

# FSMB RECOMMENDATIONS FOR LICENSURE APPLICATIONS

The FSMB (Federation of State Medical Boards) has established recommendations for the inclusion and phrasing of questions on licensing applications to promote physician health, both mental and physical.

## 1 EVALUATE NECESSITY OF PROBING QUESTIONS

State Medical Boards should evaluate the necessity of including probing questions about physicians' mental health, addiction, or substance use in licensure applications. They should consider whether this information to ensure patient safety may be obtained in a different manner, one that does not discourage physicians from seeking treatment.

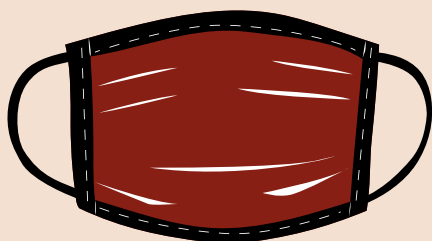


## 2 DIFFERENTIATE ILLNESS FROM CURRENT IMPAIRMENT

Licensure questions should differentiate between the diagnosis of illness versus the resulting impairments. They must focus only on current impairments to be ADA-compliant.

## 3 LIMIT IMPAIRMENT HISTORY

Applications should not seek information about impairment history in the distant past and limit historical questions to two years or less, so they can focus on the presence or absence of current impairments that are meaningful in the context of providing safe medical care. Questions addressing impairment from mental health should be posed in the same way as those that inquire about physical impairment.



## 4 CONSIDER SAFE HAVEN NON-REPORTING

State Medical Boards should consider allowing physicians currently under treatment for mental health or addiction and in good standing while being monitored by the Physician Health Program (PHP) to apply for licensure without requiring disclosure of their diagnosis or treatment. Safe haven non-reporting should be offered when treatment is appropriate for the illness and further impairment is likely to be avoided.

## 5 PROTECT PHYSICIAN PRIVACY

State medical boards should work with state legislatures to protect the personal health information of physicians and only disclose information related to impairment of professional abilities, medical malpractice, and professional misconduct.



## 6 PROMOTE TREATMENT SEEKING

State medical boards should communicate the importance of physician health, self-care, and treatment seeking on medical licensing applications.

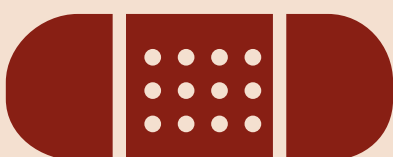
## 7 DISPEL STIGMA ASSOCIATED WITH BURNOUT

State medical boards should clarify that investigation and disciplinary undertaking are distinct from each other, so physicians can seek help in times of need and report burnout without being stigmatized.



## 8 PHP RELATIONSHIP

It is important for state medical boards to establish good relations with their state PHP (Physician Health Program), so the data from the PHP can be used in the board's decision making.



## 9 POLICIES FOR IMPAIRED PHYSICIANS

Policies and procedures for working with physicians who are considered impaired should be fair and reasonable, with the goal of protecting patients. These processes should be explicitly explained and publicly available.



## 10 POTENTIAL BURDENS ON LICENSEES

Medical boards should be aware of and consider reducing the repetitive regulatory licensing requirements. This may improve professional satisfaction and enable physicians to focus on patient care, where their time is most meaningfully spent.

