

Implementation of a Policy for Accommodations for Physicians With Disabilities

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Abstract

Although physicians with disabilities are underrepresented in medicine, their lived experiences of disability can increase empathy for patients, enrich the learning environment, and improve working conditions. However, they face barriers related to procedures, policies, clinical accommodations, disability and wellness support services, and physical environments as well as cultural barriers that affect their meaningful inclusion and ability to work at their full capacity. Despite national Canadian physician organizations recommending accommodations and inclusive policies and practices, an environmental scan of the top 10 ranked Canadian hospital institutions in April–May 2020 did not identify any existing accommodations policies.

The Medical Advisory Committee and senior management team at The Ottawa Hospital (TOH) formally endorsed the first position statement in Canada supporting physicians with disabilities in 2021, which led to the establishment of a process to develop and implement an accessibility and accommodations policy for the Department of Medicine (DOM) at TOH. After careful review and an iterative development process, the DOM approved a formal Accessibility and Accommodations Policy in June 2022. The policy ensures physicians are accommodated during the recruitment, interview, and appointment phases. It outlines a process for the development of an accommodation plan, addresses funding for accommodations, protects physicians returning to work following absences

due to a disability, and requires exploration of opportunities for physicians to make a meaningful contribution if they cannot practice clinically due to their disability.

In this article, the authors discuss the process of developing and implementing the DOM Accessibility and Accommodations Policy, outline the key elements of the policy, and discuss broader implementation of the policy and how they are monitoring its impact. They also discuss the importance and benefits of collecting data on physicians who self-identify as having a disability and, through confidential surveys, focus groups, and interviews, monitoring the impact of accessibility and accommodations policies.

Physicians with disabilities are underrepresented in medicine. The term disability, as defined by the Accessible Canada Act and the Americans with Disabilities Act, may involve physical, sensory, learning, or psychological conditions, whether permanent, temporary, or episodic and whether evident or not. Data from the Canadian Survey on Disabilities in 2017 reported that 22.3% of all Canadians 15 years and older self-identified as having at least one

disability.¹ In 2012, a Canadian Medical Association (CMA) article reported that 11.2% of physicians working in Canada report at least one disability compared with 13.7% of all Canadians.² In 2021, 3,864 physicians completed the CMA National Physician Health Survey; of these, 850 (23%) reported living with a disability, impairment, or long-term conditions.³ This prevalence may have been impacted by selection bias, as data from the United States showed that only 3.1% (178) of physicians self-identified as having a disability among the 6,000 physicians surveyed in 2019.⁴ It is also possible that there are differences between Canadian and American physicians in terms of how willing they are to self-disclose a disability.

Currently, there is a lack of data available to understand the lived experiences of physicians with disabilities, specifically those requesting accommodations at their hospitals. Similar to studies that show improved health outcomes, medication

adherence, and communication when there is concordance between physicians and patients with regard to race, ethnicity, and/or spoken language, physicians with disabilities may be “uniquely equipped” to provide care for patients with disabilities and help to improve the health care inequities they experience as well as their health care outcomes.⁵ Their lived experiences of disability can increase empathy for patients, enrich the learning environment, and improve the working conditions of colleagues, learners, and patients.⁵ In this article, we will highlight the lack of Canadian hospital accommodations policies despite national recommendations to offer supportive policies and processes for physicians with disabilities. We will then detail the process that was employed in the Department of Medicine (DOM) at The Ottawa Hospital (TOH) to develop the Accessibility and Accommodations Policy and outline the key elements of this policy. We will also discuss broader

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implementation of the policy and how we are monitoring its impact.

Lack of Policies Despite National Recommendations

Physicians and medical trainees with disabilities can face barriers related to procedures, policies, clinical accommodations, disability and wellness support services, and their physical environments.⁵ Many of them also face cultural barriers related to the attitudes, beliefs, and values of their hospital leadership or colleagues. Major national organizations in Canada understand the need for improving accommodations processes so that these physicians can be meaningfully included and work at their full capacity. The CMA policy on physician health recommends that physicians and learners with disabilities have supportive learning and work environments free of discrimination, and that there be processes to provide reasonable accommodations, while ensuring for safe and effective patient care.⁶ The Royal College of Physicians and Surgeons of Canada Wellness Task Force recommends the institution of policies to support the wellness and needs of individuals in distress and making sure there are policies and practices to support flexibility in training and practice to meet the varied needs and circumstances of these physicians.⁷ Despite these recommendations, our environmental scan of Canadian institutions identified a major gap. In April and May 2020, we emailed the top 10 ranked hospital institutions in Canada.⁸ We communicated with hospital offices of human resources, disability management officers, chief medical officers, health equity officers, or privacy operations officers. We did not identify any existing policies on accommodations for physicians with disabilities at these hospitals. Given the absence of such policies, we decided to develop the TOH DOM accommodations policy following the national recommendations to improve inclusion in our physician body.

