A man in blue scrubs is shown in profile, holding a surgical mask to his face. The mask is held up to his nose and mouth, and he is looking at it with a slight smile. The background is dark and out of focus.

"Putting on the mask"

PRACTITIONER HEALTH
MATTERS PROGRAMME

ANNUAL REPORT 2019

PractitionerHealth
LOOKING AFTER YOUR WELLBEING IN CONFIDENCE



CHAIRMAN'S REPORT

Mr Hugh Kane - Chairman, Board of Trustees

Dear Colleagues

I am very pleased to introduce the 2019 annual report of the Practitioner Health Matters Programme (PHMP). 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 to 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. Two new Trustees were appointed in 2019 and I am very pleased to welcome Mr John O'Connor and Mr Anthony Owens to our Board. They both bring a wealth of experience to the Board and I am confident they will contribute significantly 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.



MEDICAL DIRECTOR'S REPORT

Dr Íde Delargy - Medical Director PHMP

It gives me great pleasure to provide the 2019 Medical Director's report on the progress of the PHMP service for 2019. Since the launch in 2015 the service continues to expand and is reaching greater numbers of doctors, pharmacists and dentists annually. Through a process of regular lectures and communications, we believe the service is gaining acceptance and greater recognition amongst the professions. We are very pleased to have the endorsement of all the main professional bodies as well as the representative bodies and the HSE.

The PHMP service was developed in the knowledge that when practitioners become unwell or are struggling particularly with a mental health or substance misuse issue, they often find it difficult to seek help in the usual way. Some may not wish to access Occupational Health services or their own GP and this can lead to attempts to self-manage their problems which can sometimes include self-prescribing. There is a perceived shame and stigma to being unwell and this can often lead to practitioners delaying seeking help and finding themselves in crisis before getting the help they need.

A key element of the PHMP service is confidentiality – this is one of the major fears practitioners have when seeking help. The design of the service and legal agreements we have with the Medical Council, the Pharmaceutical Society and the Dental Council allow us to deliver the service without the requirement to immediately report. Advice, treatment and therapy is provided in a strictly confidential and non-judgmental way with a team who are experienced in dealing with doctors, dentists and pharmacists. We find that practitioners value the time they are afforded to deal

with often quite complex, unresolved issues. We receive regular feedback from the practitioners who have attended the programme and find that this is overwhelmingly positive. Practitioners are appreciative of the time taken which helps them explore often quite complex underlying and unresolved issues. Many will find the experience of being able to disclose their difficulties in a safe environment hugely beneficial. We listen intently with an empathic, understanding and non-judgemental ear to their histories - and many will find that is therapeutic in itself.

There is now a body of first-hand experience of the pressures and stresses some professionals are experiencing. We can hear their stories and help them to recover. However this is not enough. PHMP will endeavour to influence change within the culture of our healthcare system leading to one which is more humane and which genuinely values its healthcare workers. The cost of not improving the system at both an individual and a service level are simply too great; there are consequent challenges for recruitment and retention within the profession.

We are pleased to know that through regular presentations and dissemination of our educational materials, more practitioners are now aware of the service PHMP provides. For the majority of doctors, dentists and pharmacists they will never need to access the programme, however, for those who do, it can be a life changing and sometimes a lifesaving intervention.

I wish to personally acknowledge the support of Dr Justin Brophy with PHMP who has added a vital additional role in his capacity as Consultant Psychiatrist to the service. I would also like to thank Sarah Keegan and the administrative staff at Blackrock Healthcare who have an important role to play in the PHMP. Their humane and caring approach to all the practitioners who attend the service is much appreciated.



TREASURERS STATEMENT

Mr. John O Connor - Honorary Treasurer

The position in relation to the reducing net current assets in the accounts for 2019 is a concern for the trustees. The board recognises that, to be prudent in managing the accounts going forward, it is important we focus on generating as much positive cash flow as possible. This may present its difficulties during this particular time when many organisations will wish to be cautious with their donations. However there are some outstanding cash flows which were committed during 2018 and 2019 which the board believes will make a very significant positive impact to the programme's financial position in the short term.

