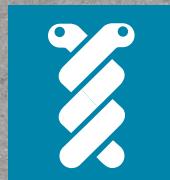


# ANNUAL REPORT

## 2017-2018



QUÉBEC  
PHYSICIANS'  
HEALTH  
PROGRAM

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# **INTRODUCTION**

Last year, the statistics regarding requests for assistance from the Québec Physicians' Health Program (QPHP) were alarming, and point to an urgent situation.

It's clear again this year that the situation is not improving.

Far from stabilizing or trending downward, calls for assistance continue to surge: there has been an increase of 20% in new clients among specialist physicians and a 12% increase among family physicians.

In 2017–2018, 6% of the medical community\* were receiving services from the QPHP.

\*Family physicians, specialists and residents

# **REASONS FOR CONSULTATION GIVEN BY THE CLIENTELE IN 2017–2018**

## **1**

### **PRESSURE FROM THE SYSTEM**

Within the medical community, new methods of work organization in the healthcare system create a feeling of overload.

Many physicians say they are overwhelmed, caught up in complex problems that lead to irreconcilable conflicts between their professional and personal lives.

With increasing structural pressure, many report feeling trapped, with no escape route, and some have chosen to switch to careers outside of the healthcare system, or even to take early retirement.

Clients also note dysfunctional workplaces, in which the application of new regulations can create conflict.

## **2**

### **BURNOUT**

Another trend observed among QPHP clients is increased burnout.

The widening gap between the expected and actual conditions of medical practice leads to a decrease in job satisfaction and increased anxiety for some.

This conflictual situation is expressed by ethical suffering, which may lead physicians to dehumanize their relationships with patients when they feel that they can no longer provide patients with the quality of care that meets their standards.

In the distinctive media context that has surrounded problems in the healthcare system, many physicians report feeling the negative impacts of a deteriorating environment, another factor that contributes to workplace stress.

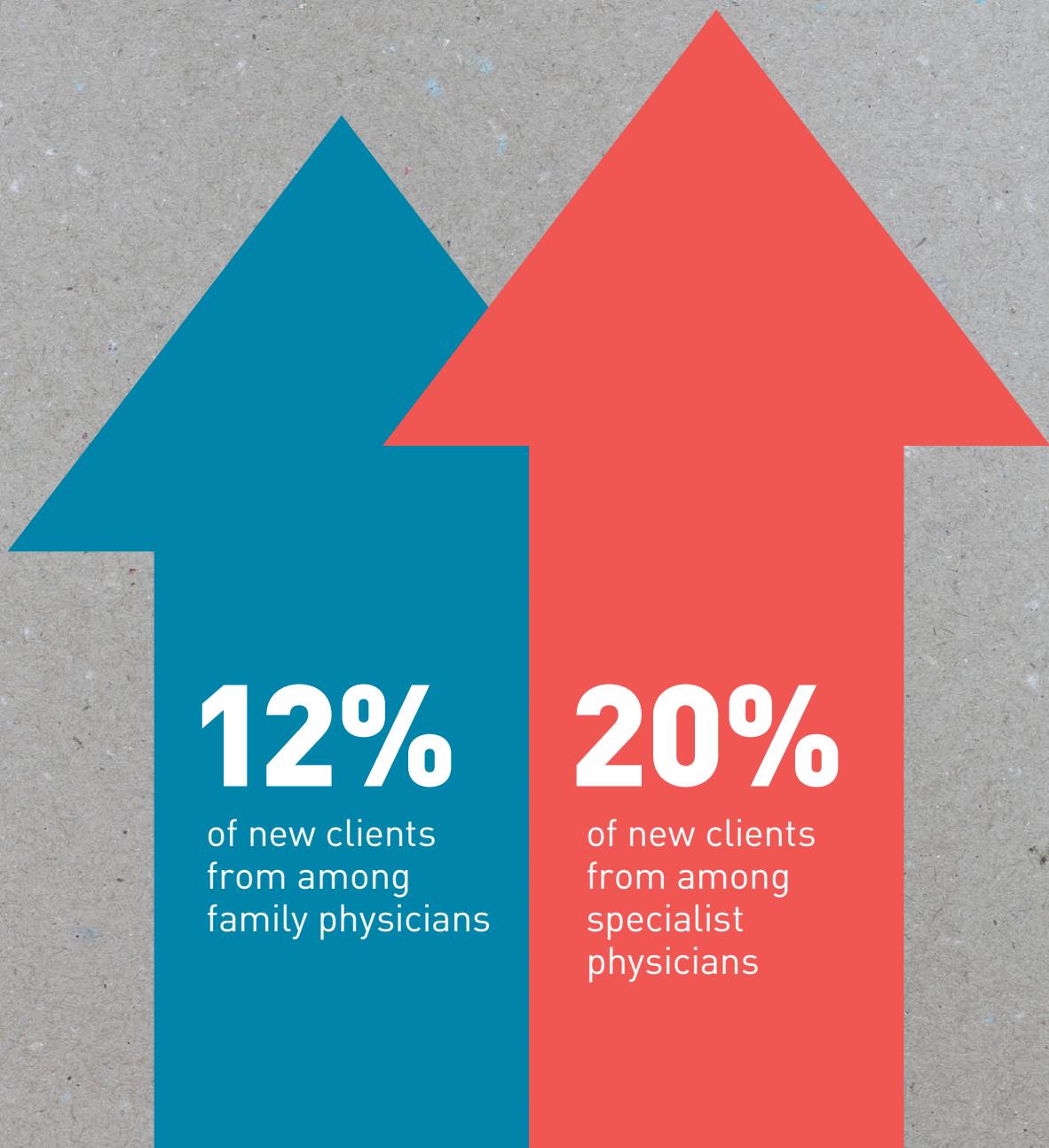
## **3**

### **IMPACT OF INVESTIGATIONS**

The QPHP notes an increase in the frequency of requests for assistance related to the impacts of investigations initiated either by the Collège des médecins, the RAMQ or the health institution. It also notes that, in this context, more individuals are referred by the CPMA's physician advisors, lawyers, and occasionally by colleagues.

## **KEY FIGURES FROM 2017–2018**

### **INCREASE IN THE NUMBER OF NEW CLIENTS**



# **THE QPHP**

## **THE QPHP'S MISSION**

The QPHP assists physicians affected by any type of situation or disease.

All the situations observed by the QPHP have the potential to cause psychological impacts that could ultimately jeopardize the quality of care provided to patients.

