

**RCGP 11TH NATIONAL CONFERENCE ON MANAGING DRUG USERS IN
GENERAL PRACTICE**

**APPRAISAL AND SUPERVISION
GP SURVEY RESULTS**

12th July 2006

2nd Edition to include feedback from the RCGP Conference Workshop.

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KEY FINDINGS

1. The majority of PCTs were committed to and were practising GP appraisal, but most had either declined to provide separate substance misuse appraisal or had not been proactive in delivering this. A minority of respondents had not had any SM appraisal at all.
2. There was a wide range of locally negotiated payments made to appraisers and appraisees.
3. GPs who had had substance misuse work appraised by a non-SM practitioner were generally dissatisfied with this part of their appraisal.
4. Few GPs were aware of the RCGP substance misuse appraisal toolkit, but where it was known about, it was generally well received, with a couple of suggestions for improvement.
5. The minority of GPs who had obtained adequate substance misuse appraisal had achieved this through taking the initiative themselves.
6. Just under half of respondents were receiving supervision for the substance misuse aspects of their work. Supervisors came from a range of grades and specialties, including several non-medical supervisors. Formal arrangements were rare, and payment very rare.
7. Many of those not receiving supervision wished to do so, and many of those who did receive supervision felt it could be improved.
8. There is a lack of national recommendation on appraisal for GPs who have a special interest, which is causing confusion and apathy.

FOR THE FULL SUMMARY, CONCLUSIONS AND RECOMENDATIONS FROM BOTH THE SURVEY AND THE WORKSHOPS, SEE PAGE 9 et seq.

Introduction

The purpose of the survey was to establish a national picture of current practice regarding appraisal and supervision for GPs involved in substance misuse work from generalist to intermediate level and beyond.

The questionnaire on appraisal and supervision was distributed electronically to all GPs who hold the RCGP Certificate in the Management of Drug Misuse (Part 2), Part 2 tutors and RCGP Regional leads. The questionnaire was also available to download from the SMMGP web site. A total of 45 GPs and 1 nurse returned the completed questionnaire. The responses from the nurse were not included in this analysis. (See copy of questionnaire – Appendix 1)

RESULTS

Section 1 - Questions relating to clinical roles and local circumstances

GP Role

- All respondents except 1 were trained general practitioners
- 38 (84%) were still practicing as a GP working between 2 and 10 sessions per week.

Role in local substance misuse services

(Full transcript of answers is at appendix 2)

- 18 (40%) provided shared care from their surgeries, between 1-2 sessions a week (up to 60 patients).
- 23 (51%) work at GPwSI/Clinical Assistant level, providing clinical sessions, mainly at their local CDTs from 1 per fortnight - 8 per week. Specialised clinics covered included criminal justice, working women, young people, antenatal, pain management and prison. (There is overlap with this group and previous group)
- 8 (16%) stated that they were Clinical Leads/Medical Directors for their PCT/local CDTs, with a further 1 about to become Clinical lead, 2 mental health PCT leads, and 1 PEC chair. (This analysis excluded this group from the GPwSI or shared care groups)
- Many also stated they had teaching roles (not surprising in view of how sample was selected). The educational functions were not limited to RCGP parts 1 and 2 but also included teaching/mentoring medical students, drugs workers, hospital doctors, MRCPsych students, GP registrars, Nurse prescribers, and GPwSIs.
- Management and service development roles were also common, including responsibility for prescribing policies, setting up new services, clinical governance, facilitation of shared care and shared care monitoring group activity.

Shared Care Monitoring Groups

- 29 (64%) areas said that they did have a shared care monitoring group and 14 (31%) said that they had discussed appraisals for GPs with their PCT.

Action Learning sets

- 13 (29%) areas had action learning sets.

Section 2 – questions on local practice regarding appraisal.

GP appraisal

- 37 (82%) GPs said that their PCT was committed to appraisal and 33 (73%) said that it was practiced routinely.

Substance misuse appraisal arrangements

There were three questions relating to the subject of arrangements for substance misuse appraisal, amalgamating the answers from all three produced the following picture:
(Full transcripts of answers to these questions are at appendix 3)

- 23 (51%) have no formal arrangements for substance misuse appraisal, many citing reasons such as: confusion about what is required, funding issues, lack of suitable SM-experienced appraiser, and PCTs 'detached attitude' re SM.
- 11 (24%) GPs stated local policy was to include SM appraisal as part of GP appraisal. In one area, policy decreed SM appraisal as part of GP appraisal if the doctor still practiced as a GP, whilst specialist appraisal was reserved for those who no longer practiced as a GP. One felt Specialist appraisal unnecessary if only looking after a few patients.
- 16 (36%) GPs stated their PCT either had no policy on the subject of appraisal for specialist areas of work or they were not aware of one. 3 (6%) highlighted the lack of national guidance in this area resulting in confusion, specifically on when specialist appraisal is necessary, who could do the appraisal (and what skills needed), and how often. One mentioned that appraisal was confused by PCTs with performance management.
- 13 (29%) GPs reported some sort of formal Substance Misuse appraisal taking place, many had had to take the initiative to make it happen, some organising their own appraisers (e.g. local RCGP leads or consultants), negotiate funding, become appraisers themselves, or ensure that others with SM skills became appraisers.
- Funding was highlighted by many as a particular issue. Some had failed to get it agreed by PCTs or there was an inconsistent approach, some were waiting to hear, and some had found other sources, such as DAAT/pooled budget monies, or prison healthcare budgets to fund specialist substance misuse appraisal.