Nonetheless, it is key that we emphasise the importance of the PHMP service to our current and previous donors and contributors, particularly when so many of our front line medical workers fall into the categories of professionals that may indeed need the services of the PHMP in the foreseeable future.

We continue to work on a number of cash flow improvement measures, along with prudent management of our accounts, to ensure the programme can continue to do its important work into 2020 and the future.

PRACTITIONER HEALTH MATTERS PROGRAMME THE STRUCTURE AND GOVERNANCE OF THE SERVICE

The PHMP service was launched in September 2015. To date the service has supported a total of 245 practitioner patients across the medical, dental and pharmacy professions. The service promotes early engagement so that problems do not become more entrenched and complicated, however, some practitioners have presented only when in difficulty with their regulatory body. The PHMP has a Memorandum of Understanding (MoU) with the Medical and Dental Councils as well as the Pharmaceutical Society of Ireland which facilitates any necessary medical and therapeutic intervention to be offered without the need to involve the regulator. 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.

The PHMP is registered with the Charity Regulator and is a company limited by guarantee. It is governed by a Board of Trustees who are listed on our website. The programme is fortunate to have the benefit of a broad range of expertise and advice from our Board of Trustees all of whom contribute voluntarily to the programme. The financial aspects of the programme are overseen by the Board and are fully compliant with the CRA requirements. Annual accounts are produced and are fully audited by DHKN financial services.

Operationally, PHMP is a designated, confidential service which functions independently and separately from the regulatory and professional bodies. The principles of the programme, allowing practitioners to seek medical help and support are governed by a MOU with the Dental Council, the Medical Council and the Pharmaceutical Society of Ireland.

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 representatives from the dentistry and pharmacy professions. Each member of the CAG has been nominated by their representative organisation and give voluntarily of their time.

ENDORSEMENTS

The service is endorsed and supported by all of the main professional and representative bodies for the doctors, dentists and pharmacists (for full listing please see our website). The existing funding model has allowed the PHMP service to remain free of charge to all practitioners attending. We are acutely aware that financial concerns can be both a cause and a consequence of the difficulties practitioners find themselves in and we believe it is essential that lack of finance does not become an additional barrier for a practitioner coming forward to seek help. For practitioners who are not working or who have fallen on hard times, the PHMP has been working closely with the benevolent funds associated with each of the professions.

REFERRALS TO PHMP

Any practitioner can self-refer or be referred by a concerned third party to the programme. Telephone or confidential email contact is encouraged in the first instance and a timely appointment will then be offered. Following an initial assessment with the medical director, a treatment plan will then be agreed with the practitioner depending on the nature of the presenting complaint. A range of interventions will be offered which may include consultant psychiatric assessment, psychotherapy, addiction counselling, financial advice or personal and career coaching. Some practitioners may require hospitalisation but in our experience this is a rare occurrence.

The PHMP has developed good links with the training bodies through the Forum of Postgraduate Training Bodies and where necessary, appropriate and discrete supportive links can be arranged through these organisations. 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 or 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.

HOW TO ACCESS THE PHMP SERVICE

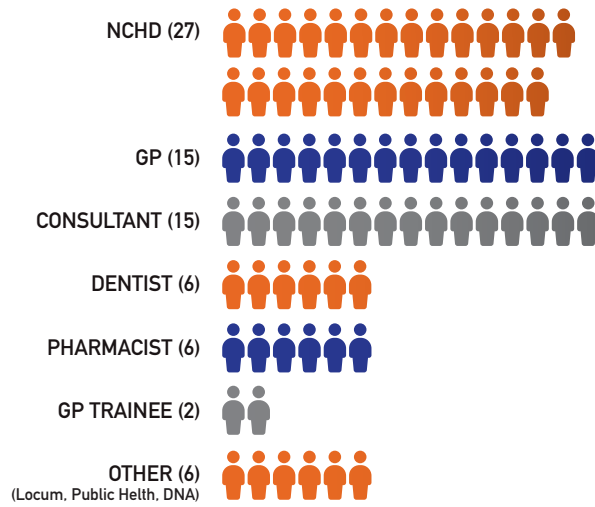
Making initial contact to seek help is a big step for any practitioner. We endeavour to make those contacts as simple and as stress free as possible. Most initial contacts with PHMP are made via self-referral through the confidential email address and following this contact, an appointment is arranged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

