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LOOKING AFTER YOUR WELLBEING IN CONFIDENCE

PRACTITIONER HEALTH MATTERS PROGRAMME

ANNUAL REPORT 2017

Mr Hugh Kane
Honorary Chairman PHMP

Dr Íde Delargy
Medical Director PHMP

Dear Colleagues

I am very pleased to introduce the second annual report of the Practitioner Health Matters Programme. The programme which was launched in September 2015 has continued to expand with a steady increase in the numbers of practitioners availing of the service. Our experience confirms the need for a discrete, designated, confidential programme for practitioners who are experiencing health difficulties. However 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.

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.

On behalf of my fellow Board members 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.

Mr Hugh Kane, Honorary Chairman PHMP

The second annual report of the PHMP confirms that in line with international experience, there are significant benefits and positive outcomes with having a designated practitioner health programme. Feedback from the practitioners who have attended the programme 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 however aware that, there may be a significant cohort of practitioners who are experiencing difficulties and who have yet to seek advice and support. The PHMP seeks to reach out to those who are in need of help and to ensure that all practitioners know that the service exists.

Our focus over the next year is to increase awareness of the programme and to continue to build a strong reputation amongst colleagues.

Dr Íde Delargy, Medical Director PHMP

PRACTITIONER HEALTH MATTERS PROGRAMME

The Practitioner Health Matters Programme (PHMP) was launched in September 2015. Since its launch and up to the end of 2017, a total of ninety five practitioner patients across the medical, dental and pharmacy professions have been seen by the service. It is a strictly confidential service which provides support and 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.

The PHMP recognises the complexities of why practitioners may delay in declaring they have a problem. Using the normal healthcare pathways can often be difficult for doctors, dentists and pharmacists. Difficulties in admitting to being unwell, feeling stressed as well as simply scheduling time off to seek medical help are all contributing factors to a culture of presenteeism and delays in seeking help. Reluctance to recognise and acknowledge a problem with mental health, alcohol or substance use can be even more difficult for practitioners. As well as finding it difficult to seek help, the barriers to acknowledging problems with mental health or alcohol and substance use can be even more challenging for practitioners. Feelings of shame, guilt, stigma, reputational damage and significant fears around confidentiality contribute to even more delays. Practitioners often resort to self-management and self-medicating their problems which in turn results in them presenting late and often in crisis when their problems are more severe. The 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, 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 at an early stage in undergraduate education and to promote self-awareness around personal vulnerabilities and appropriate coping strategies

Support rather than Report

PROGRAMME ORGANISATION

The PHMP is a not-for-profit charitable company limited by guarantee. It is administered by a Board of Directors: Honorary 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) which provides 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 has a Memorandum of Understanding (MOU) with the Dental and Medical 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 Medical Organisation, the Irish Pharmaceutical Union and the Irish Hospital Consultants Association as well as other professional organisations.

The service remains free of charge to all practitioners attending. Many practitioners who have health concerns can run into financial difficulties as a consequence of their illness; it is important that lack of finance does not become an additional barrier for a practitioner coming forward to seek help. Funding has been provided through charitable donations from individuals and Clinical Societies and by the main professional representative bodies, as well as the Dental Council, the Medical Council, the HSE and the Professional Colleges. A full list of our supporters is available on request as well as our audited financial accounts.

MAKING CONTACT WITH PHMP

Contact with PHMP can be made via the confidential email address or via the designated telephone number both of which are available through the website on www.practitionerhealth.ie. 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. PHMP has developed strong collaborative links with some external providers such as individual psychiatrists and psychiatric units as well as some addiction centres. Referrals can be accepted following in-patient admissions.

Following initial contact, an appointment is arranged as soon as is practicable, recognising that seeking help can represent a huge step for the individual practitioner. 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.

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THE ASSESSMENT PROCESS

All practitioner patients who present to the programme have an initial assessment, including a mental health screening assessment, with the PHMP core team of the Medical Director, the Advanced Nurse Practitioner or both. Following that assessment, a care plan is agreed with the practitioner. Interventions offered range from support and advice, individual therapy, drug and alcohol testing or referral to other specialists for further assessment depending on the needs of the practitioner. Individual anonymised cases may be discussed with the Clinical Advisory Group for further advice and guidance.

