

Remediation and rehabilitation programmes for health professionals: challenges for the future

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‘To improve is to change; to be perfect is
to change often.’

—Winston Churchill

Health professions regulatory authorities are responsible for assessing the clinical performance of healthcare professionals.¹² Some of them also have the responsibility for programming remediation interventions for health professionals with deficits in clinical performance.^{2 3} Available data on medical errors, malpractice claims, disciplinary actions and various other sources suggest that between 6% and 12% of physicians meet criteria for ‘dyscompetence’ in the USA.^{4 5} Elsewhere, the percentage varies according to the data sources.⁶ In Ontario, for instance, where the data come from randomly selected physicians, it is estimated that approximately 15% of family physicians and 3% of specialists have considerable deficiencies.^{4 7 8} Performance problems can have an impact on quality of care and patient safety.⁵ Consequently, the problems must be addressed promptly and effectively.

The present article by Weenink *et al* provides a systematic review of the outcomes of rehabilitation and remediation programmes for healthcare professionals.⁶ The authors’ systematic review revealed that the literature comes primarily from North America and that many papers reported very positive outcomes for substance abuse programmes. As for competency remediation programmes, the number of papers published is smaller and the outcomes are more variable. This review provides an essential summary of the state of the literature regarding the support and development of rehabilitation and competency remediation programmes. It has important

implications for the future of physician health programmes. The authors strongly encourage all health professions authorities in North America, Europe and elsewhere, to publish the long-term follow-up results of their rehabilitation and remediation programmes.

Healthcare professionals enrolled in physician health or remediation programmes often struggle with one or many of the following issues: knowledge deficits, clinical reasoning problems, communication problems, behavioural or technical skills difficulties, physical health issues, cognitive illnesses or substance abuse. Some of them have poor insight or no motivation to change their behaviour, which tends to increase the educational challenges faced by regulatory authorities in the development of efficient rehabilitation and remedial programmes. Deficits in health professional performance can be related to individual characteristics (age, health, financial situation), and also to the clinical context in which they practice (isolation, heavy workload, lack of resources).^{5 9–12} For these reasons, the drawing up of a rehabilitation or remedial programme must be based on an individualised approach tailored to the specific needs and limitations of each healthcare professional.^{13–15}

It is well recognised that healthcare professionals constitute a high-risk group for substance abuse problems (because of the easier access to drugs) and for mental health problems (because of their high level of stress at work).¹¹ The most successful rehabilitation programmes for monitoring and treating healthcare professionals are those that are based on a confidential and non-disciplinary approach.¹⁶ Weenink and colleagues⁶ point out that most programmes



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reported on in the literature focus on outcomes for physicians. The authors encourage programmes for other healthcare professionals, such as dentists, pharmacists, nurses and psychologists, to report on their outcomes. They also draw attention to the fact that most of the programmes for which the outcomes are documented operate in North America. This finding raises a number of questions. Why have other countries (eg, in Europe or Asia) not produced any studies of the prevalence of substance abuse disorders among health professionals? How are other countries dealing with physicians experiencing disorders or illnesses affecting their competence? Health professions regulatory authorities must develop programmes to screen, diagnose and treat health professionals affected by these disorders, but most importantly, they should publish the results of these programmes so that others may learn from them.

Whereas numerous studies focus on remediation, residency retraining and health programmes for undergraduate and postgraduate medical students, only a few studies address the effectiveness of remedial programmes for practising health professionals and include systematic follow-up over time.² Some authors have reported the short-term results of their remedial educational programmes, showing a success rate of 70%–85%, but long-term follow-up data remain generally not available.^{13 14} Some individual factors have been recognised as exerting a negative impact on the outcomes of remediation, such as age (older than 60), mild cognitive impairment (eg, from early dementia or comorbid medical conditions) or mental illness (mood disorders) and substance abuse.^{5 13}

Many countries are now facing a critical shortage of healthcare professionals, with population growth and ageing being the most important drivers of the shortage.^{17 18} In the USA, it was recently estimated that 52 000 additional primary care physicians will be required by the year 2025.¹⁹ Although medical schools are trying to keep up with the increasing needs for healthcare resources, clearly part of the solution lies in a better use of competent existing resources. The cost of rehabilitation or remediation programmes for healthcare professionals facing clinical performance problems is significantly lower than the cost of educating and training new ones. Early detection of dyscompetent health professionals may be the best way to ensure public safety.^{20–22} When screened at earlier stages of their health issues or competency problems, health professionals can be helped through rehabilitation or remedial programmes. In this manner, they will continue to offer high-quality healthcare. In conclusion, rehabilitation and remediation programmes for healthcare professionals are and will remain very important in the future, and more studies are needed to evaluate and compare the different programmes developed by regulatory authorities

to help healthcare professionals overcome their performance problems.

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