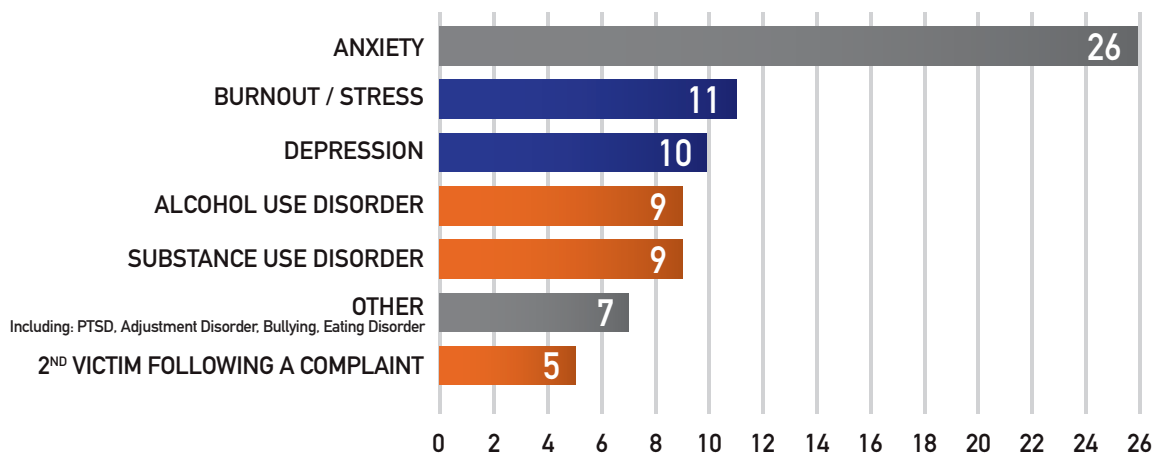
ANALYSIS OF PRACTITIONER PATIENTS 2019

There were 77 new presentations to PHMP in 2019. Each person was offered an initial assessment following which a treatment plan was agreed with the practitioner. There were a wide range of presenting symptoms with varying degrees of severity. Some practitioners required only a few consultations while others with more serious concerns remain with the service and are kept under regular review. The analysis of the new presentations in 2019 are as follows.

