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
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
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
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
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
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
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
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

- **Principal GPs**
  - Male: 45
  - Female: 30

- **Salaried GPs**
  - Male: 5
  - Female: 10

- **Locum GPs**
  - Male: 15
  - Female: 20
Quantitative sample by status and age

- **Principal GPs**
- **Salaried GPs**
- **Locum GPs**

- **40 – 59 years**
- **<40/>59 years**
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
Conclusion

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