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## **CONFIDENTIALITY**

The Québec Physicians' Health Program is autonomous and operates entirely independently of medical organizations, the Collège des médecins and faculties of medicine.

Consultations by a physician with the QPHP are based on the principle of confidentiality, including whether or not the physician has consulted.

Regardless of the context, the QPHP believes that clients must be aware of the content of their file before signing any authorization to disclose their information.

# ACCESSIBLE AND CUSTOMIZED SERVICES

## **A confidential service**

**A counselling** service provided by a medical colleague trained in physician health

**Referrals to resources** familiar with the problems and issues faced by physicians

**Services in three locations:** Montréal, Québec City and Sherbrooke

A response to requests **365 days a year**

Access to a physician-advisor, generally **the same day or within 24 hours**

Services for **individuals** and **groups**

# THE QPHP'S SERVICES AND ACTIVITIES

INTERVENTION	PREVENTION	RESEARCH
Individual counselling services for psychological health problems	Identification of psychosocial risks related to the practice of medicine	Supporting scientific research into physician health
Counselling services to help a colleague in difficulty	Development of better health strategies for physicians	
Interventions related to crisis situations in the workplace	Sharing physicians' health strategies	

# **PROBLEMS/ SITUATIONS OBSERVED AT THE QPHP**

---

## **PROFESSIONAL DIFFICULTIES**

- **Burnout**
- **Complaints and the investigation process**
- **Conflicts in the workplace**
- Academic failure or difficulties
- Harassment or intimidation
- Professional misconduct
- Problems related to aging or retirement
- Limitations to performing work

## **MENTAL HEALTH PROBLEMS**

- Anxiety disorders
- Mood disorders
- Eating disorders

## **PERSONAL PROBLEMS**

- Family, conjugal problems
- Financial stress
- Physical disease
- Bereavement
- Neurodevelopmental conditions (ADHD, neuro-divergent traits)

## **SUBSTANCE ABUSE/DEPENDENCE**

- Alcohol
- Medication
- Drugs
- Sexuality
- Gambling

THE QPHP'S OBJECTIVE IS TO ACT RAPIDLY AND EFFECTIVELY TO PREVENT NEGATIVE IMPACTS ON PHYSICIANS AND THEIR PATIENTS. BY HELPING PHYSICIANS RESTORE A SENSE OF HARMONY TO THEIR PRACTICE, THE QPHP CONTRIBUTES TO MAINTAINING OPTIMAL MEDICAL SERVICE FOR THE PUBLIC.



THE QPHP IS  
VERY ATTENTIVE  
TO THE HEALTH  
ISSUES AFFECTING  
PHYSICIANS.  
IT HAS REFINED  
ITS EXPERTISE  
THROUGH SITUATIONS  
NOTED DURING  
CONSULTATIONS,  
WHICH MAKES  
IT A FRONT-LINE  
OBSERVER IN  
THIS AREA.

## INTERVENTIONS IN THE WORKPLACE

Over the years, the QPHP has developed expertise in workplace intervention.

In the aftermath of dramatic events and in response to crises, the QPHP uses its knowledge and proven techniques to support distressed teams and to foster a return to optimal functioning in institutions.

Since 2009, the QPHP has intervened more than 20 times to help physicians who work in institutions and who have suffered the psychological effects of tragic events. This has enabled it to develop a protocol, unique in the medical world, based on the "psychological first aid" approach. The utmost reason for which the QPHP is asked to intervene is in cases of the suicide of a colleague.

## IMPACT OF THE INVESTIGATIVE PROCESS ON PHYSICIANS'HEALTH

Supervision of the profession is an essential task in upholding the quality of our medical system and ensuring its sustainability, and all physicians share this conviction. Nevertheless, and once again this year, the volume of requests for assistance related to investigative processes and their impact have attracted the QPHP's attention.

As an assistance program, the QPHP has set up specific services to help clients involved in investigative processes. Given the increasing numbers of requests, it is considering various ways to better support this acutely distressed clientele

# **PREVENTION**

The QPHP provides assistance exclusively to physicians in difficulty, every day. Because of this, it is well positioned to observe the types of events and situations that affect its clientele. When a situation attracts attention because of its frequency or the severity of its impact (and sometimes both), the QPHP sets in motion a series of actions to comprehensively assist individuals who are struggling and to raise awareness in the community as a whole. In the past, the QPHP has dealt with the impacts of medical errors, burnout and the consequences of dramatic events in the workplace.

In the past year, prevention has taken the form of development of materials with partner federations, as well as work with Canadian, American and European peers.

In cooperation with the FMOQ for *Le Médecin du Québec* magazine, the QPHP was responsible for writing a series of articles about physician health, published in December 2018. The QPHP had accepted magazine's invitation for the first time in 2009, and returned to share its expertise almost ten years later.

In partnership with the FMSQ, the QPHP has developed online materials to help physicians identify a colleague in difficulty and to provide them with the means to approach them and intervene appropriately.

THIS YEAR, THE QPHP  
CREATED FACEBOOK  
AND LINKEDIN PAGES  
TO HELP IT SPEAK OUT  
ABOUT PHYSICIANS'  
HEALTH AND TO  
RAISE ITS AUDIENCE'S  
AWARENESS.

# THE QPHP'S STRUCTURE

The Québec Physicians' Health Program (QPHP) is a nonprofit organization founded in 1990 through an agreement between the FMOQ, FMSQ, FMRQ, CMQ and the AMLFC (now the MdFC).

## BOARD OF DIRECTORS

The QPHP Board of Directors is composed of five designated members, each representing one of the founding organizations, and the executive director of the QPHP. The Board defines the QPHP's orientation and policies, with the goal of ensuring its growth and sound management. It never intervenes in requests for assistance, which remain strictly confidential.