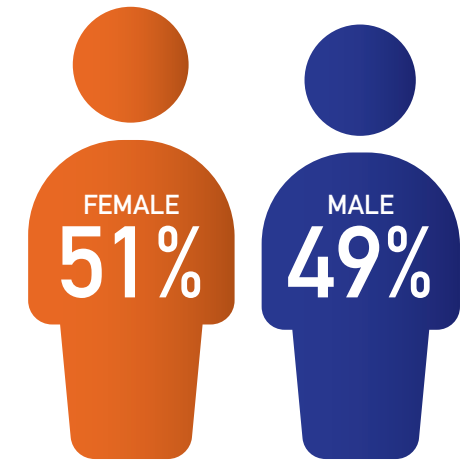
BREAKDOWN OF NEW PRESENTATIONS DURING 2019



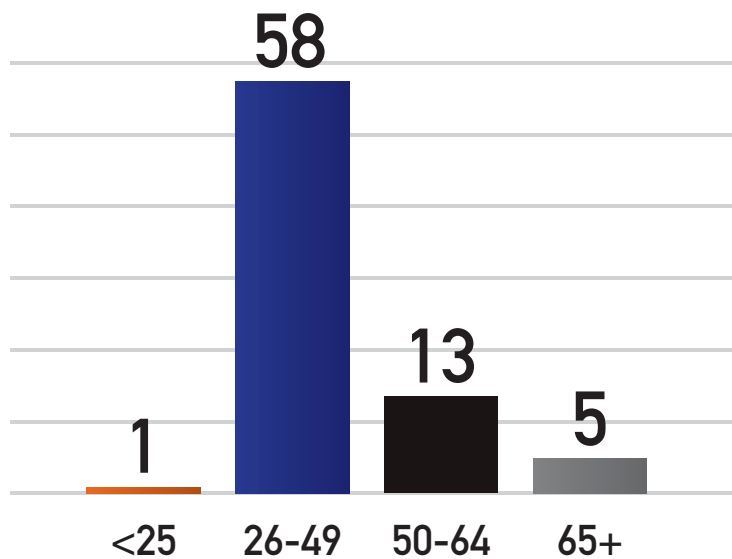
PRESENTING PROBLEMS



MALE V FEMALE



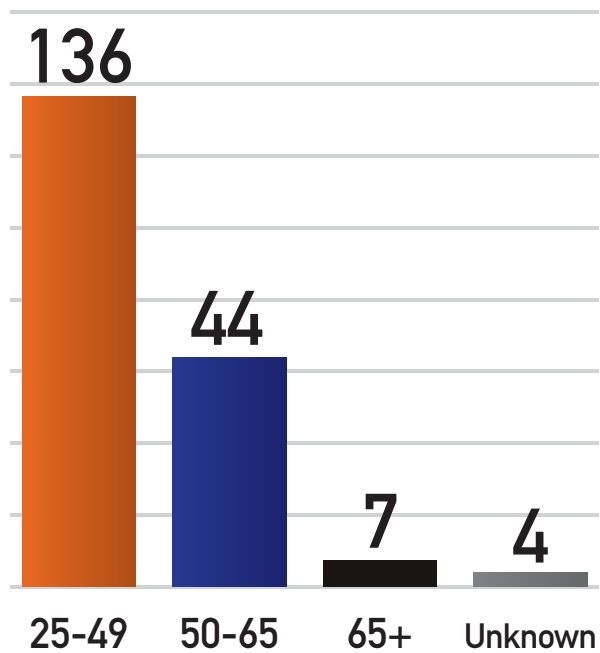
AGE PROFILE OF NEW PRESENTATIONS 2019



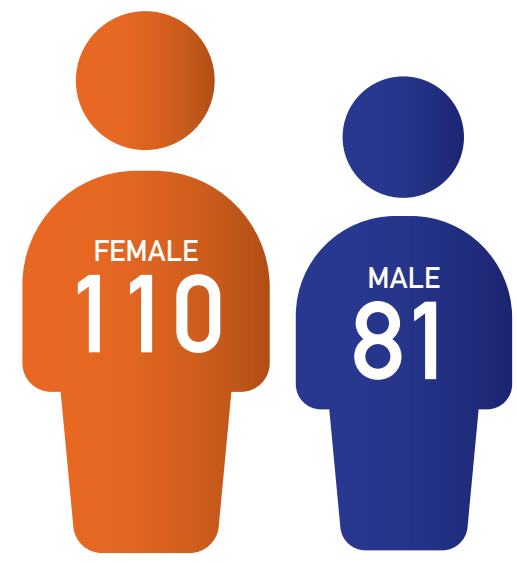
OVERALL PROFILE OF PRESENTATIONS SINCE 2015

191 doctors, 29 Dentists and 27 Pharmacists have accessed PHMP.

