

**Practitioner**Health  
LOOKING AFTER YOUR WELLBEING IN CONFIDENCE

**PRACTITIONER HEALTH  
MATTERS PROGRAMME  
2015-2016**



Dear Colleagues



On behalf of the Board, it gives me great pleasure to present the first report of the Practitioners Health Matters Programme. This report covers the period from September 2015 until December 2016.

You will see from the report that we have supported nearly 50 practitioners in our initial period. These practitioners have family and work colleagues who are also benefitting from having their family member/ colleague back, recovered and fully functioning.

The major challenge following our start up phase is to put the programme on a solid financial footing. We also would like to continue to raise awareness and to reach out to all practitioners who are experiencing a mental health or addiction difficulty.

I would like to thank our supporters who have contributed in a variety of ways and without whose backing our work could not continue.

Our medical director Dr. Ide Delargy continues to contribute a huge amount of work to the programme. I would like to specially recognise Dr Delargy's work and contribution.

I would also like to acknowledge the contribution of the Advance Nurse Practitioner, Dr Linda Latham who works on the programme with Dr Delargy and all the members of the clinical advisory group who provide ongoing clinical advice to our professional team. On behalf of our Board I would like to acknowledge their valuable input.

To my fellow Board members, who continue to provide ongoing direction, support and advice to the programme as volunteers, a big thank you.

**Hugh Kane**  
Chairperson

# PRACTITIONER HEALTH MATTERS PROGRAMME

It is well recognised that using the normal healthcare pathways is often difficult for doctors, dentists and pharmacists. Treating these professionals can also be challenging. Practitioners often delay in seeking help and resort to self-management and self-medication. There are many reasons for this delayed approach and cultural issues within healthcare plays its part: admitting to being unwell, feeling stressed, difficulty coping with the workload as well as simply scheduling time off to seek medical help are all factors which contribute to poor practices.

Reluctance to recognise and acknowledge a problem with mental health, alcohol or substance use can be even more difficult for practitioners: feelings of shame, guilt, stigma, fears around confidentiality and fears for their future ability to practise result in practitioners not seeking help in these circumstances. This often results in them presenting when their problems are more severe or sometimes when they are in crisis.

The Practitioner Health Matters Programme is a service specifically designed to look after the needs of practitioners. It is a strictly confidential service which recognises the complexities of why practitioners may delay in declaring they have a problem and can provide the time, care and support a practitioner may need.

The programme focus is to support the practitioner in difficulty rather than reporting them to their employer or regulator allowing them to access the medical help they need to restore them to full health and functioning.

*Support rather than Report*

## PROGRAMME OBJECTIVES

The Practitioner Health Matters Programme (PHMP) was launched in September 2015. It is a strictly confidential service which provides support and appropriate medical care for practitioners in Ireland who may be going through a difficult time with stress, mental health difficulties or who may have an alcohol or drug misuse problem. Doctors, Dentists and Pharmacists can find it difficult to declare they have a problem and often delay in seeking help. This can result in problems being more severe and more entrenched at the time of presentation. Because PHMP is a programme designed specifically for health professionals, we can focus solely on what strategies are necessary to support the practitioner in getting back to full health and getting back to safe working again.

In addition to providing a service to practitioners, our aim is to raise awareness about the specific problems healthcare professionals may develop. We aim to promote healthy strategies for managing one's own health and at an early stage in undergraduate education and to promote self-awareness around personal vulnerabilities and appropriate coping strategies

## PROGRAMME STATUS

The PHMP is a not-for-profit charitable company limited by guarantee and has a CHY number. Registration with the Charity Regulator Authority is pending. It is administered by an Honorary Board of Directors:

Chairman Mr Hugh Kane, Honorary Secretary Mr Fintan Hourihan, Honorary Treasurer Ms Frances Nangle Connor and Directors Dr Kieran Doran and Dr David Thomas. The PHMP is further supported by a Clinical Advisory Group (CAG) who provide expertise and guidance on the clinical management of individual cases.

The PHMP is an entirely independent and confidential service. It operates separately from the regulatory and professional bodies. The principles of the programme are however endorsed by the three regulatory bodies and it does have a Memorandum of Understanding (MOU) with the Medical and Dental Councils and the Pharmaceutical Society of Ireland. The programme has also been recognised by the representative organisations for the three professions, the Irish Dental Association, the Irish Hospital Consultants Association, the Irish Medical Organisation, the Irish Pharmaceutical Union and the professional training bodies. A range of funding has been provided by these representative and professional bodies as well as contributions from individual participants.

