**2019-B-01**

Amend policy HP-3700.1.3 entitled PA Impairment.

**PA Impairment and Wellness**

(Adopted 1990, amended 1992, 2009, reaffirmed 2004, 2014)

**Executive Summary of Policies Contained in this Paper**

Summaries will lack rationale and background information, and may lose nuance of policy.

You are highly encouraged to read the entire paper.

* AAPA defines PA impairment as any physical, mental or behavioral condition that interferes with the ability to safely engage in professional activities.
* AAPA encourages research in the area of PA impairment, particularly in the type and impact of external factors adversely affecting PAs, including workplace stress, litigation issues, and restructuring of the healthcare delivery systems.

AAPA defines PA impairment as any physical, mental or behavioral condition that interferes with the ability to safely engage in professional activities. Performance of clinical and professional activities while impaired puts patients at risk and may be indicative of an acute and/or chronic illness and/or progressive substance use disorder.

PAs have a responsibility to protect patients and the public by recognizing their own impairment and identifying and assisting impaired colleagues who are unable to practice with reasonable skill and safety to patients because of impairment.

PAs recognizing their own impairment should report concerns confidentially to an appropriate supervisor or healthcare professional, report to the appropriate committee within their organizAtion, and seek guidance on self-reporting laws within their state in order to seek treatment and protect their license.

~~In determining an appropriate course of action, PAs reporting impaired colleagues should refer to state laws and should seek the guidance of impairment committees established by state or local level professional societies, and constituent organizations and chapters.~~

~~Constituent chapters of AAPA should establish impairment committees to assist PAs. The principal goals of the PA impairment committees should be to enhance recognition of impairment behaviors, to encourage early referral for appropriate treatment, to promote effective long term monitoring for impaired PAs, and to serve as advocates for the restoration of suspended practice privileges once an individual has satisfactorily completed a program of rehabilitation. These committees and any peer review processes that they implement must be confidential in nature, protecting the identity of the impaired PA and any records maintained on that individual. This may not be possible in states where law requires mandatory reporting. The committees are also encouraged to refer to the AAPA document, "Developing an Impairment Committee: A Guide for AAPA Constituent Chapters" and to establish communications with similar committees maintained by state medical societies.~~

PAs should recognize impairment in ~~physician supervisors and other health providers~~ OTHER healthcare professionals and should seek ~~assistance~~ guidance from an impairment committee ESTABLISHED BY A state or local professional societY, employer, or licensing board with how to appropriately address that individual’s impairment. ~~any or all of the resources mentioned above to encourage these individuals to obtain treatment.~~

PA continuing medical education and student programs through the Physician Assistant Education Association should include components for education and prevention, as well as identification and treatment of impaired healthcare professionals ~~practitioners~~/PAs.

AAPA encourages research in the area of PA impairment, particularly in the type and impact of external factors adversely affecting PAs, including workplace stress, litigation issues, and restructuring of the healthcare delivery systems.

~~Except in the case of suspensions necessary to protect patients from immediate harm, AAPA urges that no adverse actions be taken against the practice privileges of PAs alleged to be impaired without suitable due process proceedings.~~

~~AAPA endorses the establishment of support networks for recovering impaired PAs.~~

AAPA endorses the following recommendations, which are modeled on the Federation of State Medical Boards policy, “Physician Wellness and Burnout.” (1)

***For AAPA and constituent organizations, AAPA recommends that***

1. PA organizations educate PAs about potential connections between PA burnout, Mental Health issues, substance use disorder, addiction, wellness, and patient safety.
2. PA organizations advocate for PA wellness and promote the availability of wellness education, support, and treatment.
3. PA organizations highlight the importance of self-care with an aim to reducing stigma attached to seeking treatment for health issues, particularly ones related to mental health.
4. PA organizations educate their members about resources available for recognizing and referring peers who may have problems related to mental health, addiction, subtance use, or burnout.

***For PA entry level and post-graduate training programs*, *AAPA recommends that***

1. Physician Assistant Education Association and the Association of Postgraduate PA Programs support efforts to improve the culture of medicine by facilitating open conversations about provider mental health, addiction, substance use disorder, and burnout.
2. PA education programs teach PA students to value self-care and understand the connections between provider wellness and safe patient care.
3. PA schools, post-graduate training programs, and their accrediting bodies provide support and the means for students to safely raise issues related to PA student health and well-being.

***For hospitals/health systems and employers, AAPA recommends that***

1. Hospitals ensure that their credentialing process does not discourage PAs or other health professionals from seeking needed treatment.
2. Hospitals ensure that their policies and procedures are adopted with consideration given to the impact they have on the health of the hospital workforce. Decisions impacting the health of hospital and health system employees should be made with adequate input from individuals representing that workforce.
3. Employers make resources and programs available to employees, including time and physical space for making connections with colleagues and pursuing personal goals that add meaning to work lives.

