PractitionerHealth

LOOKING AFTER YOUR WELLBEING IN CONFIDENCE

PRACTITIONER HEALTH MATTERS PROGRAMME

ANNUAL REPORT 2018

CHAIRMAN'S REPORT

Mr Hugh Kane - Chair, Board of Trustees

Mr Hugh Kane
Honorary Chairman PHMP

Dear Colleagues

I am very pleased to introduce the third annual report of the Practitioner Health Matters Programme. The programme which was launched in September 2015 has continued to expand as evidenced by a steady increase in the numbers of practitioners availing of the service. We continue to be assured of the need for a confidential programme for practitioners who are experiencing difficulties and who need or avail of discrete medical advice. We recognise the continuous need to raise awareness of the service so that all practitioners, their families and concerned colleagues will know of the existence of the programme and how to contact us for help.

We believe that PHMP has a significant role to play, alongside the range of other services, in supporting practitioners who are going through a difficult time and for whatever reason feel they cannot avail of generic healthcare services at that time.

I am very pleased to welcome two new members with a wealth of experience in Irish healthcare, Dr Barney Murphy and Professor Freddie Wood, to our Board of Trustees. I am confident both will provide a significant input to the PHMP service.

On behalf of my fellow Trustees, I would like to take this opportunity to thank all those organisations who have supported this initiative from the start and who have shown an ongoing commitment to the programme.

Dr Íde Delargy
Medical Director PHMP

MEDICAL DIRECTOR'S REPORT

Dr Íde Delargy - Medical Director PHMP

I am pleased to report on the work of PHMP for another year. Doctors, dentists and pharmacists can be a difficult group to reach. When they do fall ill, practitioners tend not to access their own GP and often attempt to access healthcare via colleagues or friends. They sometimes try to self manage or self-prescribe. In particular, when the illness relates to mental illness or addiction, the perceived shame and stigma can often lead to doctors finding themselves in an even more difficult situation than they really need to be in.

There are significant benefits and positive outcomes with having a designated service for practitioners where advice, treatment and therapy can be provided in a strictly confidential and non-judgmental way. Feedback from the practitioners who have attended the programme is positive. In addition to concerns around confidentiality, generic services may have neither the time nor the experience to afford to those who present often with quite complex issues. Through listening intently to the stories our colleagues have to tell, there is a body of first-hand experience of the pressures and stresses some professionals are experiencing. We hope in turn to be able to influence change within in the healthcare system to one which is more humane and which genuinely values practitioners. The cost of not improving the system at both an individual and a service level are simply too great.

A strong ongoing focus of PHMP is to make every doctor, dentist and pharmacist aware of how to access the programme. Thankfully the majority of practitioners will never need this service however for those who do, it can be a life changing and sometimes a lifesaving intervention.

PRACTITIONER HEALTH MATTERS PROGRAMME
THE SERVICE SO FAR

Since its launch in September 2015 and up to the end of 2018, a total of 185 practitioner patients across the medical, dental and pharmacy professions have been supported by the service. We recognise that practitioners 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 the necessary strategies which will support the practitioner in getting back to full health and getting back to safe working again. Any practitioner can self-refer to have an assessment regarding any issue which may be troubling them. The most common issues presenting are anxiety and stress, mental health difficulties or alcohol and prescription drug misuse problems.

International studies confirm that there are high levels of stress and burnout in the medical profession. The most recent study amongst Irish doctors (RCPI Dr Hayes et al) confirmed that Ireland is no different in this regard. It is also recognised that for many reasons, practitioners often delay in seeking help. Accessing help through the normal healthcare pathways can also be difficult for practitioners. Concerns around confidentiality is the most common reason for delayed or non-disclosure of a problem, but the medical culture can often make it difficult to admit to being unwell, feeling stressed or declaring a mental health issue. Practical issues such as getting time off or working at long distances from your regular healthcare provider, can also be significant barriers to seeking help.

