

Integral Care Programme for Sick Physicians

2016

Workbook

FPSOMC



Spanish Medical Colleges Association
Social Protection Foundation

PAIME Manual

Integral Care Programme for Sick Physicians

OMC 

ORGANIZACIÓN
MÉDICA COLEGIAL
DE ESPAÑA



FUNDACIÓN PARA LA
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Fundación Patronato
de Huérfanos y Protección
Social de Médicos
Príncipe de Asturias

**Spanish Medical Colleges Association
Social Protection Foundation**

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PRESENTATION

Since it was first set up fourteen years ago, the Integral Care Programme for Sick Physicians (**PAIME**) has constantly set itself the ongoing challenge of agglutinating knowledge generation based on acquired experience, systematising it and sharing it with all professionals and organisations forming part of the Programme. From here on, the preparation of management tools such as this **PAIME** Manual has allowed it to become consolidated firstly in the college sphere and subsequently in other related areas: regional Medical College councils, the Galatea Foundation and the Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board.

The main objective of the National Technical **PAIME** Committee has always been to achieve the described challenge. In accordance with the responsibilities that bind them to the Programme, its members, together with the Technical Work Group, constituted on an ad hoc basis, have collected and contributed the knowledge and experience set out in this Manual.

The content of each chapter and the annexes included have been devised, designed and agreed on with the objective of facilitating work for the **PAIME** college directors and the clinicians who will care for the sick physicians. One additional result of this consensus, which is no less important, is the unification of criteria in managing and consolidating a single **PAIME** for the entire college territory, which will strengthen the Programme itself.

It is only fair to mention the people and institutions who, through their efforts, have made it possible to draft this Manual, and above all, the Galatea Foundation, which has reviewed it and contributed a large part of the content and operating protocols. The challenge is ongoing and this document is open to possible reviews and proposals for improvement to its content in the future.

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1/ What the **PAIME** is

PAIME (Integral Care Programme for Sick Physicians) has the mission of treating and recovering sick physicians (SP) who suffer from mental problems and/or are addicted to alcohol and/or other drugs, including psychoactive drugs, which can interfere with their professional practice, to guarantee they can again exercise their medical profession in the best possible condition and ensure greater safety for their patients.

The philosophy of the **PAIME** is not aimed at persecuting or punishing sick physicians (for instance, in cases in which there is a clear risk of malpractice), but to promote the voluntary access and rehabilitation of those sick physicians, in all cases in a setting of strict confidentiality and using highly specialised medical staff.

2/ Programme admission requirements

Due to its rehabilitation mission (allowing Sick Physicians to return to their profession in the best possible conditions), professionals who are retired or suffering from permanent disability are excluded from the Programme. Therefore, whenever a Sick Physician (SP) requests admission to the Programme, the admission service manager of the respective **PAIME** will ensure that the future patient complies with the following requirements:

- 2.1. He must be in possession of a medicine degree.
- 2.2. He must be registered with his respective medical college.

- 2.3. He must have exercised his profession or worked during the course of the last year and be in a position to return to active employment.
- 2.4. He must be affected by a mental or addictive disorder that reduces the quality of his professional service and poses a risk for patients.
- 2.5. He must enter through the Spanish Medical Colleges **PAIME** programme.
- 2.6. He must be able to cover the funding of the services. In Spanish regions that have agreements with the respective regional authorities (Health Departments) and Medical Colleges (COM), the **PAIME** services may be covered in part or in full. In all cases, before entering the programme, this aspect must be clarified by both parties.

3/ Receipt of requests

When responding to a request for assistance submitted to the **PAIME**, it is essential for the patient to be made aware of the importance of confidentiality from the first. In addition, the professionals treating the SP must be aware of the circumstances that led the patient to seek assistance and whether or not their practice is affected. Therefore, the request-receipt procedure will be as follows:

- 3.1. In all cases requests will be received through the **PAIME** Admissions and Process Monitoring Unit (APMU) and preferably by telephone.
- 3.2. The requests will be responded to by a programme doctor or psychologist who is bound by an obligation of non-disclosure.

- 3.3. The requests submitted may be for information about how the programme functions, for treatment for the caller or for an SP, or to provide information to a potential SP.
- 3.4. An admission interview will be conducted over the telephone to obtain the affiliation particulars, confirm the person is a member of the College and that he is currently exercising his profession and to obtain the minimum information necessary to deal with the case.
- 3.5. Regardless of the type of request to enter the **PAIME** programme, the following will be assessed: potential risks for professional practice, the extent to which the request is voluntary, the seriousness of the case and possible work-related implications, in order to offer the appropriate guidance.
- 3.6. Information will be provided about certain characteristics of the programme: non-disclosure (see non-disclosure protocol), specificity of the services and acceptance of and association with the programme.
- 3.7. In addition, it will also be made clear that once the therapist has completed the case evaluation, he will propose a Therapeutic Plan (TP) and if the SP agrees to it, he must sign the Programme Admission Acceptance Document (PAAD) as a first mandatory step in receiving treatment.

4/ Classification of the types of request to enter the programme

It is very important to analyse the request to enter the **PAIME** in order to assess the voluntary nature of that request and reason for the treatment, to estimate the extent to which the request is voluntary or induced by relatives, colleagues or superiors, and whether there was or is a risk of malpractice, which may on

occasions lead to the reporting of denouncing of the SP. The types of requests may be as follows:

4.1. Voluntary request (VR) to enter the **PAIME**, made by the sick physician (SP) requesting to enter the programme. A VR may also be:

4.1.1. Spontaneous (SVR), when the SP has asked for treatment mainly of his own accord.

4.1.2. Induced (IVR) when the SP asks for help due to the pressure of someone from his family or a work colleague who has great sway over him.

An IVR may also be classified as posing a risk (IVR-R) if the inducer does not inform the **PAIME** and/or Medical College and the SP has not explained it at the time of entering the programme (this diagnosis will be made afterwards. At the clinical interview, the patient is presented as an SVR).

4.2. Confidential Communication (CC) takes place when a third person informs the Medical College and/or **PAIME** of a potential SP. In this case, all the case information is requested and the APMU, along with the person submitting the information, establish a strategy for persuading the SP to voluntarily request help from the **PAIME**. If the person submitting the information declares the existence of a situation of serious risk then this is reported to the Secretariat of the respective Medical College for it to evaluate the type of intervention to be carried out and the person submitting the information is requested for as much written information about the case as possible.

4.3. Formal Denouncement (FD) is when the Medical College and/or ICPSP are informed of a potential SP through a formal letter addressed to the Medical College which also explains the main circumstances of the reported case and the identification particulars

of the person reported and the person reporting him, and the signature of the latter.

5/ Acceptance of process monitoring and inclusion in the programme

It is important to transmit clear information about the rehabilitating objectives of the programme, its confidential nature and that the purpose is to guarantee good practice and allow the sick physician to abide by the rules and be included and participate in the therapeutic plan.

- 5.1. The APMU will inform all potential SPs, except those who enter the programme after being obliged by an IVR. They must therefore must sign a Therapeutic Contract with their Medical College (MC-CT) and before being admitted to the **PAIME**, they must undergo an examination of their case and receive a proposed therapeutic plan with a duration of one to two months.
- 5.2. If the SP does not accept the TP and refuses to sign the PAAD he will be removed from the **PAIME** care programme, and in such cases:
 - 5.2.1. If the SP has entered the **PAIME** as a Spontaneous Voluntary Request (SVR), no notification will be sent to the respective Medical College.
 - 5.2.2. If the SP has entered the **PAIME** as an IVR-R after appreciating a clear risk to his professional practice or in the case of a CC or FD, his Medical College will be informed and decide on the course of action to be followed.
- 5.3. In the event of not being an IVR-R case, the SP may not accept the TP and will not enter the **PAIME**, and it will be made clear that the

information obtained will continue to be subject to the programme non-disclosure criteria.

- 5.4. The APMU will also inform them that once the therapeutic plan is accepted, they must sign the PAAD.
- 5.5. In the PAAD the SP assumes the role of patient and therefore agrees to follow the indications of his therapists. The patient is also informed that he cannot abandon the programme without a signed discharge document. The **PAIME** may contact the SP as often as it wishes to remind him about the therapeutic monitoring, as long as he does not have the signed document discharging him from the programme.
- 5.6. On the other hand in the PAAD, the ICPSP undertakes to provide the programme care services, except for cases in which due to age or work ability, the person has no right to receive these services and guaranteeing the confidentiality obligation, with the exceptions set out in the document.
- 5.7. The therapist may not treat any SP who has refused to sign the PAAD. Knowledge and acceptance by the SP of the minimum rules set out in the PAAD is essential for the proper functioning of the programme.

6 / Criteria for detecting the risk of malpractice

Good medical practice includes the correct and proportional use of preventive, diagnostic and therapeutic measures and medical-social care criteria that entail respect for the patient's rights. Mental illnesses and/or drug abuse that affect the

physician's ability may lead to malpractice, and this risk must be evaluated by the ICPSP, without forgetting that it is one of the most common causes of legal liability demands against professionals.

- 6.1. Such criteria will be established and/or modified insofar as is possible by:
 - 6.1.1. The **PAIME** APMU, when the request for care is made or a CC is submitted for a potential case by a third party.
 - 6.1.2. The SP's therapists during the entire therapeutic process.
- 6.2. When a potential patient is admitted to the **PAIME**, the APMU will ask whether there is any risk for professional practice. Likewise, during the care process, the **PAIME** therapists will investigate any suspicion of risk in practising medicine generated by the patients being treated.
- 6.3. A situation of risk for the practice of an **PAIME** patient may be established:
 - 6.3.1. Based on the affirmation of the SP when he is asked or the affirmation of the confidential person reporting the case.
 - 6.3.2. Based on complaints about the SP made in writing, which indicate this risk may exist.
 - 6.3.3. Based on reiterated, specific statements made in this respect by the SP's colleagues and/or superiors.
 - 6.3.4. Based on the SP's therapist after performing the initial case evaluation.
- 6.4. If there is a discrepancy between the information of the APMU and that of the SP's therapist, a comparison of the data will be made by the former.

7/ Criteria for establishing and/or modifying the grade of voluntariness

Establishing the grade of voluntariness is important, given that the SP's case management will depend on this (therapeutic contract/college contract), as well as the prognosis.

This voluntariness may be spontaneous or induced, depending on whether the SP enters the Programme of his own accord or after being persuaded to do so by others.