TOH DOM Policy Development Process

Our first step in the development of the policy was to develop the hospital position statement supporting physicians with disabilities in 2020; this was the first such position statement in Canada. In October 2020, the Medical Advisory Committee at TOH formally endorsed

this position statement (Appendix 1),⁹ followed by the TOH senior management team in spring 2021. The position statement recommended that all departments develop a plan to identify, eliminate, and prevent barriers for physicians with disabilities.⁹ This led to socialization of the concepts and sensitization of the hospital leadership to these issues. The DOM equity, diversity, and inclusion (EDI) director and working group then established a process to develop and implement an accessibility and accommodations policy for the DOM.

Our DOM EDI specialist created an initial draft policy using guiding principles and objectives from a policy template for employees in the DOM. The draft was reviewed with input from the board of the Canadian Association of Physicians with Disabilities (CAPD). They considered best practices including the Canadian PGME Collaboration Governance Council's recommendations on accommodations¹⁰ and the Association of American Medical Colleges (AAMC) recommendations for graduate medical education and practice.¹¹ Policy development was an iterative process with review and subsequent amendments by the TOH physician representing the CAPD, the EDI working group, and the TOH Coordinator of Accessibility Services over the course of 6 months in 2021. The final draft policy was presented to the DOM division heads in December 2021 for review and commentary. They agreed to the overall content of the draft policy but wanted it to be more formally reviewed by a departmental policy expert. In January 2022, it was reviewed in detail by the DOM chair, the DOM EDI director, and the DOM director of human resources, who ensured the language was specific for physicians rather than employees (in Canada, physicians are not employees of the hospital where they work, but rather are independent contractors who obtain privileges to work at the hospital and are paid by the provincial government).

During policy development, there were a few issues that are important to highlight. The first issue of concern for DOM division heads were possible expenses associated with accommodations. There was discussion on whether expenses associated with accommodation plans should be included in the policy. It was decided that this would be an important

inclusion, so physicians with disabilities would not incur all potential expenses for their accommodations. These expenses would be shared by the DOM and the physician's division. Future considerations may include further exploration of the hospital's role and/or responsibility in supporting accommodations. The second issue of concern to the CAPD board was a clear process with targeted information for physicians requesting accommodations to facilitate the implementation of the policy.^{10,11} Our policy statements on accommodations were modified to outline a clear stepwise process for developing an accommodation plan. A third issue that was identified was that it would be suboptimal to require disclosure of a disability to a colleague or supervisor as a point of first contact, based on prior AAMC recommendations.¹¹ This was determined to be a problem when physicians might feel compelled to disclose personal health information and details of their disability to justify their request for accommodations. Without a human resources accommodations advisor at TOH, this was included in the policy with a priority to amend it as soon as an advisor is identified.

After careful review of the policy, to ensure it contained clear statements around recruitment, interview processes, letters of appointment, accommodations, accommodation-related expenses, return-to-work plans, and disabilities impairing ability to practice clinically, a formal Accessibility and Accommodations Policy (see Supplemental Digital Appendix 1 at <http://links.lww.com/ACADMED/B689>) was approved by the DOM in June 2022.

Key Elements of the Policy

The Accessibility and Accommodations Policy applies to physicians with disabilities in the DOM who require an accommodation protected under the Ontario Human Rights Code (OHRC), which, in interaction with various barriers, may hinder their full and effective participation in the DOM on an equitable basis with others. The following key elements are outlined within the statements in the policy.

Recruitment, interview processes, and letters of appointment

The OHRC has standards that apply to employment relationships. As a result,

Ontario employers are required to let job applicants know they will provide accommodations during the recruitment process, inform applicants that they will be accommodated during interviews, and include a notice about policies for accommodating employees with disabilities when making an offer of employment.¹² Our policy stipulates that all job postings include an accommodation statement and all letters of appointment include a reference to the DOM Accessibility and Accommodation Policy.

Accommodations

In Canada, there are protections in place to accommodate individuals with disabilities, and shield them from discrimination or, in the case of employment, unfair work practices. In Ontario, the OHRC, governed by the Ontario Human Rights Commission, states that employers have a legal duty to accommodate individuals with disabilities in an employment relationship.¹² The OHRC describes employment as including employees, independent contractors, and volunteers. Accommodation is a shared responsibility, and the DOM and the division head have a duty to accommodate their physicians with disabilities. The physician must declare a disability that requires accommodation and make a request to their division head. All accommodation requests and processes are recorded in writing and are confidential. The processes for the development of an accommodation plan are clearly outlined in the policy.

Accommodation-related expenses

Physicians, as independent contractors, are protected by the OHRC and therefore are eligible for funding for accommodations. In our policy, expenses related to needed accommodations up to a given amount will be shared (50/50) by the DOM and the physician's division.

Return-to-work plans

In an employment relationship, employees and independent contractors returning from a job-protected leave of absence are entitled to return to their original job or a similar position.¹² In the event of an accommodation request, the employer is obligated to work with the individual to find a reasonable accommodation that meets their current limitations based on the protected grounds of the OHRC. The DOM is

committed to supporting physicians who have been absent due to a disability and who require accommodations to return to work.

