

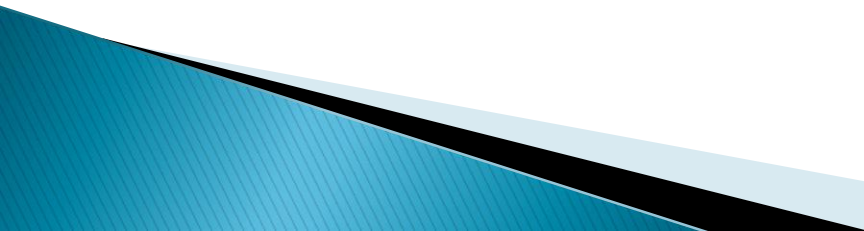
Comparing evidence submitted by sessional and principal GPs for appraisal and revalidation

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Research study aims

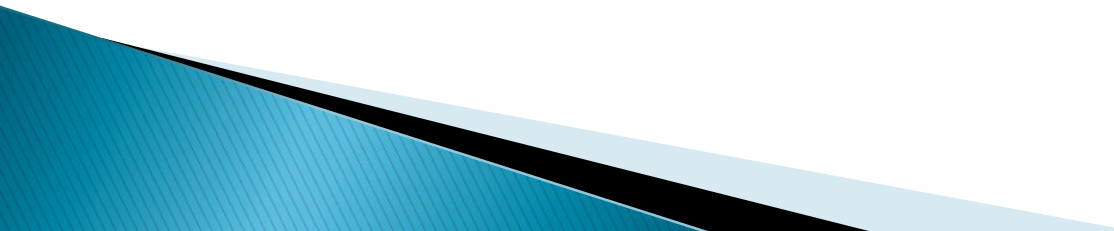
- ▶ To evaluate GP appraisal processes for validation in one area in England

Objectives

- ▶ To explore GPs' perceptions about appraisal and validation processes
 - ▶ To compare appraisal evidence produced by different groups of GPs
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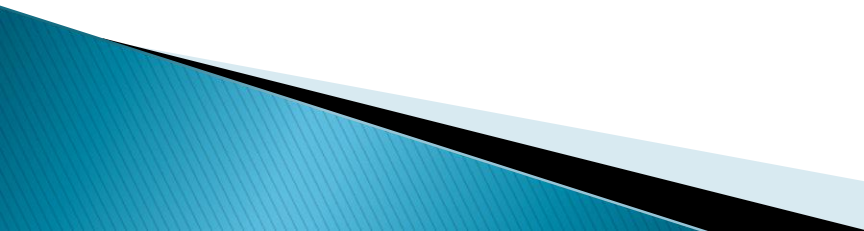
Mixed methods study

Collection and analysis of qualitative data:

- ▶ 5 focus groups held with 23 attendees at a GP appraisal stakeholder event
 - ▶ 7 individual interviews with appraisal leads for PCTs within the Deanery's geographical
 - ▶ Thematic data analysis
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Mixed methods study

Collection and analysis of quantitative data:

- ▶ 123 evidence checklists completed by GP appraisers for individual GPs
 - ▶ Descriptive statistics
 - ▶ Comparisons between different GP groups – gender, age, status
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Evidence checklist record

Good clinical Care :

- ▶ Case Reviews
- ▶ Significant events
- ▶ Data Collection or Audit
- ▶ QuOF and prescribing data

Maintaining Good Medical Practice :

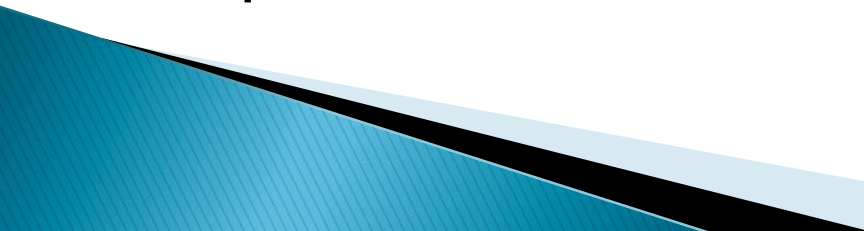
- ▶ Personal learning log
 - ▶ CPR/Child Protection
 - ▶ Membership of learning organisations
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Evidence checklist record

Relations with Patients/Colleagues :

- ▶ Patient Survey; Multi source feedback
- ▶ Information about Complaints
- ▶ Referrals and relations with secondary care
- ▶ Information for patients

Reflection/appraisal in other roles:

- ▶ Research; Teaching; Management
 - ▶ Probity; Health
 - ▶ Overview of achievements and challenges
 - ▶ Updated PDP
- 

Sessional and principal GPs – key findings: qualitative data

- ▶ I think the sessional doctors are a difficult group, I don't mean difficult in personality, I think they're difficult in their needs, different in their needs, different in their behaviour.

R12 (appraiser)

- ▶ I've raised it as an issue ... I don't know how we're going to get the sessional doctors being able to do audits, for example.

