

# Appraisal & Supervision for Primary Care Substance Misuse Doctors

## **Current and Developing Practice**

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# Aims of the Workshop

- Appraisal summary/context
- Survey : 'Tip of the iceberg' view of current practice
- Current thinking post-Shipman.
- Ideas for local implementation.
- Consensus statement

# History

- Industry performance-management tool for many years
  - linked to target-setting and pay awards
  - Usually hierarchical - done by immediate 'boss'
- Standard practice in secondary care
  - consultants (since 2001) and nurses (since 1988)
- *in contrast....*

# GP Appraisal

- When introduced
- Formative “ formal structured opportunity to reflect on his or her work....help GPs consolidate and improve upon gp performance, aiming towards excellence.” (DoH 2002)
- Non-hierarchical
- Non-summative? “It is not the primary aim of appraisal to scrutinise doctors to see if they are performing poorly”
- > Revalidation 5-yearly

# Tip of the iceberg survey

- Who? 45 doctors
  - RCGP regional leads
  - Part 2 tutors
  - Cert-holders
- All trained as GPs 38 still practising (2-10 sessions)
- Those no longer practising had done for 5-22 yrs

# Who ?

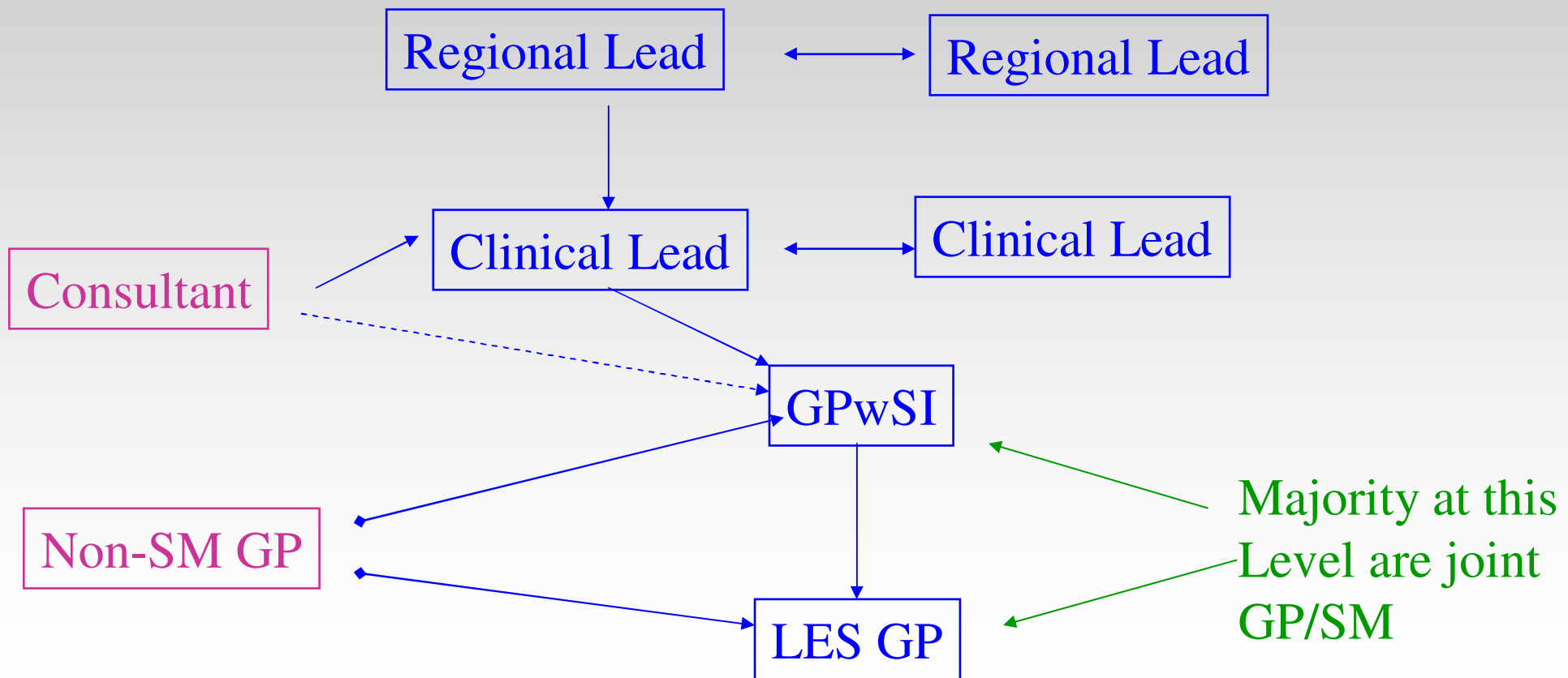
- 18 Shared care 1-2 sessions (up to 50 patients)
- GPwSIs doing up to 10 CDT sessions + GP (!)
- Range of subspecialties e.g. antenatal YP, CJ
- Developmental work > new services from scratch
- Clinical Leads Medical Directors