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. These specialties may include psychiatry, psychology, occupational health, career mentoring, life coaching, addiction counselling and financial advice. If practitioners are referred to other specialists, PHMP takes on a co-ordinating role and 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 PHMP continues to develop links with specialists who have a particular interest and experience in treating practitioners.

ANALYSIS OF PRACTITIONER PATIENTS 2017

ACTIVITY LEVELS

There were 48 new presentations to PHMP in 2017. These were assessed and managed by PHMP along with the other existing patients of the programme.

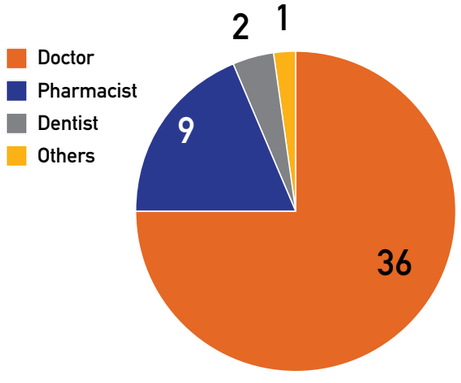


Figure 1. Speciality of registered practitioner patients (n=48)

As was the case in 2015-2016, the majority of practitioners presenting to PHMP in 2017 were medical doctors. Pharmacists represented the second largest group with nine new presentations in 2017 (Figure 1). Twenty-one Non-Consultant Hospital Doctors (NCHD), nine Hospital Consultants and six General Practitioners (GPs) (Figure 2).

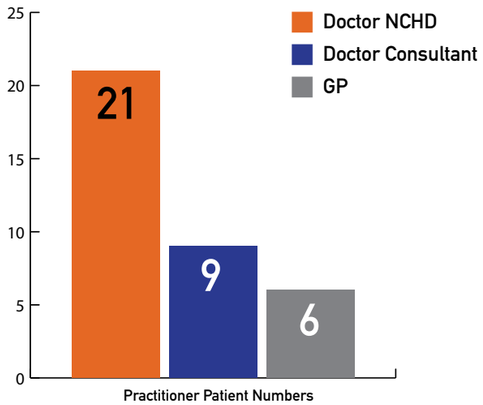
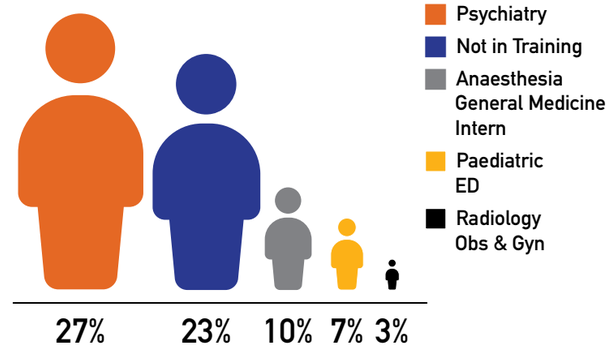


Figure 2. Practitioner patients who were medical doctors

SPECIALIST AREA OF HOSPITAL DOCTORS INCLUDING CONSULTANTS & NCHD'S



REFERRALS

Self-referral was the most frequently used referral method (Figure 4) by practitioners (n=26) with the majority being made via email contact. Referrals by colleagues were the next largest group (n=8). The number of referrals made by Consultant Psychiatrists was down on 2016, from 8 in 2016 to 5 in 2017. The remainder of referrals were made by the practitioners' GP (n=3), by an Occupational Health service (n=3), by an Addiction Treatment Centre (n=3), by their employer (n=1), or by the training faculty (n=1).