***For professional malpractice insurers, AAPA recommends that***

1. Insurance carriers revise, where possible, professional liability insurance applications to ensure that being able to complete the application would not discourage PAs or other healthcare professionals from seeking necessary medical treatment.
2. In evaluating the quality of care provided by PAs, insurers should look beyond cost-saving measures and use metrics related to PA health and should incentivize practice patterns that contribute to PA wellness.

***For accrediting organizations*, *AAPA recommends that***

1. Accreditation standards for undergraduate PA education programs, postgraduate PA training programs, hospitals, and healthcare facilities require policies and resources aimed at protecting the health of healthcare professionals and healthcare professionals-in-training.

***For individual PAs*, *AAPA recommends that***

1. Individual PAs attend to their own health and well-being in order to provide care of the highest standard. This includes a responsibility to self-assess for indicators of mental health problems, addiction, substance use disorder, or burnout and seek help or treatment when necessary. PAs are encouraged to make use of services of state Professional Health Programs, which can be accessed confidentially in instances where patient harm has not occurred.
2. Individual PAs inform themselves of their ethical and legal duties to report issues related to incompetence and unsafe care delivered by professional colleagues.
3. Individual PAs talk with peers about the importance of self-care, treatment-seeking, and potential threats to themselves and their patients presented by mental health problems, addiction, substance use disorder, or burnout.
4. Individual PAs seek an appropriate work-life balance, with particular focus on activities with restorative potential.

***For PA Licensing Boards. AAPA recommends thaT***

1. PA state licensing boards evaluate whether it is necessary to include probing questions about an applicant’s mental health, addiction, or substance use on licensure applications. They should consider whether information being gathered in the interests of patient safety could be obtained through means less likely to discourage applicants from seeking treatment. For example, some boards subscribe to National Practitioner Data Bank notifications and other notification services that provide information about arrests or convictions, including for driving under the influence. These can serve as proxies for asking about impairment. In addition, applicants should pass a criminal background check as a condition of licensure.
2. Licensure questions differentiate between the illness with which an applicant has been diagnosed and the impairments that may result. Application questions must focus only on current impairment and not on illness, diagnosis, or previous treatment in order to comply with the Americans with Disabilities Act.
3. Questions that address the mental health of applicants should be posed in the same manner as questions about physical health, as there is no distinction between impairment that might result from physical and mental illness that would be meaningful in the context of the provision of safe treatment to patients.   
     
   Where boards retain questions about the health of applicants on licensing applications, AAPA recommends language from the American Psychiatric Association:

*Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)*

1. PA licensing boards consider offering “safe haven non-reporting” to PA licensure applicants who are receiving appropriate treatment for mental health or addiction. Under such a program, PAs who are monitored by, and in good standing with, the recommendations of a state or territorial professional health program (PHP) (2) would be permitted to apply for licensure or license renewal without having to disclose their diagnosis or treatment to the board.
2. PA licensing boards ensure that the personal health information of licensees related to an illness or diagnosis is not publicly disclosed as part of a board’s processes. Information disclosed must relate only to impairment of professional abilities, medical malpractice, and professional misconduct.
3. Licensing applications, licensing board websites, and other official communications emphasize the importance of PA health, self-care, and seeking treatment for all health conditions. Licensing boards should share information about PHPs; services offered through professional societies, and any other relevant programs. Making this information public assists PAs and also helps to inform patients of the connection between provider wellness and patient care.
4. PA licensing boards ensure that their policies and procedures for working with PAs who have been identified as impaired are fair, reasonable, and protect patients. All such processes should be clearly explained and publicly available.

**REFERENCES**

1. Federation of State Medical Boards. *Physician Wellness and Burnout: Report and Recommendations of the Workgroup on Physician Wellness and Burnout*. Adopted as FSMB policy April 2018. <http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>. Accessed Feb. 19, 2019.
2. A “Professional Health Program” or “Physician Health Program” (PHP) is a confidential resource for licensed healthcare professionals or those in training who are suffering from addictive, psychiatric, medical, behavioral or other potentially impairing conditions. PHPs coordinate effective detection, evaluation, treatment, and continuing care monitoring of physicians with these conditions. This coordination and documentation of a participant’s progress allows PHPs to provide documentation verifying a participant’s compliance with treatment and/or continuing care recommendations. (Source, Federation of State Physician Health Programs, <https://goo.gl/q9mnHR>. Accessed February 19, 2019.

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