

RCGP 11th National Conference on Managing Drug Users in General Practice

Questionnaire on Appraisal and Supervision – Substance Misuse

The purpose of this questionnaire is to establish a picture of current practice regarding appraisal and supervision for General Practitioners involved in substance misuse work from generalist to intermediate level and beyond.

In an attempt to get a representative sample of locally active practitioners in the field who are aware of practice in their district we are inviting those clinicians who have leadership, strategic or educational roles in their localities to complete this questionnaire.

Who should complete this questionnaire?

- ◆ RCGP Certificate in Management of Drug Misuse (Part 2) tutors
- ◆ Regional RCGP Leads
- ◆ GPwSI in substance misuse
- ◆ GPs holding the RCGP Certificate in Management of Drug Misuse (Part 2)

The answers will be collated by Dr Susi Harris from Calderdale Drug Service and Christina McArthur from SMMGP and the results will inform the basis of a workshop presentation and discussion to be delivered at the forthcoming RCGP Conference on the Management of Substance Misuse in General Practice in April 2006. We would be very grateful if you could spare no more than 15 minutes to answer the questions below, and return your answer as soon as possible, and no later than:

Friday March 24th 2006

to

Christina McArthur SMMGP

christina.mcarthur@bstmht.nhs.uk

SECTION 1

THE FOLLOWING QUESTIONS RELATE TO YOUR ROLE AND LOCAL CIRCUMSTANCES

Name

Title

PCT

Are you trained as a GP? **Yes/No**

Are you a practising GP now? **Yes/No**

If yes, how many sessions per week do you work as a GP?

If no, but you have practiced as a GP in the past, please state for how many years in total you actively practiced

What is your role in substance misuse services in your locality? Please include detail on how many sessions per week, type of work and in what setting(s):

.....
.....
.....
.....

Is there a shared care monitoring group in your area? **Yes/No**

If yes, do you attend the group meetings?

Has your SCMG or PCT discussed appraisals for GPs involved in substance misuse work? Please describe the outcome of discussion:

.....
.....
.....

Are there any action learning sets in your area? **Yes/No**

SECTION 2

THIS RELATES TO YOUR LOCAL KNOWLEDGE OF SUBSTANCE MISUSE APPRAISAL.

Is your PCT committed to GP appraisal in your area? **Yes/No**

Is GP appraisal is routinely practiced? **Yes/No**

Please comment below on your PCT's approach to appraising GPs who have a specialised area of work, with special reference to substance misuse:

.....
.....
.....

Any further comments on local appraisal practice?

.....
.....
.....

SECTION 3

THE FOLLOWING QUESTIONS RELATE TO YOUR OWN EXPERIENCE OF BEING APPRAISED

Have you had an appraisal which addressed the substance misuse part of your work?

Yes/No

If yes, was this as part of your GP appraisal?

Yes/No/Not applicable

Did your appraiser have any experience of substance misuse work?

Yes/No

Please comment on how well you felt the substance misuse part of your work was addressed (if applicable):

.....
.....
.....

Any other comments (We are particularly interested in the views of people who have had 2 separate appraisals)?

.....
.....
.....

Please state how much you and your appraiser (if known) were paid for the last appraisal of each type you have had in the last 24 months (since 1st December 2003)

Please answer all that apply.

N.B. THIS QUESTION IS OPTIONAL. ANSWERS WILL BE TREATED IN THE STRICTEST CONFIDENCE

	GP appraisal	Joint GP/substance misuse appraisal	Sole Substance misuse appraisal
Payment for your preparation time (£)			
Locum fee reimbursement (£)			
Appraiser fee (£)			
Which organisation(s) funded?			

Please use the section below to make any comments on payments for appraisals in your role as an appraisee:

.....
.....
.....

SECTION 4

THE FOLLOWING QUESTIONS RELATE TO YOUR EXPERIENCE AS AN APPRAISER

Have you ever undertaken training to become an appraiser? **Yes/No**

Have you ever acted as an appraiser? (If no please go straight to section 5) **Yes/No**

If yes, what types of appraisals have you undertaken? (Please answer all that apply)

GP appraisal **Yes/No**

Joint GP/substance misuse appraisal **Yes/No**

Sole Substance misuse appraisal **Yes/No**

Other specialised areas addressed at appraisal **Yes/No**

If yes, please state specialty(ies):

.....

Was a fee charged for you to undertake appraisals? **Yes/No**

N.B. OPTIONAL QUESTION – ALL ANSWERS WILL BE TREATED IN THE STRICTEST CONFIDENCE:

If yes, please state the amount(s) £

	GP appraisal	Joint GP/substance misuse appraisal	Sole Substance misuse appraisal
Appraiser fee (£)			
Which organisation(s) funded?			

SECTION 5

This section relates to the substance misuse appraisal toolkit produced by the RCGP.

Are you aware of the RCGP substance misuse appraisal toolkit? **Yes/No**

Have you used the toolkit as an **appraisee/as an appraiser/neither?**

Please use the section below to make any comments on the RCGP substance misuse toolkit (N.B. The appraisal toolkit will be updated this year. Please include any comments or suggestions for its revised content)

.....
.....
.....
.....

SECTION 6

THIS SECTION RELATES TO YOUR EXPERIENCE OF SUPERVISION FOR THE SUBSTANCE MISUSE PART OF YOUR WORK

Do you have any supervision arrangements for this work? (For the purpose of this questionnaire, supervision is defined as a one-to-one dialogue with another practitioner for the purpose of gaining support and advice about any aspect of your work) **Yes/No**

If yes, is this in the form of
(please put a cross next to the box for all that apply):

- Being able to get advice
 - From another practitioner via the phone
 - From another practitioner via email
 - From another practitioner when you meet them face to face in the course of your work
- or
 - Occasional pre-arranged meetings
 - Regular meetings (if yes, please state how often.....)
 - Other (please describe.....)

Please describe the clinical role of your supervisor(s)
(please put a cross next to the box for all that apply):

- GP who treats drug users in shared care
- Gp with special interest
- GP specialist
- Consultant
- Non-medical practitioner (please state)
- Non-clinician (please state).....

What aspects of your work are covered?
(Please put a cross next to the box for all that apply):

- Specific cases
- Current literature
- Personal clinical development
- Personal non-clinical development
- Specific course you are taking
- Clinical protocols
- Managerial issues
- Service development
- Commissioning
- Other (please specify)

.....
.....

Is a record kept of your supervision? **Yes/No**

Do you have any formal arrangement under which your supervisor is paid for providing supervision? **Yes/No**

If yes please state which organisation funds the payment(s) for supervision:
.....

N.B. OPTIONAL QUESTION – ALL ANSWERS WILL BE TREATED IN THE STRICTEST CONFIDENCE:

If yes please state the amount(s) £.....

Overall, do you feel your supervision is helpful to your work? **Yes/No/Partly**

Do you feel your supervision could be improved? **Yes/No**
(if yes, please state how):

.....
.....
.....

Many thanks for your time.

Dr Susi Harris and Christina McArthur

Please state whether you would like to be sent a copy of the eventual analysis and report on the responses to this questionnaire: **Yes/No**

Please send completed questionnaires to: **Christina McArthur**
christina.mcarthur@bstmht.nhs.uk

Christina McArthur
SMMGP
Bolton, Salford & Trafford MHT
Bury New Road
Prestwich
M25 3BL
Tel: 0161 772 3546