Appraisal Lead 4

Sessional and principal GPs – key findings: qualitative data

- ▶ Having said that, you see some excellent papers from sessional doctors ... I've done [appraised] sessional doctors who have got probably papers better than some of the principals I do.
R12 (appraiser)

- ▶ If you want to be robust about your own performance you can be ...I have appraised a sessional GP who was all over the place and she produced some fantastic work because she'd been bothered to do it.

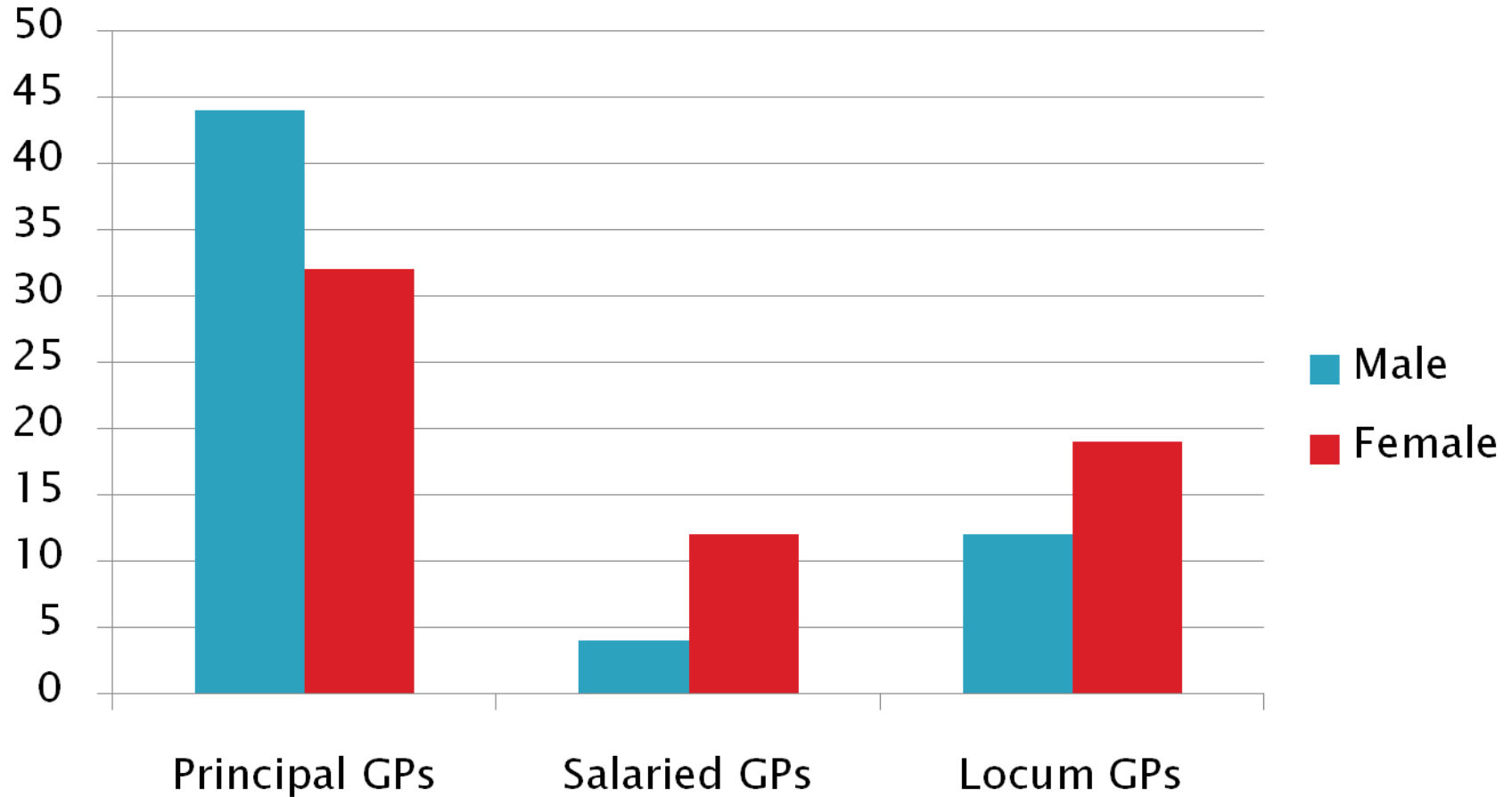
Appraisal Lead5

Sessional and principal GPs – key findings: qualitative data

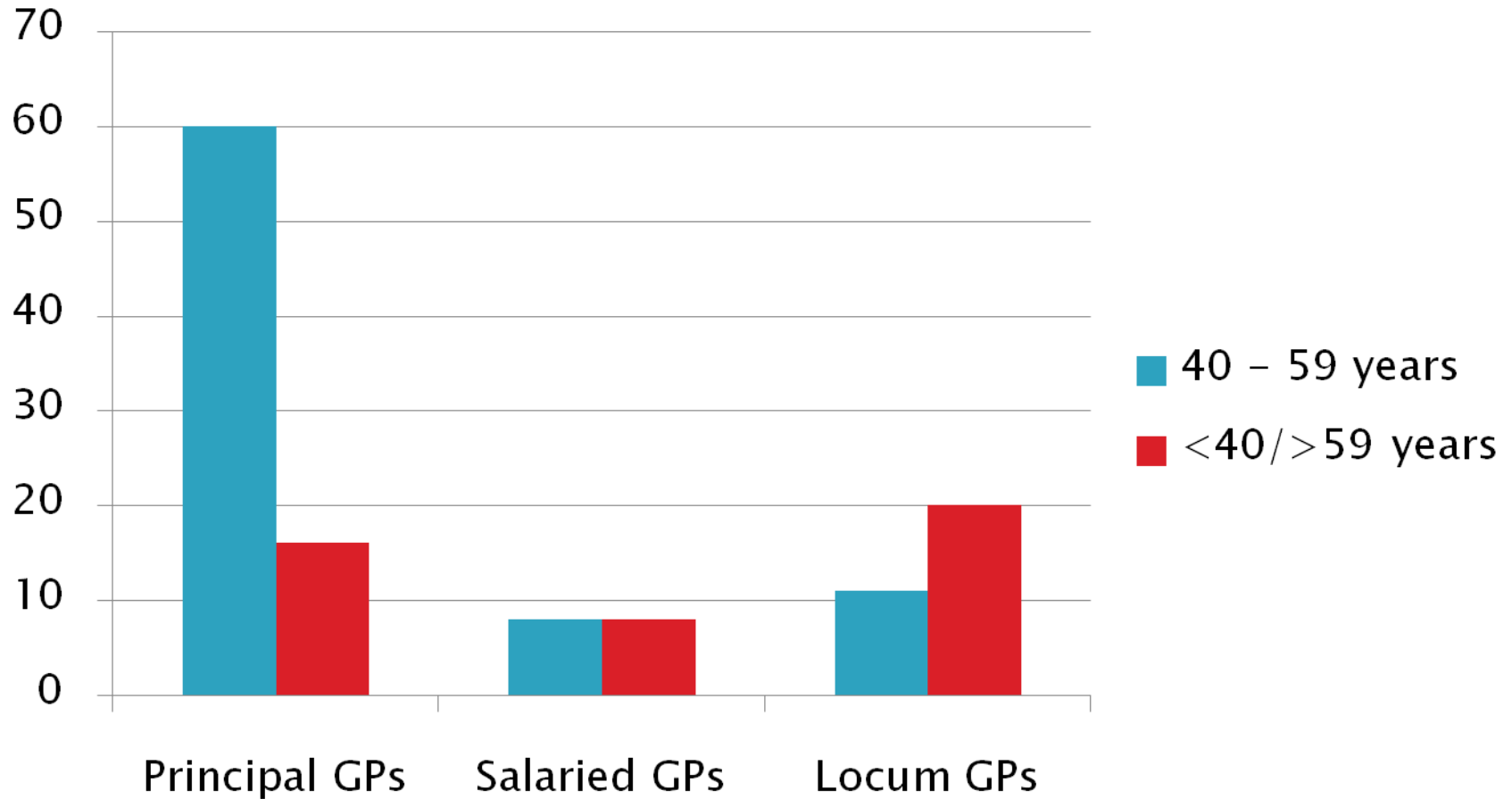
- ▶ I know a doctor who does only out-of-hours at the moment, but...if she does a referral for something in the middle of the night and gets someone into hospital, she'll find the phone number for the practice, ring the practice, get their address, send a polite note to the principal saying 'I hope you don't mind me