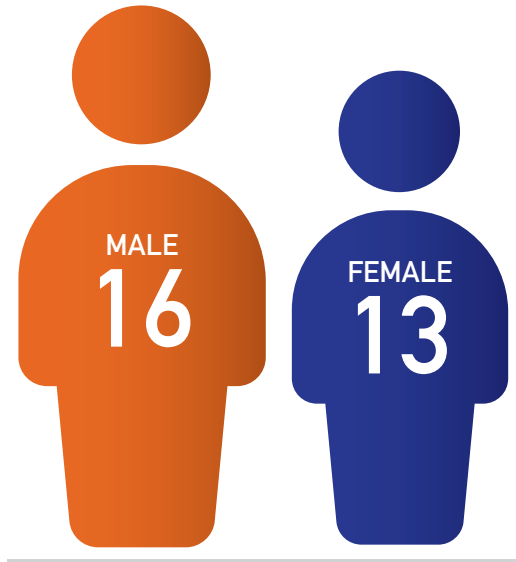
AGE PROFILE OF DOCTORS



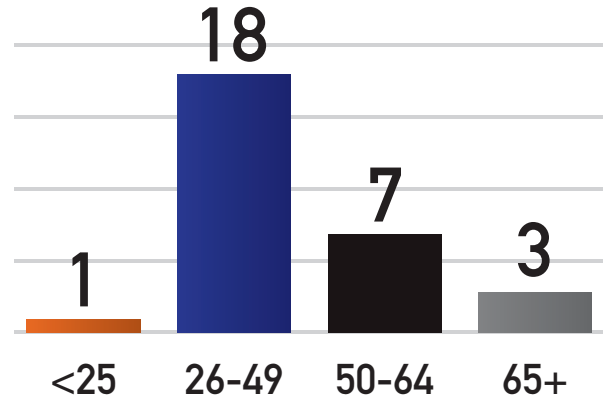
DOCTORS MALE V FEMALE



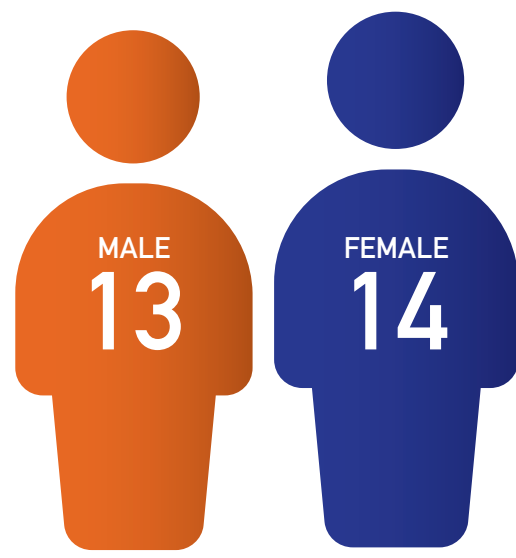
DENTISTS MALE V FEMALE



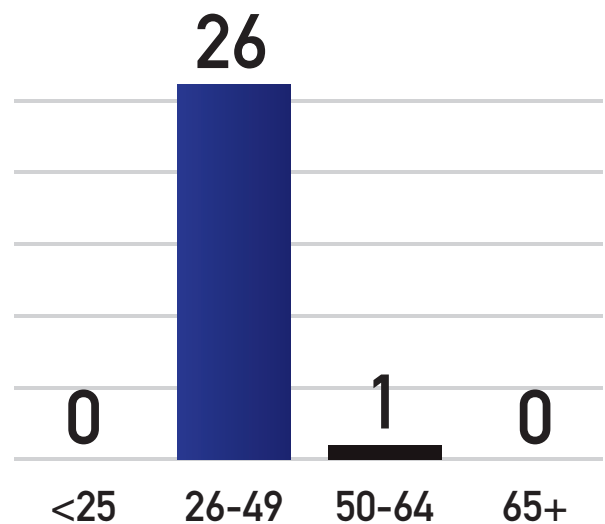
AGE PROFILE OF DENTISTS



PHARMACISTS MALE V FEMALE



AGE PROFILE OF PHARMACISTS



ENGAGEMENT WITH THE REGULATORS

It is of the utmost importance to the operation of PHMP that we are fully compliant with the MOU agreements we have with the Dental Council (DC), the Irish Medical Council (IMC) and the Pharmaceutical Society of Ireland (PSI).

Of the 77 new presentations to PHMP in 2019, 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. No dentist was under review with the Dental Council.