# Current practice re appraisal for Substance misuse

- Majority PCTs committed to GP appraisal
- 23 (51%) have no formal arrangements (4DK's)
  - Confusion
  - Funding issues
  - No suitable SM-experienced appraiser
  - PCT 'detached attitude' re SM

# Existing SM appraisal arrangements

- quite a range of solutions



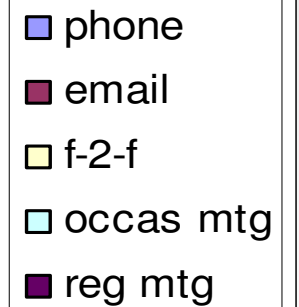
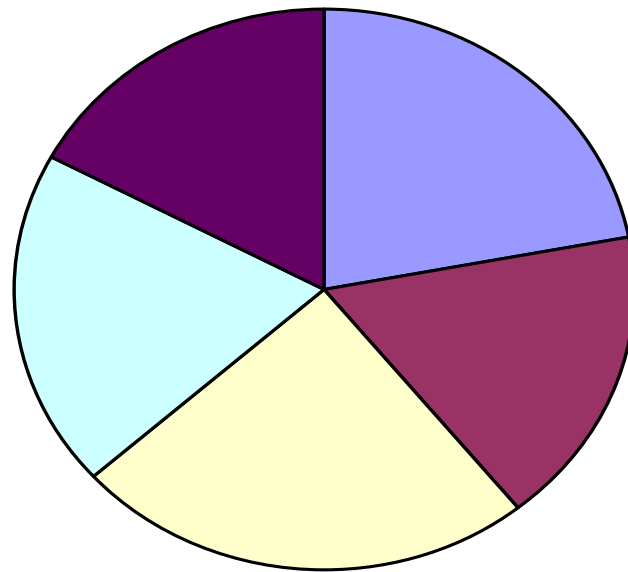
# Problems with non-SM GP appraiser

- Justifying doing SM work
- SM not fully addressed
- ?lacking general appraisal skills – concur not challenge

