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PRESENTATION 1: 12:00-12:30
Medical licensure questions and Canadian physicians with medical conditions: A critical policy analysis

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Abstract: Background: Medical licensing applications (MLAs) have been shown to pose barriers to disclosure and help-seeking for physicians with medical conditions. Recent guidelines outline best practices for identifying and evaluating potentially impaired physicians; however it is unclear whether Canadian MLAs align with recommendations. This study aimed to evaluate Canadian medical licensure applications’ alignment with best practices, and to understand potential barriers to disclosing illness and seeking treatment based on current policy. Methods: We collected MLAs from the 13 Medical Regulatory Authorities across Canada. We coded applications as “aligned” if they inquired only about current functional impairment, in line with best practices. Using critical policy analysis, we analysed language, framing, and implicit and explicit definitions of impairment within MLAs. Results: We obtained MLAs and licensure policies from all 13 medical regulatory authorities in Canada. 10 (76.9%) were not aligned with current recommendations due to questions about historical, rather than current, impairment. A further 6 (46.1%) included questions about history of mental illness or addictions, irrespective of impairment. Across Canada, physician health/impairment was framed as a “fitness” and “professional conduct” issue, and frequently appeared alongside questions about criminal charges and professional lapses, creating potential stigma around health conditions, particularly mental illness, and addictions. Conclusions: The majority of Canadian jurisdictions do not follow best practices for medical licensure policy. This poses potential barriers to disclosure and help-seeking for physicians and may have a negative impact on physician health.

PRESENTATION 2: 12:30-1:00
Building capacity for big data: A consensus on promises, perils, and principles

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Studies using longitudinal medical education data across the continuum of training and practice are not currently the norm. Connecting these metrics and information creates education Big Data that can provide new insights for research and enhance practice. The need for data-driven studies will continue to grow as stakeholders increasingly call for evidence of accountability and impact of medical education. However, the status quo for the governance and oversight of this type of medical education scholarship is fraught with risks. The capacities and models necessary for sensitive and responsive governance need to be developed in the context of medical education and its stakeholders. Moreover, without thoughtful reflection and action on the risks and benefits of data sharing, our field will lag and perhaps foster work that has harmful consequences for learners, institutions, and communities represented by the data. Additional challenges for inter-institutional data sharing include technical and logistical limitations. In this talk, we describe a SSHRC funded Canada-wide stakeholder consensus building exercise leading to principles that should underpin accountable governance of Big Data studies that link institutional data across the continuum. We will discuss our approach, the risks and benefits articulated by participants, the derived governance principles, and enabling recommendations. We also situate the consensus within the wider landscape for data governance such as the Tri-Council data management policy.