While practitioners are not immune to the same illnesses experienced by the general public, working in healthcare can contribute to additional problems. Reluctance to recognise and acknowledge a problem with mental health, alcohol or substance use can be even more difficult for practitioners. Strong feelings of shame, guilt, stigma can prevent practitioners from seeking help early. Fears of being judged by peers and the reputational damage that can follow from declaring a problem are accentuated for practitioners. Because of easier access to medications, practitioners can sometimes resort to self-medicating their problems which in turn increases the risk of developing dependencies. Our service can provide the time, care and support needed to address the often complex needs of an individual practitioner. Most importantly, it is a strictly confidential service.

In addition to providing a service to practitioners, PHMP aims to promote healthy strategies for managing one's own health at an early stage in undergraduate education and to promote self-awareness around personal vulnerabilities and appropriate coping strategies for the challenges of working in healthcare.

During 2018, collaborations with a variety of external agencies has offered opportunities to present at education forums, Grand Rounds and Non-Consultant Hospital Doctor (NCHD) meetings. Further partnerships and research opportunities remain an ongoing priority with the intention of raising awareness about the specific problems healthcare professionals may develop.

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PROGRAMME STRUCTURE

The PHMP is an independent confidential service which operates separately from the regulatory and professional bodies. The principles of the programme, allowing practitioners to seek medical help and support independent of the regulatory bodies, are governed by a Memorandum of Understanding (MOU) with the Dental Council, the Medical Council and the Pharmaceutical Society of Ireland.

The service remains free of charge to all practitioners attending. This has been made possible due to the existing funding structure. The programme is supported financially by the representative organisations for the three professions, the Irish Dental Association, the Irish Medical Organisation, the Irish Pharmacy Union, the Medical Council and many other professional organisations listed below. It is important that lack of finance does not become an additional barrier for a practitioner coming forward to seek help. The PHMP has also partnered closely with the benevolent funds associated with each of the professions and they have been generous with their funding of individual practitioners in financial need.

HOW TO ACCESS THE PHMP SERVICE

Making initial contact to seek help is a big step for any practitioner. We endeavour to make those contacts as simple and as stress free as possible. Most initial contacts with PHMP are made via self-referral through the confidential email address and following this contact, an appointment is arranged as soon as is practicable. All contacts are dealt with compassionately and in a non-judgemental fashion. Practitioners may also choose to make contact via the designated telephone number which can also be accessed by concerned family members, concerned colleagues or the patient's own GP may also refer. Support and advice can be offered to concerned others about how to intervene and how to encourage a practitioner to seek help. Referrals can also be accepted following in-patient admissions.

At all times confidentiality is of paramount importance and will be strictly maintained so long as the practitioner is not an immediate risk to themselves or others and, where appropriate, complies with their treatment plan.

THE ASSESSMENT PROCESS

All practitioner patients who present to the programme have an initial assessment, including a standardised mental health screening assessment. Following that assessment, a care plan is agreed with the practitioner. Depending on the needs of the practitioner, interventions can range from advice, problem solving, substance use assessment, individual psychological therapies, drug and alcohol testing or referral to other specialists for further assessment.

CLINICAL ADVISORY GROUP

The case management of individual practitioners is supported by a clinical advisory group (CAG) who provide essential advice and support to the Medical Director. Anonymised cases are discussed at regular intervals which enhances decision making on problem or challenging cases. The CAG is composed of consultants from psychiatry, occupational health, neuro-psychology, a general practitioner with a special interest in addiction medicine, a mental health social worker, as well as a representative from dentistry and pharmacy.