- 7.1. The grade of voluntariness in a request for **PAIME** care is firstly established, if possible, by the ICPSP APMU when the first request for care is made or the CC for a potential case submitted by a third party. In both cases, it will be clearly recorded on the first call record sheet. On the other hand, during the therapeutic process, the SP's therapists may modify the grade initially established by the APMU, taking note of the same during the clinical course and in particular, notifying the APMU.
- 7.2. The grade of voluntariness of a request or care process is established as follows:
 - 7.2.1. If the SP has not spoken about his problem to anyone or his need to be treated by the **PAIME**, the process will be classified as a Spontaneous Voluntary Request (SVR).
 - 7.2.2. If the SP has spoken to someone about his problem or his need to be treated by the **PAIME** but has not been pressurised to join the programme, the process will be classified as a Spontaneous Voluntary Request (SVR).
 - 7.2.3. During the process, if the therapist discovers that someone from the SP's work setting with sway and/or authority over the

SP (who has already entered as a SVR) told him he had a “health problem” and needed help and/or that he had to participate in the **PAIME**, the process will be classified as an Induced Voluntary Request (IVR). This entails special monitoring of the grade of voluntariness by the APMU and a TC signed by the therapist (TC-T).

- 7.2.4. If someone from the SP’s work setting with sway and/or authority over the SP notifies the **PAIME** that a doctor in his charge has a “health problem” and was asked to participate in the **PAIME** (even though that person did not want the SP to know about the call to the **PAIME**), the process will be classified as an Induced Voluntary Request with Risk (IVR-R), and this lead to the establishing of a TC with the Medical College and careful monitoring of the grade of voluntariness by the APMU and the therapist in charge of the case.

8/ Induced Voluntary Requests

This section stresses the importance of the parties involved signing a firm commitment (Therapeutic Contract) to ensure better quality care for the SP, and better monitoring and coordination of the case in addition to better adaptation in the work setting.

- 8.1. To ensure better case monitoring, the APMU will ask the SP whether he is participating of his own accord or following pressure by others and if the problem has transcended his work setting.
- 8.2. In the two latter cases, to allow the SP to continue working and establish a firm commitment between the parties involved, to promote success in the case, it may be useful to contact the person inducing the Request, in all cases with the consent of the potential patient.

8.3. It is advisable for those inducing the SP to make the request (colleagues and/or superiors) to ensure that the latter has also requested treatment in the **PAIME**, and they should also notify the APMU and warn the SP about this as soon as possible.

8.4. In cases in which the request is an IVR but the inducer has not contacted the programme or the Medical College, the APMU will inform the potential SP as soon as possible that if he wishes to receive the **PAIME** services he must sign a written TC with his therapist.

This TC will be formalised when the patient has been examined and has accepted the TP and signed the PAAD.

8.5. Whenever the person inducing the request has contacted the **PAIME** (whether or no he informed the SP of the call) a TC must be established with the Medical College, the SP and the therapist.

9/ Confidential Communication

According to the Medical Ethical code (article 22.3), all medical professionals are obliged to notify their Medical College if they observe a deterioration in the judgement or skills of another colleague. Likewise, when the College receives this Confidential Communication it must manage the case in an impartial and objective manner, and verify all the information received, based on the following recommendations:

9.1. First of all the APMU must evaluate the seriousness and importance of the information received. The confidential nature of the information and the person submitting it will be respected provided the content of the report is not serious and important for the health of the person affected and/or others; otherwise, the APMU will immediately inform the respective Medical College.

- 9.2. When confidential information is received, the person submitting it will in all cases be advised that it is best for him to convince the potential SP to ask for help voluntarily. In this case, it would be an IVR.
- 9.3. The best option is for the person submitting the information and the potential SP to both make the call and ask for information and/or help from the **PAIME**, as this establishes a triangle of consented communication and confidential is maintained.
- 9.4. If the potential SP refuses to admit the problem or to make a voluntary request for treatment, the person submitting the information must write to the secretary of the respective Medical College and inform him of the case, and of all circumstances that might justify the College's intervention.
- 9.5. This intervention by the College will commence when there is sufficient information to justify it, firstly by summoning the person who issued the CC to confirm the data and then the potential SP so he can respond with respect to the information received.
- 9.6. If the potential SP still refuses to admit the problem, the College Secretary may, after examining the information submitted and the result of the interviews conducted, inform the potential SP that if he wishes to continue exercising his profession, he must undergo a psychiatric examination by a specialist from the **PAIME** Evaluation Unit (EU) if there is one, or by an independent specialist.

10/ Criteria for establishing the clinical seriousness

The urgency and seriousness of each potential case for inclusion in the **PAIME** will determine the most appropriate care mechanism. Consequently, the specific circumstances present in each intervention will be evaluated individually.

- 10.1. The clinical seriousness of the care requests is determined firstly by the APMU, after first separating urgent requests from non-urgent ones.
- 10.2. At present the **PAIME** Clinical Unit (CU) is not able to deal with urgent requests and for this reason they are submitted to a Hospital Psychiatric Emergency Service.
- 10.3. Then the APMU will establish the following circumstances:
 - 10.3.1. Whether the SP has expressed a clinically “serious event”.
 - 10.3.2. Whether the person evaluating the seriousness is the SP or whether it is a family member.
 - 10.3.3. Whether the person evaluating the seriousness is the SP or a qualified doctor or psychologist who has been acting as the therapist of the potential SP.
 - 10.3.4. Whether it is necessary to schedule an admission to in an Admissions Unit (AU) because the patient is referred by an **PAIME** or by a doctor or a psychiatrist who was asked to act as the patient’s therapist.
- 10.4. In explaining the reason for the **PAIME** treatment request the APMU will try to identify whether the potential SP has:
 - 10.4.1. Intentions to injure himself or others.
 - 10.4.2. Suicidal intention at the time of the Request.

- 10.4.3. Possible delusions or hallucinations.
 - 10.4.4. Symptoms of agitation or loss of self-control.
 - 10.4.5. Associated organic pathology that requires the services of a general hospital.
 - 10.4.6. Situation of drug use and/or abstinence posing a danger for the person or for his practice.
- 10.5. In cases in which the APMU considers it necessary to schedule admission of an SP in the **PAIME** AI as the first therapeutic step, it should follow the procedure established by the Príncipe de Asturias Orphans and Physicians Social Protection Foundation and also speak to the Head of that unit, who will establish the clinical procedure to be followed.
- 10.6. Cases evaluated by the APMU or the **PAIME** team as extremely serious and/or lethal in mental and organic terms which require contention measures and/or extreme surveillance measures will be referred to General Hospital Admission Units.
- 10.7. Whenever the APMU detects the case is serious, the first visit will be organised as soon as possible.

11/ Non-disclosure regulations

One of the most important characteristics of the **PAIME** is its non-disclosure commitment with regard to treated cases. The usual confidence maintain in good medical practice is strengthened by achieving greater involvement by the SP in the therapy. The elements and aspects related to this point will be strictly met and guarantee the required secrecy to keep his identity secret, even if he joins the Programme.

- 11.1. All ICPSP administrative and clinical documents regarding patients, including those on paper and electronic documents, will be

properly protected and may only be accessed by accredited medical staff.

- 11.2. The APMU telephone line is direct and answered by the doctors of that unit.
- 11.3. Documents mailed to the **PAIME** are protected and a specific record of income and outgoing mail is kept.
- 11.4. All patients are assigned a nickname which is kept, along with their real names, in the confidential **PAIME** programme case records.

In all cases in which **PAIME** therapeutic services are required, the name will be changed (see non-disclosure protocol) and a nickname assigned.

- 11.4.1. This nickname is obtained by maintaining the first name followed by the mother's second surname and the father's second surname, in that order.
- 11.4.2. The nickname will be used as a patient "identifier" in all programme care services.
- 11.4.3. The APMU will keep a confidential record of cases with the real name and nickname and other personal data, to ensure the identification of the cases being treated and respond in relation to the patient's identity only in cases in which this is strictly necessary as a result of a court order or due to an imminent and clear risk to the health and/or physical integrity of others.
- 11.4.4. If a patient requests a document in which that patient's real name must appear, he must first expressly authorise this in writing, specifying the use to be made of it.
- 11.4.5. In documents furnished by the patient with his real name, the name will be correctly blanked out.
- 11.4.6. If the therapist keeps a copy of the report he has made which contains the real name of the patient, he will blank that name out.

- 11.5. No information about **PAIME** patients will be given to any third parties without the express consent of the patient or they have not signed a valid TC. At the time of admission, the patient will give the names of the persons authorised to receive information in writing.

12/ Breach of Confidentiality

The Confidential obligation acquired by the **PAIME** may only be breached as a result of the specific clauses set out below. In event of breach in confidentiality, the appropriate complaint and continuous improvement mechanisms are established.

- 12.1. All actions carried out as part of the **PAIME** programme, including college and administrative activities and clinical and evaluation activities, are subject to the non-disclosure regulations.
- 12.2. This principle of confidentiality may only be breached in the following cases:
 - 12.2.1. If the patient has declared in writing what information may be furnished and to which persons and/or institutions.
 - 12.2.2. In the event of a medical emergency affecting an **PAIME** patient who is on any of the programme's premises which makes it necessary to transfer that patient to a more specialised centre.
 - 12.2.3. If there is a clear and imminent risk to the health and/or physical integrity of third parties.
 - 12.2.4. Following the express request of a court of justice.
- 12.3. Whenever a complaint or claim is filed due to breach of confidentiality, no matter through which channels, the programme

directors, clinicians and administrative staff will be informed and they will investigate the causes to verify the correct application of the confidentiality regulations and their improvement, if necessary.

- 12.4. In the event of a signed complaint being made in writing, an informative file will be opened to investigate the matter and draw conclusions about the reason for the complaint. In cases in which it is deemed necessary, the **PAIME** will interview all people affected by the complaint.
- 12.5. If the complaint was made in writing and submitted by a user, that user will receive the decision regarding the procedure initiated based on their complaint in writing.
- 12.6. All files opened due to breach of confidentiality will be submitted to the Quality Committee in order to establish continuous improvement criteria.

13/ Programming of the first evaluation visit

- 13.1. A first evaluation visit for the SP will be programmed, using his nickname, with a psychiatrist from the **PAIME**, indicating the time and date, the name of the therapist and the **PAIME TU** address, and requesting the confidentiality of the venue to be maintained.
- 13.2. In the case of patients from outside Catalonia who are making their first visit to the AU to receive treatment, before admission, they will undergo a psychiatric evaluation to confirm whether they should be admitted to the AU.