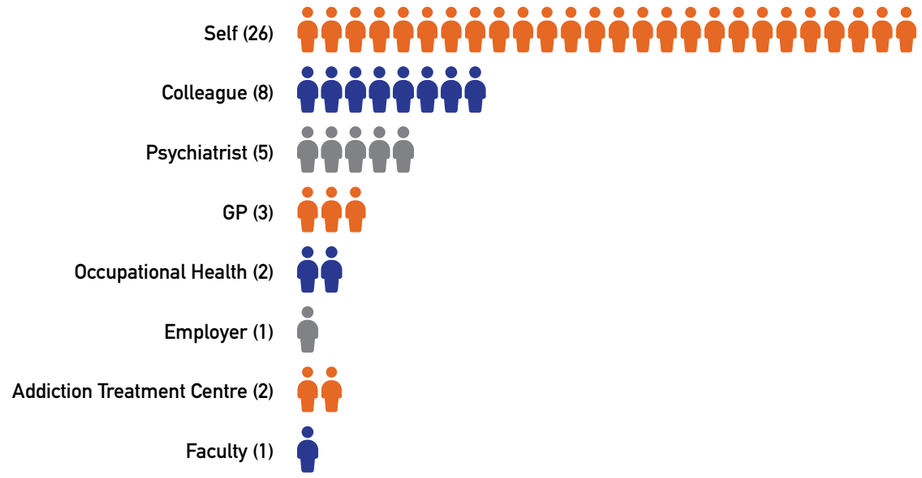


Figure 4. Source of practitioner patient referrals (n=48)

AGE AND GENDER

The majority of practitioner patients presenting in 2017 were female. The breakdown was 56% female (=27), which is an increase on 2016, and 44% were male practitioner patients who represented just under half of the total practitioner presentation (n=21).

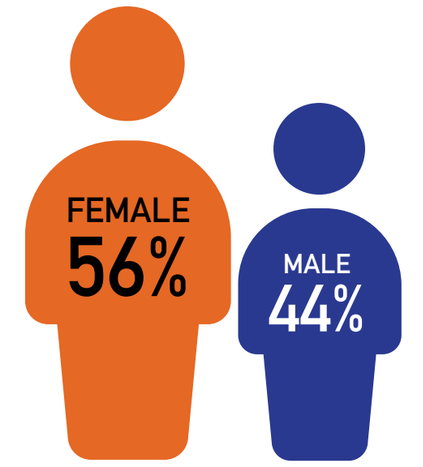


Figure 5. Practitioner patients by gender (n=48)

Practitioners fell within a wide age profile, from ages 25 to 65 years old (Figure 6). The largest number of registrations were by practitioner patients within their first ten years of practice, age 25-34 (n=18). There were fewest practitioner patients in the 55-65 age group (n=4).

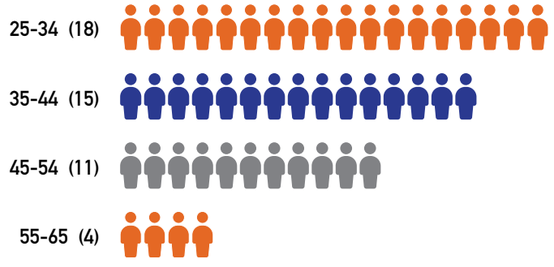


Figure 6. Practitioner patients by age

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There were a number of differences in the gender/age axis. The numbers of females were greater than their male counterparts in the age ranges between 25-34 years and 45-54 year groups, where they represented 56% and 73% of practitioners respectively. The greatest individual numbers of practitioners in any one group were the female practitioners in the 25-34 age group (n=11), a demographic that mirrors our findings in the 2016 PHMP report (Figure 7). Males were registered in greatest numbers in the 35-44 age group (n=9).

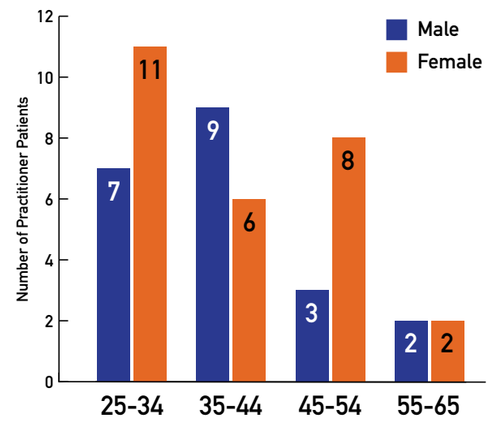

Figure 7. Practitioner patients by age and gender

PRESENTING PROBLEMS

At initial assessment, practitioners are asked to indicate the nature of the problem they are attending with.

Over half of practitioner patients, 58%, presented with a mental health problem at initial assessment, with 29% having a substance misuse problem and 13% presenting with a dual diagnosis (Figure 8).