DISCHARGE PLANNING

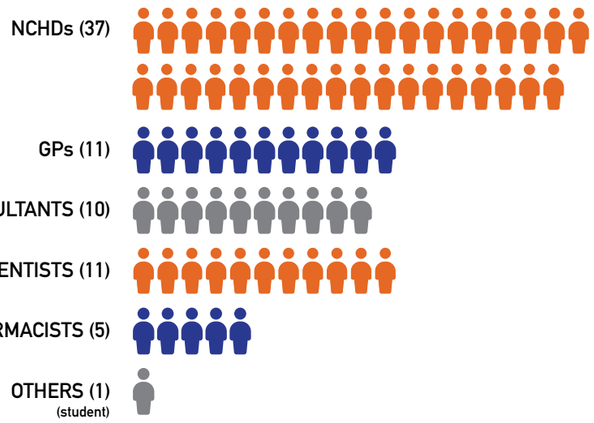
Practitioners will receive ongoing support from the PHMP core team until they are considered suitable for discharge or are transferred to another agency. A decision is also made with regards to referral to other specialists who may need to be involved in the management and care of the practitioner. The PHMP has developed strong collaborative links with some external providers around the country, most particularly therapists. The PHMP takes on a co-ordinating role in these cases and we seek explicit consent to communicate with any specialist or therapist who may be involved in supporting the practitioner. The purpose of this co-ordinating role is to ensure that progress is made in line with the agreed care plan and this feedback forms part of their ongoing review. It also allows for additional supports to be offered where appropriate. The PHMP continues to develop links with medical specialists, including GPs and Occupational Health physicians, who have a particular interest and experience in treating practitioners.

ANALYSIS OF PRACTITIONER PATIENTS 2018

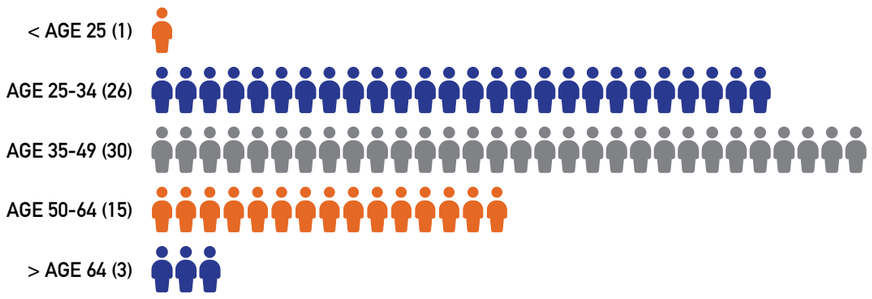
There were 75 new presentations to PHMP in 2018. These were assessed and managed by PHMP along with the other existing patients of the programme.