14/Therapeutic Contract

- 14.1. The Therapeutic Contract (TC) is the documentary evidence of a commitment between the parties signing it, with enormous ethical but no legal value. The common commitment is the rehabilitation of the SP so that he may return to work in the adequate conditions.
- 14.2. The TC is used in difficult cases in which the SP refuses to admit or denies he has a problem, or minimises that problem despite the existence of clear evidence that he has it and needs specialised controlled treatment. The TC is also useful if a therapist detects a relapse, especially in a negative trend of the process, and it is essential if there is a risk of malpractice and the SP wants to continue working.
- 14.3. There are two types of TC, which must always be made in writing and signed by the parties: that signed by the therapist and the SP (TC-T) and that signed by the college (TC-COM).
- 14.4. The therapist must sign the TC with the SP:
 - 14.4.1. When it is established that the access route is an IVR but the inducer has not contacted the programme or Medical College.
 - 14.4.2. When the therapist considers it appropriate in the interest of the therapeutic process.
- 14.5. The Medical Colleges must take part and sign the TC-COM contracts in the following cases:
 - 14.5.1. When the case has entered the programme through a CC, an IVR and an IVR-R or an FD. In this case, the APMU informs the Secretary of the Medical College about this and prepares the

most appropriate TC-COM document, together with the Medical College legal department.

14.5.2. When the therapist observes a serious breach of the therapeutic guidelines prescribed for the SP, with a risk for the SP's rehabilitation process or for his practice. In such cases the therapist will inform the APMU and indicate the TC contents he considers most appropriate for the case, and the APMU will inform the Secretary of the respective Medical College and prepare the most appropriate TC-COM contract.

14.6. The TC-COM contract must normally be signed by the Medical College, following the professional corporate procedure that self-regulates its professional practice in accordance with the Ethical Code. The parties signing a TC are:

14.6.1. The SP who admits the problem and agrees to abide by the instructions of his psychiatrist.

14.6.2. The Medical College Board Secretary, or a person appointed by the Board for such purposes who will offer the SP and his therapist the respective resources (ICPSP) pursuant to confidential conditions (outpatient treatment in the territory and if necessary, admission in Barcelona) and help the SP with his employers if necessary, if the SP is pronounced fit.

14.6.3. The doctor (psychiatrist) treating the SP who agrees to be his therapist and describes the treatment guidelines and controls, specifying as often as deemed necessary the follow-up visit regime, frequency of toxicological controls, and individual and/or group therapy sessions.

14.6.4. It is also advisable for the following people to sign it:

- A tutor, who may be a colleague or in exceptional cases, a relative. This must be a person accepted by the SP who can stay with him practically every day. His

function, which he must understand and accept, is to monitor the progress of the SP with respect to attitudes and conduct and eventually, practice, in order to ensure the timely detection of possible mental or conduct alterations that could lead to a relapse or failure to comply with the psychiatrist's indications. If the process does not go as expected, this tutor will inform the psychiatrist and above all the Medical College.

- In each case the advisability of a person from the workplace of the SP also signing will be analysed such as the medical director or Hospital service head, or the Primary Care Area director. His main function is to favour the return to work of the SP if he is stable and/or cured and allow him to attend visits, therapy sessions and controls, if this is required by his psychiatrist.

14.7. The APMU regularly send the psychiatrist and tutor a series of Monitoring Report (MR) forms on the case, to keep the Medical College Secretary informed about the evolution of the process:

- Attending visits, complying with therapeutic indications, attitudes and conduct in general. The MR will refer to the SP by his nickname, to preserve his identity.

14.8. On the contrary, the TC contains the real name of the SP and the number of copies made is equal to the number of person signing. The TC term may also be modified, depending on the seriousness of the case. As a general rule, it has a term of 6 months, and may be expressly renewed.

- 14.9. At the end of the TC is a clause that refers to the possibility of disqualifying the SP from exercising his profession in the event of clear failure to comply with the TC signed originally.
- 14.10. The termination of a TC also involves the same signature procedure.
- 14.11. An SP with a signed TC cannot be discharged without officially terminating his TC-COM.

15/Requests from other ICPSPs in Spain and the rest of Europe

It is important to design the procedure for receiving an **PAIME** request from Medical Colleges from other regions, to offer a speedy and agile response to the SP with every assurance of confidentiality.

- 15.1. Since most of these requests are exclusively to enter the Galatea Clinic in Barcelona, access to the programme is the same as for physicians from Catalonia, except with respect to the following:
 - 15.1.1. In all cases, the latest medical reports will be furnished beforehand, ensuring complete confidentiality.
 - 15.1.2. If the patient was treated recently by a professional, the patient will be asked for authorisation to speak to him.
 - 15.1.3. In requests to enter the AU, a prior interview must be held with one of the **PAIME** psychiatrists, so that he can evaluate the indication for admission. After confirming the need for admission, the **PAIME** psychiatrist will complete the Referral Proposal form for admission to the **PAIME**.
- 15.2. All requests must guarantee the cost of the services is covered.

16/ Abandoning the PAIME

There are different ways to abandon the **PAIME**, some related to the successful outcome of the treatment and some defined by other circumstances. They are all described below:

- 16.1. Administrative Discharge: in all these cases the patient will be routed to the care services deemed most appropriate:
 - 16.1.1. Declaration of permanent disability by the Spanish Social Security Institute (INSS), in any grade.
 - 16.1.2. Irreversible professional disqualification by the respective Spanish Medical Colleges Association or the courts of justice.
 - 16.1.3. Patients who have not exercised their profession for more than one year for any reason.
 - 16.1.4. Retirement. Patients retiring from their professional activity on a third party's account who declare they continue to exercise a private practice must take out a professional civil liability insurance policy to be entitled to continue to receive the programme benefits.
 - 16.1.5. Change of address of the patient, making it impossible to continue participating in the **PAIME**.
 - 16.1.6. Being expelled from the programme due to a serious and/or reiterated breach of regulations, which must be approved following a report from the Admissions Unit Head and Programme Care Director. If there is a valid TC or an obvious risk for practice, the situation will be reported to the respective Medical College for it to take the steps it considers appropriate.

16.2. Medical Discharge:

16.2.1. Due to complete cure, if the therapist responsible considers the patient completely cured of the disorder that led to his inclusion in the programme and that he is stable and there is nothing that makes him suspect he will not remain so over a reasonable period of time.

In this case, the therapist responsible for the patient will give the patient a discharge report explaining the diagnosis and the case evolution up to that time.

16.2.2. Due to exhausting the therapeutic options of the **PAIME**. When the therapists responsible for the patient consider that he will not likely exercise his profession again and that the all the programme's resources have been used up, they will refer him to care in the most appropriate public service. In this case, they will issue a clinical report of discharge based on referral with the particulars of the centre to which the patient is being referred and the date of the first visit.

16.2.3. Voluntary Discharge (against medical criterion). Patients who wish to do so may abandon the programme, after first signing a voluntary discharge form.

This excludes SPs whose therapists consider that they pose a risk to practice and those signing a TC with their Medical College.

In these cases, the therapists will inform the respective Medical College through the APMU.

16.3. Discharge with Monitoring: this occurs in cases showing clear clinical improvement but not considered apt for final discharge. To be considered a "discharge with monitoring" case, the patient in question must receive at least the following services, simultaneously and on a continuous basis:

- 16.3.1. A twice-monthly individual or group psychotherapy session, as indicated by their therapist.
 - 16.3.2. A medical visit at least every 6 months.
- 16.4. Discharge due to continuous relapses. In addictive process, a relapse is when a patient repeats drug abuse for any reason. In principle the **PAIME** programme does not envisage any relapses in its therapeutic and rehabilitation processes.
- However, in the case of a relapse, the evolution of the process over time is very important, as if this evolution is positive in general, up to one, two or three relapses at most may be admitted over a period of 3-5 years.
- But in the following cases, the therapist must immediately inform the ICPSP APMU for it to assess the situation and if necessary, inform the respective Medical College:
- 16.4.1. If there are more than 2 relapses over a period of no more than 12 months.
 - 16.4.2. If a process lasts longer than 12 months and the time interval between relapses is shortened to less than 3 months.
 - 16.4.3. If the magnitude of the relapse and the restoring of the addictive clearly interfere with treatment and/or professional practice.
- 16.5. Due to death: on the death of the SP for whatever cause. In all cases, every attempt will be made to find out the immediate cause, with the due legal safeguards and the circumstances of the death, in case they are related to the therapeutic processes implemented by the **PAIME** at the time.
- 16.6. Due to abandoning the programme:

- 16.6.1. Due to failing to visit the Treatment Unit. If an SP receiving **PAIME** treatment fails to attend 3 consecutive visits with no clear justification, firstly the outpatient clinic will try to contact him in order to find out the reasons for his non-attendance and resume the therapeutic process. If no response is obtained through this channel, the therapist will notify the ICPSP APMU and assess the possible risks. If there is no TC-COM and no risk for practice, the therapist will issue an attendance report which will be sent to the APMU, and the latter will send it by post to the SP and discharge him from the **PAIME** programme.
- 16.6.2. Due to the wish of the physician to stop attending the ICPSP programme. If there are no clinical symptoms that pose a risk for practice and no Therapeutic Contract signed with the Medical College, the patient must sign the voluntary discharge form and he will be discharged from the programme.

17/Participation of the Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board

The Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board (FPSOMC) belongs to the Spanish Medical Colleges Association and its main mission, since its constitution, is to exercise solidary actions for all its members and protect them and their families in all situations in which this is necessary.

The Medical Colleges Regional Boards act as interlocutors with the regional government. Each Council cooperates with this government and establishes

cooperative agreements with them through which they can cover the costs for their patients, member physicians and **PAIME**.

At this time of profound economic crisis, in which cutbacks affect most programmes receiving public subsidies, the **PAIME** agreements between Councils and their respective Regional Governments have also witnessed a reduction in these funds, and in some cases, the entire amount of the subsidy. In view of this, some councils have decided to seek aid from the Foundation, within the heading of aid and contributions for promoting, preventing and protecting the health of physicians.

