
The Vital Signs in Primary Care

A guide for GPs seeking help and advice



**Royal Medical
Benevolent Fund**
The Doctors' Charity



Wanted – medical staff

High academic achievers only with strong perfectionist and self-critical traits preferred. Successful candidates will have had: 5+ years training in party-fuelled student culture followed by sleep deprivation and long hours in their twenties; regular exposure to death, loss and human misfortune; never-ending exams and lifelong study; constant onerous responsibility for other people's health and wellbeing; strict, hierarchical, conservative training with a hint of bullying and intimidation.

Easy access to pharmaceuticals.

GPs in their own words

“ Having become disillusioned with the inflexibility of the surgical training scheme, I was looking for more independence as a doctor. I felt general practice gave me the ability to bash my own path to being the doctor I wanted to be, rather than having to follow a pre-determined route. I felt more in control of where I was going.

Then there’s the “cradle to grave” cliché, which is a well-worn one because it’s so true – in primary care you can develop strong bonds with patients and their families throughout their lives, not just for a period of time during an illness, and I value that more and more as time goes by. ”

Dr SN

“ I always felt I wanted to be a specialist in people not in organs, based on a holistic approach. I wanted to work close to where people live in order to provide a comprehensive approach to care, and to think more in terms of health and not diseases. I was very enthusiastic about the idea that, backed by an adequate care and management policy, primary care can solve more than 90 per cent of health problems. I wanted to be one of the doctors achieving this. ”

Dr JM

“ I can’t say I loved every minute of my GP career because there were times when it reduced me to tears – and rage, despair, heartbreak and hopelessness even. But overwhelmingly I feel so glad that I had a career that contained so much interest, companionship, insights, joy, comradeship, development opportunities and rewards. I am so glad I was a GP because it gave me so much, showed me so much and developed me so much. I would do it all again without a shadow of a doubt. ”

Dr RS

Doctors are different

82%



of doctors know of other doctors experiencing mental health issues such as depression and anxiety

Doctors deal with difficult situations every day. After a bad day they can't always say to themselves "that was a terrible day, but at least nobody died". Even if no one dies there is a chance that they dealt with loss of some kind; of health, expectations or future.

Almost uniquely in the caring professions there is very little support on offer. Doctors are expected to carry on and there is even a sense that needing support is a sign of weakness.

As a result, many develop a psychological strategy to cope by shutting off the parts of themselves that would otherwise find some aspects of the work unbearable. This 'survival personality' allows them to function well in the work setting, but at a cost to other parts of their life. This process is seen in other settings too – the military in combat, and staff in long-term institutions, for example.

Other psychological strategies can also be seen. 'Medical narcissism' is a term coined to describe the attitude adopted by some doctors, especially when things go wrong (Banja 2004). Being a doctor comes with privileges and status but possibly at a cost.

Doctors often identify strongly with their role, and complaints are often sensed as personal attacks.

Doctors are the same

84%



of doctors are unlikely to talk to colleagues about personal problems for fear of discrimination or stigma

Doctors may have to deal with difficult situations and take great responsibility – often with little support – but they are not omnipotent. They are fundamentally the same as anyone else and have the same needs.

They will have their own personality quirks, fears, phobias, likes, dislikes, and ways of coping with stress and conflict. Their personas may be armoured to cope with their job, but they will be feeling the full range of human emotions too. And if these are unbearable, or just difficult, they can be suppressed. In this case doctors may not be consciously aware of these emotions, but they may still be there.

Doctors at times feel anxious, frightened, depressed, deluded, suspicious, bad tempered, irritable, bored, martyred, unappreciated, bullied, tired, taken for granted and every other emotion. Just like everyone else.

Strange, then, that seeking help often feels stigmatizing. The 'caring profession'?

In fact, doctors are just as likely to suffer from physical, mental and emotional issues as their non-medical peers. Seeking help should be just as natural.

Prevention – mental hygiene

It is ironic that when we need to do the things that will help deal with a difficult time, it is the most difficult time to do those things. Those activities will be individual and personal but can include exercise, music, socialising, spending time with family, hobbies and other activities.

Management guru Stephen R. Covey uses the metaphor of trying to cut a tree down with a saw that gets progressively blunter. “Sharpening the saw means preserving and enhancing the greatest asset you have – you”. So often we continue sawing because we haven’t time to stop and sharpen the saw.

The key then is to know that you are functioning less well or feeling overstressed, and do something to improve the situation. This means monitoring yourself and being able to stop ‘frantically sawing away with a blunt saw’.

Developing a good degree of self-awareness will help you be a better doctor, and will have benefits in relationships outside work.

This awareness could ensure that help is sought early and before any harm is done clinically, professionally or socially.

GP practices are like families. They are often thrust together by chance and even the supportive ones have undercurrents of difference and dissent. People value different aspects of the job – usually what they are best at – and can be judgmental of those who value these aspects less.

Like any relationship it can be improved by working at it. General practice can be lonely and having a supportive team around you can be protective. Mutual respect, acknowledging differences and tolerance reap benefits.