## SERVICES PROVIDED BY THE PRACTITIONER HEALTH MATTERS PROGRAMME

The PHMP provides a service which is designed for doctors, dentists and pharmacists who may have a health concern which is interfering with their ability to practise safely and effectively. These problems may also include stress, anxiety, burnout and coping with adverse events.

Contact with PHMP can be made via the confidential email address or via the designated telephone number both of which are available on the website. Practitioners may self-refer or can be referred by others such as a concerned family member, a colleague or their GP. Referrals can also be made by a professional training body or by the practitioner’s employer. At all times confidentiality is of paramount importance. PHMP has developed strong links with some external providers and accepts referrals following in-patient admissions.

Services provided by PHMP include a full assessment and interventions which can range from support and advice to referral to other specialists. These specialties include psychiatry, psychology, occupational health, career mentoring, life coaching, addiction counselling and financial advice, as well as drug and alcohol testing. The programme has developed links with specialists who have a particular interest and experience in treating doctors, dentists and pharmacists. Other services will be accessed depending on the individual’s health or other needs.

## ANALYSIS OF PRACTITIONER PATIENTS 2015-2016

### REGISTRATIONS

There are 47 practitioner patients registered with PHMP from across the professions of medical doctors, dentists and pharmacists.

#### PRACTITIONER PATIENT SPECIALITY

- GP
- NCHD
- CONSULTANT
- DENTIST
- PHARMACIST
- NURSE
- MEDICAL STUDENT

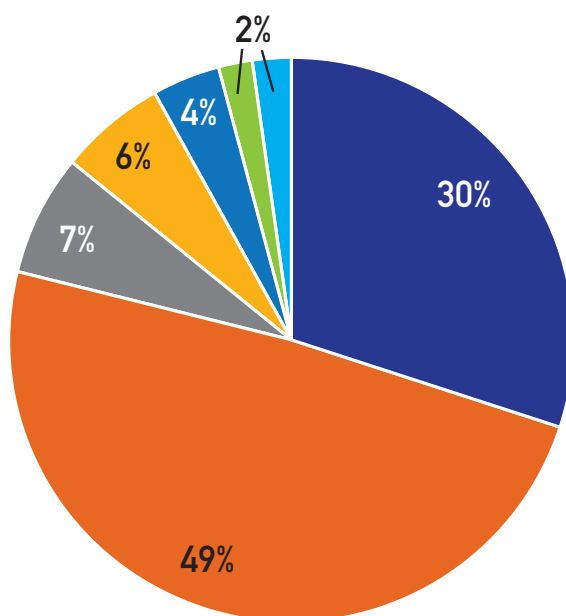


Figure 1: Speciality of Registered Practitioner Patients

The majority of practitioner patients registered with the PHMP were medical doctors; twenty one Non-Consultant Hospital Doctors (NCHD) and fourteen General Practitioners (GP). Three from both the Dentistry and Pharmacy professions also registered with PHMP.

## REFERRALS

Almost half of all referrals were self-referrals (22). There were 8 of referrals made by a Consultant Psychiatrist and 6 practitioner patients were referred by a colleague. The remainder of referrals were made by the practitioners' own GP (3) or by their employer (2), the practitioners' regulator (2), the Training Body (2), the Health in Practice programme (1) and a hospital occupational health services (1).

### REFERRALS TO PHMP

- SELF
- COLLEAGUE
- PSYCHIATRIST
- REGULATOR
- EMPLOYER
- GP
- HEALTH IN PRACTICE
- OCCUPATIONAL HEALTH
- TRAINING BODY

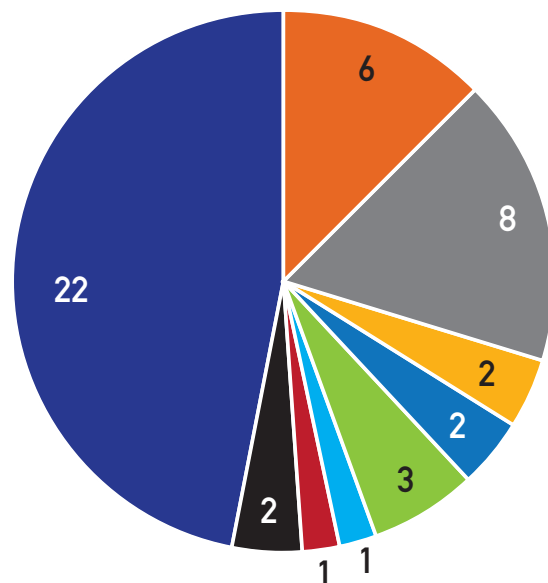


Figure 2: Source of Practitioner Patient Referrals (n=47)

## AGE AND GENDER

The largest number of registrations were represented in the age groups 30-39 (n=13) and 50-59 (n=13), with fewest practitioner patients in the 60-69 age group (n=3).