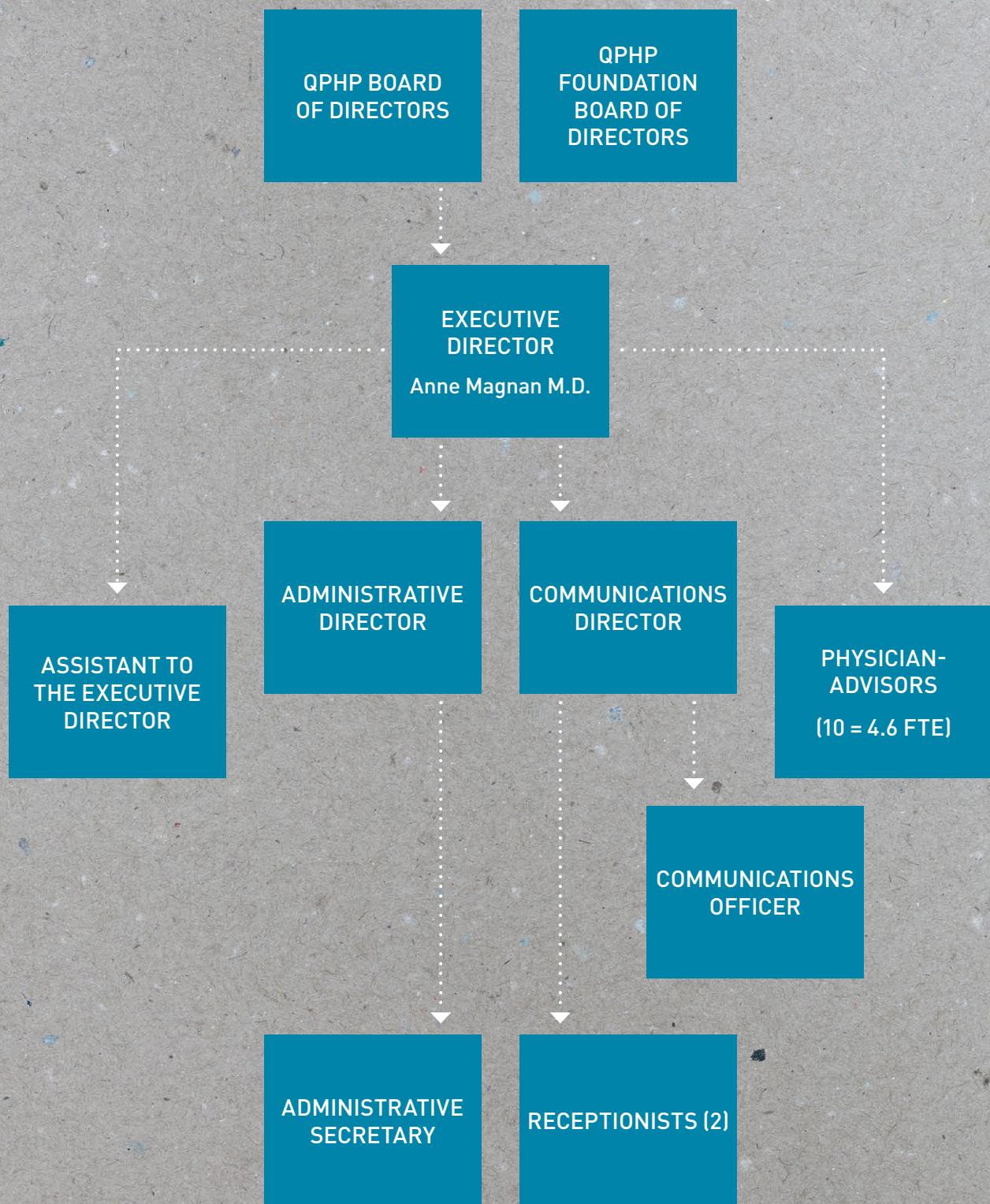
## MEMBERS OF THE BOARD FOR 2017-2018

Chair :	
Dr. William J Barakett	Fédération des médecins omnipraticiens du Québec (FMOQ)
Dr. Michèle Drouin	Fédération des médecins spécialistes du Québec (FMSQ)
Dr. Anne Magnan	Québec Physicians' Health Program (QPHP)
Céline Monette	Médecins francophones du Canada (MdFC)
Dr. Yves Robert	Collège des médecins du Québec (CMQ)
Dr. Cloé Rochefort-Beaudoin	Fédération des médecins résidents du Québec (FMRQ)

## TEAM

Under the authority of the executive director, Dr. Anne Magnan, ten physician-advisors work part-time (for the equivalent of 4.6 full-time individuals). The QPHP team also includes seven permanent employees: an administrative director, a communications director, a communications officer, an assistant to the executive director, two receptionists and an administrative secretary.

# ORGANIZATIONAL CHART



Chain of command

# PHYSICIAN-ADVISORS

Since its inception, the QPHP has supported the principle of physician-advisors counselling client physicians in order to reduce the obstacles to consultation as much as possible. Clients frequently express their feeling of being understood with respect to the specific situations of medical practice.

The expertise of physician-advisors is based on their medical knowledge, their practical experience and their specialized training in physician health, which encompasses:

- The psychosocial risks attached to the profession
- The medical culture
- Québec's university and organizational health structures
- The ethical and medical-legal aspects of the profession
- Strategies to manage the stress inherent in the practice of medicine
- The best ways to intervene in order to re-establish a physician's professional functioning

- Workplace interventions with groups affected by tragic events

**PHYSICIAN-ADVISORS ARE SEASONED PROFESSIONALS. THROUGH THEIR TRAINING AND EXPERIENCE, THEY HAVE A DEEP UNDERSTANDING OF THE INNER WORKINGS OF MEDICAL PRACTICE AND ARE THUS PERFECTLY SUITED TO HELP THEIR PEERS IN DIFFICULTY.**

## THE QPHP'S PHYSICIAN-ADVISORS

Dr. Richard Boulé

Dr. Claude Johnson

Dr. Suzanne Cummings

Dr. Claude Rajotte

Dr. Denis Fournier

Dr. Sandra Roman

Dr. Adrienne Gaudet

Dr. Yves Tremblay

Dr. Micheline Héroux

Dr. Marie-France Villiard



WAITING ROOMS (Montréal)



In conformance with its policy of confidentiality and discretion, the QPHP provides its clients with two waiting rooms.



OFFICES FOR CONSULTATIONS WITH A PHYSICIAN-ADVISOR



# THE QPHP FOUNDATION

The QPHP Foundation has been in existence since 2004. Its role is to raise funds through various activities in order to meet the needs of the QPHP, by closing the gap between partner grants and expenditures.

All the funds raised are exclusively dedicated to the physicians' health program. In 2017–2018, this represented \$250,000, or approximately 12% of the QPHP's total revenues.