During 2019, 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.

In the case of practitioners who were already engaged with one of the Regulators prior to attending PHMP, we were in a position to provide progress reports on behalf of the practitioner as required.

SAMPLE CASES

Please note that the names used in these case studies are fictitious and some details have been amended to protect the identity of the individuals

■ CASE 1

TOM - A GP IN HIS FORTIES

This GP self-referred to PHMP as he was feeling burned out and overwhelmed. As well as mounting pressures in his working life, he had financial pressure and a parent with dementia. As the eldest and the only medical person in his family he had taken on the role of the responsible person for his parent. He now felt depressed, unable to sleep and had lost interest in looking after his patients. Relationships with other practice staff members as well as in his personal life were strained and he was coping poorly. He was having suicidal thoughts and had a passive death wish. He was also paranoid about who would find out about how he was feeling and did not feel he could share his feelings with his own GP who was a local colleague.

After much prevarication he contacted PHMP and an appointment was made for him within a couple of days of contact. Following an initial assessment some previous episodes of anxiety were identified in his past along with poor coping strategies. He was advised to take a short break from the practice and was seen weekly initially with the purpose of assessing his mood and suicidal risk. With supportive talking therapy in a safe, non-judgemental environment as well as advice on lifestyle changes, his mental health started to improve.

Within several weeks there was a significant improvement in mood and antidepressants were not required. This GP has made excellent progress and continues to be supported by the programme.

LEARNING POINT:

Many practitioners will know what health lifestyle adjustments are required but some need the advice and support of an external professional to empower them to make the necessary changes themselves.

■ CASE 2

MARK - A CONSULTANT IN HIS SIXTIES

This experienced consultant was the subject of a Medical Council complaint which he found was devastating for him. The impact of the complaint had resulted in him feeling depressed and suicidal. He believed his entire career and his good reputation would be destroyed if the complaint became public and he was excessively ruminative about this. He was finding it difficult to sleep at night and became very restless and agitated. Because of the shame he felt about the complaint he felt unable to share his feelings with colleagues. Mark also believed that his case would feature in the national newspapers which would bring disgrace and worry to his wife and family.

Adjustment disorder is common in this scenario and can result in distorted thinking, a loss of perspective and depression. Mark was displaying these features at initial assessment and required significant reassurances that many of his fears would not be realised. He was seen and supported through the various stages of dealing with his complaint and a letter supporting his mental health status was provided to the IMC on his behalf.

LEARNING POINT

The impact of a patient complaint or adverse event on a practitioner can have devastating consequences particularly if a person is already in a vulnerable state of mind for other reasons. Suicidal ideation is not uncommon in this scenario and needs to be managed carefully.

■ CASE 3

DERMOT - A DENTIST IN HIS FIFTIES

Dermot attended PHMP after his wife noticed that he was taking excessive amounts of prescription painkillers. His dependency issues began when he had a back injury and found it difficult to work with the pain. His GP had prescribed tramadol painkillers which as well as helping with the pain, Dermot felt also helped with his mood. He began self-prescribing this medication and quite quickly this developed into a full opiate dependency problem. Despite a number of attempts at self-detoxing, Dermot was unable to manage without this medication and eventually an in-patient rehabilitation programme was arranged. Following four weeks of individual and group therapy in the rehabilitation centre, Dermot was discharged back to the care of PHMP. He has been commenced on an antidepressant to manage his mood disorder and this has helped him remain abstinent. A programme of ongoing monitoring will be essential for Dermot to maintain his sobriety and to continue with his career in a safe way.

LEARNING POINT

Doctors, dentists and pharmacists are not immune to the risk of addiction particularly those with underlying risk factors. The ability to self-prescribe addictive medications increases the risk significantly.

■ CASE 4

MARIA - A NCHD IN HER TWENTIES

This young doctor is on a Basic Specialist Training (BST) programme. She became overwhelmed and stressed in relation to the workplace demands and also with respect to fulfilling the requirements of the BST. Long working hours in what she felt was an unsupportive environment were also a contributing factor. She was ruminating extensively, unable to sleep and unable to concentrate on her work.

