, as Gordon said, physician health really comes down to a patient safety issue on some occasions. Not every occasion - probably the vast majority of illnesses that physicians experience don't have a major impact on patient care, but there are some that can do. And a college/regulator has to have a duty to be aware

of those and to ensure that those have been properly managed in terms of patient safety.

Line: Thanks, Jeremy. Well, Fisayo, as the former medical student, I imagine you had a lot of work involved in this. Let me ask you this - what kind of articles and studies did you focus through on this lit review?

Fisayo Aruleba: Yeah, that's a good question. So, during the review process, I focused on primarily like primary studies that could empirically evaluate and quantify any connections between licensure requirements and physicians' behavior around disclosure or care-seeking. And so, studies that also use methodologies like surveys, questionnaires, and analysis of actual licensing application processes and phrasing. And we included studies that were also published between 2011 and 2021, because we wanted to capture the most recent and relevant data, especially following the recommendations that were made by the University's Health Law Institute that it initially shaped our licensure questions at the time. And we also selected studies that looked at a population of practicing physicians and medical trainees.

Line: Well, looking at that, can you maybe talk through some of the details of a few of the studies that that you actually did look at, these newer studies, if you would?

Fisayo: Yeah, for sure. I can definitely do that. So, in our review process, I think we identified several key findings related to the impact of licensure questions on physicians' willingness to seek care. I'll highlight some studies that I feel exemplify these findings. And I'll focus on the impact of health disclosure questions on help-seeking behavior, the language used in medical licensure questions, and the hesitancy to report mental health issues throughout medical training.

Regarding the impact of health disclosure questions on help-seeking behavior (forgive me; I might say some of these names wrong) - the Dyrbye study that was published in 2017, I found to be particularly insightful. Their objective was to assess the consistency of medical licensure application questions with policies from major medical associations and to their impact on physicians' reluctance to seek mental health care. Their study analyzed licensure forms from 48 states. They surveyed 5,829 practicing US physicians, and they quoted the forms based on their alignment with recommendations from medical associations and the ADA, the Americans with Disability Act, I believe.

And their results stated that states with consistent licensure questions – so, consistent in the sense that they did not ask about past mental health issues, or only ask about current impairments - saw less reluctance amongst physicians to seek care. And also that reluctance was lowest in the states with consistent questions for both initial and renewal applications. Even though it was lower in these states, many physicians still hesitated to seek care, so that pretty much highlighted that consistent questioning does help. But it doesn't fully eliminate the barrier.

And another thing that the study emphasized was the fear of professional repercussions and the stigma associated with mental health conditions that significantly contributes to this reluctance.

Another study that I wanted to highlight was one that addressed the language surrounding medical licensure questions. So, this study is one that was published by Gold and their colleagues in 2017. They looked at whether medical licensing applications treat mental and physical health conditions differently. And they reviewed the licensing applications from all 50 states plus DC. They coded their questions, related to mental health and physical health and substance use, and assessed whether the questions on the forms inquired about diagnosis, treatment, history, or conditions that were causing functional impairment. And they found that 43 states asked questions about mental health conditions. Forty-three asked about physical health conditions and 47 about substance use. They also found that states were more likely to ask about treatment history and hospitalization for mental health and substance use compared to physical health. And only 23 states limited their mental health questions to conditions that was currently causing functional impairment. I think what this study highlighted is that mental health conditions are stigmatized. And that could be a potential deterrent for physicians seeking necessary mental health care.

And for the last study that I'd like to highlight, just because I'm a medical trainee and I guess that's part of the lens in which I look at things through, the next study is one that highlights, I think, that this hesitancy and reluctance to report is persistent throughout medical training. So the Aaronson study, published in 2018, similarly looks to identify barriers to seeking mental health treatments amongst residents across all specialties. They asked a bunch of residents at an academic center in Chicago, and the study found that about 58% of the respondents reported confidentiality as one of their concerns, fear of stigma as another, and 44% mentioned licensure concerns as a significant barrier to seeking mental health care. So basically, one of the professional concerns affecting residents and fellows and their decision to seek mental health care was licensure concerns. And I just wanted to highlight that this fear of reporting begins early in medical training and persists throughout residency.

And essentially to summarize their relevance, these studies, I think, all come from different angles, but they converge on a very clear theme that current practices around licensure requirements and questions can deter physicians at all career stages from proactively addressing their mental health issues out of fear disclosure and concerns that it could jeopardize their certification or likelihood. Sorry; that was a very long-winded response. But, there are some really great studies that were done.

Line: Well, that's really interesting, and I appreciate you highlighting, you know, just three of those that stood out. You know, since you did so much of this, I really want to know what kind of conclusions you drew. But specifically, maybe looking at when regulators do ask these questions about health conditions on their licensure and renewal applications, does it actually act as an impediment to practitioners seeking care for their own mental health? Or is it just that stigma thing?

Fisayo: Yeah. Oh, that's a good question. I would say that, based on the studies that I reviewed and that we looked at, there is pretty clear evidence that the way licensure questions are phrased, particularly those requiring disclosure of mental health histories, can act as a significant barrier to physicians seeking care. Across the studies that we looked at, it was a very consistent pattern.

Physicians, even those actively experiencing burnout or other mental health symptoms, are often hesitant to seek treatment, and part of it is largely due to fears that disclosing the information could compromise their medical licensure, their career. And, like I've mentioned before, it spans across all stages of training. And so, while these questions are well intended, with the goals of ensuring that physicians are competent and ensuring that, you know, they provide good patient care, they can also inadvertently contribute to the stigma around mental health and discourage physicians from getting the necessary help that they need.