## THE FOUNDATION'S BOARD OF DIRECTORS IN 2017–2018 WAS COMPOSED OF THE FOLLOWING INDIVIDUALS:

Dr. William J. Barakett Chair	Physician recognized for his commitment to colleagues in difficulty
Dr. Charles Bernard	Collège des médecins du Québec (CMQ)
Dr. Christopher Lemieux	Fédération des médecins résidents du Québec (FMRQ)
Dr. Diane Francoeur	Fédération des médecins spécialistes du Québec (FMSQ)
Dr. Louis Godin	Fédération des médecins omnipraticiens du Québec (FMOQ)
Dr. Anne Magnan	Québec Physicians' Health Program (QPHP)
Céline Monette	Médecins francophones du Canada (MdFC)
Dr. Muriel Narjoz-Mury	Physician recognized for her commitment to colleagues in difficulty
Dr. Claude Thibeault Vice-chair	Physician recognized for his commitment to colleagues in difficulty

## THE FOUNDATION'S ACTIVITIES

- The annual fundraising campaign
- The medical federations' golf tournament
- Conferences about physician health

# THE FUNDRAISING CAMPAIGN

In 2018, the Foundation's fundraising drive gained new momentum through a multimedia campaign (videos, website and emails, in collaboration with partners and social media).

The 2017 campaign raised \$125,000, and 2018 goal is \$250,000. However, in addition to being a fundraiser, its goal was to heighten visibility about physicians' health and to raise awareness among different audiences.

In light of the statistics from the previous year, one theme emerged: emergency.

Three messages were developed and conveyed through the testimonies of three well-known physicians attuned to the cause of the QPHP.

With the help of the QPHP's partners, these messages were transmitted to all physicians in Québec. We thank them for their support.

The entire campaign can be found on the QPHP website.



1  
Testimony of three well-known physicians attuned to the cause of the QPHP.

2  
Three emails sent to all Québec's physicians, with the help of the QPHP's partners.

3  
Presence in social medias.



2



3

## THE 2017 GOLF TOURNAMENT

Every year, the medical federations and the QPHP Foundation work together to hold the Medical Federations' Golf Tournament. The event is a great opportunity for members of the medical community to get together in a pleasant setting, and all for a good cause.

All proceeds from the tournament are donated to the QPHP Foundation, which warmly thanks all its partners.



Dr. Christopher Lemieux,  
President of the FMRQ,  
Dr. Diane Francoeur,  
President of the FMSQ,  
Dr. William Barakett,  
Chair of the QPHP  
Foundation,  
Dr. Louis Godin, President  
of the FMOQ,  
Philippe Simard,  
Vice-president of  
the FMEQ

## PRESENTATIONS

Last April in Montreal, The QPHP Foundation had the pleasure of hosting a talk about resilience, entitled *La santé psychologique: les leçons de la résilience* (*psychological health, lessons in resilience*), presented by Rachel Thibeault, PhD, O.C., in front of a captivated audience.

Offered to a wider public (doctors and their families, health professionals, students) at an affordable price to reach as many people as possible, this presentation raised the visibility of the QPHP Foundation in the scope of its campaign, raised the public's awareness of the importance of taking care of their mental health and offered them concrete tools, in addition to discussing the services offered by the QPHP.

The talk will be given again, both in Montréal and Québec City.

Merci et bonne route  
en pleine conscience!



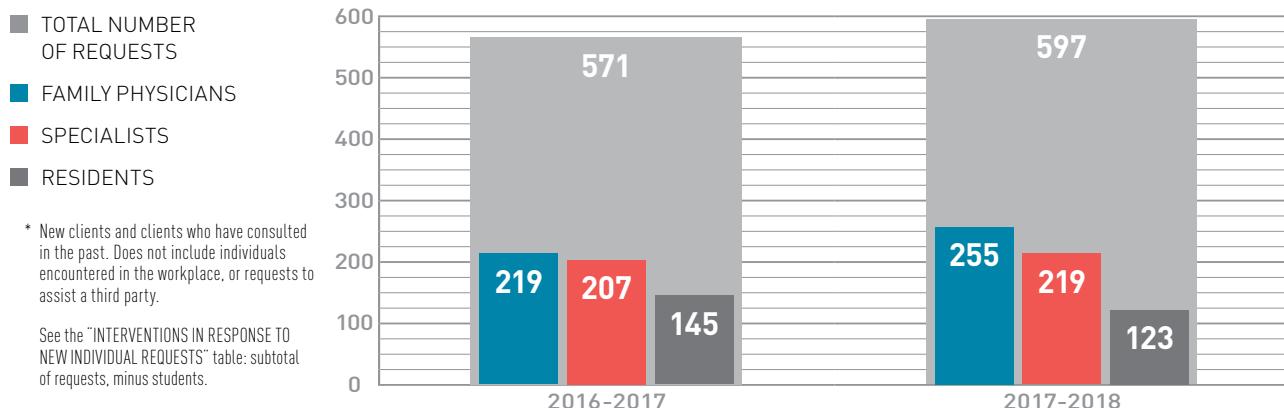
Talk by  
Rachel Thibeault

# **STATISTICS**

## **2017–2018**

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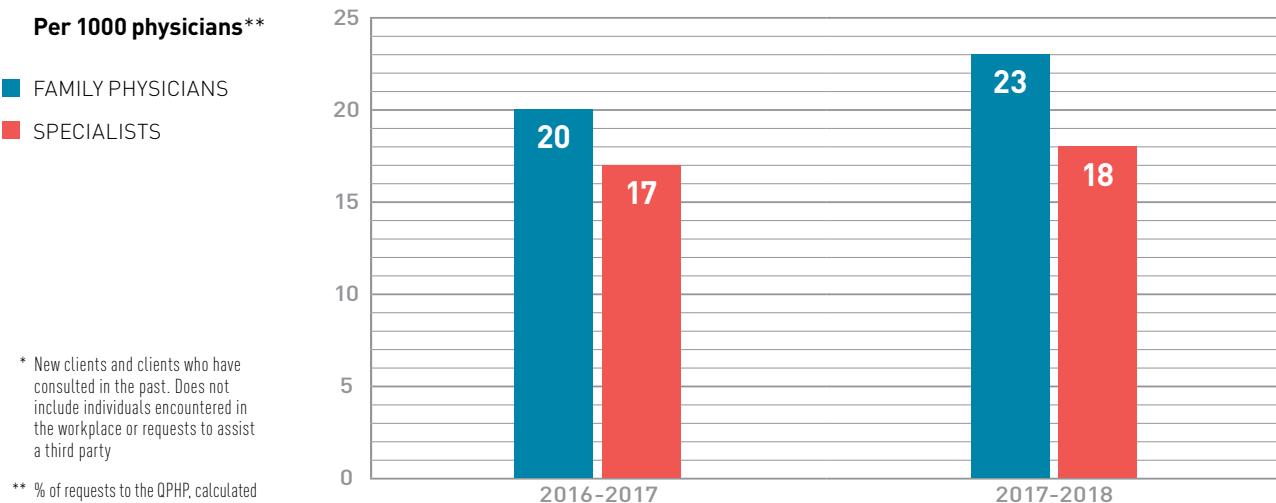
# NEW REQUESTS FOR INDIVIDUAL ASSISTANCE: FAMILY PHYSICIANS, SPECIALISTS AND RESIDENTS\*