At initial assessment it became evident that Maria had a significant eating disorder which had required hospitalisation as an adolescent. Her anxiety levels had escalated and the eating disorder had now re-emerged as a consequence of the stress she was under. High perfectionistic traits were a factor in her thinking and were contributing to her highly stressed presentation.

Maria 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 open up about her issues was in itself a useful therapeutic intervention as well as one to one psychotherapy she engaged with. Maria has now gained good insight into her underlying traits and her tendency to catastrophise. She has made significant lifestyle changes, is practising mindfulness and has developed healthier coping strategies over time. She continues to make progress with regular review sessions and ongoing support.

LEARNING POINT

Some practitioners will have underlying issues which commence much earlier either in adolescence or in College. During stressful periods these may become overwhelming and can cause significant dysfunction in the workplace for the individual. Helping practitioners to recognise these features and helping them to have strategies in place to help them to cope better is essential.

■ CASE 5

SUSAN - A PHARMACIST IN HER THIRTIES

This lady presented following a dispensing error in the pharmacy she was working in as a locum. The supervising pharmacist noticed that she was smelling of alcohol and following a confrontation, encouraged her to contact PHMP. Susan had a long history of alcohol related problems which had been addressed from time to time by her GP. She admitted to having driven under the influence of alcohol in the past as well as presenting for work suffering with a hangover. Initially Susan was angry with the employer who referred her for help as this interfered with her ability to work. However, over time, Susan could appreciate the benefit of the treatment plan which was put in place for her. This included attendance at AA/LifeRing, individual addiction counselling as well as supportive monitoring. As well as urine screening, Susan also has to undergo regular blood and hair testing. Although there have been some minor relapses along the way, particularly in the early stages of her recovery, Susan feels the knowledge she is having regular testing and that her ability to work rests with full abstinence has been a powerful motivating factor in her recovery. She continues to attend PHMP.

LEARNING POINT

Practitioners who have an alcohol or substance use disorder report that they find the strict monitoring plans are helpful particularly in the early stages of recovery. It is also important in evidencing sobriety for both the practitioner and the regulator where required.

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:

“I am writing to thank you for your help during what was one of the most difficult times of my life. I felt completely overwhelmed and scared before I met you. Finding someone I could trust and when I felt so vulnerable was the key to getting back on my feet again.”

“Burnout and stress reactions were always something I paid lip service to but something I never believed would happen to me. Learning how to look after my mental health has been a gift.”

“Thank you for your support, concern and cajoling. I am truly grateful and appreciate the time and effort you have given me in such a respectful manner.”

“I wish I had known about Practitioner Health sooner. You have made such a difference to me and my life has improved immensely since I sought the help of the service. Thank you from the bottom of my heart.”

“Almost as soon as I made contact with the service I thought I had made a big mistake. Fortunately I did attend for the appointment you provided and my situation continues to improve on a daily basis. I would be lost without the service.”

SUMMARY

Building on our previous two annual reports, 2019 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 the relentless scrutiny of healthcare can leave professionals feeling frustrated and anxious. Inadequate staffing levels leading to 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 can sometimes simply be 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 is an important component of the work of 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. PHMP can add an informed voice to the ongoing debate on how to improve the context and conditions practitioners work in.

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 specialised area.

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

These include: Irish College of General Practitioners, the Faculty of Radiology, Irish Dental Association, the Dental Council, Irish Pharmacy Union, Irish Medical Organisation, the Medical Council, the Faculty of Ophthalmology, the Faculty of Obstetrics and Gynaecology, HSE, Medisec, 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, RCSI, Pharmacy Benevolent Fund, Irish Hospital Consultants Association, College of Anaesthesiologists, Zurich Life Assurance and Tallaght anaesthetists. 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, Consultant Psychiatrist Dr Justin Brophy, our Administrator Ms Sarah Keegan and the support and dedication of the Clinical Advisory Group.

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