### PRACTITIONER PATIENTS' AGES

- 24-29
- 30-39
- 40-49
- 50-59
- 60-69

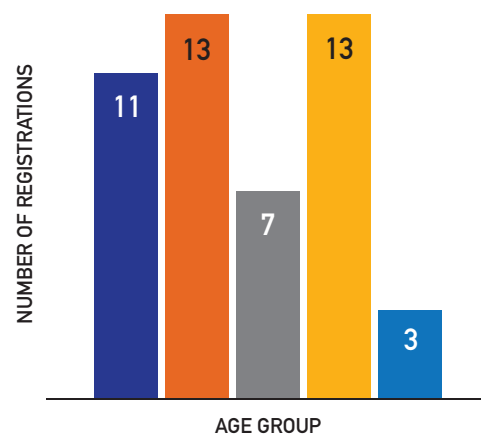


Figure 3: Practitioner Patients by Age

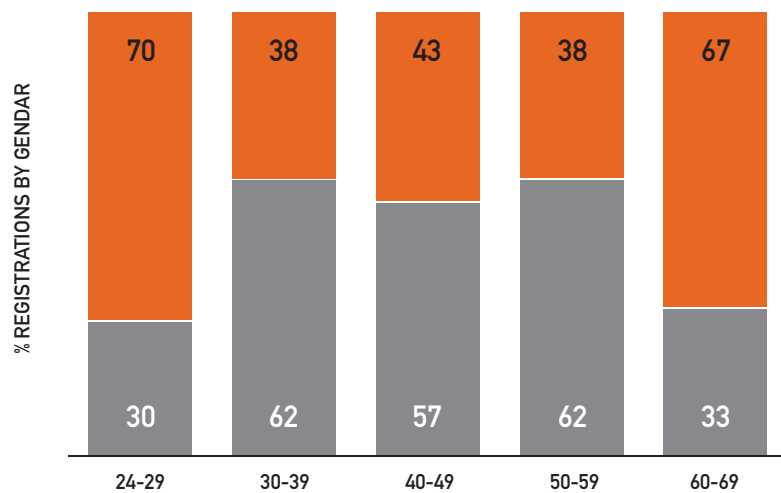
Female practitioners represented just under half of the total registered practitioner patients (n=23). Numbers of females were greater than their male counterparts in the both the youngest and oldest age groups; in the age 24-29 and age 60-69 groups they represented 70% and 67% respectively of practitioners. The 24-29 age group also represented the greatest individual numbers of female practitioners in one group (n=8).

Male practitioner patients represented just over half of the total practitioner population (n=24). Males were registered in greatest numbers in the 30-39 and 50-59 age groups (n=8, both) and least in the 24-29 age group (n=3, 30%).

### AGE AND GENDER

■ F%  
■ M%

Figure 4: Practitioner Patients by Age and Gender



### PRESENTING PROBLEMS

Thirty practitioners had a single presenting problem at registration while seventeen had more than one problem on presentation. Substance misuse was the most common standalone presenting problem for practitioner patients (n=15) followed by anxiety (n=6) and depression (n=4). Where practitioners presented with a combination of issues, depression was the most common presentation (n=13) followed by anxiety (n=10) and substance misuse in combination with other symptoms being found in a further seven cases.

PRESENTING PROBLEMS	PRESENTING PROBLEM ON ITS OWN
DEPRESSION	4
ANXIETY	6
SUBSTANCE MISUSE	15
BI-POLAR DISORDER	1
SUICIDE ATTEMPT	0
PERFORMANCE RELATED	3
PHYSICAL PROBLEM	0
STRESS	0
BURNOUT	0
BEREAVEMENT	0
PERSISTENT DELUSIONAL DISORDER	1
OTHER	0

Figure 5: Presenting Problems in Practitioner Patients

## INVOLVEMENT OF OTHER SPECIALIST SERVICES

All practitioner patients who present to the programme have an initial assessment, including a mental health assessment, with the PHMP core team of either the Medical Director, the Advanced Nurse Practitioner or both. Following that assessment, a care plan is agreed with the practitioner. All practitioners receive ongoing support from the PHMP core team until they are considered suitable for discharge or are transferred to another agency. A decision is also made with regards to referral to other specialists who may need to be involved in the management and care of the practitioner. If practitioners are referred to other specialists, we seek consent to communicate with the specialists who may be involved in their care to ensure that progress is made in line with the agreed care plan. This feedback forms part of their ongoing review and allows for additional supports to be offered where appropriate. The range of other specialist support services are listed (Figure 6) and in many cases a practitioner will be supported by a range of specialist services at the same time (Figure 7). All practitioners are encouraged to register with or continue their engagement with their own GPs.