## INTERVENTIONS IN RESPONSE TO NEW INDIVIDUAL REQUESTS

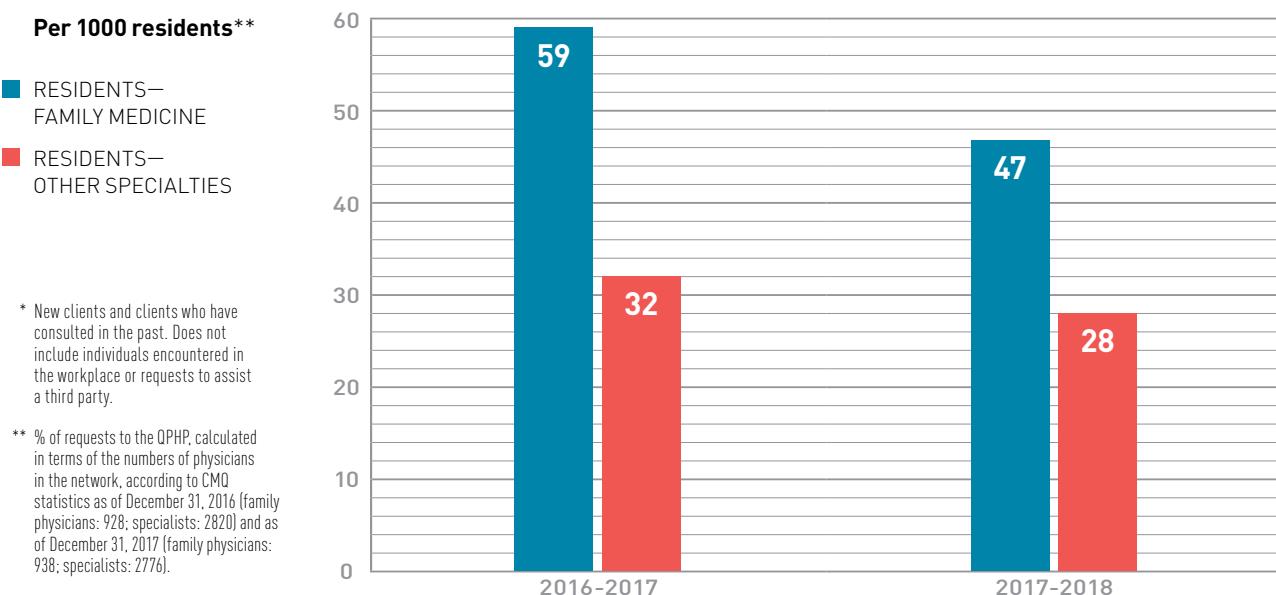
	2015-2016	2016-2017	2017-2018
<b>Family physicians</b>			
Calling for the first time	118	138	155
Having called in the past	66	81	100
<b>Subtotal</b>	<b>184</b>	<b>219</b>	<b>255</b>
<b>Specialists</b>			
Calling for the first time	103	134	161
Having called in the past	50	73	58
<b>Subtotal</b>	<b>153</b>	<b>207</b>	<b>219</b>
<b>Residents</b>			
Calling for the first time	128	130	99
Having called in the past	9	15	24
<b>Subtotal</b>	<b>137</b>	<b>145</b>	<b>123</b>
<b>Students</b>			
Calling for the first time	17	23	20
Having called in the past	1	1	1
<b>Subtotal</b>	<b>18</b>	<b>24</b>	<b>21</b>
<b>Subtotal of requests</b>			
Clients calling for the first time	366	425	435
Clients having called in the past	126	170	183
<b>SUBTOTAL</b>	<b>492</b>	<b>595</b>	<b>618</b>
<b>Physician's family</b>			
<b>Requests to assist a third party</b>	<b>0</b>	<b>0</b>	<b>2</b>
With the assistance of the QPHP	41	31	36
Without direct assistance from the QPHP	30	40	42
<b>Subtotal</b>	<b>71</b>	<b>71</b>	<b>78</b>
<b>TOTAL OF INDIVIDUAL REQUESTS</b>	<b>563</b>	<b>666</b>	<b>698</b>
<b>Support maintained (ongoing follow-up)</b>	<b>795</b>	<b>809</b>	<b>862</b>
<b>ANNUAL TOTAL OF CLIENTS ASSISTED</b>	<b>1358</b>	<b>1475</b>	<b>1560</b>

## ANNUAL PREVALENCE RATE OF REQUESTS FOR INDIVIDUAL ASSISTANCE—FAMILY PHYSICIANS AND SPECIALISTS\*



The year 2017–2018 shows an increase in first-time requests among both specialists and family physicians, as can be seen in the “INTERVENTIONS FOR NEW INDIVIDUAL REQUESTS” table.

## ANNUAL PREVALENCE RATE OF REQUESTS FOR INDIVIDUAL ASSISTANCE—RESIDENTS—FAMILY MEDICINE AND OTHER SPECIALTIES\*



## AVERAGE AGE OF THE CLIENTELE

	QPHP 2016-2017	2017-2018	PHYSICIANS IN QUÉBEC** 2017
Family physicians	44.7	43.4	51.2
Specialists	44.7	43.8	52.7
Residents	28.9	29.4	—
Students	26.1	25.1	—

\*\* Average age for Québec: CMQ data as of December 31, 2017

The table clearly illustrates that the average age of physicians who consult the QPHP corresponds to mid-career, a time when physicians are at the height of their professional careers and when the demands of family life are very present.