Firstly through its Governing Board and secondly through its Trustees Board, the Foundation evaluates requests for help from Regional Medical College Councils, in the event that the latter decide to do this, for the purpose of admitting **PAIME** patients into approved and accredited clinics¹ and suppliers of this Programme. Requests are submitted in the form of a letter from the Council Secretary addressed to the Foundation, explaining the relationship between the Council and the respective Regional Government Department, the annual subsidiary awarded by it through the Annual Agreement and the percentage of the subsidy requested from the FPSOMC to cover the cost of **PAIME** admissions.

The Medical College must take charge of the outpatient treatment established by the College through the respective collegiate medical team. Each College must evaluate whether it will treat the sick physician and the percentage of the outpatient treatment cost.

In the event of readmission due to mental illness, the Foundation will deal with all cases, attaching the respective medical report to the request for readmission.

In cases of readmission for addiction, each case is analysed separately and the Foundation will award the subsidy provided at least one year has passed since the first admission.

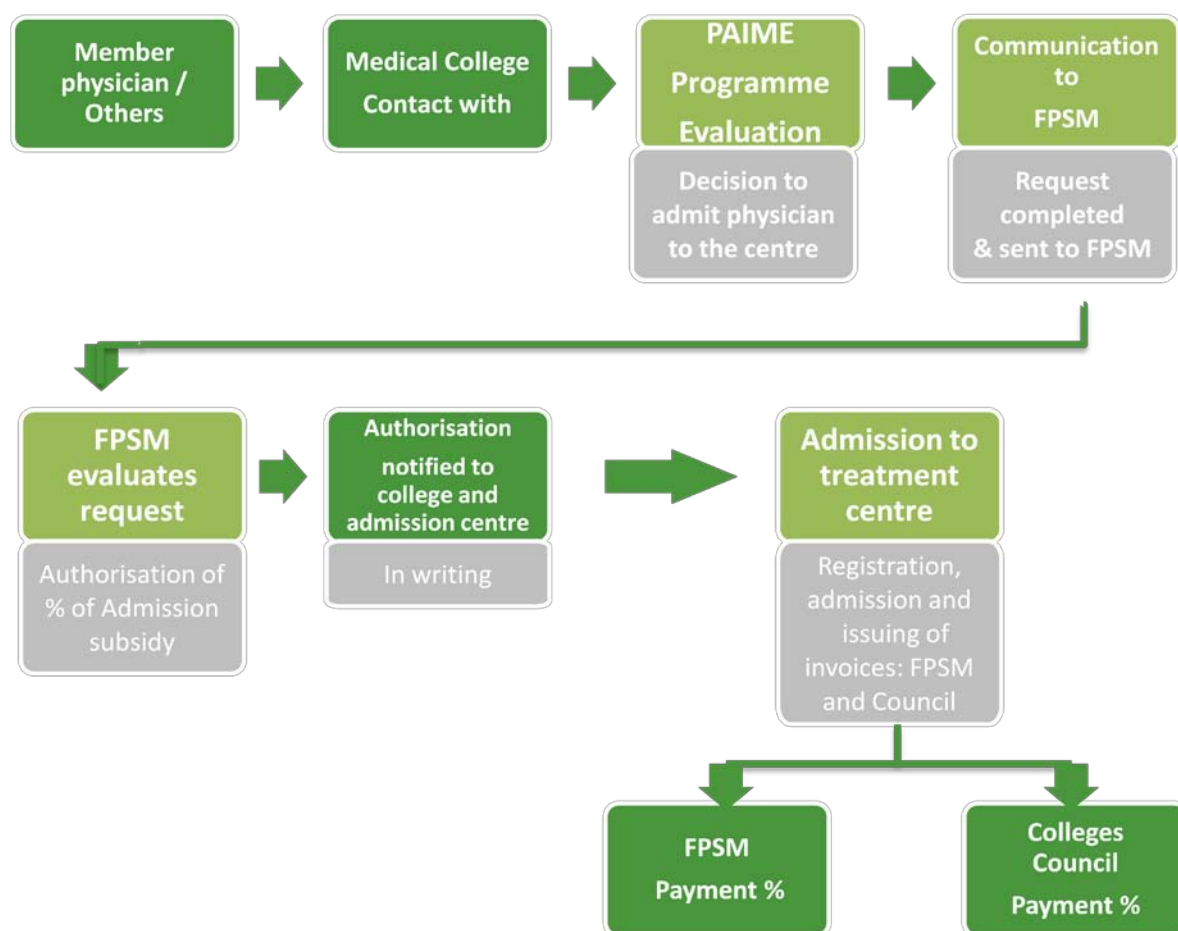
¹ The Clinic authorised to accept subsidised PAIME admissions by the FPSOM is the Galatea Clinic, in Barcelona.

Once the Governing Board has analysed the request, if it decided to award the requested aid, the medical colleges belonging to the Council previously authorised to receive the subsidiary enter the **PAIME** admissions management circuit. This circuit is simple but it is important to comply with it, in order to order the admission and the expenses incurred by that admission.

The general procedure to be followed is set out below:

1. Written request to the FPSOMC by the Regional Medical College Council Secretary for the expense percentage incurred by **PAIME** admissions receiving the aid from the FPSOMC.
2. Response from the FPSOMC Governing Board to the Regional Council, awarding or not awarding the subsidy of the percentage corresponding to the admission.
3. In the event of having to execute an **PAIME** admission, if the subsidy has been awarded, the procedure is as follows:
 - 3.1. The College will send the FPSOMC with the **PAIME** Admission Authorisation request form by e-mail, duly completed. This form is available in the Foundation's Annual Service Catalogue.
 - 3.2. The FPSOMC will inform the College by e-mail that the admission has been authorised.
 - 3.3. The FPSOMC will inform the clinic by e-mail that the admission is authorised.
 - 3.4. The College will contact the clinic to arrange the admission.
 - 3.5. The **PAIME** patient is admitted.
 - 3.6. The clinic bills the FPSOMC after the patient's stay for the percentage of the cost authorised beforehand by the Governing Board of the Regional Medical Colleges Council.

FLOWCHART – PAIME



During the first quarter of each year the Regional Medical Colleges Councils receiving subsidies from the FPSOMC for **PAIME** admissions requested by their college members must present the following documents to it, corresponding to the previous year:

1. Copy of the valid Agreement signed by the Regional Council and the respective Regional Government Department.
2. ICPSP Activity Report. This describes the **PAIME** activity carried out by the Medical Colleges Regional Council through its member colleges.
3. ICPSP Economic Report. This includes the economic data for **PAIME** admissions authorised in the reference clinic during the past year.
4. **PAIME** Care Data Form.

5. **PAIME** Administrative Data Form.
6. **PAIME** Evaluation Data Form.

All this information will allow the Foundation to carry out the rational and transparent management of the resources allocated to the ICPSP, report this management to the Councils, Colleges and the members, and draft the Annual ICPSP Report which is used to analyse the evolution of the Programme throughout the region where it is implemented.

ANNEXE I / ICPSP OPERATING PROTOCOLS²

- P.1. Requirements to enter the programme
- P.2. Programme access routes
- P.3. Receipt of requests
- P.4. Criteria for detecting risks for practice
- P.5. Criteria for establishing and/or modifying the grade of voluntariness
- P.6. Induced VR
- P.7. Confidential Communication
- P.8. Criteria for determining the grade of clinical seriousness by the APMU
- P.9. Non-disclosure regulations
- P.10. Breach of Confidentiality
- P.11. Programming of first visit. Acceptance of process monitoring and participation in the programme
- P.12. Difficult Cases Monitoring Committee
- P.13. Therapeutic Contract
- P.14. Requests from other ICPSPs in Spain and the rest of Europe
- P.15. Abandoning the **PAIME**

² The protocols included in this Annexe were contributed voluntarily by the Galatea Foundation and reviewed and agreed on by the Work Group responsible for drafting this Manual.

P.1/PROGRAMME ADMISSION REQUIREMENTS

1. Be in possession of a medicine degree.
2. Be registered with his respective medical college.
3. Have exercised his profession or worked during the course of the last year and be in a position to return to active employment.
4. Be affected by a mental or addictive disorder that reduces the quality of his professional service and poses a risk for patients.
5. Be admitted through the Spanish Medical Colleges **PAIME** programme.
6. Be able to cover the funding of the services. In the case of Catalonia and other Spanish regions that have agreements with the respective regional authorities (Health Departments) and Medical Colleges (COM), the **PAIME** services may be covered in part or in full. In all cases, before entering the programme, this aspect must be clarified by both parties

P.2/PROGRAMME ACCESS ROUTES

- 2.1. Voluntary request (VR) to enter the **PAIME**, made by the sick physician (SP) requesting to enter the programme. A VR may also be:
 - 2.1.1. Spontaneous (SVR), when the SP has asked for treatment mainly of his own accord.

- 2.1.2. Induced (IVR) when the SP asks for help due to the pressure of someone from his family or a work colleague who has great sway and/authority over him.
- 2.1.3. Induced with risk (IVR-R). An IVR may also be classified as posing a risk (IVR-R) if the inducer does not inform the APMU and /or the Medical College and the SP has not explained it at the time of entering the programme. This diagnosis will be made afterwards, given that at the clinical interview, the patient is presented as an SVR.
- 2.2. Confidential Communication (CC) takes place when a third person informs the Medical College and/or ICPSP of a potential SP. In this case, all the case information is requested and the APMU, along with the person submitting the information, establish a strategy for persuading the SP to voluntarily request help from the **PAIME**.
- 2.3. Formal Denouncement (FD) is when the Medical College is informed of a potential SP through a formal letter addressed to the Medical College which also explains the main circumstances of the reported case and the identification particulars of the person reported and the person reporting him, and the signature of the latter.
- 2.4. In any of these cases, no matter what type of request, if the information received indicates there is a risk for medical practice, the Medical College Secretary or person designed for that purpose by the Governing Board will be informed, in order to determine the type of action to be carried out.

P.3/RECEIPT OF REQUESTS

- 3.1. In all cases requests will be received through the **PAIME** Admissions and Process Monitoring Unit (APMU) and preferably by telephone.

