

# Irish College of General Practitioners Doctors get Symptoms too!



Dr. Andrée Rochfort MICGP  
Director, Health in Practice,  
Irish College of General Practitioners

Presentation to EAPH  
Oslo 29<sup>th</sup> October 2009



# ICGP Health in Practice: based on international best practice...

---

1. HiP Needs Assessment Survey (2001)
2. Doctors' health initiatives internationally
3. Literature reviews...ongoing
4. Extensive consultation...ongoing
5. Audit /Feedback from members and families





# Needs Assessment (n=500)

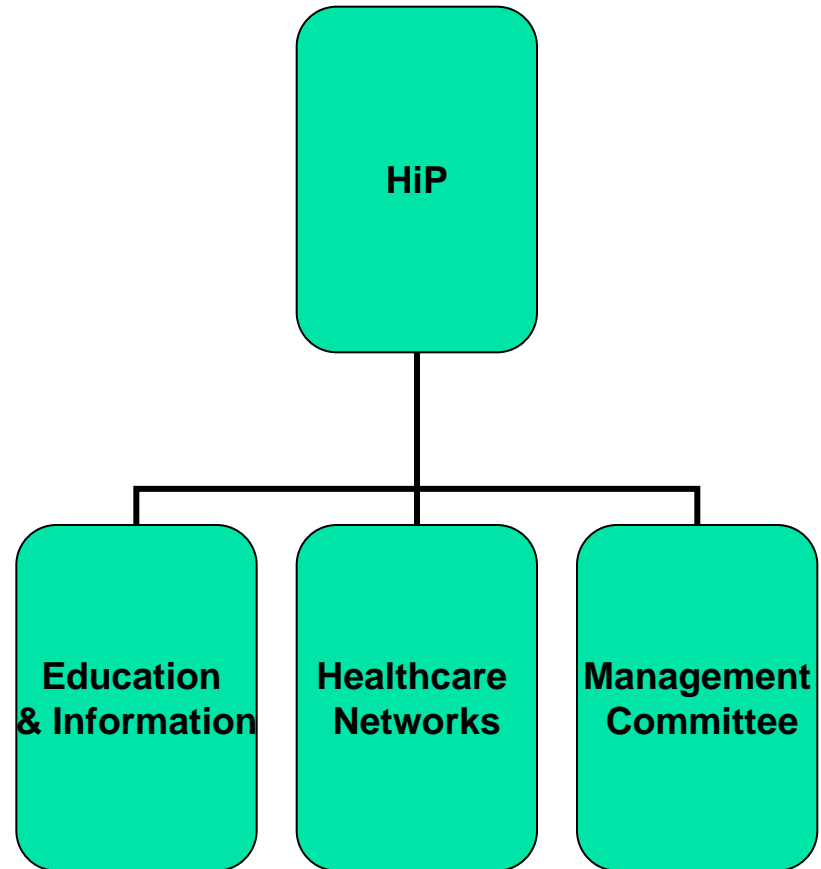
---

- 48% have informally consulted a doctor for their personal health care.
- 66% do not have regular health checks (e.g. BP/cholesterol/smear/breast etc.) 73% GPs have consulted a consultant directly.
- 67% of doctors feel it is acceptable to self-diagnose and self-treat.



# Structure of ICGP HiP

- HiP Education & Information Service
- HiP Healthcare Networks
- HiP Management Committee





# Four Healthcare Networks

---

1. GPs
2. Psychiatrists
3. Counsellors, Psychotherapists, Psychologists,
4. Occupational Physicians

- All experienced independent practitioners (not ICGP employees)
- Attend Induction Day; HiP Network Manual
- Participate in formal & informal peer support
- Accessed directly through website directory
- Telephone helpline