Section 3 – questions on GPs' experience of being appraised.

- 25 (56%) GPs had an appraisal that addressed the substance misuse part of their work and 18 (40%) said that this was part of their usual GP appraisal.

Appraiser experience in substance misuse – transcripts of answers to these questions can be found at appendix 4

- 15 (33%) said their appraiser had had experience of SM work, in 4 (9%) cases this experience was limited. Of these 7 (16%) said their appraisal had gone well, 4 (9%) were not satisfied, generally when the appraiser had had little experience.
- 20 (44%) said their appraiser had had no experience of SM work, 14 (31%) of who were dissatisfied with the SM part of their appraisal, many highlighting the lack of SM experience of the appraiser. 3 (6%) were satisfied with the SM part of their appraisal.
- 3 (6%) GPs said that they had separate substance misuse appraisal.

Payments – this question was optional, leading to a very restricted number of answers

- Preparation time: GP appraisal only - 6 (13%) people received between £150 - £300.
- Preparation time: Joint GP and SM appraisal - 2 (4%) people, £300 & £600.
- Locum fee/reimbursement -1 (2%) person received £300.
- Appraisal fee. 8 (18%) people said they received £250- £500.
- All the above funded by PCT.

Section 4: questions on experience as an appraiser

- 13 (29%) GPs had undertaken training to become an appraiser and 13 (29%) had acted as an appraiser.
- 7 (16%) had carried out a GP appraisal and 6 (13%) and performed a joint GP & SM appraisal.
- 6 (13%) appraisers said they received £250-500 for GP appraisal
- 2 (4%) appraisers received fees of £350 and £600 for a joint GP/SM appraisal
- 2 (4%) appraisers received fees of £100 and £200 for a sole SM appraisal.

Section 5 – questions on the substance misuse appraisal toolkit produced by the RCGP.

The questionnaire stated that the toolkit is due for review and invited suggestions.

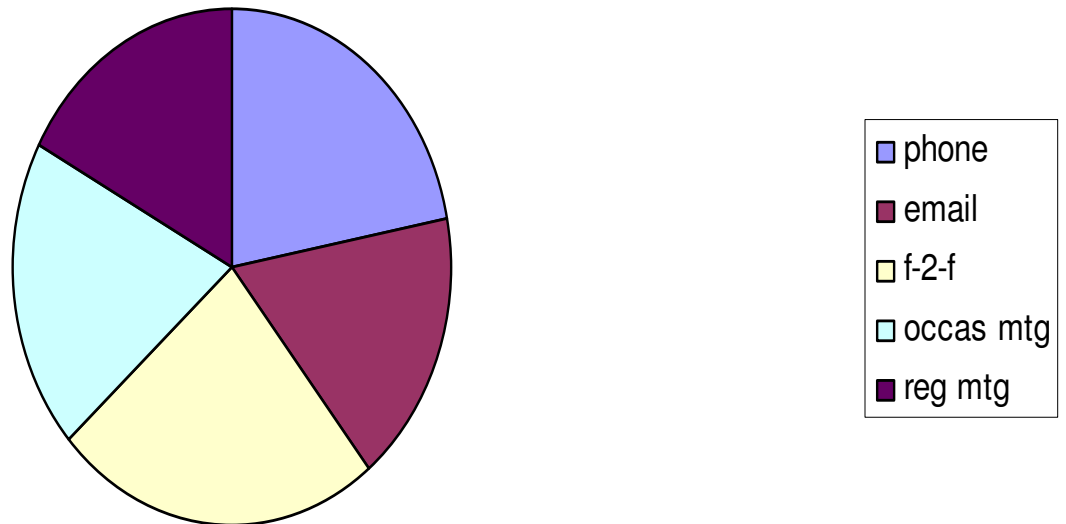
- 20 (44%) GPs were aware of the RCGP appraisal toolkit.
- 5 (11%) Appraisers had used the toolkit
- 8 (18%) Appraisees had used the toolkit.
- 4 (9%) made positive comments such as ‘useful’ ‘very good’ or ‘excellent’.
- 2 (4%) made more negative comments ‘a bit off-putting’ ‘complex’.
- 2 (4%) stated that it duplicated normal GP toolkit – one had done a lot of cutting and pasting, the other had just used the GP toolkit.