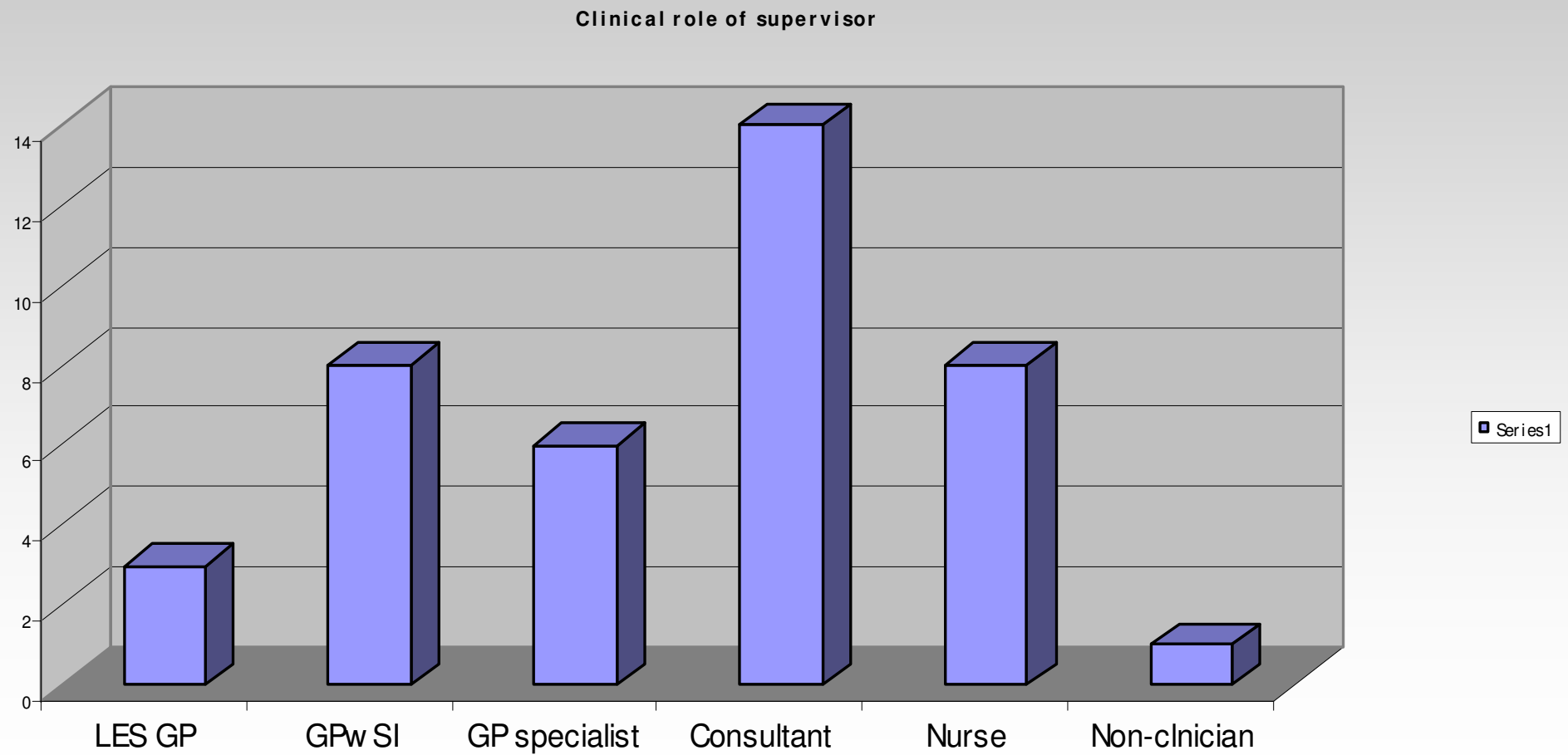
# Supervision

- 19 (42%) have supervision arrangement

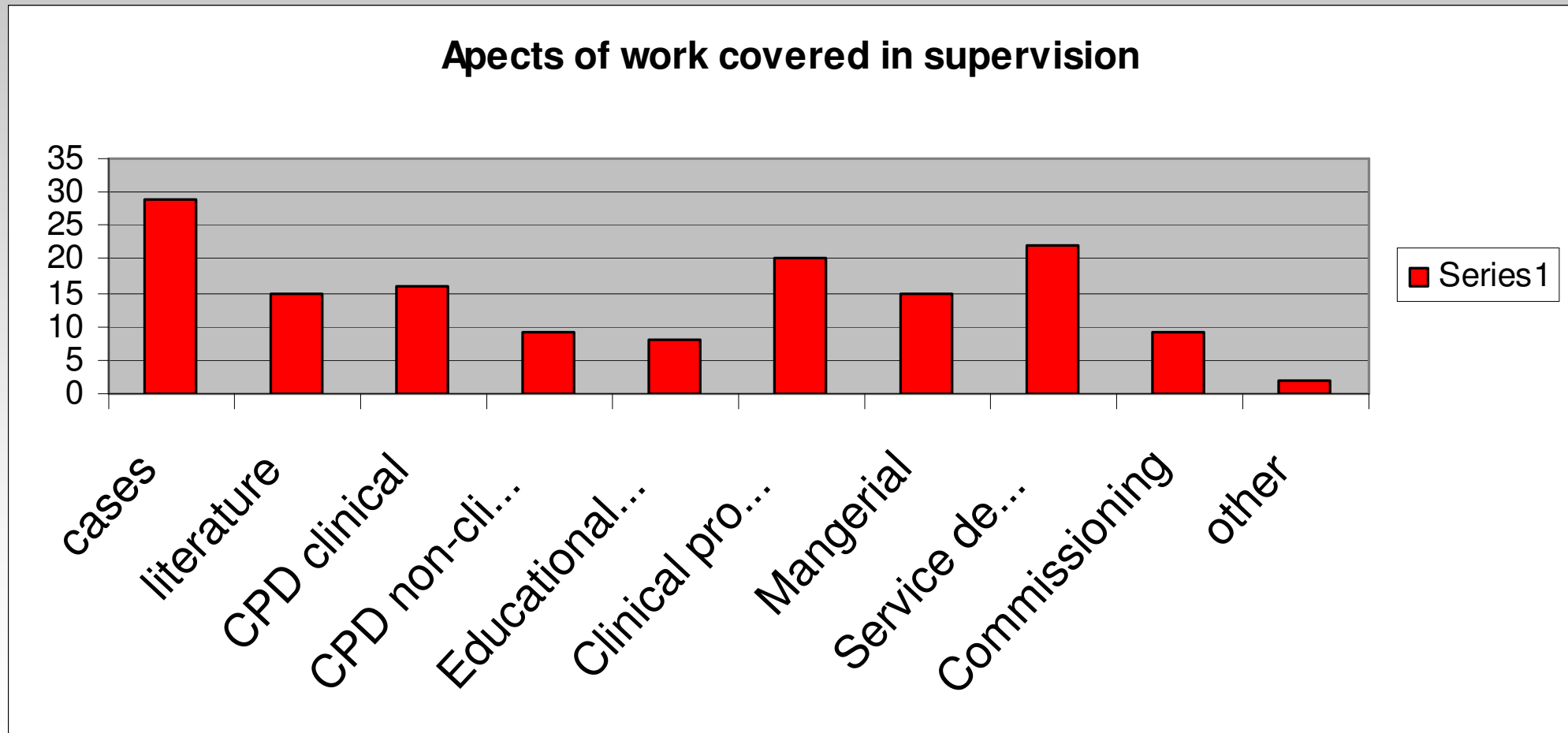
**Form of supervision for Substance Misuse primary Care practitioners**