PRESENTATIONS IN 2018

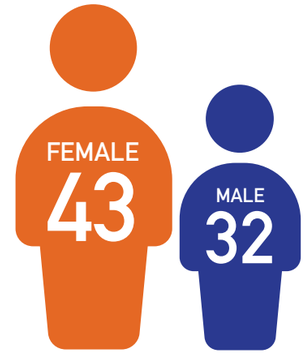
75 NEW PRESENTATIONS IN 2018



AGE RANGE

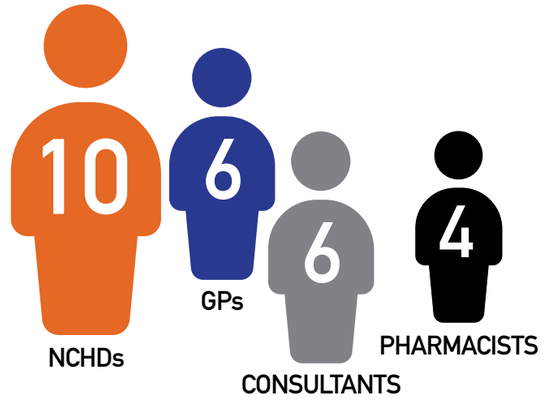


GENDER

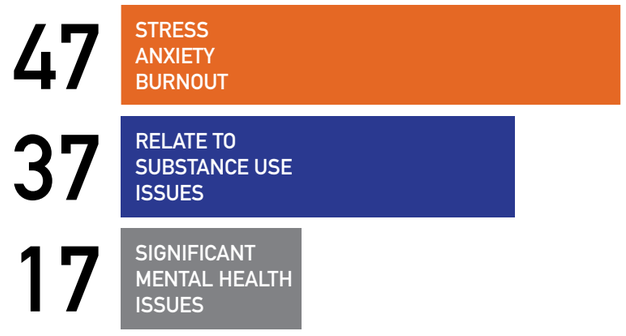


CURRENT ACTIVE CASES

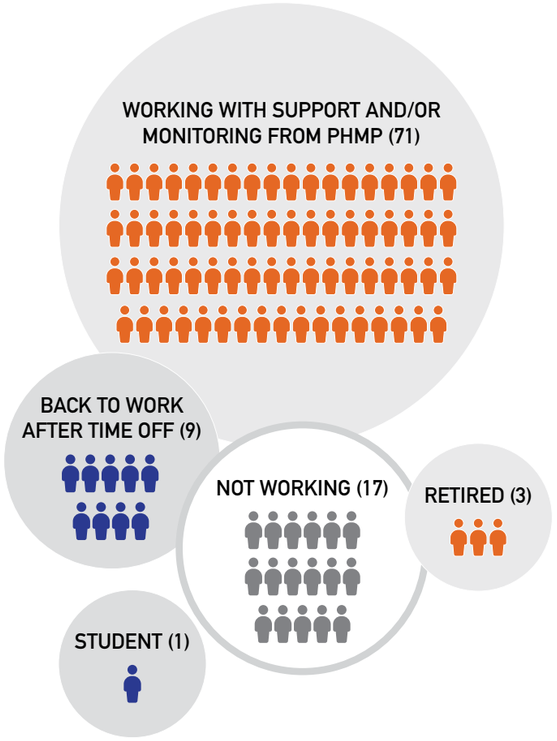
A total of 101 practitioners are currently attending the programme. In addition to the 75 new presentations in 2018, a further 26 practitioners who had presented in previous years continue to get support through PHMP. These 26 practitioners are in the following groupings:



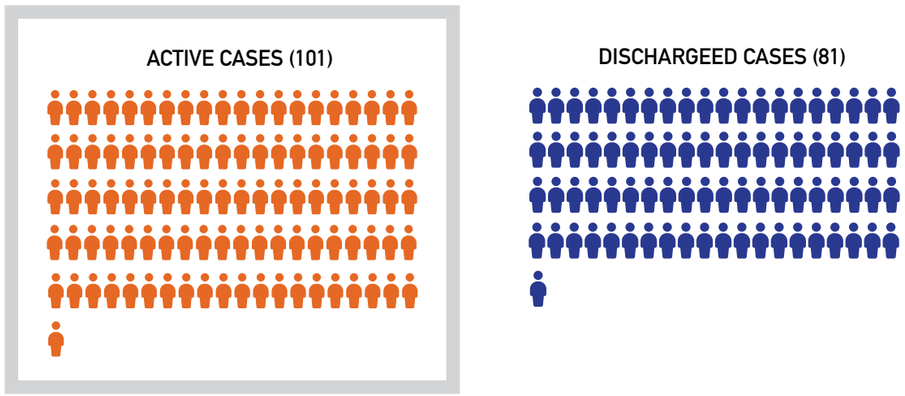
REASONS FOR ATTENDING (N=101)



PRACTITIONER OUTCOMES



A TOTAL OF 182 PRACTITIONERS HAVE AVAILED OF THE SERVICE SINCE THE PROGRAMME COMMENCED. OF THESE, 81 PRACTITIONERS HAVE BEEN DISCHARGED.



ENGAGEMENT WITH THE REGULATORS

It is of the upmost importance to the operation of PHMP that we are fully compliant with the MOU agreements we have with the Dental Council, the Irish Medical Council and the Pharmaceutical Society of Ireland.