Section 6 - questions relating to supervision for substance misuse work

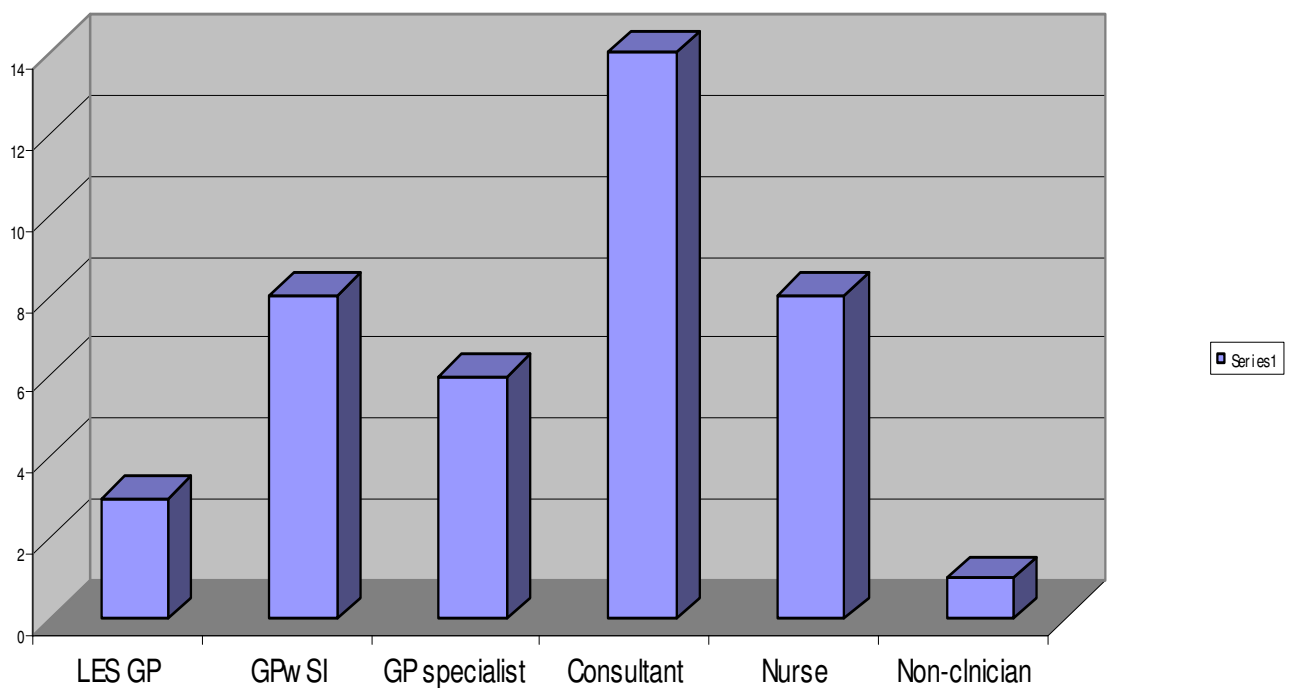
- 19 (42%) GPs had supervision arrangements in place
- 7 (16%) said that they kept a record of their supervision and 1 had a formal payment arrangement.
- 4 (9%) said that they thought that supervision was helpful to their work and 9 (20%) said that it could be improved. Suggestions for improvement included better arrangements, better supervisor and better subject matter. (Transcripts of answers at appendix 5).

The charts below summarise the types of supervision taking place:

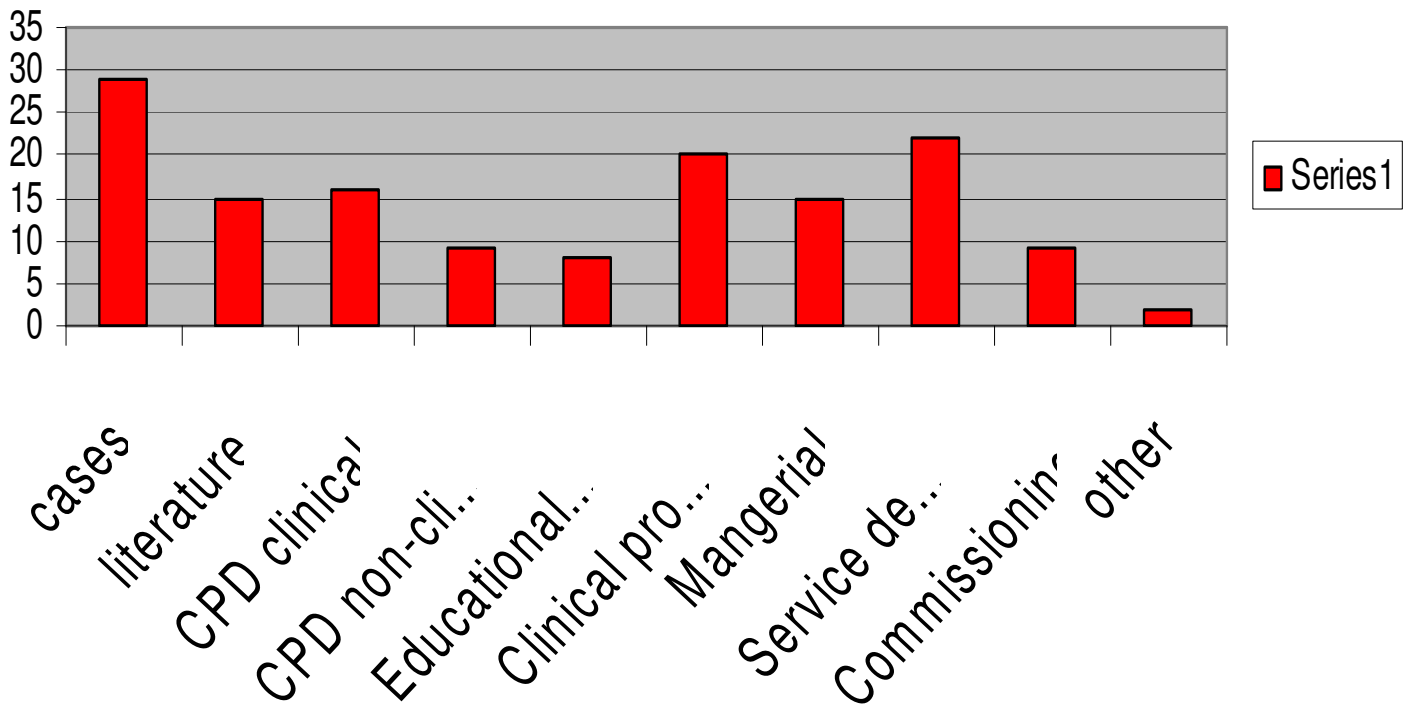
Form of supervision for Substance Misuse primary Care practitioners



Clinical role of supervisor



Apects of work covered in supervision



Summary of findings

9. A sample of 45 GPs working in substance misuse was obtained, which was skewed towards the more specialised doctors, with many working at relatively high levels of responsibility taking on educational, clinical governance, service development and management roles.
10. The majority were still practising as GPs, with additional shared care or GPwSI responsibilities, but a sizeable minority had left General practice and were working at GP Specialist level in substance misuse.
11. The majority of PCTs were committed to and were practising GP appraisal, but most had either declined to provide separate substance misuse appraisal or had not been proactive in delivering this. A minority of respondents had not had any SM appraisal at all.
12. There was a wide range of locally negotiated payments made to appraisers and appraisees.
13. GPs who had had substance misuse work appraised by a non-SM practitioner were generally dissatisfied with this part of their appraisal.
14. Few GPs were aware of the RCGP substance misuse appraisal toolkit, but where it was known about, it was generally well received, with a couple of suggestions for improvement.
15. The minority of GPs who had obtained adequate substance misuse appraisal had achieved this through taking the initiative themselves.
16. Just under half of respondents were receiving supervision for the substance misuse aspects of their work. Supervisors came from a range of grades and specialties, including several non-medical supervisors. Formal arrangements were rare, and payment very rare.
17. Many of those not receiving supervision wished to do so, and many of those who did receive supervision felt it could be improved.

Conclusions:

1. Considering the relatively high level of responsibility of this sample, which is delivering on PCT targets for substance misuse that will feed into PCT star ratings, there is a disturbing lack of PCT drive to implement adequate appraisal for these key GPs. In particular there is a reliance on use of appraisers with no experience or knowledge of the field, which is widely perceived as unsatisfactory. It is possible that arrangements for GPs with slightly less responsibility may be of even poorer quality or non-existent.
2. There is a lack of national recommendation on appraisal for GPs who have a special interest, which is causing confusion and apathy.
3. There is a lack of awareness of the RCGP substance misuse appraisal toolkit, and some room for improvement in the toolkit itself.
4. Supervision arrangements are largely perceived as unsatisfactory for these higher-responsibility substance misuse GPs, in terms of both formalised arrangements and supervisors.

Recommendations from this survey

1. National guidance to PCTs on appraisal arrangements for GPs with a special interest is urgently needed. Guidance issuers should consider carefully whether use of appraisers with no relevant experience is appropriate to ensure adequate appraisal.
2. The RCGP substance misuse appraisal toolkit should be streamlined to ensure it could be used in conjunction with the standard GP toolkit without duplication. It could be better publicised.
3. PCTs should be proactive in providing adequate supervision arrangements for substance misuse GPs with a high level of responsibility. A paid formal arrangement with record keeping is recommended as best practice.

4. Local GP champions and SCMGs should monitor local SM supervision and appraisal arrangements to ensure they are implemented rapidly and to a high standard.

Recommendations From the RCGP Conference Managing Drug Users in Primary Care 2006

Workshop on Appraisal and Supervision

1. That the Substance Misuse Unit within the RCGP was the most appropriate body to influence the RCGP and the NTA on the development of National Guidance to PCOs on SM appraisal.