## PREVALENCE RATE OVER 3 YEARS\*: COMPARISON BY REGION\*\*

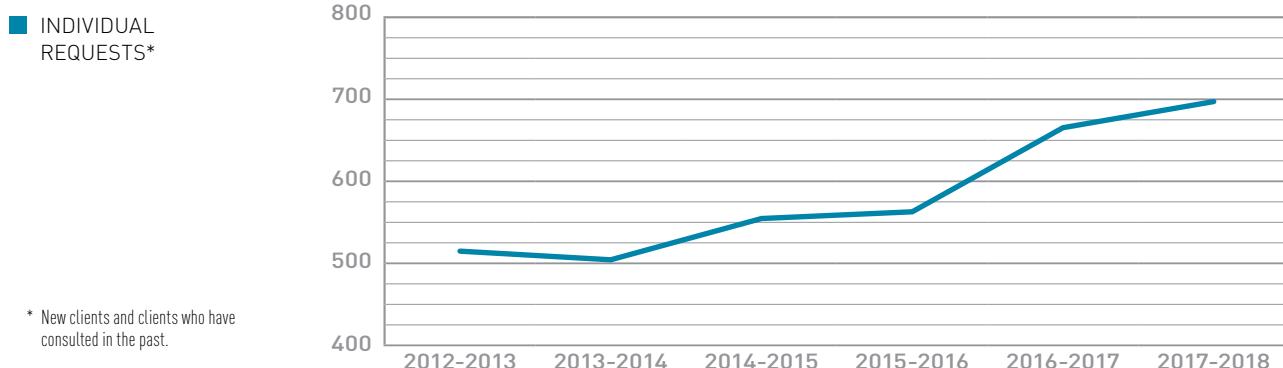
Per 1000 physicians	PREVALENCE WITHIN THE PERIOD (3 YEARS)	
	2012-2015	2015-2018
Bas-Saint-Laurent • Gaspésie-Îles-de-la-Madeleine	41	56
Saguenay-Lac-St-Jean	32	60
Québec City	48	60
Mauricie • Centre-du-Québec (Bois-Francs)	36	56
Estrie	60	49
Laval	37	55
Montréal	44	55
Outaouais	32	59
Abitibi-Témiscamingue	33	77
Côte-Nord • Nord-du-Québec	51	58
Chaudière-Appalaches	22	61
Laurentides • Lanaudière	41	43
Montérégie	42	60
Outside of Québec	1	8
<b>PROVINCIAL PREVALENCE</b>	<b>41</b>	<b>54</b>

\* New clients and clients who have consulted in the past. Does not include individuals encountered in the workplace or requests to assist a third party.

\*\* According to CMQ data as of December 31, 2017.

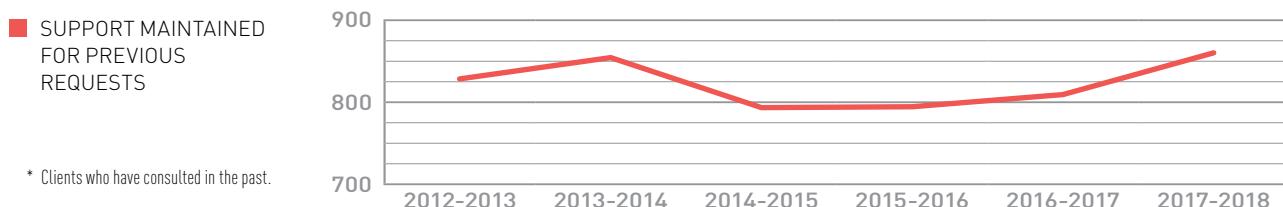
## COMPARISON OF INTERVENTION SERVICES

### ANNUAL TOTAL OF NEW INDIVIDUAL REQUESTS\*

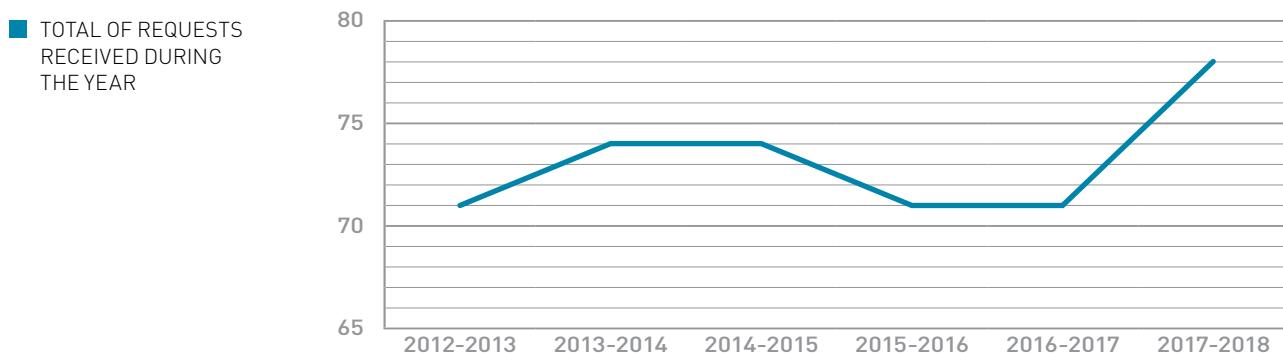


This year, the QPHP reached a new milestone, with nearly 700 new requests for assistance, a first since its inception.

### ANNUAL TOTAL OF FOLLOW-UPS FOR PREVIOUS REQUESTS\*

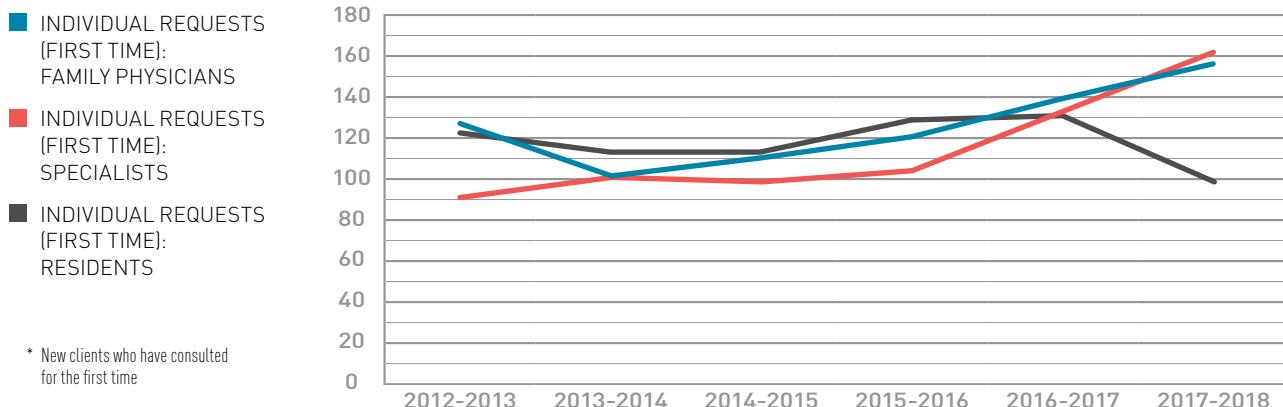


### ANNUAL TOTAL OF REQUESTS TO ASSIST A THIRD PARTY



This type of request comes from physicians who wish to provide support to a colleague they are concerned about, and who want to be properly equipped to approach him or her appropriately. Sometimes, the request comes from a physician's supervisor, who wants to know what resources are available. The QPHP encourages members of the medical community to be vigilant and to offer their help when a colleague is going through a difficult time.