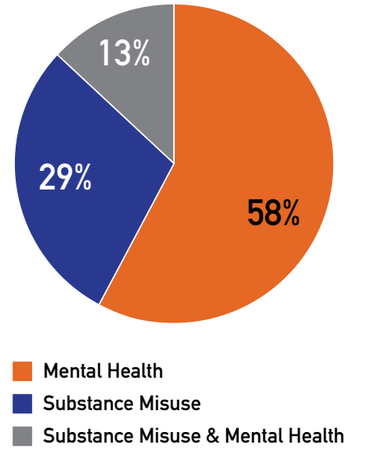

Figure 8. Categories of presenting problems at initial assessment

There was an almost even distribution between male and female practitioners in the categories of substance misuse and mental health. However in the dual diagnosis category (substance misuse and mental health combined) five out of the six presentations were male practitioner patients. All of these male patients were under the age of 40 and NCHDs, including Interns, were over-represented in this category.

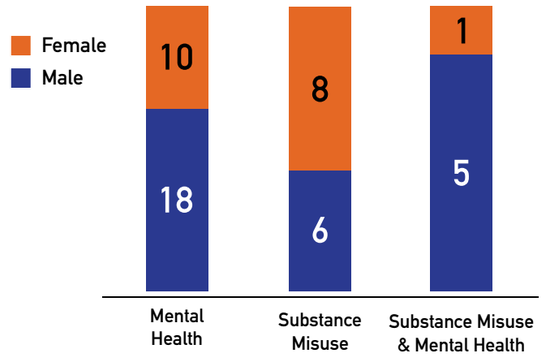

Figure 9. Gender representation in each of the first presenting problems categories

MENTAL HEALTH PROBLEMS

On further analysis of the mental health problems declared on initial presentation, a wide range of issues were identified (Figure 10). The largest proportions of mental health problems were classed as either depression alone or a combination of anxiety and depression and these accounted for 14% of presentations respectively. A further 14% of initial presentations fell into the “Other” category which included issues such as stress, PTSD, second victim syndrome, burnout, performance issues and a fitness to practise issue.

Male patients were overrepresented where a diagnosis of burnout was made on first presentation with 80% of practitioners in this category being male. There was an even distribution between GPs and Medical Consultants in the burnout category and all the patients in this category were aged over 40 years (ages 46-65).

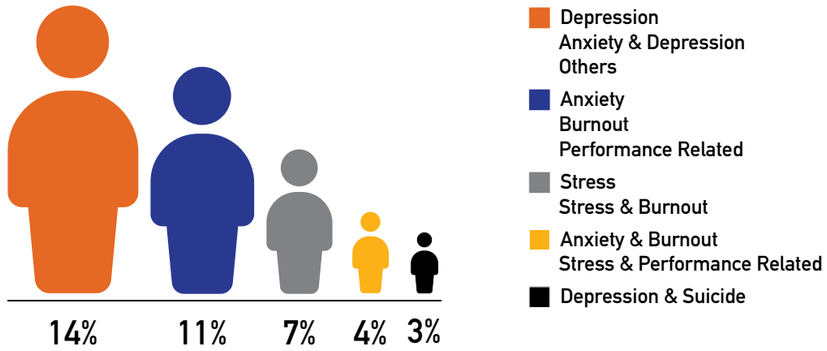

Figure 10. Mental Health problems at initial presentation

ALCOHOL AND SUBSTANCE MISUSE

A further breakdown of the Substance Misuse category reveals that over half (59%) of all patients misused prescription drugs, with alcohol being the second most significant substance abused in 29% of patient cases. There was no gender bias in the misuse of prescription drugs or alcohol categories with both males and females being equally represented. There were no clear trends in terms of the representation of particular professions in the misuse of each drug type. There was an even distribution of male and female patients who misused alcohol; however all of the female patients were in the age range between 45-54 years.

In the misuse of prescription drugs category almost half of the cohort were pharmacists.

Where illicit drugs were used, this was always in the context of another substance such as alcohol or prescription drug misuse issue. There were no cases where taking an illicit substance was the main reason for presentation.

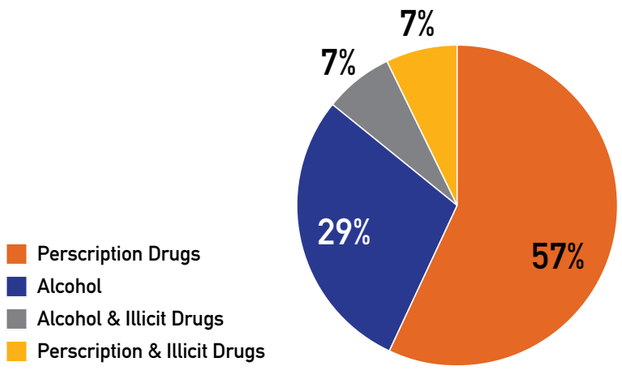

Figure 11. Presenting problems in practitioner patients in the substance misuse category

DUAL DIAGNOSIS

Practitioners who presented with a dual diagnosis, a combined mental health and substance use issue, were smaller in number (n=13).