That the guidance should address:

- Recommendations made by the Shipman Report and consider the medico-legal implications of not providing appraisal/supervision for GPs practicing in substance misuse.
- The fact that there may in some areas be no appropriate secondary care support for GPs involved in substance misuse, unlike all other medical specialties and the resulting imperative for PCTs to ensure they address SM supervision and appraisal needs as a priority.
- The funding implications for PCTs, clarify existing funding streams and highlight alternative approaches e.g. GPs appraising each other thereby negating the need for payment.
- Methods for the dissemination of information to all PCTs and shared care monitoring groups to ensure implementation at a local level.
- The potential time constraints on being both an appraiser and an appraisee, as some GPs have more than one special interest.
- The personal characteristics and training of the appraiser particularly required for SM appraisal - willing and non judgemental.
- The Continuing Professional Development and audit requirements for generalists and GPs with a special interest.
- Recommendations on how to work with GPs who do not meet standards and criteria set out in the guidance and who give cause for concern.
- Methods for performance managing PCTs on their provision of appraisal and supervision for GPs working in SM at all levels

To ensure consistency across the nation it was suggested that:

2. Resources for appraisal and supervision are included within the Local Enhanced Service requirement as part of the service level agreement.
3. A review of the RCGP toolkit to include a combined GP/SM template for LES GPs.
4. Training courses are made available through the RCGP to support the development of SM appraisers with no SM experience.
5. The content of the training and that the criteria used during the appraisal process should include the following:
 - Identify a mechanism for ensuring that appraisers are both willing and able to appraise in substance misuse.
 - To support a reflective practice approach concentrating on the qualitative aspects rather than quantitative aspects of service provision.
 - The utilisation of and recognition for the information and knowledge gained through Continuous Professional Development, service evaluation meetings etc to enable reflection on performance.
 - Joint GP/SM appropriate for LES GPs but separate appraisals for GPwSI and above.

Appendix 1 – Appraisal Questionnaire

**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

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 practicing 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

.....

(NB 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**

Appendix 2 – answers to the question on role in Substance Misuse Services locally (NB identifiers have been removed)

PCT lead/practice lead supervision of counsellor and mentor in RCGP cert part 2
Help with shared care clinic - I run it along with Drug Team Worker. One session per fortnight in our GP surgery. About 12 patients in all.
Provide 1 session each 2 weeks for PCT Community Drug Team and liaise with shared care practitioner regarding our shared patients
Shared Care doctor prescribing in general practice working alongside key worker
I run a LES in the practice and work 1 session as GPwSI
5 sessions weekly, at XXXXX SMS including 2 sessions in criminal justice. Prescribing and goal setting role and being a resource and encouragement to the drug workers.
1 session per week. Shared Care setting, working with Liaison Nurse and supervised consumption in local pharmacy. The session happens in my practice. I am not an appraiser
See and prescribe as appropriate for mainly heroin users and buccal swab testing
1) Lead GP in practice, shared care, two per week all GP's contribute. 2) GPwSI, XXXXXX SMS, 1 session/week, new clients, reviews, venepuncture 3) Teach on RCGP part 1 course in XXXXXX - twice in past 2 years
Our practice has about 45 clients receiving substitution therapy, for the majority this is prescribed in conjunction with the local community drug team. We do not run specific clinics, patients are generally asked to make appointments but we tend to be flexible.
I am Clinical Director of a Primary Care Treatment Centre for a total of 8 sessions a week. Approx half of these are clinical and the rest administrative teaching management etc
3 sessions per week community prescribing clinic, role in developing the service/seeing patients/lead for PCT/some training and recently mentoring with Drugs workers
GPwSI x 2 sessions/week, work in PCT run GP practice for one and prostitute drop in centre for other.
GPwSI drugs - I do 1-2 sessions a week in the XXXXXXXXX practice, where I am a partner. We see a range of patients from those we pick up at a drop in service for the homeless, generally very chaotic, medical sequelae of chronic drugs and alcohol etc. Through to those who are on our list and have less of an established habit or are now on maintenance or slow detox. Over the last year I have seen 20-50 people a month, with drug worker support. We are trying out models of working and no longer use the drug worker the GP for prescription model as it is more useful to see patients jointly or separately on different weeks.
2 sessions per week as a clinical assistant with Local Addictive Behaviour Service. XXXXX XXXXXXXX GP shared Care Advisor
I am the lead GP in XXXXXXXX PCT PEC member and also run the Substance Misuse clinic in XXXXXXXX. We work in a shared care situation at level 3
I am the sole clinician working in XXXXXXXXXX CDT and also cover XXXXXXXXXX and XX XXXXXXX. I am responsible for all prescribing within these CDT and I am active in local education for GP's/Hospital Doctors
Work 1 day per week as senior GPwSI based in Community Drug Team. See and prescribe to criminal justice (DIP) patients who do not have a GP or whose GP's do not prescribe. Also about to prescribe to other patients whose GP's do not prescribe. Also responsible for prescribing protocol for doctors working at CDT and for drug workers key working these patients at CDT. Also teaching role doing educational sessions with drug workers and GP's. I clinically manage the other GPwSI working at CDT