## SPECIALIST SERVICES

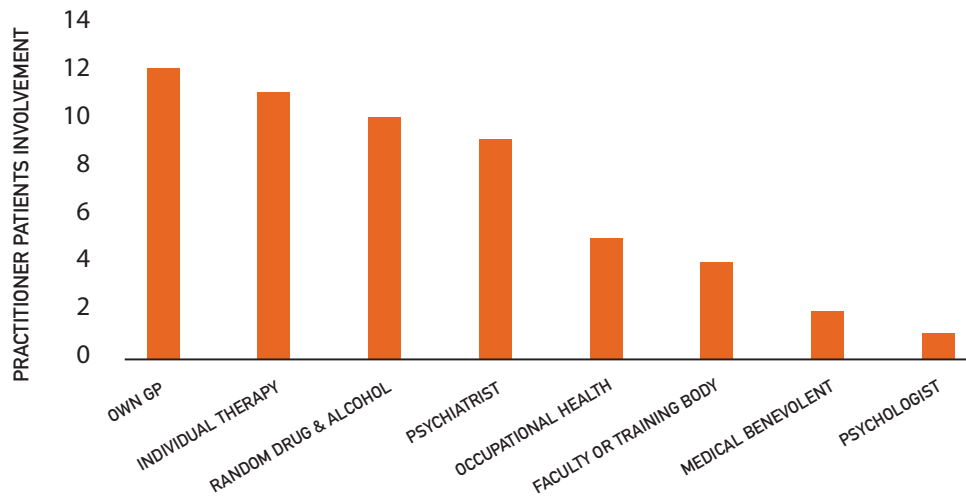
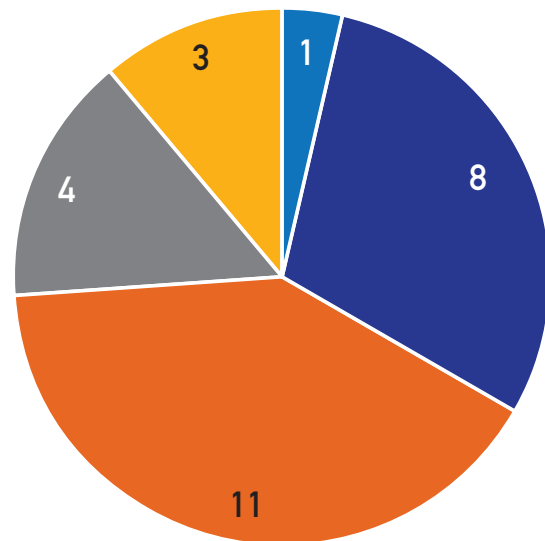


Figure 6: Specialist Services Which Support Practitioner Patients Registered on PHMP

## MULTI-SPECIALIST SERVICE SUPPORT

- PHMP AND ONE OTHER SERVICE
- PHMP AND TWO OTHER SERVICES
- PHMP AND THREE OTHER SERVICES
- PHMP AND FOUR OTHER SERVICES
- PHMP AND FIVE OTHER SERVICES

Figure 7: Number of Practitioner Patients Receiving Multi-Specialist Support Concurrent with the PHMP



Over half of all practitioner patients registered on the programme have continued working in their professions and with the support provided by PHMP, did not require to take time off work. Six practitioner patients were required to stop working for a period of time but have now either returned or are returning to work in the near future. Seven patients are not currently working; of these six patients one has retired and the others are deemed unfit for practice and are under ongoing review. Two patients have been transferred to the Health Committee (HC) of the Medical Council, whilst five practitioner patients are continuing to be supported by PHMP but are also attending the HC of Medical Council (Figure 8).