- 3.2. The requests will be responded to by a programme doctor or psychologist who is bound by an obligation of non-disclosure.
- 3.3. The requests submitted may be for information about how the programme functions, for treatment for the caller or for an SP, or to provide information to a potential SP.
- 3.4. In the event of a request for treatment, an admission interview will be conducted over the telephone to obtain the affiliation particulars, confirm the person is a member of the College and that he is currently exercising his profession and to obtain the minimum information necessary to deal with the case.
- 3.5. Regardless of the route used to access the **PAIME** programme, the following will be assessed: potential risks for professional practice, the extent to which the request is voluntary, the seriousness of the case and possible work-related implications, in order to offer the appropriate guidance.
- 3.6. Information will be provided about certain characteristics of the programme: non-disclosure (see non-disclosure protocol), specificity of the services and acceptance of and association with the programme.
- 3.7. The APMU will complete the First Call Sheet with the affiliation data and a summary of the admissions interview. This sheet will be sent to the Clinical Unit along with the respective PAAD, which must be signed by the patient.
- 3.8. The SP will be informed that he must sign the Programme Admissions Acceptance Document (PAAD) before the first visit as a prior mandatory process to access the treatment.

P.4/ CRITERIA FOR DETERMINING THE RISK OF MALPRACTICE

It will be considered that a risk of malpractice exists if the SP wishes to exercise his profession and there are signs that he lacks the necessary capacity and/or ability for the normal development and guarantee of correct medical practice, with a risk to the health of others or to the SP himself.

4.1. Such criteria will be established and/or modified insofar as is possible by:

- The Admissions Process Monitoring Unit (APMU) of the **PAIME**, when the request for care is made or a CC is submitted for a potential case by a third party.
- The SP's therapists during the entire therapeutic process.

4.2. When a potential patient is admitted to the **PAIME**, the APMU will ask whether there is any risk for professional practice. Likewise, during the care process, the **PAIME** therapists will investigate any suspicion of risk in practising medicine generated by the patients being treated.

4.3. A situation of risk for the practice of an **PAIME** patient may be established:

4.3.1. Based on the affirmation of the SP when he is asked or the affirmation of the confidential person reporting the case.

4.3.2. Based on complaints about the SP made in writing, which indicate this risk may exist.

- 4.3.3. Based on reiterated, specific statements made in this respect by the SP's colleagues and/or superiors.
- 4.3.4. Based on the SP's therapist after performing the initial case evaluation and/or depending on the evolution of the case during the course of the therapy.
- 4.4. After determining a situation of risk, the APMU will notify the Secretary of the College to which the SP belongs. If this situation of risk is observed by the SP's therapist, the latter will inform the APMU so that it can inform the Medical College Secretary.
- 4.5. If there is a discrepancy between the information of the APMU and that of the SP's therapist, a comparison of the data will be made by the former.

P.5/ CRITERIA FOR ESTABLISHING AND/OR MODIFYING THE GRADE OF VOLUNTARINESS

- 5.1. The grade of voluntariness in a request for **PAIME** care is firstly established, if possible, by the ICPSP APMU when the first request for care is made or the CC for a potential case submitted by a third party. On the other hand, during the therapeutic process, the SP's therapists may modify the grade initially established by the APMU.
- 5.2. When a potential SP is admitted to the **PAIME**, the APMU will investigate the extent to which the request is voluntary and record it clearly on the first call sheet. During the care process, if the ICPSP therapists detect that the grade of voluntariness of a patient does not correspond to what was originally stated by the APMY, this will be recorded in the clinical evolution and notified to the APMU.

5.3. The grade of voluntariness of a request or care process is established as follows:

- 5.3.1. If the SP has not spoken about his problem to anyone or his need to be treated by the **PAIME**, the process will be classified as a Spontaneous Voluntary Request (SVR).
- 5.3.2. If the SP has spoken to someone about his problem or about his need to be treated by the **PAIME**, but has not been pressurised to join the programme, the process will be classified as a Spontaneous Voluntary Request (SVR).
- 5.3.3. During the process, if the therapist discovers that someone from the SP's work setting with sway and/or authority over the SP (who has already entered as a SVR) told him he had a "health problem" and needed help and/or that he had to participate in the **PAIME**, the process will be classified as an Induced Voluntary Request (IVR). This entails special monitoring of the grade of voluntariness by the APMU and a TC signed by the therapist (TC-T).
- 5.3.4. When someone from the work setting with sway and/or authority over the SP notifies the **PAIME** that a doctor from his team has a "health problem" and has persuaded him to be treated by the **PAIME** (whether or not the SP knows he has contacted the **PAIME**), when the SP accesses the programme, the process will be classified as an Induced Request with Risk (IR-R) and the APMU will report this to the Medical College Secretary in order to initiate the respective exercise control prevention measures.

P.6/INDUCED VOLUNTARY REQUESTS

- 6.1. To ensure better case monitoring, the APMU will ask the SP whether he is participating of his own accord or following pressure by others and if the problem has transcended his work setting.
- 6.2. In the two latter cases, to allow the SP to continue working and establish a firm commitment between the parties involved, to promote success in the case, it may be useful to contact the person inducing the Request, in all cases with the consent of the potential patient.
- 6.3. It is therefore advisable for those inducing the SP to make the request (colleagues and/or superiors) to ensure that the latter has also requested treatment in the **PAIME**, and they should also notify the APMU and warn the SP about this as soon as possible.

If the person inducing the request has contacted the **PAIME** (whether or no he informed the SP of the call), in the event of a possibility of risk for practice, the inducer will be asked to inform the Medical College Secretary of this situation, so that the respective procedure can be initiated if necessary, including the opportune prevention measures.

P.7/CONFIDENTIAL COMMUNICATION

- 7.1. First of all the APMU must evaluate the seriousness and importance of the information received. The confidential nature of the information and the person submitting it will be respected provided

the content of the report is not serious and important for the health of the person affected and/or others; otherwise, the APMU will immediately inform the Secretary or person from the Governing Board of the respective Medical College designated for that purpose.

- 7.2. When confidential information is received, the person submitting it will in all cases be advised that it is best for him to convince the potential SP to ask for help voluntarily. In this case, it would be an IVR.
- 7.3. The best option is for the person submitting the information and the potential SP to both make the call and ask for information and/or help from the **PAIME**, as this establishes a triangle of consented communication and confidential is maintained.
- 7.4. If the potential SP refuses to admit the problem or to make a voluntary request for treatment, the person submitting the information must write to the secretary or person from the Board of the respective Medical College designated for that purpose and inform him of the case, and of all circumstances that might justify the College's intervention, evaluating the case and opening the respective file for surveillance and control of the professional exercise or the respective classified information or disciplinary file, as appropriate.

P.8/ CRITERIA FOR THE ESTABLISHMENT BY THE APMU OF THE CLINICAL SERIOUSNESS

- 8.1. The clinical seriousness of the care requests is determined firstly by the APMU. This unit first gives priority to urgent requests as opposed to non-urgent ones.
- 8.2. At present the ICPSP Clinical Unit (CU) is not able to deal with urgent requests and for this reason they are submitted to a Hospital Psychiatric Emergency Service.
- 8.3. Then the APMU will establish:
 - 8.3.1. Whether the SP has expressed a clinically “serious event”.
 - 8.3.2. Whether the person evaluating the seriousness is the SP or whether it is a family member.
 - 8.3.3. Whether the person evaluating the seriousness is the SP or a qualified doctor or psychologist who has been acting as the therapist of the potential SP.
 - 8.3.4. Whether it is necessary to schedule an admission to in an Admissions Unit (AU) because the patient is referred by an ICPSP outside Catalonia or by a doctor or a psychiatrist who was asked to act as the patient’s therapist.
- 8.4. In explaining the reason for the **PAIME** treatment request the APMU will try to identify whether the potential SP has:
 - 8.4.1. Intentions to injure himself or others.
 - 8.4.2. A history of suicidal intention at the time of the Request.
 - 8.4.3. Possible delusions or hallucinations.

- 8.4.4. Symptoms of agitation or loss of self-control.
- 8.4.5. Associated organic pathology that requires the services of a general hospital.
- 8.4.6. Situation of drug use and/or abstinence posing a danger for the person or for his practice.

8.5. In cases in which the APMU considers it necessary to schedule admission of an SP in the ICPSP AU as the first therapeutic step, he will ask the head of that Unit to decide on the actions that must be taken. In the event of doubt, the **PAIME** Clinical Director will decide.

P.9/NON-DISCLOSURE REGULATIONS

- 9.1. All actions taken within the framework of the **PAIME** programme, including college and administrative actions, are subject to strict non-disclosure regulations.
- 9.2 All administrative and clinical documents regarding patients, including those on paper and electronic documents, will be properly protected and may only be accessed by accredited medical staff.
- 9.3. The APMU telephone line is direct and answered by the doctors of that unit.
- 9.4. In all cases that require therapeutic services or **PAIME** evaluator, the name of the patient will be changed and a nickname assigned.
 - 9.4.1. This nickname is obtained by maintaining the first name followed by the mother's second surname and the father's second surname, in that order.
 - 9.4.2. The nickname will be used as a patient "identifier" in all programme care services.

- 9.5. The Admissions and Process Monitoring Unit (APMU) will keep a confidential record of cases with the real name and nickname and other personal data, to ensure the identification of the cases being treated and respond in relation to the patient's identity in the cases set out in section 9.8.
- 9.6 All mail sent to the **PAIME** is protected and a specific record is kept of incoming and outgoing mail.
- 9.7. All patients are assigned a nickname which will appear together with the real name in the confidential record of **PAIME** programme case.
- 9.7.1. If a patient requests a document in which that patient's real name must appear, he must first expressly authorise this in writing.
- 9.7.2. In documents furnished by the patient with his real name, the name will be correctly blanked out.
- 9.7.3. If the therapist keeps a copy of the report he has made which contains the real name of the patient, he will blank that name out.
- 9.8. At the time of admission to the programme, the patient will give the names of the persons authorised to receive information in writing. No information will be provided about any **PAIME** patient to third parties without the express consent of that patient, except if the communication is addressed to the Public Prosecutor's Office, Judges, Courts, Ombudsman or equivalent persons at state level, during the exercise of the functions attributed to them.
- 9.9. The location of the **PAIME** Clinical Unit is made known exclusively to its users, and they are recommend to not disclose this information, in order to assure maximum confidentiality.

- 9.9.1. Waiting rooms in outpatient clinics are individual, to ensure that the SPs have the least possible contact with other users.
- 9.9.2. Access to the Admissions Unit is exclusively reserved for patients, professionals, therapists and any person expressly permitted to access it.