Full time work in specialist drug treatment services working as an independent practitioner delivering Substance Misuse Services to the Harm Reduction Team and the XXXXXXXXXX, XXXXXXXXXX, and XXXX XXXXXXXX DTTO. This involves, in addition, some management responsibility and teaching at various levels, including GP's MRCpsych students, medical students, being the Designated Prescribing Practitioner for Nurse Prescribers etc
Provide service to patients registered with the practice living in the practice area
Shared Care within practice - part of community drug service team, prescribe for 25/30 patients taking up about 1.5 sessions per 2 weeks. Also involved in commissioning as PEC chair
6-7 sessions per week clinical and 2 developmental/paperwork. Young people team, Antenatal team, Adult Treatment teams, all in specialist clinics for community drugs services
GP prescriber. Part of management team with possible change to team Clinical Lead
8 sessions per week, in the Primary Care Clinic for Drug Dependence, 4 clinical, 4 management. Includes clinical governance input to the shared care scheme and direct patient contact in the intermediate level primary care clinic setting
Full time Clinical Director - 10 sessions per week providing clinical leadership - strategy and governance issues for Drugs and Alcohol
I have approx 50 active clients at the moment. Was RCGP tutor last year (unable to do this year as not enough interest)
Practice based Shared Care Clinic, tutor for part II Certificate, facilitate ongoing education group for GPwSI's, members of shared care monitoring group
4 clinical 4 leadership
8 sessions clinical lead 4 to 5 are substance misuse specific sessions some of them operating as a GPwSI and other as a primary care specialist
2 sessions usually for secondary care services
8 sessions a week. Involved in DIP clinics. Clinics for patients referred from General Practice and from specialist service to get them back out to GP's. Chair of SCMC. Trainer part one and two certificate course tutor. Involved in PCT to get shared care going. Work with GP to help provide shared care. Work in specialist service for get various clinics going.
GP specialist in Substance Misuse 2 sessions per week. This covers 1 sessions in the Primary Care Addiction Service. 1 session in my practice for GP referrals e.g. pain management
GP 'shared care' clinic weekly clinic - seeing 1-2 clients
Clinician in Shared Care Clinic - XXXXXXXXXX 1 session per week. Clinician in shared care HMP XXXXXXXXXX 1 session per week. Training for GP's for XXXXXXXXXX part one RCGP substance misuse certificate. Further training for GPwSI
Run 2 session 1 ^o care clinic drug treatment
GPwSI in substance misuse I work at XXXXX XXXXXXXX CDT
Running Methadone type clinics - 2 for all patients one for persistent offenders
GPwSI - one session at present based at local hospital as part of Shared Care Scheme. Work with one drug worker. Plan to increase to 2 sessions a week
Shared Care GP - caseload of 60. GPwSI in Substance Misuse - 2 sessions per week. Chair of Shared Care Monitoring Group. GP Mental Health Lead for XXXXXXXXXX PCT
20 hours a week - one of 2 part time doctors in service. Do all prescribing and assessment and initiation of Methadone. Refer to specialist service if severe alcohol abuse or mental health problems
1 session per week as Clinical Assistant in Prescribing Clinic
Do most work in surgery. On DRG and SCMG locally
GPwSI, 1 session, local CSMS
GPwSI - 1 session per week. PCT lead for drug misuse - sporadic meetings. SCMG / Training etc. Shared Care in surgery

Appendix 3 – Answers to questions on arrangements for substance misuse appraisal

'Has your SCMG discussed arrangements for substance misuse appraisal?'	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?
	With great difficulty they eventually agreed to appraisal by XXX XXXXXX for GP and substance misuse and they took 5 months to pay him so I don't know if they will do it again.	
	They don't have any special appraisals - it is part of the general appraisal	I must admit I am not keen on the prospect of specialist appraisals. We have a small clinic.
Not aware that they have	No particular focus on doctors doing other things - just appraised along with the rest of the appraisal process	
not to my knowledge	None as known	
Yes. As a GPwSI it has been proposed that part of my role should involve supervising GP's who provide a LES. This would involve a once yearly practice visit. I am currently developing an appraisal document which I will attach to this e-mail	Peer support, consultant support - yet to happen	
Don't know	My appraisal is by X XXXXXXXXXX partnership nhs trust	
Yes. Currently not going to be a separate item, will be included in our general yearly appraisal	Only as part of general appraisal	
No	None	
Not as far as I know	I don't think they have thought about it	
Not formally appraisals but for the enhanced service we are all required to have attended an annual education activity	I do not have any formal information on that	No
Not really though it has been identified in the LES and NES	I don't think they have a view or interest as long as they can tick off the basic appraisal	there is 1 salaried GPwSI who will have an appraisal on her substance misuse work. I had an appraisal done by another of the Clinical Leads. The other GPwSI in our service will only have a generic appraisal this year
Yes	Appraised usually as part of GP work, accreditation as a GPwSI - qualifications necessary (RCGP sub misuse) and evidence of audit	Peer review in the service