asking, I've sent this patient in and I would like to know what happened, if it's okay to anonymise and send some feedback'. So it is okay, it is time-consuming but it can be done.

R11 (appraiser)

Quantitative sample by status and gender



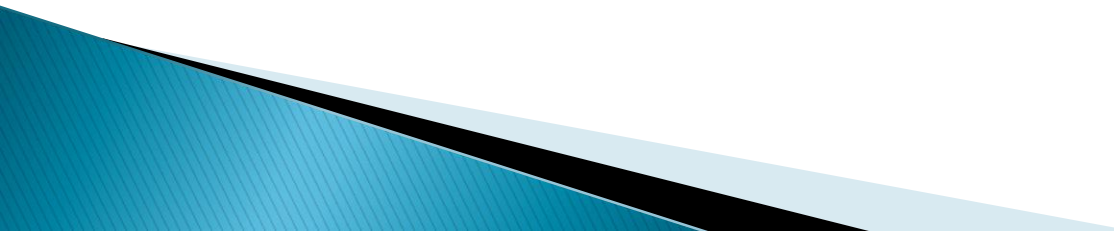
Quantitative sample by status and age



Differences

- ▶ Organisational data collection or audit
 - 58% of principals; 50% of salaried; 19% of locums
- ▶ Personal patient survey:
 - 86% of principals; 69% of salaried; 55% of locums
- ▶ Personal prescribing
 - 46% of principals; 31% of salaried; 13% of locums

Personal data – no differences

- ▶ Data collection or audit
 - ▶ Significant events
 - ▶ Complaints received
 - ▶ Statement of no complaints
 - ▶ Multi-source feedback
 - ▶ Referrals
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Conclusion

- ▶ Is there reason to be concerned about sessional doctors' ability to produce appropriate evidence for appraisal for revalidation?