P.10/ BREACH OF CONFIDENTIALITY

10.1. Confidentiality may only be breached in the following cases:

- 10.1.1. With the express, written authorisation of the SP stating what information may be furnished and to which persons and/or institutions.
- 10.1.2. In the event of a medical emergency affecting an **PAIME** patient who is on any of the programme's premises which makes it necessary to transfer that patient to a more specialised centre. In this case, authorisation will be expressly set out in the PAAD.
- 10.1.3. If there is a clear and imminent risk to the health and/or physical integrity of the patient and/or third parties. The authorisation in this case will be expressly set out in the PAAD.
- 10.1.4. Following the express request of the Public Prosecutor's Office, Judges, Courts, Ombudsman or their equivalents at state level, in exercising the functions attributed to them.

10.2. Whenever a written or verbal complaint or claim is filed due to breach of confidentiality, it will be transferred to the programme directors who will order an investigation to be opened to verify the causes. The persons involved will be informed of the final result and

if necessary, the pertinent corrective measures will be implemented to minimise or prevent similar situations.

- 10.3 All files opened due to breach of confidentiality will be reviewed by the ICPSP Difficult Cases Monitoring Committee in order to establish the respective improvement criteria, if necessary.

P.11/ PROGRAMMING OF THE FIRST EVALUATION VISIT. ACCEPTANCE OF PROCESS MONITORING AND ASSOCIATION WITH THE PROGRAMME

- 11.1. A first evaluation visit for the sick physician will be arranged with a psychiatrist from the **PAIME**, indicating the time and date, the name of the therapist and the **PAIME** Treatment Unit address, and asking for the venue to be kept secret.
- 11.2. The Admissions Process Monitoring Unit (APMU) will inform all sick physicians who wish to be attended by the **PAIME** of the existence of the Programme Admissions Acceptance Document (PAAD), which he must sign before attending the first visit. The PAAD form is posted on the **PAIME** website.
- 11.3. In the PAAD the sick physician will assume the role of patient and thus undertake to follow the instructions of this therapists. Likewise the PAAD will include a clause saying that if the patient wishes to abandon the programme he must obtain the consent of his therapist or at least inform the therapist.

11.4. On the other hand the **PAIME** undertakes to apply the programme services, except for cases in which, due to age or disability, the patient has lost the right to receive them. Confidentiality will be observed. with certain exceptions set out in the PAAD.

For the proper closing of all clinical files, if a patient fails to attend the scheduled visit or does not call to cancel it, he will be contacted by telephone to arrange a new visit, or allow him to speak to this therapist.

11.5. The PAAD will be furnished to the SP by the Clinical Unit admissions staff when he attends the first visit. After reading it carefully, the patient must sign it if he wishes to attend the first visit.

11.6. The criteria for establishing the grade of association with the programme are as follows:

11.6.1. All physicians requesting aid from the programme will be considered Potential **PAIME** Cases (PC). Request for aid means they must have contacted the APMU and have a first visit assigned. Then the APMU will open a clinical file with the first call sheet and assign a potential case number.

11.6.2. A case is considered an **PAIME** case (P) when he has signed the PAAD. Then the Clinical Unit admissions staff will assign him a P number.

11.6.3. If the patient fails to attend the first visit or does not sign the PAAD, it is considered that he is still a PC.

11.6.4. If the patient has attended the first visit and fails to attend any successive ones, the APMU will contact the patient to find out the reason why he is no longer associated with the programme and if there is no information that leads to the suspicion of a potential risk for practice, an administrative discharge will be made and the patient's file will be closed.

11.7. In the case of patients from outside Catalonia being admitted for the first time to the Admissions Unit for treatment, they will first undergo a psychiatric examination to confirm they should be admitted to the Unit.

P.12/DIFFICULT CASES MONITORING COMMITTEE

12.1. The **PAIME** Difficult Cases Monitoring Committee has the following functions:

12.1.1. Supervise compliance of this protocol and also propose the necessary modifications or updates to the same.

12.1.2. Study and evaluate **PAIME** cases entrusted to it by the APMU or the **PAIME** therapist, due to their special complexity and if necessary, transfer the respective action proposal to the Governing Board of the Medical College.

12.2. The ICPSP Difficult Cases Monitoring Committee, which meets twice a month, has the following members:

- Medical College secretary or representative
- Medical College Ethical Committee Chairman
- APMU Director
- **PAIME** Managing Director.
- Two therapists, clinicians responsible for the programme
- Medical College legal consultant

12.3. With respect to the cases to be brought before the Committee, the therapist will furnish all the necessary information, anonymously

(without giving any real or nicknames) so that the Committee can prepare the action strategy.

P.13/THERAPEUTIC CONTRACT

- 13.1. The Therapeutic Contract (TC) is the documentary evidence of a commitment between the parties signing it, with enormous ethical but no legal value. The common commitment is the rehabilitation of the SP so that he may return to work in the adequate conditions.
- 13.2. The TC is used in difficult cases in which the SP refuses to admit or denies he has a problem, or minimises that problem despite the existence of clear evidence that he has it and needs specialised controlled treatment. The TC is also useful if a therapist detects a relapse, especially in a negative trend of the process.
- 13.3. There are two types of TC: that signed by the therapist and the SP and that signed by the college.
- 13.4. The therapist must sign the TC with the SP:
 - 13.4.1. When it is established that the access route is an IVR but the inducer has not contacted the programme or Medical College.
 - 13.4.2. When the therapist considers it appropriate in the interest of the therapeutic process.

13.5. The therapeutic and professional exercise conditions may be determined by the Medical College, and its direct intervention may be necessary in the following cases:

13.5.1. When the **PAIME** therapist or APMU has notified the Medical College.

13.5.2. When there are indications of a lack of the required capacity and/or competence for normal development, and assurance of adequate medical practice with a risk to the health of others or the SP himself.

13.5.3. When the case has been admitted through a Confidential Communication (CC) or an Induced Voluntary Request (IVR) also reported by a third party (for instance, a superior in rank), an Induced Voluntary Request with Risk (IVR-R) or a Formal Denouncement. In this case the APMU will notify the Secretary of the respective Medical College.

13.5.4. When the therapist observes a serious breach of the therapeutic guidelines prescribed for the SP, with a risk for the SP's rehabilitation process or for his practice. In such cases the therapist will inform the APMU and indicate the TC contents he considers most appropriate for the case, and the APMU will inform the Secretary of the respective Medical College who will propose the most appropriate practice control measures.

13.6. The TC contract must normally be signed by the Medical College, following the professional corporate procedure that self-regulates its professional practice in accordance with the Ethical Code. The parties signing a TC are:

13.6.1. The SP who admits the problem and agrees to abide by the instructions of his psychiatrist.

13.6.2. The Medical College Board Secretary, or a person appointed by the Board for such purposes who will offer the SP and his therapist the respective resources (**PAIME**) pursuant to confidential conditions (outpatient treatment in the territory and if necessary, admission in Barcelona) and help the SP with his employers if necessary, if the SP is pronounced fit.

13.6.3. The doctor (psychiatrist) treating the SP who agrees to be his therapist and describes the treatment guidelines and controls, specifying as often as deemed necessary the follow-up visit regime, frequency of toxicological controls, and individual and/or group therapy sessions.

13.7. It is also advisable that when exercising his professional duties, the patient incorporates a tutor who may be a colleague or in exceptional cases, a relative. This must be a person accepted by the SP who can stay with him practically every day. His function, which he must understand and accept, is to monitor the progress of the SP with respect to attitudes and conduct and eventually, practice, in order to ensure the timely detection of possible mental or conduct alterations that could lead to a relapse or failure to comply with the psychiatrist's indications. If the process does not go as expected, this tutor will inform the psychiatrist and above all the Medical College.

In each case the advisability of a person from the workplace of the SP also participating will be analysed such as the medical director or Hospital service head, or the Primary Care Area director. His main function is to ensure the patient remains stable and/or does not return to the addictive conduct and favour the return to work of the SP and allow him to attend visits, therapy sessions and controls, as determined by his psychiatrist.

13.8. For the therapeutic and professional conditions to be determined by the Medical College, the therapist will issue a report indicating the

main risk for practice. This report will include recommendations about possible actions to be taken (for instance, therapeutic guidelines to be met). The report will be sent to the APMU for processing with the respective Medical College.

13.9 The APMU will regularly send the psychiatrist and tutor a series of Monitoring Report (MR) forms on the case, so that the Medical College Secretary is informed of certain aspects of the process evolution: attendance at visits, compliance with therapeutic indications, attitudes and conduct in general. The MR will refer to the SP by his nickname, to preserve his identity.

13.10. On the contrary, the TC contains the real name of the SP and the number of copies made is equal to the number of person signing. The TC term may also be modified, depending on the seriousness of the case. As a general rule, it has a term of 6 months, and may be expressly renewed at the end of each period.

13.11. At the end of the TC is a clause that refers to the possibility of disqualifying the SP from exercising his profession in the event of clear failure to comply with the contract.

13.12. The discharge of an SP with a valid TC must be reported immediately to the Medical College so that the pertinent steps can be taken, such as lifting the conditions imposed, if applicable.

P.14/REQUESTS MADE BY OTHER ICPSPs IN SPAIN AND IN OTHER COUNTRIES

14.1. Since most of these requests are exclusively to enter the Admissions Unit, access to the programme is the same as for physicians from Catalonia, except with respect to the following:

14.1.1. In all cases, the latest medical reports and diagnostic tests will be furnished beforehand, and those documents will be treated in complete confidence.

14.1.2. If the patient was treated recently by a professional, the patient will be asked for written authorisation to speak to him.

14.1.3. In requests to enter the AU, the SP must be interviewed first by one of the **PAIME** psychiatrists, so that he can evaluate the indication for admission.

14.2. All requests must guarantee the cost of the services is covered.

P.15/ABANDONING THE ICPSP

15.1. **Administrative Discharge:** in all these cases the patient will be routed to the care services deemed most appropriate:

15.1.1. Declaration of permanent disability by the Spanish Social Security Institute (INSS), in any grade. The SP will also notify the Medical College of this situation.

- 15.1.2. Professional disqualification by the respective Spanish Medical Colleges Association or the courts of justice.
- 15.1.3. In the event of retirement or no longer exercising the medical profession
- 15.1.4. Change of address of the patient, making it impossible to continue participating in the ICPSP.
- 15.1.5. Being expelled from the programme due to a serious and/or reiterated breach of regulations, which must be approved by the Managing Director and programme Care Director following a report from the Admissions Unit Head. If there is a valid TC or an obvious risk for practice, the situation will be reported to the respective Medical College for it to take the steps it considers appropriate. Moreover, due to the complexity of the case, it will be reported to the **PAIME** Difficult Cases Monitoring Committee.