There is confusion about what is required/available e.g. will the PCT the extra asked by appraiser to do the GPwSI part of the appraisal. XXX XXXXX was to find out definitive answers and inform us all but we wait to hear.	At present they have not agreed to fund the extra portion of the appraisal.	There is only one GP in the area who is an experienced GPwSI and also appraiser. I am considering doing the appraiser training this year to expand this pool.
Nothing in place as yet, the only appraiser qualified in GMS and drugs appraisal has recently left our PCT	No clear guidance yet at all	
No	I am not certain what the PCT's approach is	All GP's in Shared Care Practice have attended refresher training for a full day every 2 years
My PCT have agreed to pay my SM appraisal and I have done SM appraisals for other areas, only one PCT in XXXXXXXX XXXXXXXXXXXX refuses to pay.	See other comments	The whole issue of SM (or speciality) appraisals is difficult. There is no capacity for the appraisal toolkit to allow for anything other than normal appraisal.
No		
Not to my knowledge	No approach that I am aware of and have received no specific advice on this from PCT	
I'm not sure but for myself, I elected to undergo consultant appraisal done by an addiction psychiatrist as I have no GP role now	I don't know about GP appraisals in the Lothian as I have never worked as a GP in that area	Yes I had to arrange it myself, the Health Board didn't seem to have any particular appraisal strategy in place for people in my position
Yes - setting up Local Enhanced Service with support from community drug team but needing less input than in national enhanced service	Assessed by other GP's - not necessarily aware of substance misuse work in detail	
No	As part of general GP appraisal	
PCT Clinical Lead has discussed this - no time scale but should be annual? From when?	Not sure - seems to be via specialist appraiser this year	Not done yet (due to personal factors) I have been reminded of the need for it
Not really, some informal discussion within team for this to happen locally but would be good to have external use	Not sure of local appraiser for this is and certainly nil concrete re substance misuse	Local practice is very good re normal appraisal with good appraisers for GP
Yes and the PCT has taken my advice as RCGP regional lead, regarding appraisals and the structures required. In fact the local GPwSI's carried out peer appraisals all together on an agreed day. The clinical leads are appraised by regional leads from other areas.	We have either a joint general/specialist appraisal carried out by an appraiser who also knows about drug misuse, or a separate substance misuse appraisal. This may be annual or every 5 years depending on level of involvement but encourage annual appraisals. These are funded by the PCT's	It gets confused with performance management by the PCT's, who are also a bit behind regarding issues of clinical governance in the drugs field
Appraisal carried out by PCT appointed appraisers using RCGP appraisal template. I carry out appraisal of those working as GPwSI's in the community drug teams.	I have signposted appraisers and shared care GP's to the RCGP template. I appraise GPwSI's who do sessional work in the community drug teams	
No	No specials plans	

No I have contacted them and their reply at present is that there is no funding to pay for extra appraisals outside the standard one	NHS appraisal is running well, there is a short term cash crisis and it may well be they the DAAT helps out	Would help to have national guidance on whether specialist appraisal is necessary and how often it should happen on top of standard annual NHS appraisal. Also can it be done by standard appraisers or not
Yes - we agreed that if a GPwSI's is still a GP appraisal should be tagged on to PCT appraisal process. If no longer as a GP, the employer takes responsibility for arranging/funding appraisal	Currently trying to build a team of appraisers with competence in appraising both generalist and specialist areas of work	
I lead on appraisal and CPD standards for shared care GP's in the PCT and also all GPwSI's employed on sessional basis with XXXXXXXXXX Integrated Services and any vocational trainees interested in gaining accredited qualifications in substance misuse.	Ad hoc, no direct leadership apparent from the Clinical Governance Dept of the PCT or the medical director. I have taken responsibility for it personally in my own PCT's. I have negotiated payment for specialist through the PCT commissioners and funding comes via the pooled treatment budget or the prison joint commissioning budget which employs two of my current GPwSI's in substance misuse	
No	It is covered as an element of my annual appraisal	
Yes - within PCT. Just for myself as often GP involvement is only for patients that they see in General Practice outcome is that I tried to get appraised by Regional Lead, but did not get far. Have a consultant now who will do it. Also have to have approval from GP work - arranged	In general I don't know. There are no other GPwSI substance misuse who do much. One person does one clinic a week in substance misuse. I assume she puts it in with her normal gp appraisal	
No formal discussion but all GP's with interest in substance misuse work are encouraged to have CPD and yearly Generalist and Specialist Appraisals	Encouraged to seek Specialist Appraisal	No
Not known to me	Unknown	
Flagged up but no action yet	The specialist work is taken as part of the overall training. The appraiser may not have any skills in that area at all	More related to the practice rather than the practitioner per se
Yes - awaiting approval of funds for this	Just getting going! Will happen later 2006 - a formal sit down session and one session preparation	
No idea about it		
No	It hasn't been developed, though some GP's may be appraised on their specialist area via the hospital system	People who may fall outside all the 'boxes'. And I find it hard to know how to be appraised
No	With my appraisal for GPwSI's	