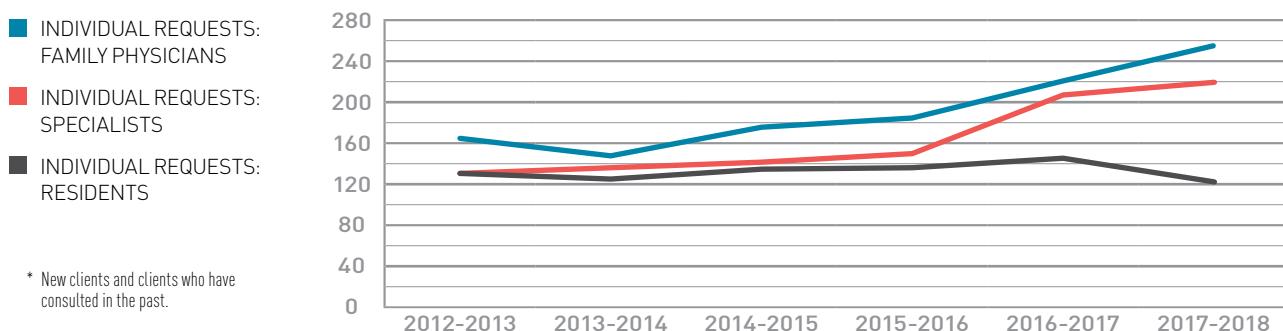
## COMPARISON OF FAMILY PHYSICIANS, SPECIALISTS AND RESIDENTS (REQUESTS FOR INDIVIDUAL ASSISTANCE), FIRST TIME\*



In 2017–2018, new requests for assistance from specialists exceeded those from family physicians. We saw a first increase of 30% in 2016–2017. In 2017–2018, a further increase of 20% was observed.

Among family physicians, there has also been a notable rise in requests in the past 2 years, with increases of 16% in 2016–2017 and 12% in 2017–2018

## COMPARISON OF FAMILY PHYSICIANS, SPECIALISTS AND RESIDENTS (REQUESTS FOR INDIVIDUAL ASSISTANCE)\*



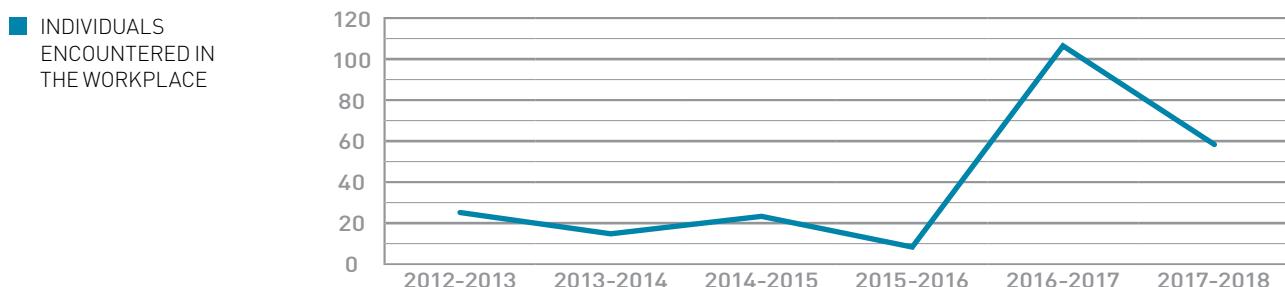
At the end of the year, the QPHP was astonished to note that requests for assistance from residents had noticeably declined, while among other clienteles they rose significantly. The physician-advisors do not yet have any hypotheses to explain this drop. However, they note that those residents who approached the QPHP did so at a late stage, at a time when they were faced with the possibility of failing or expulsion.

## INTERVENTIONS FOR WORKPLACE REQUESTS

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
<b>Family physicians</b>	0	13	4	1	0	35
<b>Specialists</b>	25	2	20	6	63	23
<b>Residents</b>	0	0	0	0	43	0
<b>TOTAL OF INDIVIDUALS ENCOUNTERED</b>	<b>25</b>	<b>15</b>	<b>24</b>	<b>7</b>	<b>106</b>	<b>58</b>
<b>TOTAL INTERVENTIONS</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>6</b>

The table shows that, in general, institutional interventions mainly concern specialists.

## INDIVIDUALS ENCOUNTERED IN THE WORKPLACE



When analyzed in terms of the individuals assisted, group interventions appear to jump unexpectedly (and this is the very nature of this type of emergency response). In 2016-2017, 106 physicians required support in the context of an unexpected and unfortunate event.

However, in light of the following table, it can be seen that the number of requests that resulted in workplace interventions is the same as the previous year. The only difference is in the size of the groups supported and the number of interventions each request required.

In 2017-2018, all interventions took place in the regions, where the groups are smaller in size.