### PRACTITIONER PATIENT OUTCOMES

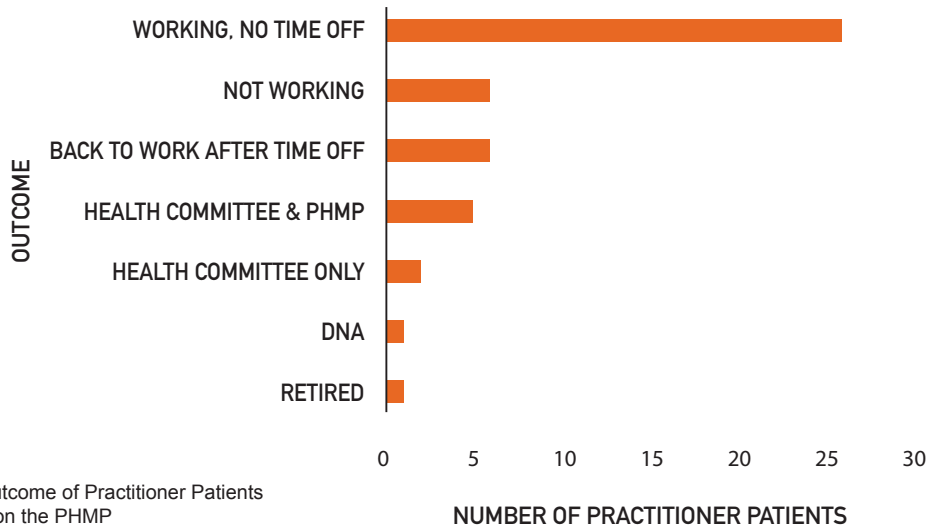


Figure 8: Outcome of Practitioner Patients Registered on the PHMP

### SAMPLE CASES (\*some details have been changed to avoid any identification of the patient)

A male practitioner presented at the request of his partner who is also a practitioner. The couple had been under considerable stress due to financial concerns, and a new baby within a couple of months. As a result of these pressures he had resorted to using alcohol to excess and was binge drinking at weekends in particular. This had become a feature of his coping mechanism and a mechanism for dealing with stress. He was not functioning well at work, not enjoying his work and procrastinating with a range of business related matters which were mounting up and adding to the stress. Following initial assessment and a mental health assessment, the practitioner demonstrated good insight and good motivation to reverse his situation. A random alcohol screening programme was put in place with regular reviews with the PHMP team. The practitioner has remained alcohol free for many months now, his mental health has improved significantly as well as his physical fitness and wellbeing. He states that he has not felt so well in years.

A GP attended seeking help with burnout. The doctor had lost interest in the job, and felt dealing with patients had become very stressful and overwhelming. There were significant organisational issues and the GP had difficulties addressing these with the result that payments had not been applied and financial pressure was also starting to mount up. The GPs stress levels were high as well as lack of motivation, disinterest and lack of empathy with patients. The doctor presented to PHMP seeking advice and support. Advice included taking some time off work in the first instance to recuperate and re-energise. Following a period of three weeks, the doctor felt ready to go back to work and address the organisational and financial issues which had mounted up. The GP continues to be supported and is making good progress.

A pharmacist with previous mental health problems in adolescence self-referred to the programme in significant distress. The practitioner had broken down at work and had been advised not to return to work until better. Due to his location of work he was unable to access the medical help required as he was now separated from his original mental health team and was isolated from family and friends. The practitioner was depressed, anxious and tearful. He was on medication from his own GP but compliance was erratic. Following assessment it became evident that a combination of long working hours, poor work life balance and binge drinking with friends at weekends were all contributing to his poor functioning. He was referred to a Consultant Psychiatrist who works closely with the programme. Medications were adjusted and although other recommendations were made the practitioner again did not comply with these recommendations. A number of further sessions with PHMP were required for the practitioner to develop insight and this remains an ongoing challenge. An alcohol management plan has also been introduced and the practitioner remains under close review.

A 38-year doctor had made slow progress through his training years and had still not completed his training programme. He had been required to take time off over several periods of time and he was under the care of a psychiatrist being treated for depression. An incident at work involving self-medication prompted him to attend PHMP for help and support. He had identified anxiety as his main problem and felt that he used medication to help him with these symptoms. However, following assessment it became apparent that the doctor actually had an alcohol dependency and his ongoing alcohol use was actually contributing to his anxiety. He agreed to be monitored and supported by PHMP, agreed to attend for individual therapy and to continue to attend his psychiatrist. After six months on the programme he is now well enough to return to work. He is linked in with the Occupational Health physician at his hospital and will remain with PHMP and will continue to undergo random screening indefinitely. The doctor recognises the benefit of having the ongoing screening as a support to remain sober.