The most frequently occurring mental health issue identified with substance use was underlying anxiety (Figure 12). This was present in almost a third of those with a dual diagnosis.

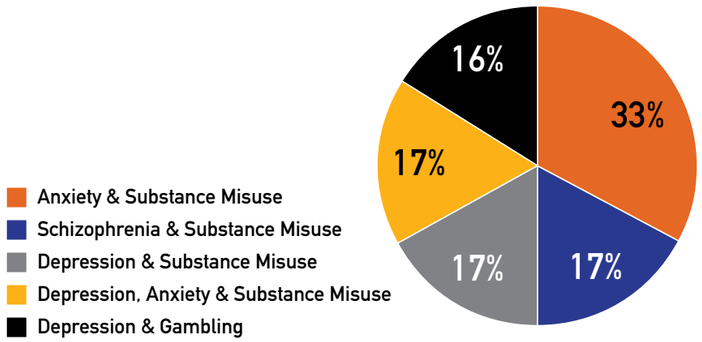

Figure 12. Presenting problems in practitioner patients in the substance misuse category

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OUTCOME FOR PRACTITIONER PATIENTS

A total of 81% (n=39) of all practitioner patients registered on the programme have continued working or have returned to work in their professions with the support provided by PHMP. Nine patients are not deemed suitable to work and continue to be monitored with drug and alcohol testing as well as additional supports such as individual therapy. Two patients moved away to take up work abroad and were referred to similar practitioner programmes in the respective countries.

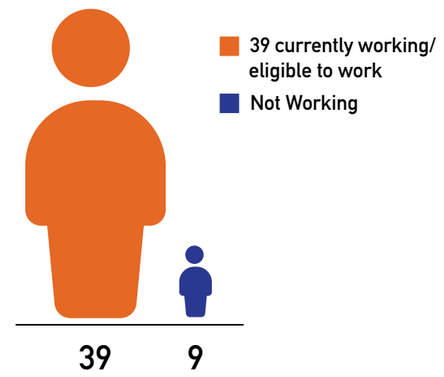

Figure 13. Current work status of practitioner patients (n=48)

Of the thirty-nine practitioner patients that are currently working, eighteen did not require to take time off work at any stage. These practitioners were considered safe and had presenting complaints which mainly required support and advice from PHMP only. A total of twenty one practitioners were required to take time off work for a period of time ranging from weeks to months. These practitioners benefitted from being off work and recovered sufficiently to get back to the workplace safely and well again. All of these practitioners are receiving ongoing support from PHMP.

Unfortunately, there are nine practitioners who remain unfit for work as at the end of 2017. As some of those will have presented in the latter half of the year they are therefore early in the recovery process. Two patients moved to take up positions in another state and were referred to another PHP in the relevant country and were deemed eligible to work at the time of referral.

ENGAGEMENT WITH THE REGULATORS

Of the 48 practitioner patients who presented to PHMP in 2017, one patient was attending the Health Committee (HC) of the Medical Council at the same time. During 2017, PHMP did not refer any practitioner to the IMC or the Health Committee of the Medical Council. Two of the pharmacists attending were under review with the PSI however both had been referred there prior to attending PHMP.

This in our view is a positive finding as our aim is to encourage practitioners in difficulty to engage with 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 Regulators as the first option.

SAMPLE CASES

(*some details have been changed to avoid any identification of the patient)

Sample self referral via email:

"I am contacting you after years of hesitating to seek help. I feel embarrassed after over 20 years of working as a doctor looking after my patients and unable to help myself and not finding someone to help me. A few years ago, I had a complaint to the Medical Council and after real suffering and struggling silently, I was relieved that there was nothing wrong at all in my management of the patient but since then I have not come back to myself. I think I have major depression, anxiety and post traumatic stress syndrome – this is all self-diagnosis and I have been treating myself with anti-depressants and benzos and in bad times using sleeping tablets. There is no alcohol, no smoking, no drugs misuse. I have lost almost all my friends and latterly no social life. I am afraid to answer the phone as I am scared someone will tell me bad news. I could not trust any one of my colleagues because of lack of trust and lack of confidentiality. I stay alone for many days at home pretending I am working or am abroad to cover my persistent disappearance. I hope I find someone who cares because I may not have the courage to speak face to face I am looking forward to hear from you ASAP."