# Clinical role of supervisor



# Aspects of work covered in supervision



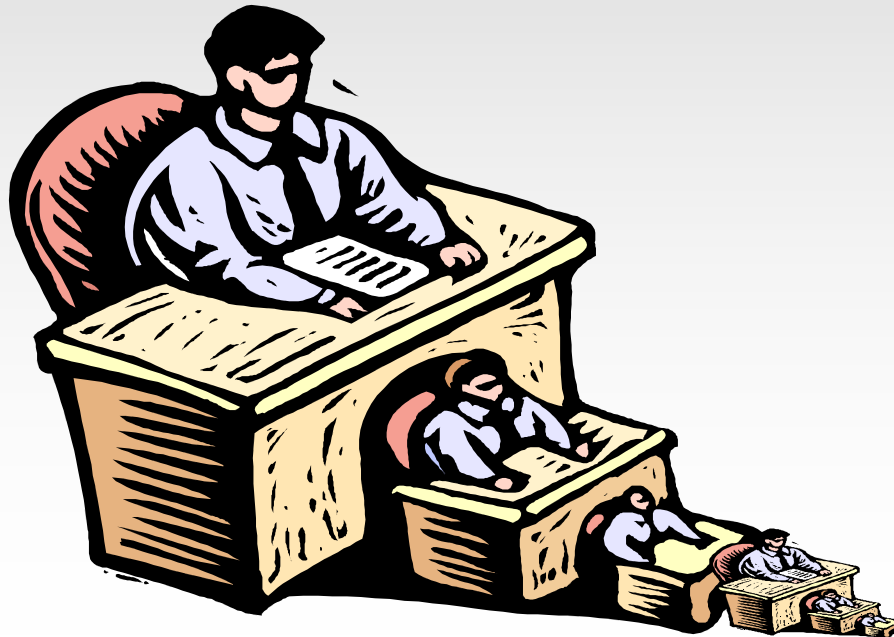
Record of supervision kept = 7 Payment = 1

# Could supervision be improved?

- **19 said Yes, 1 said No**
- **How?**
  - **Regular meetings**
  - **Formal arrangement e.g. recorded**
  - **More frequent meetings**
  - **Protected time for meeting or preparation**
  - **More interest from local consultant**
  - **Would like a doctor**
  - **Would like someone from another PCT**
  - **More non-clinical topics addressed**

# Future post-Shipman 5

- Accreditation of appraisers
- Appraisers should be from another PCT
- Standards for pass/fail must be specified
- Information supplied to both from PCT
- 5 yearly cycles



# National guidance on GPwSI appraisal on the way??

Unified vs separate appraisal - Issues:

**Resources** - Time, money

**Efficiency** - need to avoid duplication

**Effectiveness** -

Experience/expertise helpful?

- ?Generic appraisal skills should be enough

# Questions?

- Who should do appraisal?
- Who should fund it? (DAT vs. PCT)
- What training/skills?
- What clinical role/experience?
- What guidance do they need (e.g. toolkit)