GPs are just as likely to be working as salaried doctors or locums these days and benefit from a sense of being in a team and of common purpose.

Outside the practice there are other sources of support. These include Facebook groups, young principal groups, and First5, among others. Balint groups have stood the test of time and operate in many areas.

Developing other interests can be protective. Within a practice there are clinical and management roles that can be adopted. Outside, developing an area of expertise such as dermatology or endoscopy appears to extend careers.

And most of all there is the home team and achieving a work/life balance. If asking the question 'what is the life I want to lead?' produces an answer totally different from the life you lead now, perhaps a serious re-think is needed. Many people have found dropping a session is ultimately rewarding.

Common trigger points to look out for

- Emotional toll resulting from the high level of interaction with patients and staff (doctors develop survival personalities to deal with huge losses)
- Unsociable and long hours resulting in sleep deprivation
- Lack of support at work
- An under-staffed surgery
- Expectations of the NHS and patients
- Financial concerns such as a large amount of debt to train and then set up in practice
- Posts change and move providing an unstable situation for families
- Burnout

Current stresses in general practice

The current climate of primary care has exacerbated the stress from a number of factors, which include:

- Increasing workload, demand and expectations
- Fear of making a mistake and of litigation
- Financial worries – many GP practices are struggling
- Constant scrutiny, review and inspection
- Perceived hostile comments from politicians and the press
- Recruitment difficulties
- Isolation as increased workload reduces contact time within the team

Taking time to think about what can be done to alleviate these is more difficult, but more important, when you are under pressure.

Presenteeism, working when you are not fit to do so, is often a trait of doctors. In part it is due to the very real impact on patients and colleagues of being absent, but there may be other factors involved too. Sometimes it may stem from our need to be irreplaceable and needed. It may be important to ask yourself 'how would I advise a patient in this situation?'

Making the transition from being a doctor to being a patient can feel uncomfortable. It is our duty to try to be 'perfect patients'. And when a colleague is off, to try to be 'perfect partners'.

In the long run presenteeism leads to depleted, demotivated and sometimes deluded doctors.

Recognising the signs and symptoms

When under pressure, we often lose our sense of perspective, and cannot always rely on subjective feelings. The following list has been compiled to help identify trainees in difficulty (Paice 2006). With a little imagination and stretching it could be applied to established doctors too. Doctors may need additional support at any stage of their careers.

Seven key early warning signs

- The 'disappearing act': not answering calls, unexplained absences during the day; lateness; frequent sick leave.
- Low work rate: slowness in doing procedures, clerking patients, dictating letters, and making decisions; arriving early, leaving late and still not achieving a reasonable workload.
- 'Clinic Rage': bursts of temper; shouting matches; reacting badly to real or imagined slights.
- Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.
- 'Bypass syndrome': junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.
- Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine.
- Insight failure: rejection of constructive criticism; defensiveness; counter-challenge.

Family, close friends and colleagues may provide feedback as well as support, though sometimes it is hard to hear it. They may notice changes in behaviour, such as drinking more or withdrawing, before you are aware of them.

Burnout can occur when our resources are overwhelmed by the emotional and physical demands made on us. The term was originally coined 40 years ago and has had growing acceptance and recognition as a genuine entity now supported by neuroscience. It is now included as a condition in ICD-10.

90%



of doctors believe their working hours put personal relationships under pressure

Although burnout is usually the result of a sustained period of exposure to stressors the time frame can be variable. Factors known to affect doctors include workload, control, reward, community, fairness, and values. A sense of autonomy in the job seems to be protective.

The hallmarks of burnout are:

- emotional exhaustion – characterized by a feeling of emptiness and emotional blunting.
- depersonalisation – manifested by a cynical attitude and negativity.
- reduced personal accomplishment – doubts about personal and professional effectiveness.

Early recognition and remediation is key. As is being prepared to seek help – it is a legitimate condition.

Seeking help

78%



of doctors believe that doctors are so busy looking after others that they neglect to look after themselves

When doctors see a doctor, they too often feel the need to consult with a diagnosis and formulation ready. There is a temptation to medicalise, catastrophise and self-medicate. It sometimes helps just to be the patient and not a doctor for once.

When I was a GP, a professor at a distant medical school consulted me about his back pain. "I could have mentioned it to a colleague at work," he said, "but they would have had me in the scanner by lunchtime. I just wanted your perspective on whether I should worry and what I should do".

We should feel no pressure to self-diagnose or feel judged, but be allowed to be patients with no additional expectations placed on us. Likewise, doctors treating their colleagues should allow and expect them to be patients.

People are sometimes concerned about confidentiality and the stigma of seeking help. These are damning indictments on the profession. If you want to consult outside the usual structures, many areas and employers have access to Physician Health Programmes or Professional Support Units.

Helping ourselves

A recent review of the literature on resilience identified a number of key areas that were helpful (Balme, Gerada and Page. BMJ Careers, 2015). The British Journal of General Practice also has a collection of resources online at www.bjgp.org/resilience.

Clearly there are massive organisational factors in the NHS which affect resilience. These are hard for individuals to address, but there are protective steps we can take for ourselves.

Intellectual interest: staying curious and interested makes the job more engaging and there seems to be an association between improved retention rates and developing an area of special interest. It is also helpful to seek out variety in work, perhaps by getting involved in teaching, training, or research. Roles in organisations such as Local Medical Committees and the Royal College of General Practitioners can also be stimulating and rewarding.

Self-awareness: being aware and reflective is helpful in work and outside it. Having a realistic view of what is achievable and of our own strengths and weaknesses can reduce frustration. Doctors are notoriously bad at demonstrating self-compassion too.

Time management and goal setting: in particular managing your time to make space for time off and recharging. A healthy work/life balance may need planning and effort to make it happen. Clarifying your values by knowing what is the life you want to lead can help your resolve.

Support: help, recognition and validation help us deal with work pressures. This can come from other team members (some teams and organisations are more resilient than others), friends, family or partners. This is almost always informal – it is rare to find any form of formal supervision or support at present.

Continued professional development: CPD seems to add purpose to doctors' work and may be linked to the points above on intellectual interest and support.

Mentors: role modelling and a formal mentoring relationship are helpful. Many areas have mentoring schemes for GPs.

Sources of help

This list is not exhaustive. In some places there is local provision and access to Occupational Health, counselling or Professional Support Units may be available

Royal Medical Benevolent Fund (RMBF)

www.rmbf.org

The Royal Medical Benevolent Fund is the leading UK charity for doctors, medical students and their families. We provide financial support, money advice and information when it is most needed due to age, ill health, disability or bereavement.

The RMBF occupies a unique place at the heart of the medical profession, being led and guided by doctors. The majority of our Board of Trustees, as well as more than 250 RMBF Volunteers, come from a medical background, so as an organisation we understand the unique pressures facing doctors on a day to day basis.

Call 0208 540 9194 (9am-5pm, Monday-Friday) or email help@rmbf.org

NHS GP Health service (Coming soon)

www.england.nhs.uk/ourwork/gp/v/gp-health/

NHS England is commissioning the NHS GP Health service which will provide free and confidential access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress and burnout.

The NHS GP Health service will aim to support retaining practitioners as part of its plan to retain a healthy and resilient workforce, in addition to supporting practitioners who wish to return to clinical practice after a period of ill health. This is an important part of our delivery of the commitments published earlier this year in the General Practice Forward View.

The service will be available from winter 2016/17. Please visit the website address above for updates and more information.

The British Medical Association (BMA)

www.bma.org.uk

BMA COUNSELLING

BMA Counselling is staffed by professional telephone counsellors 24 hours a day, 7 days a week. They are all members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice.

Call 0330 123 1245 (24 hours a day, 7 days a week)

DOCTOR ADVISOR SERVICE

The Doctor Advisor service runs alongside BMA Counselling, giving doctors and medical students in distress or difficulty the choice of speaking in confidence to another doctor.

Call 0330 123 1245 and ask to speak to a Doctor Advisor

DOCTOR SUPPORT SERVICE

Confidential emotional support from the BMA for doctors going through GMC procedures.

Call 020 7383 6707

DocHealth

www.dochealth.org.uk

DocHealth is a confidential, not for profit, psychotherapeutic consultation service for all doctors. The service is provided by senior clinicians, and supported by the RMBF and the BMA.

Call 020 7383 6533

Sick Doctors Trust

www.sick-doctors-trust.co.uk

Independent, confidential organisation offering support and help to doctors and medical students dependent on alcohol or drugs.

Call 0370 444 5163 (24 hours a day, 7 days a week)

Doctors Support Network

www.dsn.org.uk

Peer support by qualified doctors offering a confidential and anonymous service covering mental health, work problems, relationships and anything else.

Please contact via email: info@dsn.org.uk

NHS Practitioner Health Programme

www.php.nhs.uk

Based in London, this is a free confidential service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work.

Call 0203 049 4505

Cruse Bereavement Care

www.cruse.org.uk

Cruse Bereavement Care is here to support you after the death of someone close.

If someone you know has died and you would like to talk, please call 0844 477 9400



GUIDE AUTHOR

Dr Richard Stevens

Acting Assistant Director, Thames Valley Professional Support Unit

I am grateful for the thoughts and comments from Sophie Nelson, Juan Mendive, John Galloway, Andy Chivers, Chris Morris, Johanna Spiers, Ruth Riley, Alana Fawcett and Margaret Simon.

Published 16/09/2016 © Royal Medical Benevolent Fund

Statistics included in this publication are taken from a survey of 1,351 health professionals, including hospital doctors, GPs, consultants and charity supporters. January 2016 via Survey Monkey.

This guide has been made possible with support from NHS England



Design: hughes-design.co.uk



Published 16/09/2016 © Royal Medical Benevolent Fund

Registered with the Charity Commission for England and Wales No 207275.

Registered with the Scottish Charity Regulator No SC046148.

A company limited by guarantee, registered in England No 00139113.