Of the 75 new presentations to PHMP in 2018, three doctors were already attending the Health Committee (HC) of the Medical Council. Of the pharmacists attending, three were also under a review process with the PSI. Only one dentist was engaged with the Dental Council as well as PHMP.

During 2018, PHMP did not require to refer any practitioner to the regulatory bodies. This in our view is a positive finding as our aim is to encourage practitioners in difficulty to engage and comply with recommendations from PHMP in the first instance. It is also important that colleagues or organisations who have concerns about a practitioner should consider referral to PHMP for further assessment rather than reporting to the Regulators as the first option.

SAMPLE CASES

The names used are fictitious and some details have been amended to protect the identity of the individuals.

CASE 1

Sarah - a NCHD in her 20's

This young doctor had become overwhelmed and stressed in relation to the responsibilities she had been given, the workload demands and the long hours she was working. She found herself unable to sleep, unable to concentrate on work and was finding it difficult to make clinical decisions. Sarah felt that she was unsafe in the workplace but felt trapped as she felt extremely guilty about letting her colleagues down if she had to take time off. At her initial assessment she reported she had not slept for 10 days and was exhausted and distraught. She felt suicidal. She had lost weight and was not eating. She wanted to quit medicine as she felt her situation was hopeless. Her belief was that she would never be a good enough doctor.

The initial treatment plan involved signing her off work immediately to allow her to get rest and sleep. Our focus was to safeguard her wellbeing and protect her from any harm as she was considered a suicide risk. Despite her distress, she needed to be persuaded that it was imperative that she took time off work in her condition. Her family was invited to attend in order to enlist their support also. Her recovery was slow: she was very agitated and needed to be medicated. It took many weeks for her sleep pattern to resolve and for her to regain her appetite. Slowly she stopped catastrophising and regained some joy in life. She had weekly reviews with PHMP and once feeling stronger in herself again, she engaged in individual psychotherapy. With the support of the Occupational Health physician at her hospital, a phased back to work plan was negotiated once she was deemed well enough to return.

This doctor is now fully back at work and is back to full health. She is now able to engage fully with her training and is able to prepare for upcoming exams. Her family report a healthier and happier individual who has learned compassionate self-care and who has an increased self awareness.

CASE 2

Ann - a pharmacist in her 20's

This young lady presented following a dispensing error in the pharmacy she was working in. Her patient had suffered an adverse event and the young pharmacist was devastated as a consequence. She had been unable to get the sequence of events out her mind and this was interfering with her sleep and her ability to concentrate. She was catastrophising and feeling hopeless. Due to lack of sleep she was exhausted, was not eating well and was not coping. She reported becoming tearful at work and became fearful of dispensing certain medications. Her supervisor had noticed her deteriorating confidence and her tearfulness, but no amount of reassurance was helping.

At assessment it became evident that there was a background history of depression and anxiety as a student. She had been medicated in the past for this. In addition, this young woman had had an eating disorder as an adolescent and this had now re-emerged as a consequence of the stress she was under. There were childhood adverse events including the divorce of her parents when she was at a vulnerable age. She was perfectionistic and rigid in her thinking and under stress these traits became even more pronounced.

Ann expressed relief at being able to fully disclose the various contributing factors to the way she was feeling. Providing her with a safe space to disclose was in itself a therapeutic intervention. She continues to have individual psychotherapy. Ann has made significant lifestyle changes, is practising mindfulness and along with the help therapy is now presenting more relaxed and tolerant of herself. She is back working to full capacity in a more healthy and happier frame of mind.