Disabilities impairing ability to practice clinically

Based on the protected grounds of the OHRC, our policy ensures that the DOM chair and division head will explore possible ways that a physician can make a meaningful contribution to the department if they are no longer able to practice clinically due to their disability.

Broader Policy Implementation and Monitoring Its Impact

We have shared this policy with the University of Ottawa Faculty of Medicine and plan to disseminate it broadly with the national and provincial medical associations and with the developing CMA community of practice to improve inclusion for physicians with disabilities. Our position statement was endorsed by the Council of Physicians, Dentists and Pharmacists in Montreal, Quebec, Canada. We recommend similar policies be implemented elsewhere across Canada.

Since the implementation of our policy, there have been several informal reports of it improving the accommodations process for some department members. However, not all physicians have been aware of the policy. Given how important it is for people to be aware of a policy for it to be successful, we are developing an improved communication strategy to educate physicians about the policy.

We have also started a departmental collection of survey data on physicians who self-identify as having a disability. This survey assesses whether physicians requested an accommodation and whether the accommodation was perceived as adequate for their disability. We plan on requesting that the DOM human resources team implement a separate confidential accommodations survey of any physicians who have requested accommodations due to personal health impairments. The purpose of this survey would be to assess awareness of the policy and evaluate how well the process for the development of an accommodation plan was implemented. We also plan on hosting focus groups and individual interviews with physicians who have requested accommodations to

qualitatively evaluate how the processes and policies can be improved for others requesting accommodations. These measures will help monitor the impact of our policy and the impact of interventions on the recruitment, retention, and accommodations of physicians with disabilities. Improving data collection on physicians who self-identify as having a disability is necessary to help understand those who work within the health center and the policies needed to support them.

Conclusions

Optimizing accommodations of physicians with disabilities is of national importance in both Canada and the United States. Reducing barriers for these physicians should be a priority to support improved physician wellness and equity in health care. Very few strategies have been proposed for removing barriers for Canadian physicians with disabilities. Policy implementation and education can lead to changes that can help to combat ableism in medicine. This can raise awareness and allow for a safer, more supportive space for physicians and patients with disabilities. Improving data collection on physicians who self-identify as having a disability is necessary to help understand those who work within the health center and the policies needed to support them. Thus, data should be collected in surveys, focus groups, and interviews in individual institutions and across Canada to monitor the impact of accessibility and accommodations policies.

Improving meaningful inclusion of physicians with disabilities requires many systemic changes. These include raising awareness and reducing stigma, improving accessibility, developing educational resources, enhancing licensure applications, offering physician health programming, building peer support, and developing and implementing needed policies. We encourage all departments at hospitals and academic health science centers to develop policies for and training on accommodating physicians with disabilities.

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Appendix 1

Medical Advisory Committee (MAC) Position Statement on Physicians With Disabilities^{13,a,b}

Being inclusive of physicians with disabilities at The Ottawa Hospital (TOH) may improve conditions for all physicians, learners, and patients. It would create a more collaborative, respectful, just professional and learning culture and practice of medicine. Physicians with disabilities are likely to provide care for underserved and disability-concordant populations, therefore reducing disparate population health outcomes and informing health care practices for patients with disabilities. The lived experiences and patient perspectives of physicians with disabilities can inform research and quality improvement from patient-centered perspectives.

The MAC abides by the CMA Policy for Equity and Diversity in Medicine (December 2019).¹⁴

The MAC recognizes that there is no employer-employee relationship between TOH and the physicians of the medical staff.^c

The MAC promotes the inclusion of physicians with disabilities and recognizes that they contribute to positive outcomes for all physicians, learners, and patients.

The MAC fosters the value of physicians with disabilities as part of diversity within its organization.

The MAC advocates for identifying and eliminating barriers to accessibility.

The MAC supports treating physicians with disabilities in a way that values and respects them.

The MAC promotes providing equitable opportunities to physicians with disabilities to allow them to realize their full potential while maintaining their dignity and independence.

The MAC recognizes the importance of educating leaders and medical staff members on reasonable accommodations for physicians with disabilities.

The MAC recommends all departments create inclusive policies and practices for physicians with disabilities. These policies and practices should

- meet the needs of physicians with disabilities including support to assist physicians' access to appropriate work that respects their accommodations;
- destigmatize disability;
- aid in recruitment and retention of diverse applicants;
- include a plan to prevent and eliminate barriers;
- be available for all physicians who are working or will be working at TOH; and
- be reviewed and updated regularly.

Disability—Ontario's accessibility law adopts the definition of disability that is in the Ontario Human Rights Code. It defines disability broadly:

1. "Degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*."¹⁵

The definition includes disabilities of different severity, visible as well as nonvisible disabilities, and disabilities with effects that come and go.

Abbreviation: CMA, Canadian Medical Association.

^aReproduced with permission from Munro C, Quon MI, Gartke K. Fostering inclusion of physicians with disabilities at The Ottawa Hospital. *Can J Phys Leadersh*. 2021;8(1):11–14.⁹

^bMinor edits made for clarity.

^cIn Canada, physicians are not employees of the hospital where they work, but rather are independent contractors who obtain privileges to work at the hospital and are paid by the provincial government.

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