15.2. Medical Discharge:

- 15.2.1. Due to complete cure, if the therapist responsible considers the patient completely cured of the disorder that led to his inclusion in the programme and that he is stable and there is nothing that makes him suspect he will not remain so over a reasonable period of time. In this case, the therapists responsible for the patient will give the patient a discharge report explaining the diagnosis and the case evolution up to that time. In the event that a file is open in the Medical College, the latter will be notified of this circumstance in order to lift the prevention measures that were agreed.
- 15.2.2. Due to exhausting the therapeutic options of the **PAIME**. When the therapists responsible for the patient consider that he will not likely exercise his profession again and that the all the programme's resources have been used up, they will refer him to care in the most appropriate public service. In this case,

they will issue a clinical report of discharge based on referral with the particulars of the centre to which the patient is being referred and the date of the first visit. If there is a file open in the Medical College, the latter will be notified of this circumstance.

15.2.3. Voluntary Discharge (against medical criterion). With the exception of cases with a TC signed with their Medical College or if the therapist considers there is a risk for practice, patients who wish to do so may abandon the programme, after first signing a voluntary discharge form. In the first case, the therapists must notify the respective Medical College through the **PAIME** Admissions Process Monitoring Unit.

15.3. **Discharge with Monitoring:** this occurs in cases showing clear clinical improvement but not considered apt for final discharge. To be considered a “discharge with monitoring” case, the patient in question must receive at least the following services, simultaneously and on a continuous basis:

15.3.1. A monthly individual or group psychotherapy session, as indicated by their therapist.

15.3.2. A medical visit at least every 3- 6 months.

15.4. **Discharge due to continuous relapses and breach of therapeutic guidelines.** In addictive process, a relapse is when an abstinent patient repeats drug abuse for any reason and abandons the prescribed treatment. In principle the **PAIME** programme foresees that they may be occasional relapses with therapeutic monitoring and brief relapses in the context of therapeutic and rehabilitation processes. The ISPSP will not continue to attend to sick physicians with relapses who do not follow the prescribed treatment.

However, in the case of a relapse, the evolution of the process over time is very important, as if this evolution is positive in general, up to

one, two or three relapses at most may be admitted over a period of 3-5 years.

In the following cases, the therapist must immediately inform the ICPSP Admissions Process Monitoring Unit immediately for it to assess the situation and if necessary, inform the respective Medical College Secretary who will take the necessary steps.

15.4.1. If there are more than 2 relapses over a period of no more than 12 months.

15.4.2. If a process lasts longer than 12 months and the time interval between relapses is shortened to less than 3 months.

15.4.3. If the magnitude of the relapse and the restoring of the addictive clearly interfere with treatment and/or professional practice.

15.5. **Due to death:** on the death of the SP for whatever cause. In all cases, every attempt will be made to find out the immediate cause, with the due legal safeguards and the circumstances of the death, in case they are related to the therapeutic processes implemented by the ICPSP at the time.

15.6. **Due to abandoning the programme:**

15.6.1. Due to failing to visit the Treatment Unit. If an SP receiving ICPSP treatment fails to attend three consecutive visits with no clear justification, firstly the outpatient clinic will try to contact him in order to find out the reasons for his non-attendance and resume the therapeutic process. If no response is obtained through this channel, the therapist will notify the ICPSP APMU and assess the possible risks. If there is no TC-COM and no risk for practice, the therapist will issue an attendance report

which will be sent to the APMU, and the latter will send it by post to the SP and discharge him from the ICPSP programme.

- 15.6.2. Due to the wish of the physician to stop attending the ICPSP programme. If there are no clinical symptoms that pose a risk for practice and no TC-COM has been signed, the patient must sign the voluntary discharge form and he will be discharged from the programme.
- 15.6.3. If a TC or a TC-COM was signed or if there is risk for practice, the therapist will inform the APMU, which will inform the Secretary of the Medical College, for his to take the opportune steps

ANNEXE II / DATA ENTRY

FORMS³

1. First Interview Sheet.
2. Programme Admission Acceptance Document.
3. Referral proposal for admission to **PAIME**.
4. Therapeutic Contract.
5. Therapeutic Contract without Tutor.
6. Therapeutic Contract with Tutor.
7. Therapeutic Contract Monitoring Report.
8. Informed Consent.
9. Clinical History.
10. Regular Report.

³ The forms included here have been proposed by the Technical Work Group responsible for drafting this Manual. Most of them were furnished by Dr Juan Luis Mendivil Ferrandez.

1/ INCOMING CALL – FIRST INTERVIEW

ICPSP

DAY:

TIME:

PERSON ANSWERING THE CALL:

LIC. NO.:

PERSON MAKING THE CALL

Name:

Telephone:

Relationship: SP Relative Colleague Superior Other:

How did they know about the ICPSP?

EXPLANATION OF THE PROGRAMME YES NO

PARTICULARS OF THE SP

Name:

ID:

Date of birth:

Gender:

Civil status:

Profession:

Special field:

Number of children:

Where he/she works:

Address:

Telephones:

Who he/she lives with:

Main problem:

Since:

Treated or being treated by Dr:

Special field:

Telephones:

CASE PARTICULARS:

EVALUATION

Grade of voluntariness: SVR IVR CC Denouncement

Clinical seriousness: YES NO Comments:

Risk for practice: YES NO Comments:

AGREED

Nickname:

First Visit:

Was he/she informed about the Programme admissions acceptance document? [] YES [] NO

2/ ACCEPTANCE OF ADMISSION TO THE PROGRAMME

The undersigned, Mr/Mrs. _____, nickname assigned to patient when entering the programme and which appears in the confidential case register of the Integral Care Programme for Sick Physicians (ICPSP), who will from now on be referred to as patient,

DECLARES that he/she is a physician who exercises medicine at _____, and **STATES** that he/she wishes to be admitted to the ICPSP, after being informed about its characteristics, in order to be treated for his/her problem.

To that end the **PATIENT AGREES TO:**

1. Follow the treatment prescribed, attend the follow-up visits and undergo all tests he/she is required to undergo by his/her therapist, depending on the type and evolution of his/her condition.
2. To not abandon treatment until he/she has been discharged by his/her therapist. If the patient should wish to abandon the ICPSP programme, he/she must inform his/her therapist.

In turn, the **ICPSP:**

1. Will provide the care services offered by the GALATEA CLINIC that the patient may need, with the specificity and specialisation set out in the Programme, so that the patient make a full can recovery and be able to return to the correct exercise of his/her medical professional.
2. Will maintain full confidentiality with the following exceptions:
 - a) In the event of a life-threatening emergency, when the persons, relatives or colleagues indicate by the patient for such purposes will be notified of the situation:

Indicated persons: Contact telephones:

- _____
- _____

b) In the event that the patient authorises his/her ICPSP therapist to inform the following persons about his/her state of health:

Authorised persons: Contact telephones:

- _____
- _____

c) He/she also authorises the GALATEA FOUNDATION to notify the secretary of the Medical College of _____ in the event of a suspicion of malpractice existing, pursuant to article 102 of the Medical Ethical Code that could endanger the health of third parties, or in the event of a breach of the therapist's indications and/or the therapeutic contract provisions, if one has been signed. In the event of not wanting to disclose his/her data under the terms set out above, he/she may declare this and send an e-mail to info@clinica-galatea.com. If that notification is not received within 30 days from the date of signing this form, we will consider that he/she agrees to that data disclosure. __/__/__

The patient is informed that the personal data furnished will be included in a file belonging to the GALATEA FOUNDATION (A PRIVATE ENTITY) for the purpose of receiving ICPSP Programme care services from the GALATEA

CLINIC. To that end, he/she expressly agrees to allow the GALATEA FOUNDATION and the GALATEA CLINIC to process his/her health data.

In the event of providing data related to another individual before their inclusion, he/she must inform them about the matters set forth in this clause.

The patient may exercise his/her rights of access, rectification, cancellation and objection to the processing of their data by the GALATEA FOUNDATION and the GALATEA CLINIC by sending an e-mail to: info@clinica-galatea.com.

In witness whereof, the patient signs this document:

Mr/Mrs: _____

(patient starting the ICPSP treatment)

_____, ____ 20__

3/ ICPSP admission referral proposal

NAME OF PATIENT:

Age:

Telephone:

NAME OF RELATIVE WHO SHOULD BE CONTACTED:

Telephone:

REASON FOR ADMISSION:

PSYCHIATRIC HISTORY:

MEDICAL HISTORY:

MAIN DIAGNOSIS:

SECONDARY DIAGNOSES:

CURRENT TREATMENT/TREATAMIENTO ACTUAL:

REASON FOR ADMISSION:

READMISSION: YES Readmission no.: Date of previous readmission:
 NO

PROPOSAL DATE:

KNOWN TO THE MEDICAL COLLEGE OF:

DOCTOR MAKING THE PROPOSAL:

4/THERAPEUTIC CONTRACT

Made in _____, on _____ 20____

BY AND BETWEEN:

• Party of the first part, Dr _____
,
appearing as Secretary of the Medical College of _____.

• Party of the second part, Dr _____
appearing as the physician exercising his profession at _____,
and undergoing treatment at ICPSP-CAV. _____

• Party of the third part, Dr _____
,
appearing as the therapist of ICPSP-CAV responsible for Dr. _____.

• Party of the fourth part Dr./Mr _____
appearing as tutor of Dr _____ (*optional but advisable*).

• And party of the fifth part, Dr/Mr _____
appearing as the representative of the centre /hospital _____
where Dr _____ works (*optional*)

THEY DECLARE THE FOLLOWING:

I. Whereas Dr _____ has been affected by a mental/addictive disorder (*delete the non-valid option*) since _____.

II. Whereas Dr _____ entered the ICPSP-CAV on _____ to be treated and controlled by the Programme.

III. In view of the background and evolution of the case, the Secretary of the Medical College Governing Board, using the functions attributed to him pursuant to his position, considers it necessary to sign this Therapeutic Contract, subject to the following

CLAUSES:

One – The parties agree to be bound by the strictest confidentiality in relation to all matters dealt with and agreed during the meeting.

Two - Dr _____ (*therapist*) considers that Dr _____ (*patient*) may exercise his/her profession provided it has been verified that he/she does not consume drugs/alcohol, that he follows the prescribed treatment and attends the follow-up visits arranged depending on the evolution of the process, in all cases subject to the criteria of the therapist, and agrees to undergo urine controls _____ times a week or any other toxicological control prescribed by his/her therapist.