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CASE 3

Mark - a dentist in his 30's

This young man was suffering from anxiety and episodes of panic. This was manifesting itself as full-blown panic attacks sometimes prior to going into work and sometimes at home. He was catastrophising about his own ability to practice and, as he was the main provider for his family, these feelings were accentuated. He felt alone and isolated in his thoughts and as his partner was pregnant, he didn't feel he could burden her. His symptoms had escalated to the point of feeling suicidal as he could see no way out from his current state of mind. He had had a number of episodes when he was physically unable to go into work and this was having a significant impact in his workplace.

Fortunately, this dentist had read about the PHMP service through the Irish Dental Association newsletter and made contact with the programme via confidential email.

He was seen at short notice for initial assessment. He was tearful and feeling hopeless on presentation. He admitted he had not been sleeping and he was endlessly ruminating about his situation. He admitted he was not able to fully concentrate at work at the moment and this compounded his anxiety as he was fearful of making a mistake.

The treatment plan included a short course of anxiolytics to reduce his acute anxiety. He was encouraged to involve a family member in order to protect his safety. He was reviewed twice weekly in the initial phase of the intervention until he was sleeping better, and his anxiety had abated. In conjunction with CBT therapy he is now addressing his anxiety. He recognises anxiety has been a long-term issue with him but had escalated to crisis point due to work and family pressures. He continues to make progress and continues to attend the programme on a regular basis.

CASE 4

Sean - a GP in his 60's

This GP presented seeking help as he was feeling burned out as a GP and had lost interest in his patients. He had devoted his career to developing his practice and being available to his patients but no longer felt he was a good enough doctor. As well as a personal health scare and the death of a close friend he had become depressed and unable to cope. He had neglected any hobbies due to lack of time and interest. He had not sought help as he feared disclosure to anyone in the rural region he worked in. Over the past year he had been increasingly resorting to alcohol as a way of de-stressing and a way of helping him to sleep. This was taking its toll on his marriage and family life. He had read about the confidential service and decided to seek help.

His assessment identified some underlying risk including a family history of alcoholism and his recent bereavement about which he had not really confided in anyone. He was not deemed alcohol dependent but given his reliance on alcohol as a way of regulating his emotions, he was advised to stop drinking completely. He was advised to focus on diet and exercise as well as to take a short break from the practice.

He was seen weekly initially with the purpose of assessing his level of depression once he had eliminated his alcohol use and having made the required lifestyle changes. He was also given the opportunity to discuss the impact the loss of his close friend had on him.

Within several weeks there was a significant improvement in mood and antidepressants were not required. He felt relived to have a safe place to discuss the bereavement issue which was complicated by strong feelings of guilt at not having noticed sooner that his friend was ill.

This GP has made excellent progress and continues to be supported by the programme.

PATIENT FEEDBACK

The PHMP strives to be available when someone needs help and to be responsive in a timely and empathetic way. Practitioners who have used the service report satisfaction. A sample of the feedback received is as follows:

"It is not possible to solve the sort of problems I had on my own and without Dr Delargy's non-judgemental care and their support, I have been able to reclaim my career without incontrovertible consequences. This would not have been possible if I had waited longer or had attempted to deal with my mental health issues alone. Often when I felt overwhelmed by the enormity of the challenges these issues posed and still pose me, my weekly session with PHMP gave me the confidence and sense of well-being to continue the process towards sobriety and to building a life without the same cravings and anxiety of my addiction. They are highly skilled and especially positive because of their experience in helping so many others"

"When I found the email address for Practitioner Health I was relieved. It took a few days for me to make contact. You replied quickly. When you phoned and I wondered if my dilemma was worth discussing, your reply with the assurance that is was, mattered enormously. The additional matter of being seen soon continued this welcome and unfamiliar sense of being taken care of in a timely humane way."

"I was ashamed to be unwell in the multiple ways I was and had concluded that I was beyond help to return to work. Being offered time and space in the company of an experienced other human being who was able to be the 'giver' with nothing required from me other than my presence was humbling but quietly and unexpectedly a turning point. I mattered and it was important that I recovered whatever my ultimate decision."