No - PCT very detached from problematic drug use treatment	N/A	Never mind appraisal - Only 14 (or so) GP's at city's GP's involved in treating problematic drug use. It is extremely difficult even to organise training for such a small number - hoping to deliver certificate part one over five days in May/June 2006 - depends on number of GP's willing to partake
No - have brought it to managers attention	No specific	
No	Done as part of GP appraisal	
Not discussed	They don't have one	
Appraisals done with practice. Some supervision occasionally with CSMS	Unclear	None
Yes - just starting to organise	Don't do as yet	Starting to set up.

Appendix 4 : Answers to questions on satisfaction with SM appraisal and SM experience of appraiser

Did your appraiser have any experience of substance misuse work?	Please comment on how well you felt the substance misuse part of your work was addressed (if applicable)
Yes	Fine
No	Not addressed in detail at all
A little	Not very well as I know much more than him. He is a Shared Care GP but not a GPwSI
No	This was not really adequate appraised but I have had support from other GPwSI however it was not a formal appraisal
No	I felt on both occasions that I was teaching and informing my appraiser about a fascinating part of my work, but without actually being appraised
No	
No	N/A
yes	very well my appraiser is in a similar position to myself
No	Don't feel it could have been by the GP concerned as no experience in the field. Don't feel as anxious now as I did 2-3 years ago, feel that peer review is ok.
Yes but not herself a GPwSI	
Yes	Not very well seemed rushed and no clear ideas.
Yes	Well I have found severe difficulties finding time to prepare the work expected by the GMC for my appraisal
Some	Not well. Rather briefly and informally. For my last GP appraisal I completed and included the RCGP appraisal toolkit and competencies and my appraiser said ' I can't comment on that'
Yes	Excellent - it really helped me to see where some of my needs lay and to develop a strategy to develop my career
No	No
No	Not of any value appraiser not interested/informed in this area of work
No	Not great given that did not feel able to give much advice but were supportive

Yes	It was done by XXXXX XXXXXX -need I say more
No	Appraisal carried out by Medical Director who had good insight into the issues. The process went well
No	Not very well
No	Reasonably well
Yes	Well, but I arranged my own appraisal and chose my own appraiser
Yes	Very well by XXXXX XXXX
No	It was covered adequately but could have been improved if appraiser has some Substance Misuse experience but this is not an option in my area
Yes	Well. It was done 2 years ago. None since. Am due one with new consultant soon. Have also had GP appraisal and it was not touched on.
No	Poorly first year, but some indirect reference to it in 2nd year
No	
No	Not well, just mentioned in passing really
Yes	
Only slight - part of Shared Care Practice	The appraiser could not offer much other than agreement
No	Brief only
No	Very briefly as no knowledge held by appraiser
No	SATIS
No	Badly
Yes	Appraiser used to work in XXXX

Appendix 5: answers to the questions: 'Do you feel your supervision could be improved?' and 'If yes, please state how'

Yes - more interest from the consultant in the town in which I work, the consultant from whom I seek advice is from a neighbouring town

Yes being formalised and regular

Yes

Yes - more frequent

Yes

The consultant in this area plans to start a regular educational/supervision forum but its never got off the ground .. Time pressures again. Thanks for the questionnaire it was thought provoking

I have started this particular supervision arrangement. Potentially it could be extremely useful. My supervisor has a wealth of experience in the substance misuse field and an academic approach which complements my own more hands on. Tension between our services mean that managerial matters are not on the agenda at present but that could change with time

Yes - room for improvement given adequate resources!!!

Yes - not really tailored for me though my partners are very supportive and helpful and the local update sessions generally well run and appropriate.

Yes

Yes - I could have some time reserved for preparation of the work that needs to be done. We could meet more regularly. I would benefit from working closer face to face with colleagues.

Yes - formal structure provided by the PCT as a matter of course with protected time at regular set intervals. Also I would benefit from managerial and service development supervision in addition to clinical supervision (I feel rather unsupported in this area). Also more support around writing protocols etc.

Yes - there is little in the way of formal supervision. We each provide support for each other; but; in the course of a busy day, there sometimes isn't time to meet up. I think that ALL doctors should have supervision as nurses do.

Time factor difficult for both of us

Yes - I would like to have supervision from a non involved individual from outside my service but I never find time

Yes - all arrangements are informal and would be improved if made a formal arrangement with protected time and written records

Yes - by having regular meetings rather than adhoc

Yes

No - its adequate but could be better formalised for both parties

Yes

No

Yes - needs to be some!

No

Would like dr

No

Its wonderful, No.

Probably a regular quarterly review or at least half yearly would be useful.

Yes. We need to set it up here in XXXXXXXX