# ICGP Health in Practice Programme (HiP)

---

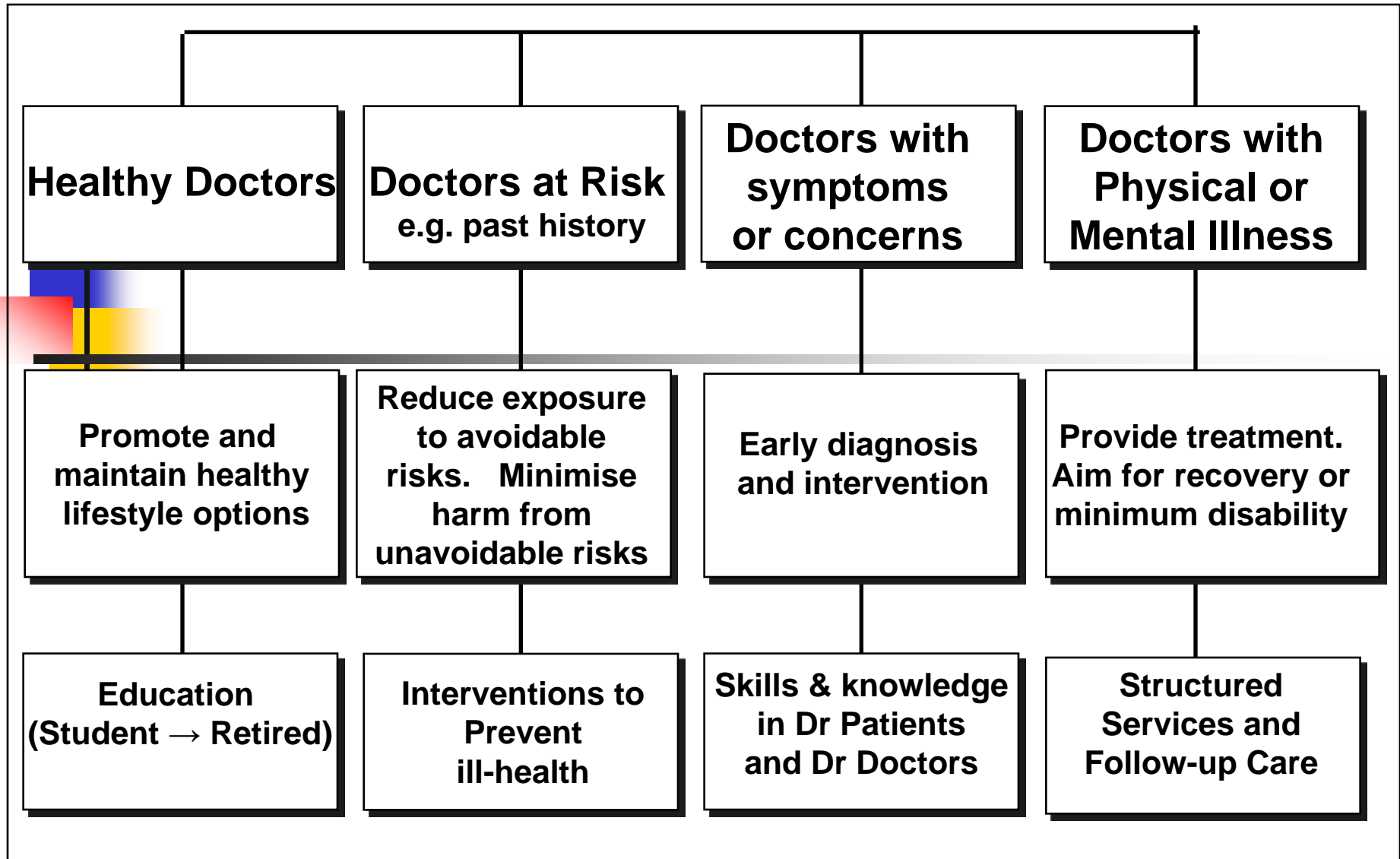
HiP is a system of CONFIDENTIAL healthcare support for GPs and their families.