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SUMMARY

Building on our previous two annual report, 2018 has seen a further increase in the rate of presentations to PHMP. The feedback we receive from practitioners indicates that PHMP is making a difference for those who need to attend and in a number of cases has helped to prevent both personal and professional catastrophes.

Working in healthcare is challenging. Engaging with patients, dealing with trauma, dealing with relentless service demands and the requirement to "get it right" every time, places practitioners under particular stress. While each one of us is vulnerable to personal distress, burnout, or difficulties in the workplace, practitioners can often normalise or minimise our struggles and remain silent about our own needs, sacrificing them for our patients. The context in which practitioners work is an important contributing factor to why they can become ill. Issues outside the control of the practitioner can have a significant bearing on how they function. The frequent restructuring, the commodification and relentless scrutiny of healthcare can leave professionals feeling frustrated and anxious. Problems with retention and recruitment add additional stresses on medical manpower.

Being resilient means being able to respond to pressure and recover quickly. It necessitates being flexible and strong under stress. These are the attributes most practitioners have in abundance. To get into medical, dental or pharmacy school requires resilience. To get through the rigorous medical courses requires resilience. Starting out as a young practitioner requires resilience. These professions inevitably attract some of the most resilient people however, what is expected of our young practitioners is sometimes simply just too much. Doctors in particular are subject to an extraordinary number of endurance tests: their training is long with frequent exams and intense competition for training posts. They have to be able to break bad news and then move on to the next patient with no time to de-brief. They have to endure frequent changes which include changing job, changing location, change of clinical team and negotiating different hospital systems. They are often given new roles and responsibilities and have to rapidly adapt sometimes with only minimal induction. One of the overwhelming concerns is the long hours and lack of sleep. Is the answer to these issues more training in resilience?

The PHMP is playing its part in recognising and acknowledging that the resilience of practitioners sometimes breaks down. Raising awareness of the issues which are troubling for practitioners as well as acknowledging the personality traits which can exacerbate these difficulties, remains a key aim of the programme. Influencing policy makers, employers, human resources managers, professional colleagues and training bodies to address the context in which healthcare professionals work through meetings and presentations to a range of different organisations is an important component of the work undertaken by PHMP. Examining the causes of the distress at individual and structural level needs to be part of an ongoing dialogue – changing the culture to a more supportive system can reduce the sometimes serious impact caring for others can have in individuals. None of these issues can be easily resolved and many will argue they are essential requirements to what makes a good doctor. However, it cannot be ignored that change has to happen if the escalating reports of stress and burnout are to be tackled. The consequences of not doing so are too serious to ignore.

On a European basis, PHMP is represented on the European Network of Practitioner Health Programmes (ENPHP) and also participates in the European Association of Physician Health (EAPH). Working in collaboration with European and other international colleagues facilitates shared learning and opportunities for research in a very specialised area.

THE BOARD OF PHMP WISH TO THANK ALL OUR SUPPORTERS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE PROGRAMME IN MANY DIFFERENT WAYS AND IN PARTICULAR OUR FINANCIAL SUPPORTERS.

These include: Irish College of General Practitioners, the Faculty of Radiology, Irish Dental Association, Irish Pharmacy Union, Irish Medical Organisation, the Medical Council, the Faculty of Ophthalmology, the Faculty of Obstetrics and Gynaecology, HSE, the Medical Protection Society and the Dental Hospital, The Sheppard Trust, The Sick Doctor Trust, St Patricks Hospital (Dean Clinic), the Royal Medical Benevolent Fund, the Dental Benevolent Fund, College of Psychiatry, RCPI, Kildare and Merrion Clinical Societies. We also received individual donations from practitioners for which we are very grateful.

The Board acknowledges the work of the Medical Director Dr Íde Delargy, our Administrator Ms Jenny Andreucetti and the support and dedication of the Clinical Advisory Group.

BOARD OF TRUSTEES

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3rd May 2019

NOTES

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