## INTERVENTIONS IN THE WORKPLACE



# **QPHP BUDGET**

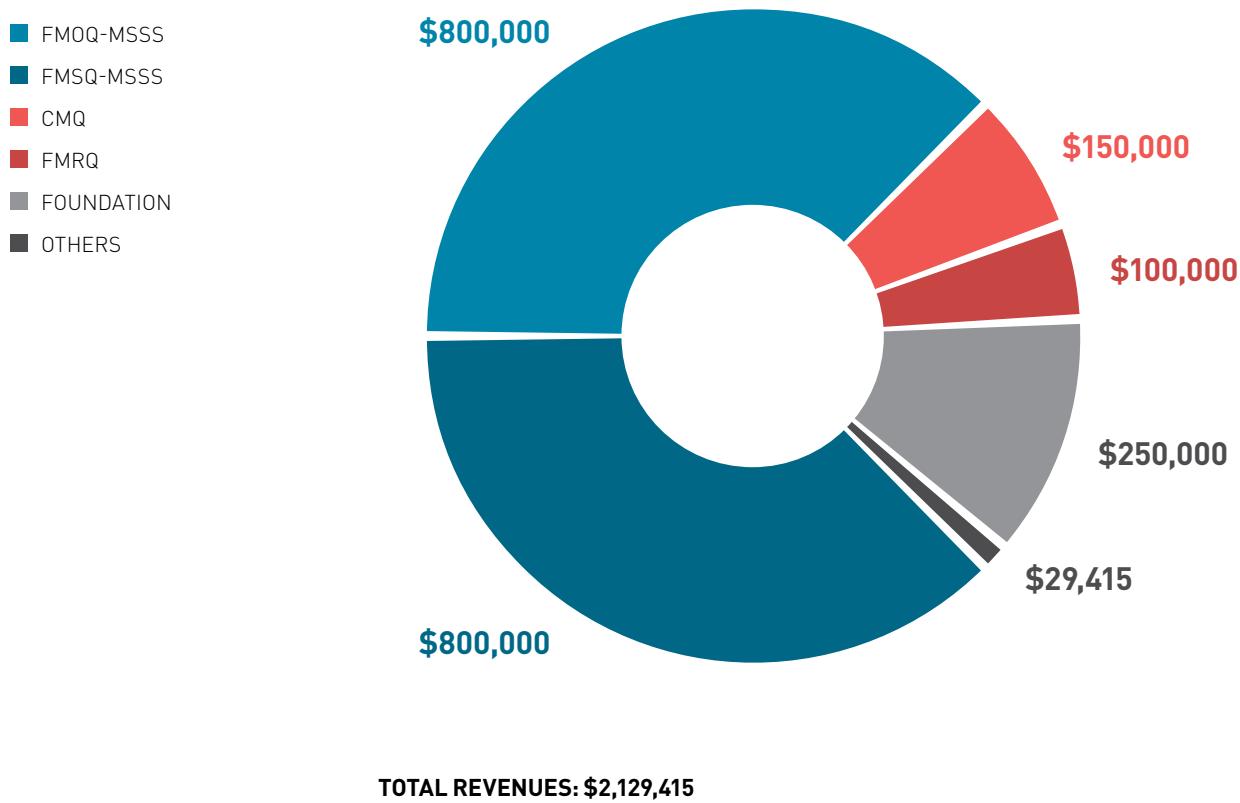
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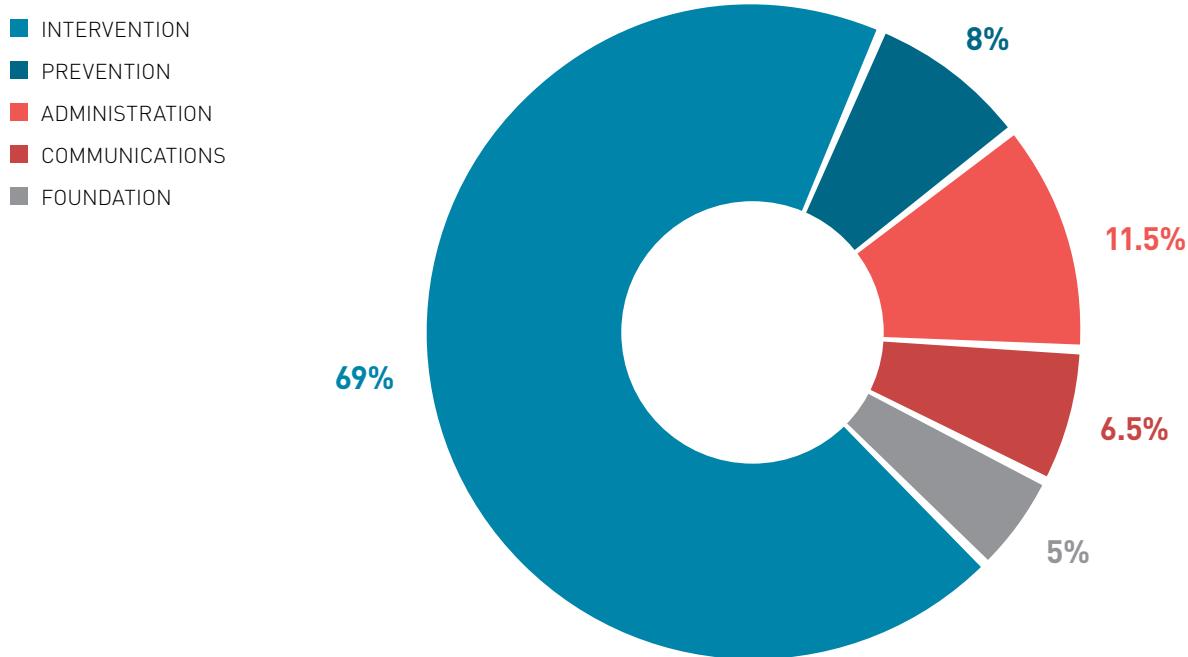
## QPHP REVENUES

The medical federations negotiate individually with the MSSS for funding dedicated to the QPHP. Through these agreements, part of the QPHP's funding is assured for the next five years, up to \$1.7 million, ensuring the organization some stability.

However, the withdrawal of CMQ funding, scheduled over five years, will require the QPHP and its Foundation to develop new sources of funding within the community.



## BREAKDOWN OF EXPENSES BY SECTOR OF ACTIVITY



\$81

### PER CAPITA COST OF THE QPHP'S SERVICES

Throughout Québec, the per capita cost of the QPHP's services is \$81, out of a budget of \$2,186,339. This amount is established by dividing the total budget by the number of physicians (23,187) and residents (3714) registered with the Collège des médecins on December 31, 2017.

Interventions are the QPHP'S biggest expense.

5

### AVERAGE NUMBER OF HOURS PER CASE



**QUÉBEC PHYSICIANS' HEALTH  
PROGRAM (QPHP)**

[www.pamq.org](http://www.pamq.org)  
[info@pamq.org](mailto:info@pamq.org)

Suite 200, 1 René-Lévesque Boulevard East  
Montréal, Québec H2X 3Z5  
Tel.: 514 397-0888  
Toll free: 1 800 387-4166