It aims to promote and maintain:

- ✓ good physical health,
- ✓ psychological health,
- ✓ occupational health
- ✓ and wellbeing.
- NB Proactive & Reactive



# Challenges associated with healthcare for doctors



# Audit & Feedback

- National Service provided by 150 health professionals
- Audit: Network Activity Questionnaires (NAQs): all types of acute and chronic medical conditions including mental health.
- 5-8% users are doctors who are not GPs.







# Health in Practice Milestones

---

- 2000 - HiPP Information and Education Service,
- 2001 - National Needs Assessment Survey  
'Managing Health and Safety' Publication 1<sup>st</sup> Ed
- 2002 - HiPP Healthcare Networks launched, 1<sup>st</sup> Annual Seminar
- 2005 - 1<sup>st</sup> National Conference on the Health of Doctors /M Council
- 2006 – AMA-CMA International Conference Physician Health, Ottawa, Canada.
- 2007 - Managing Occupational Health & Safety in General Practice, 2<sup>nd</sup> Ed online 2007; EQuIP Doctors Health Working Group; Wonca Europe, Paris
- 2008 – AMA–BMA–CMA International Physician Health, London
- 2009 – NCAS London. Wonca Europe, Basel, Switzerland, ISQUA, Dublin. EAPH, Oslo





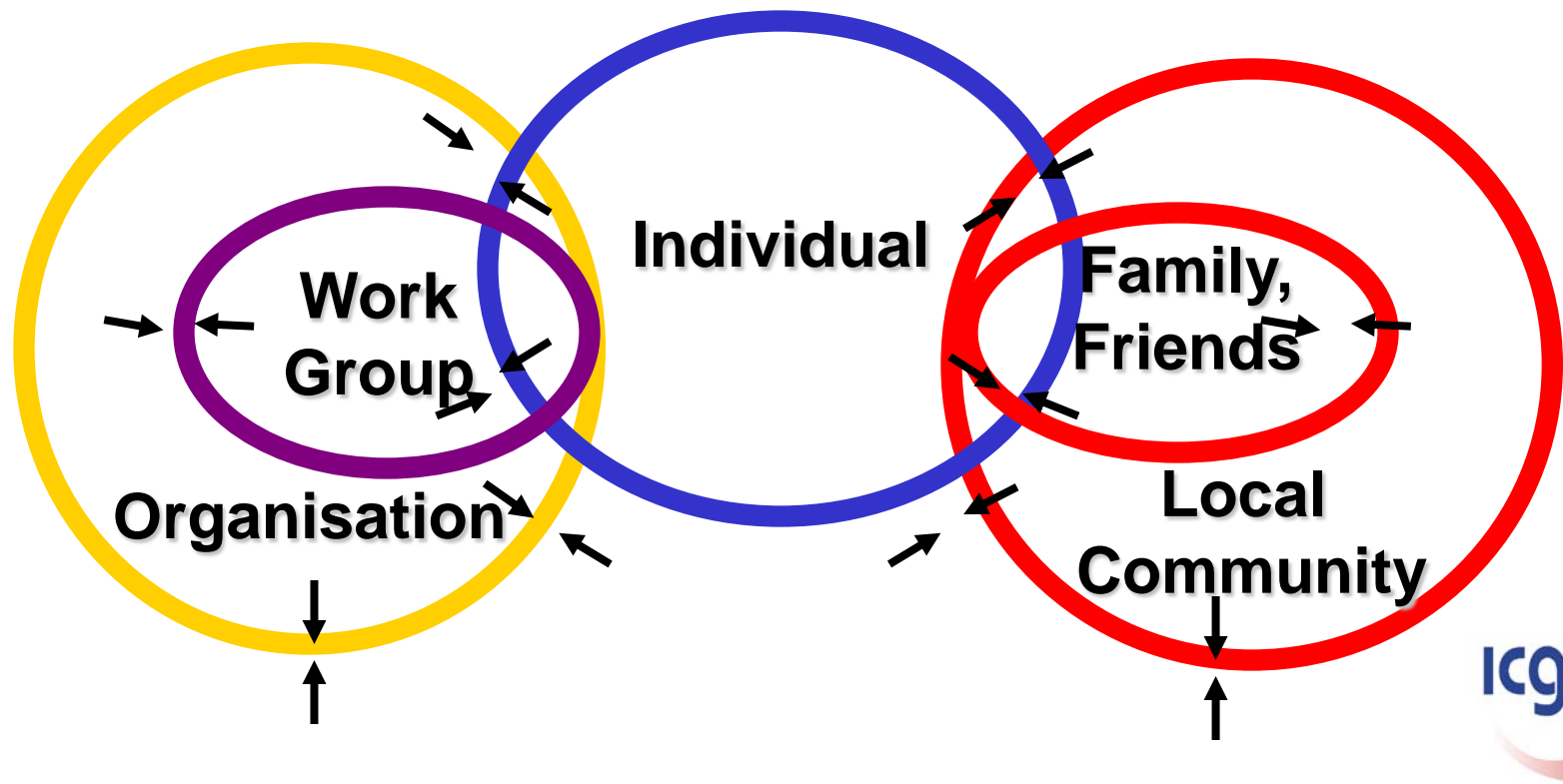
# Why do doctors need personal healthcare support?

