

DOCTORS IN DISTRESS

Protecting the mental health of healthcare workers

Registered charity in England & Wales: 1184953

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Northern Ireland



Faculty of
Pharmaceutical Medicine



NORTHERN
IRELAND



Doctors'
Association
UK



Royal College
of Physicians



COSRH The College of Sexual &
Reproductive Healthcare



Royal College of
Emergency Medicine



FACULTY OF
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Friday 22nd May 2026

Dear Chief Medical Officers,

Extending NHS Practitioner Health to doctors in Northern Ireland

We write as a coalition of organisations representing doctors across the United Kingdom to ask you to address one of the clearest inequalities in the support available to our profession: the absence of NHS Practitioner Health for the c.5,200 (whole-time equivalent) doctors and dentists practising in Northern Ireland. Our focus on this issue is grounded in a shared view that supporting the wellbeing of doctors is an essential component of maintaining safe, high-quality patient care.

Doctors working in England, Scotland, the Isle of Man, Jersey and Guernsey are able to access confidential, expert mental health and addiction care through directly commissioned or Health Board commissioning of NHS Practitioner Health, or — in Scotland — through the Workforce Specialist Service it delivers on behalf of the Scottish Government and NHS Scotland. Welsh doctors have access to a parallel service in Canopi. The doctors of Northern Ireland are alone in the United Kingdom in having no equivalent dedicated provision. The reasons NHS Practitioner Health was first established in 2008 — perceived and actual risks to careers, the stigma still associated with mental illness in our profession, and the need for confidentiality outside the local clinical community — apply

to doctors in Northern Ireland exactly as they do elsewhere. They are profession-related, not geography-related.

The scale of unmet need is significant. Successive surveys by the British Medical Association and others suggest that between a third and a half of UK doctors report symptoms of depression, anxiety, burnout or other work-related mental health conditions in any given year. A 2024 BMA member survey found that 44% of doctors reported suffering from depression, anxiety, stress, burnout or other mental health conditions related to or made worse by their workⁱ. Applied to the Northern Ireland medical workforce, that points to well over 2,000 doctors with an immediate or recent need for support. Northern Ireland already records the highest prevalence of common mental health conditions of any UK region — affecting at least one in five adultsⁱⁱ — and there is no evidence that doctors are insulated from the broader population pressures of trauma, bereavement and economic hardship that drive those rates.

The workforce consequences are already visible in HSC data. Sickness absence across HSC trusts ran at 7.1% in 2024, the highest of any UK health systemⁱⁱⁱ. Doctor-specific absence rates are not separately published in Northern Ireland, but applying the most recent Northern Ireland public sector benchmark — an average of 13.8 working days lost per staff year, of which 43% are attributable to anxiety, stress, depression and other psychiatric illness^{iv} — produces a conservative estimate that mental health-related absence among Northern Ireland's c.5,200 WTE medical and dental staff^v accounts for somewhere in the order of 25,000 to 31,000 lost working days each year. That is equivalent to removing between 110 and 140 full-time doctors and dentists from the Northern Ireland workforce every year, in a system that already operates with a 5.6% medical and dental vacancy rate^v and the longest waiting lists in the United Kingdom.

NHS Practitioner Health is a mature service with a strong evidence base. Independent service evaluations and peer-reviewed observational studies consistently demonstrate clinically significant improvements in mental health outcomes and sustained recovery trajectories. Critically for the workforce question, 76% of doctors who were not working at the point of entry to the service returned to clinical practice within 12 months, and the majority of those still in work at referral were able to remain so. These outcomes speak directly to the operational pressures described above.

The mechanism for extension is well-established. Funding models are tested including referral-based payment structures that link service costs directly to need rather than to fixed capacity. While we anticipate an initial uplift as previously unmet need presents, a reasonable estimate of steady-state annual cost for the Northern Ireland cohort is for circa 130 people per year in the region of £410,000. NHS Practitioner Health propose a lower cost pilot to test the operation. Set against the workforce, retention and patient-safety case above, this is a modest and proportionate spend.

The theme of this year's Mental Health Awareness Week is Action. We therefore call on you, as the most senior clinical voices advising the Department of Health in Northern Ireland and the Department of Health and Social Care, to work jointly with NHS Practitioner Health and the Northern Ireland Executive to commission an extension of the service to doctors in Northern Ireland at the earliest opportunity. Doing so would end an indefensible inequality in the care available to UK doctors, send a clear and timely signal to the profession about the value placed on their wellbeing, and — most importantly — help to keep skilled doctors well, in work, and caring for the patients of Northern Ireland.

Yours sincerely,



Mary Jane Roberts, Chief Executive Officer, Doctors in Distress



Mr Duncan Bew, Chair, Royal Medical Benevolent Fund



Dr Ursula Mason, Royal College of General Practitioners Northern Ireland



Dr Claudia Paoloni, President, HCSA



Dr Michael Perry, Royal College of Emergency Medicine

Dr Julie Anderson, Chair, Northern Ireland Royal College of Psychiatrists



Dr. Matt Neale, Co-Chair, Doctors Association UK



Professor Tracy Daszkiewicz, President, Faculty of Public Health

Joanne Shaw, Chair, Royal College of Paediatrics and Child Health



Dr Sheuli Porkess, President, Faculty of Pharmaceutical Medicine

Jo Tanner, Chief Executive, College of Sexual and Reproductive Healthcare



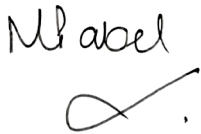
Dame Jane Dacre, Women's Medical Federation

Dr. Pallavi Bradshaw, Medical Protection Society

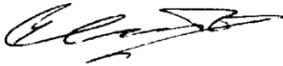


Dr. Alan Stout, Chair, BMA Northern Ireland Council

Mark McCarey, Chief Executive, Northern Ireland Medical and Dental Training Agency



Professor Mumtaz Patel, President, Royal College of Physicians



Dr Matthew Lee, Chief Executive Officer, Medical Defence Union

References

- i. British Medical Association, 2024. Caring for the mental health of the medical workforce / BMA member surveys. The 2024 BMA survey found 44% of doctors reported suffering from depression, anxiety, stress, burnout or other mental health conditions related to or made worse by their work. Available at: bma.org.uk
- ii. Public Health Agency Northern Ireland. At least one in five adults in Northern Ireland may experience a common mental health condition in any year. Northern Ireland records the highest prevalence of common mental disorders of any UK region (Pivotal, Economic Inactivity in Northern Ireland, May 2024).
- iii. Department of Health Northern Ireland / HSC trust workforce reporting, 2024. HSC sickness absence rate of 7.1% across trusts in 2024 — the highest of any UK health system.
- iv. NISRA, Sickness Absence in the Northern Ireland Civil Service 2023/24 (corrected, October 2025). Average working days lost per staff year: 13.8. Anxiety/Stress/Depression/Other Psychiatric Illness accounted for 43.0% of total working days lost. Mental ill-health is also the largest single cause of long-term sickness absence in the UK Civil Service (47.1%, year ending March 2025).
- v. Department of Health Northern Ireland HSC Workforce Statistics, March 2025. Medical & Dental staff group: 5,217 WTE; vacancy rate 5.6%.
- vi. NHS Practitioner Health published service evaluation data: 76% of doctors not working at the point of entry to the service returned to clinical practice within 12 months. Available at: practitionerhealth.nhs.uk