A female general dentist presented with fatigue and burnout. Stressed due to financial pressures and work related issues. Perfectionistic and anxious personality who was finding it difficult to get on with colleagues and had moved jobs a number of times. Had become cynical about her work, distressed about her career prospects and her ability to continue. She was relieved to have a safe, confidential place to discuss her issues and was referred for CBT. She continues to get ongoing support and finds she is coping better in the workplace.

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A male NCHD, self-referred. Attended with his partner who is also a healthcare worker. Concerns regarding alcohol abuse and occasional cannabis use socially. Doctor is functioning poorly: late for work, admits to working with hangovers, partner reports he falls asleep when he gets home. He is irritable and erratic at home. Poor insight into problems and has been drinking heavily since medical school. He qualified under graduate entry so has multiple financial pressures. After assessment, the doctor was stepped down from work and agreed to monitoring by PHMP. He initially tried being abstinent with an out-patient programme: attended AA and individual addiction counselling but relapses were too frequent. Referred to an in-patient programme. On discharge continued with addiction counselling and continues to be monitored by PHMP. Safely back to work.

A pharmacist with recent stressors including a family bereavement resorted to taking prescription medications to aid with depression and anxiety. History of dysfunctional family background and poor support from partner. A colleague had identified missing medications in the pharmacy and referred the matter to the PSI who advised practitioner to seek help through PHMP. Patient engaged well from start, was stepped down from work and a supervised medication management plan was put in place to detoxify. Subsequent monitoring and ongoing addiction counselling is in place and patient is engaging well with this support. Now back working safely and confirmation of progress is communicated to the PSI with patient consent.

A surgeon who became depressed and overwhelmed due to work demands, interpersonal conflict at work and social isolation. Started drinking when off duty to alleviate stress. Began self-medicating with tramadol initially for back pain but this escalated quickly out of control and began presenting scripts in a range of pharmacies. A pharmacist referred the patient to PHMP. Difficulty in getting practitioner to step down from work and scared for reputational damage. Abstinence achieved for a number of months. Now back to work and continues to be monitored.

An older GP with symptoms of burnout self-referred to PHMP. She was unable to focus on work and had lost empathy with patients. She wanted to quit medicine and was contemplating a change in career. She was tearful and anxious. Her emotional distress was affecting personal relationships and ability to enjoy life. Underlying depression and a number of unresolved personal issues such as bereavement were identified. The GP was treated for depression and with support and individual psychotherapy has recovered well. A self management plan focussing on diet, sleep, exercise and meditation was encouraged. She is now back at work, functioning well and continues to be supported by PHMP.

Building on our first annual report, 2017 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. Confidentiality is a key component of the programme and collaboration with the HSE on their Healthy Doctor Strategy and the National Office for Suicide Prevention was part of the work of PHMP in 2017. A series of talks and presentations to a range of different organisations including the Forum for Postgraduate Training, the Irish Dental Association, and the RCSI ASM for Specialist Dentists has formed part of our ongoing awareness raising campaign. We anticipate greater demand for the service as the awareness increases.

On an international basis, PHMP took a lead role in December 2017 in hosting an inaugural meeting of the European Network of Practitioner Health Programmes. This network will facilitate shared learning from clinical experiences, collaborative working and inter-referral where necessary. It will also facilitate the mapping of essential criteria for a successful practitioner health programme.

Our experience to date with the programme confirms 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 are experiencing difficulties who have yet to seek advice and support. Estimates would indicate that between 10% and 15% of practitioners may experience problems with mental health or substance use issues at some stage in there career. 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.

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The Board and the Medical Director continue to work in raising awareness of this essential programme. There are an ongoing range of lectures and meetings with key personnel who have an interest in physician wellbeing.

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

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

The Board acknowledges the work of the Medical Director Dr Íde Delargy, the Advanced Nurse Practitioner Dr Linda Latham, Dr Hugh Gallagher and our Administrator Ms Jenny Andreucetti.

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