---

- Deficiencies with accepted 'traditional' arrangements for doctors' healthcare
- Complex issues to be considered within a consultation between two doctors
- Occupational hazards associated with working in medicine especially  
\* psychosocial & \* chemical



# We are Individual Doctors (Humans) in Society



**Society - economy, politics, cultural and social expectations**

# Job Hazards specific to medical doctors



---

- Unique relationship with patients
- Responsibility, decision-making
- Uncertainty
- Medical error, complaints, litigation
- Medical Information overload
- Distress & death of patients e.g. suicide
- Self-Care boundaries
- Self-prescribing





# Risk factors

---

- Personality /our past / vulnerabilities
- Professional training... role models / teams / interpersonal skills
- How we manage our job in our lives...."occupational lifestyle"





# During our careers (...40yrs?)

---

- We can expect to experience a symptom or sign from our own body of some illness
- Doctors experience morbidity & mortality
- We might need to consult a doctor sometime!



# There are issues for **doctor and patient** when the patient is a doctor

- Assumptions & embarrassment
- Taking short-cuts: Q's, Ix, Ex
- Who is responsible for what?
- How is advice given?
- Patient Fear: stigma, identity...
- Role reversal & control
- Knowledge gaps



*A Rochfort. Forum ICGP 2003*



# Consultation Checklist © ICGP

---

- Presenting complaint; are questions asked?
- Medical History
- Clinical Examination: no shortcuts
- Investigations: procedure & process
- Prescriptions: negotiation, information, interactions
- Referral: outpatient and inpatient, choice
- Clear Plan for follow-up, results, progress







European Association for Quality in  
General Practice/Family Medicine  
A network organisation within WONCA Region Europe - ESGP/FM

Wonca Europe Conference Sept 2009 Basel, Switzerland

# **“Quality issues in Complex Consultations: when the Patient is a Doctor”**

**Andrée Rochfort, ICGP, Ireland**

**Luc Lefebvre, SSMG, Belgium**

**19<sup>th</sup> September 2009**



# If it's not good for patients why is it good for doctors?

---

- Doctors admitted to hospital on the morning of surgery
- “Why don't you just titrate your own analgesia (codeine)”
- “You should know how to manage your own illness”



*Who expects us to be Superman?*

*Doctors...patients...peers...media...*



# Global warning:

# These are global issues!





# Contact Details:

---

Dr Andrée Rochfort,  
Director, ICGP Health in Practice Programme

Irish College of General Practitioners  
4-5 Lincoln Place,  
Dublin 2

[andree.rochfort@icgp.ie](mailto:andree.rochfort@icgp.ie)  
[www.icgp.ie/hip](http://www.icgp.ie/hip)