Line: Jeremy, I think you wanted to add something.

Jeremy: Yeah, I was just gonna say that the perception of a barrier. I think the evidence that there is relies on intention to self-report. There isn't good evidence about what actually happens in terms of reporting. So, the studies really say, if this happened, would you report, or when this did happen, did you report? But it's self-reporting a lot of it. There isn't such good evidence about actual levels of reporting, but that would be quite difficult to get. It would be nice to have. And I think the evidence is pretty consistent through all the papers, as Fisayo mentioned.

The other thing is that by getting the questions right, you can reduce the barrier, reduce the stigma associated with it, and that reduces the barrier to self-reporting. So, if you do make questions compliant with ADA or if you do focus on function rather than illness and treatment, that seems to be helpful in reducing barriers.

Line: Interesting to think, and I would imagine I'd probably know the answer to this question. But a lot of these licensing agencies have like a counterpart, if you would, for practitioners that may have an issue like substance abuse or whatever. Like in North Carolina, you know, working with the dental board for so long, our counterpart was the Caring Dental Professionals. So, it's an anonymous place where someone could get help, and I would imagine that many of these applications don't necessarily have much information even about these options for folks as far as an avenue for them to seek treatment versus just reporting to the big bad board if you would. Is that your experience, Jeremy?

Jeremy: Anecdotally, I agree with you that I don't think many of the application forms would specifically mention the counterpart physician health program that exists. I've got very little evidence to base that on. So, it's really an anecdote based on my own experience. But I think it would be something that you could add.

Line: Maybe that's the next research paper [laughs].

Jeremy: Yeah, possibly.

Line: I could be an author on that one too [laughs].

Jeremy: Would that reduce the stigma, increase self-reporting? But I think that that is a simple thing

that regulators could do, which maybe would increase the ability of registrants, physicians in our case, to seek treatment.

Line: Right, ultimately, that's the goal. We want them to get the help that they need. We may need to fix other things that are causing it to get this way anyway, like the residency program that Fisayo's getting ready to go through [laughs]. But let me go back to Fisayo again. Let me ask you this question. How can regulatory organizations maybe find a balance then, between not being an impediment to care-seeking, but also still at the same time ensure that practitioners are competent to provide the safe care that they need? What are your thoughts on that?

Fisayo: I think that's a great question. And Jeremy already alluded to a lot of what I would respond with. So, we know that regulatory organizations face the challenging task of having to ensure that physicians are competent, while also not discouraging them from seeking the necessary care. And based on many of the recommendations in the studies that we reviewed, like Jeremy mentioned, one approach is to revise the phrasing of the licensure questions. So instead of asking broadly about any past or present mental health conditions or other conditions, the focus should be on things that are current impairments that directly affect a physician's ability to practice safely. For instance, rather than just asking about any history, the questions could be rephrased to say something like, 'Do you currently have a physical, cognitive, or mental condition causing functional impairments in your ability to practice medicine safely?' And I think that that shifts the focus in a way that helps minimize the stigma of treatment and disclosure by emphasizing that it's a current professional competency rather than a past mental health history thing.

Line: Great! Gordon, do you have any other thoughts on that?

Gordon: Sure. I come back to our overarching principles at the college. You know we need to be transparent in our processes, and we need to be evidence-based. As Fisayo mentioned, you know, focusing on the current health impairment and I'd also like to see us work towards some standardization on a national level in our regulatory approach to physician health.

Line: That's great. Well, thank you. This has been excellent. It's certainly some interesting research on a topic with significant impact for practitioners and for patients and consumers. So, thank you, Gordon, Jeremy, and Fisayo, for speaking with us today.

Jeremy: My pleasure!

Gordon: Thank you so much.

Fisayo: Thank you for having us.

Line: Absolutely, it has been a pleasure! And we'd also like to continue this conversation with our members. CLEAR is holding a webinar on July 24 to dive deeper into this topic and share some

examples from regulatory organizations that have made changes to their licensure application questions, as well as other areas of their licensure processes, based on the issues that we've discussed here today. You can register for the July 24th webinar on CLEAR's website at www.clearhq.org.

Another opportunity for us to continue this conversation is on the [CLEAR Regulatory Network](#). Now, this podcast episode will be posted there along with some questions for members to consider. A couple of those questions are, does your regulatory organization ask applicants to self-report health conditions on application and renewal forms? Another question would be, do those questions refer only to current health conditions? Or do you also ask out about past diagnoses? And if an applicant does self-report a health condition, what steps does your regulatory organization take in response?

We greatly appreciate and thank our members for the discussion and the feedback that we get in the CLEAR Regulatory Network. So if you haven't already been there, please, I invite you and encourage you to join and take part in these online discussions.

I also wanna thank our listeners for tuning in for this episode. We'll be back with another episode of Regulation Matters: a CLEAR conversation very soon. And if you're new to the CLEAR podcast, please subscribe to us. You can find us on Podbean or any of your favorite podcast services. And if you've enjoyed this podcast episode, please leave a rating or comment in the app. Those reviews help us to improve our ranking and make it easier for new listeners to find us.

Feel free also to visit our website at www.clearhq.org for additional resources as well as a calendar of upcoming programs and events.

Finally, I'd like to thank our CLEAR staff, specifically Stephanie Thompson. She is our content coordinator and editor for this program. Once again, I'm Line Dempsey, and I hope to be speaking to you again very soon.

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