A young practitioner was referred to PHMP by her programme director. The doctor was the subject of a complaint to the medical council following an adverse event in the hospital. The doctor was feeling very anxious, dejected and worthless and while it appeared unlikely that the doctor would be found in anyway at fault, she found herself ruminating about the event, could not sleep and was becoming increasingly stressed and distracted. A short period of time off work to rest and recover was recommended. A number of consultations were offered which provided a safe, confidential space for the practitioner to discuss the issues. PHMP supported the practitioner in getting the circumstances into perspective and to help her regain her confidence in her abilities. She is back working healthy and well but remains under review.

## CONCLUSIONS

After the first year in operation, PHMP is confident that it has made a difference and has offered practitioners an option in terms of addressing their health difficulties in confidence. We anticipate that with further awareness of the programme it will serve as an important service for practitioners. Demands to expand the programme will require additional funding and resources and we look to all the relevant bodies to support us in our endeavours to develop the service further in 2017. Practitioner Health Programmes (PHP) are increasingly being developed across Europe, Australia and the USA. In 2016, a PHP in London which was originally introduced as a pilot has now been extended throughout the UK allowing better access to confidential advice and support.

## RECOMMENDATIONS AND PLANS FOR 2017

Our experience to date with the programme illustrates the need for a discrete, designated, confidential programme for practitioners who are experiencing health difficulties. We believe that PHMP has a significant role to play, alongside a range of other services, in supporting practitioners who are going through a difficult time and feel for whatever reason they cannot avail of generic services at that time. The PHMP, in line with international experience, recognises the benefit and the positive outcomes with designated practitioner health programmes. Feedback from the practitioners who have attended the programme so far is positive and highlights in particular the fact that we can provide them with additional time which generic services may not have available to them.

We are aware that, based on international statistics, there remains a significant cohort of practitioners who maybe experiencing difficulties but who have yet to seek advice and support. Estimates would indicate that between 12% and 15% of practitioners may experience problems with mental health or substance use issues. Current prevalence rates are not available in Ireland but based on the estimates from other jurisdictions we would anticipate that in excess of 2.000 practitioners may require help on an annual basis.

We recognise the continuous need to raise awareness of the service so that all practitioners, their families and concerned colleagues will know how to seek help in a time of crisis.

### **Our aims for 2017 include:**

- **Explore options for a more secure funding basis**
- **Engage in awareness raising campaign**
- **Evaluate our initial assessment procedures and review processes to ensure they are fit for purpose**
- **Seek feedback from the specialist services we partner with**

## TESTIMONIALS



**Dr Ide Delargy**

*"Engaging with the practitioner health program has improved my professional and personal life greatly. I wish I had done it years ago."*

*"I was introduced to the Practitioner Health Programme following an acutely stressful period in my life. I had turned to self medicating as a poor coping mechanism for insomnia and stress. I was really ashamed of myself at that time and afraid to tell anyone what was going on and began to self isolate. Worst of all, I did not recognise that I was actually unwell and tried to put on a brave face for colleagues around me and my family and friends before I finally hit a brick wall. Fortunately through meeting Dr Ide Delargy and involvement in her Programme, I continue to receive endless support and thankfully have re established my career again. I have moved on and attribute the huge support of PHMP ,as well as my close family and friends, to my recovery. I know this confidential service will continue to provide medical professionals with the help they need in times of crisis"*

*"I consider myself to be a very fortunate medical doctor to have been nurtured under the wing of the Practitioner Health Matters Programme spearheaded by Dr. Ide Delargey.*

*Seven months ago I had suffered mental distress essentially from burnout and bullying, which led to depression, and then addiction as a means to trying to cope. Now I am back at work, feeling stronger in myself due to the umbrella group of supporting professionals who look after me, with safeguards in place to keep me well.*

*I would encourage any struggling medical doctor to contact Dr. Ide Delargey, who will steer you back to good health in a non judgemental way with firm kindness to protect you from the pitfalls of relapse, so that you are once again happy to use your wonderful talents. I can never thank this wonderful Lady enough."*

## THE BOARD OF PHMP WISH TO THANK ALL OUR SUPPORTERS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE PROGRAMME

These include: Faculty of Obstetrics and Gynaecology, Faculty of Ophthalmology, Faculty of Radiology, Irish College of General Practitioners, Irish Dental Association, Irish Hospital Consultants Association, Irish Medical Organisation, Irish Pharmacy Union, Medisec, Medical Protection Society.





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