Three - Dr/Mr _____ (*tutor*) agrees to act as the tutor of Dr _____ (*patient*), and to meet with him/her regularly to jointly evaluate the evolution of the process from the medical practice standpoint.

Four - Dr _____ (*patient*) authorises Doctors _____ (*therapist*) and _____ (*tutor*) to regularly and promptly report the progress of the treatment, breaches regarding treatment and the results of analytical controls, and all matters that could interfere with the correct development of the patient's medical practice to Dr _____ (*College secretary*) if this should be necessary.

Five – This Therapeutic Contract has an initial term of _____ months, and after this term, its content shall be reviewed.

Six - Dr _____ (*College secretary*) declares that a flagrant breach of this therapeutic Contract by Dr _____ (*patient*) shall give rise to the temporary and immediate suspension in exercising the medical profession, in order to preserve the health of the patients of Dr _____ (*patient*).

In witness whereof, the parties sign this document in the place and on the date set forth above.

Dr. _____ Dr. _____

Dr. _____ Dr. _____

Dr. _____

5/THERAPEUTIC CONTRACT WITHOUT TUTOR

MEETING IN RELATION TO DR _____

In _____ on _____, at _____

THE FOLLOWING PERSONS APPEAR before

Dr _____

Chairman/Secretary of the Medical College of _____

• Dr _____
physician exercising his profession and member of this College with licence number _____

• Dr _____
therapist of Dr _____
on the Integral Care Programme for Sick Physicians (ICPSP).

The appearing parties agree to keep secret all issues discussed at this meeting.

THEY DECLARE THE FOLLOWING:

I. That Dr (name of patient) _____ suffers a problem of _____ for which reason he/she is being treated by the ICPSP and monitored in the outpatient clinic by Dr (name of therapist) _____

II. That in view of the background and evolution of Dr (name of patient) _____, it is considered that he/she may continue to carry out medical practice provided he/she does not consume _____ and agrees to follow the treatment prescribed by the therapist. The patient is also obliged to attend the follow-up visits prescribed, depending on the evolution of the process, and to undergo the indicated analytical and toxicological controls.

III. Dr (Chairman/Secretary) _____ informs the College that based on the circumstances and recommendation established, he has agreed to take the following control measures:

One.- Professional exercise by Dr (name of patient) _____ is subject to his/her following the treatment prescribed by the ICPSP therapist, i.e., he/she must attend the follow-up visits prescribed, depending on the evolution of the process and undergo the analytic and toxicological controls indicated.

Two.- The duration of the above measures is determined for a term of 6 months, after which time they will be reviewed, pursuant to the criteria followed for their determination.

IV. Dr (name of patient) _____ declares that he has understood the conditions notified to him/her for exercising his/her profession and expresses his/her agreement and undertaking of compliance.

V. Dr (name of patient) _____ expressly authorises the ICPSP therapist to notify the Medical College of the data and results of his/her condition that are necessary for the verification and control of compliance with conditions allowing him/her to exercise his/her profession, established in the section III of this document, and in particular, those related to taking medication and complying with the programmed visits and all actions that could interfere with the correct development of his/her professional practice.

VI. Dr (Chairman/Secretary) _____ informs Dr (name of patient) _____ that breach of the measures set forth in section III of this document may give rise to the implementation of other measures by the college, in relation to the suspension of medical practice.

This meeting ended at __:__ hours. The persons attending have read this document and, in token of their agreement with its content, they sign it.

Dr _____ Dr _____

Dr _____

6/THERAPEUTIC CONTRACT WITH TUTOR

THERAPEUTIC CONTRACT IN RELATION TO DR _____

In _____ on _____, at _____ hours
THE FOLLOWING PERSONS APPEAR before

Dr _____

Chairman/Secretary of the Medical College of _____

• Dr _____
physician exercising his profession and member of this College with licence number _____

• Dr _____
therapist of Dr _____
on the Integral Care Programme for Sick Physicians (ICPSP).

The appearing parties agree to keep secret all issues discussed at this meeting.

THEY DECLARE THE FOLLOWING:

I. That Dr (name of patient) _____ suffers a problem of _____ for which reason he/she is being treated by the ICPSP and monitored in the outpatient clinic by Dr (name of therapist) _____

II. That in view of the background and evolution of Dr (name of patient) _____, it is considered that he/she may continue to carry out medical practice provided he/she does not consume _____ and agrees to follow the treatment prescribed by the therapist. The patient is also obliged to attend the follow-up visits prescribed, depending on the evolution of the process, and to undergo the indicated analytical and toxicological controls.

III. Dr (Chairman/Secretary) _____ informs the College that based on the circumstances and recommendation established, he has agreed to take the following control measures:

One.- Professional exercise by Dr (name of patient) _____ is subject to his/her following the treatment prescribed by the ICPSP therapist, i.e., he/she must attend the follow-up visits prescribed, depending on the evolution of the process.

Two.- Exercise of the medical profession by Dr. (name of the patient) _____ will be monitored by a professional from his workplace, who will follow his/her evolution in terms of attitude and practice, in order to detect potential alterations in conduct that could affect his/her professional practice, and Dr _____ is designated as his/her tutor.

Three.- The duration of the above measures is 6 months, after which time they will be reviewed pursuant to the criteria followed for their determination.

IV. Dr (name of the patient) _____ declares that he has understood the conditions notified to him/her for exercising his/her profession and expresses his/her agreement and undertaking of compliance.

V. Dr (name of tutor) _____ agrees to act as the patient's tutor and monitor his/her evolution in relation to attitude and behaviour in practice, with a view to detecting any alterations in conduct that could affect his/her professional practice.

VI. Dr (name of the patient) _____ expressly authorises the ICPSP therapist to inform the Medical College of these data and results in relation to his/her condition which may be necessary for verifying and controlling compliance with the conditions allowing him/her to exercise medical practice, as set out in section III of this document, and in particular, those related to taking medication and attending programmed visits, and all actions that could interfere with the development of his/her professional practice.

Likewise, Dr (name of the patient) _____ expressly authorises the therapist to provide the tutor designated in this contract with the necessary information to know the evolution of the patient and compliance with treatment.

VII. Dr (name of the patient) _____ authorises the tutor Dr _____ to inform the Chairman/Secretary of the Medical College and the therapist of all relevant information related to exercising his/her profession, and to the monitoring services.

VIII. Dr (Chairman/Secretary) _____ informs Dr (name of the patient) _____ that breach of the measures specified in section III of this document may give rise to the implementation of other measures by the college, in relation to professional exercise, without prejudice to any disciplinary responsibilities, which could even lead to the suspension of medical practice.

This meeting ended at __:__ hours. The persons attending have read this document and, in token of their agreement with its content, they sign it.

Dr _____ Dr _____
Dr _____

7/THERAPEUTIC CONTROL

MONITORING REPORT

Dr _____ with licence number _____

acting as the tutor of Dr _____ in the medical practice scope, in accordance with the terms of the Therapeutic Contract signed with the Integral Care Programme for Sick Physicians (ICPSP), issues the following evaluation report at the request of the secretary of the Medical College of _____ :

Have you met regularly with Dr _____ ?

Yes.

No.

How often?

Every week.

Every two weeks

Other _____

The relations between Dr _____ and his/her colleagues are:

Very good.

Correct.

Poor.

Dr _____ 's integration with the work team is:

Good.

Correct.

Incorrect.

Dr _____ 's behaviour in the presence of patients is:

Adequate.

No entirely adequate.

Incorrect.

Has there been any sign of malpractice during this period?

Yes. Please describe _____

No.

Has any change been detected in relation to his/her problem?

Yes. Please describe _____

[] No.

Comments: _____

Dr _____ 20__

8/ INFORMED CONSENT

In _____, on ____ _____ 20____

Mr/Mrs _____, nickname assigned at the time of admission to the Programme and appearing in the confidential case register of the Integral Care Programme for Sick Physicians (ICPSP-CAV) with code _____, hereinafter, patient.

DECLARES that he/she is physician and college member, exercising his/her profession at _____, and

EXPRESSES HIS/HER WISH TO:

- Be admitted to the ICPSP-CAV, after first receiving information about its characteristics, in order to be treated for alterations in conduct and/or drug abuse:
- Follow the prescribed treatment, attend the follow-up visits and undergo tests and other indications required by his/her therapist, depending on the evolution of the process.
- Not abandon treatment until being discharged and inform his/her therapist in the event of wanting to abandon the ICPSP-CAV programme.

THE ICPSP-CAV UNDERTAKES TO:

I. Provide the care services the patient may need to recover and resume his/her professional practice, if possible.

II. Provide these services with the specificity and specialisation that are characteristic of the programme.

III. Maintain maximum confidentiality with the following exceptions:

a) In the event of breach or if a therapeutic contract is required, the therapist is expressly authorised to notify the Programme Coordinator

b) In the event of a life-threatening emergency, this situation will be notified to the persons, relatives or colleagues indicated by the patient:

indicated person: Contact telephone:

c) Notwithstanding the above, the patient authorises his/her therapist Dr _____

to send information about his/her condition to the following persons from his family and workplace:

Authorised person: Contact telephone:

In token of agreement, the patient signs this document together with his/her therapist:

Mr _____ Dr _____
(patient receiving assistance from the ICPSP-CAV) (therapist of the ICPSP-CAV)

9/ CLINICAL HISTORY

Administrative data

Date of first visit: Case no.
Referred by:
Entity:
Terapeutas Tadi:

Affiliation data

Given name: Surnames:
Civil status: Age: Date of birth:
Children: Ages:
ID: Born in:
Address:
City/Town: Post Code: Province:
Telephone: Cell:
Studies: Profession:

Friend/relative – Responsible

Name: Relationship:
Telephone:

Comments

- 1.- Reason for visit:
- 2.- Mental history:
- 3.- Medical history:
- 4.- Family history:
- 5.- Family and social-employment situation:
- 6.- Psychopharmacological treatment
- 7.- Genogram
- 8.- Personal history
- 9.- Psychometry
- 10.- Current pathology: chronology, current symptoms, why subjective
- 11.- Evolution

Date:

10/REGULAR REPORT

Name (nickname):

Code:

Therapist:

Date of admission to the ICPSP programme:

Report issue date:

Current Pathology

Diagnosis CIE 10 F:

Treatment:

Clinical/employment situation:

ICPSP programme situation:

