

College role in sick doctors

The College maintains a list of psychiatrists who are willing to assist colleagues in difficulty. This was initiated by the late Kenneth Rawnsley, first to support the Counselling Service for Anaesthetists and then the National Counselling Service for Sick Doctors (NCSSD). There is also a list of doctors who are willing to undertake assessments of doctors whose fitness to practice is being considered by the General Medical Council (GMC).

We are also asked from time to time to assist other professional groups such as dentists, pharmacists and other health professionals including veterinary surgeons. A separate small list is maintained of doctors who are willing to assist Chief Constables in determining whether police officers are fit to appear before a disciplinary tribunal.

The National Counselling Service now deals with over 400 enquiries each year, many of which are dealt with by advisers without involving a psychiatrist. National Advisers drawn from every medical speciality are available to advise sick doctors who are unable or unwilling to seek help through the normal channels. A small number of psychiatrists are National Advisers fulfilling a general role in advising doctors or other speciality advisers on appropriate forms of help and in facilitating referral. Other psychiatrists on the College list are known, perhaps inappropriately, as psychiatric counsellors and are willing if approached by the NCSSD to become directly involved in the treatment or support of the sick doctor.

Depression is often associated with a reluctance to seek help as is dependence on alcohol or other drugs and these conditions figure prominently among referrals. Recently, stress-related problems have been increasing and often call for a rather different approach.

Whether or not the 'sick doctor' is suffering from a formal illness most will express a preference for an opportunity to talk through their problems rather than embark at once on drug therapy. The need is not so much for formal psychotherapy as for supportive or cognitive counselling in addition to any drug treatment which may be required.

The GMC needs assessors who will obtain a full psychiatric history and examination plus any necessary investigations and based on their findings provide an objective report. This report must consider the individual's fitness to practice and carefully balance the needs of the sick doctor with the paramount need to protect the interests and welfare of patients. The Council normally

requires a prompt response and will sometimes ask the assessor to take on a continuing role as assessor if the doctor is suspended and requires treatment. This clearly involves a different relationship to that with a doctor who is seeking your help. The GMC requires the examination and the doctor must give consent but there is an element of coercion. The assessor must ensure that the doctor is aware of the reason for the examination and agrees to the provision to the GMC of an objective report.

The assistance required by Chief Constables relates to the not infrequent occurrence that an officer subject to disciplinary investigation or charges may take sick leave and will sometimes seek retirement on health grounds. In these circumstances an independent assessment of the individual's fitness to appear before his senior officer or a disciplinary tribunal may be requested. The psychiatrist is simply required to state whether the individual is capable of understanding the nature of the proceedings and if so whether appearance before his superior would have a seriously detrimental effect upon his health. Legal and ethical opinions have been sought and confirm that such independent opinions are proper. In future it is proposed to maintain separate lists for these various functions and to record special interests and skills.

We are in particular need of experts in the fields of drug and alcohol abuse, cognitive or behavioural therapists and those with particular knowledge of minority groups and or languages. More psychiatrists are required from all specialities and geographical areas. Currently, women are under represented on all lists. Nominations to the College lists are made by College Divisions and Regional Advisers. We are anxious to increase both numbers and geographical spread in order to achieve a more equitable distribution of the workload.

The College maintains the lists and all referrals are made via the College Secretary in response to requests from recognised schemes.

Anyone interested in undertaking the worthwhile task of assisting colleagues in trouble should make their interest known to their College Regional Adviser or to a member of the executive of their local division of the College as soon as possible.

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