

## **Report to HLSP Limited**

EC Support to Primary Health Care Reform:

Retraining of medical workforce for Kakheti Region, Georgia

**Provision of Consultancy Services in the “Support to Primary Care Development: Re-training of Medical Workforce and Practice Managers in Kakheti Region”**

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July 2006

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## Introduction

EU Tacis is supporting primary health care reform in Georgia. This project is aimed at providing improved access to high quality primary health care for the population of Kakheti region. The two key components are the refurbishment of health facilities in the region, and increasing the capacity and performance of primary health care workers by means of the six-month primary care re-training programmed developed in Tbilisi 1997-2002. Two cohorts of primary care doctors and nurses from Kakheti region were selected for retraining; the first cohort of 35 nurses and 37 doctors began training 7 November 2005; the second cohort (46 nurses and 42 doctors) start their training 6 February 2006. The training is delivered by nurse and doctor trainers based in the six family medicine training centres (FMCs) in Tbilisi and the FMC in Mtskheta. The project is implemented by HLSP limited in collaboration with the Georgia Family Medicine Association (GFMA).

The GFMA has been conducting activities described in this report on the basis of a sub-consultancy agreement with HLSP.

The GFMA is producing services in support of the re-training of medical workforce project into two directions:

1. Strengthening family medicine trainers network through organizing and developing a programme of trainers meetings;
2. Developing and implementing an evaluation tool, and introducing of a programme of continuing professional development for primary care health workers. This work is led by the international consultants Anita Underwood and John James and encompasses the following activities:
  - Developing an evaluation tool
  - Organizing the evaluation workshop and pilot to test out the tool
  - Devising a programme to evaluate trainee performance in their workplace

### 1. Family Medicine Trainers meetings

The purpose of the activity is to provide an opportunity for trainers to exchange views and information, identify developmental needs and begin the introduction of peer review. The first set of meetings organized by the GFMA consultants was focused on results of formative assessment undertaken within family physicians and general practice nurse re-training programmes. The following meetings were scheduled and planned according to the arising needs to manage re-training difficulties and contribute towards the revision of the family physicians and general practice nurse re-training programmes. All meetings were attended by family medicine trainers from all training practices, however not all trainers participated in all meetings. Representatives of the training centers were asked to disseminate information from the meetings back to training practices to their colleagues. Eight meetings were conducted in May, June and July (See annex 1: Schedule of the meetings);

**[Consultancy days spent to accomplish these activities: 8 days]**

## **2. Development of an Appraisal process for retrained family medicine doctors and nurses**

The national consultants of the project (Dr. Irina Karosanidze and Dr. Tamar Gabunia) worked with John James on appraisal process outline for Family Physicians.<sup>1</sup> They detailed the key areas to be assessed, and prepared drafts of a series of documents (for both the trainee and the appraiser) to be used in the appraisal itself (See annex 2). The appraisal will be one-to-one, take place in the trainee’s refurbished health facility, and comprise: a review of recent clinical activities; direct observation of clinical practice (including working with the family nurse); discussion of unmet needs, constraints and difficulties; and development of an individual personal development plan. The findings would inform any necessary changes to the re-training syllabus and delivery, and form the basis for additional training modules (to be delivered in the region itself). The same principals will apply to the nurse appraisal process, but documentation will be developed under the supervision of Anita Underwood.

It was also agreed that the trainees should complete self-assessment forms (against a list of required knowledge areas and skills) at stages during their six-month re-training; trainers would also assess the trainees by completing the same form themselves. This will allow trainees to monitor their own progress; furthermore, differences between the trainer’s and the trainee’s assessment will lead to constructive dialogue, and form the first steps into personal development plans for the trainees. John James provided UK training checklist of knowledge, skills and competencies of family physicians. GFMA national consultants adapted the list according to the current re-training programme (re approved by the state postgraduate medical education board 16.06.2006). The adapted list for trainee self-assessment was disseminated to all training practices for comments<sup>2</sup>. It is highly recommended to prepare the similar tool for self assessment of nurse trainees. This will be done after the revised nurse re-training programme is approved by the Ministry of Labour, Health and Social Affairs.

**[Consultancy days spent to accomplish these activities: 13 days]**

### **Next steps**

#### Trainers meetings

- National Consultants will continue organizing and facilitating trainers meetings;

**[Resources available within the project: 2 consultancy days]**

#### Trainee Appraisal

- National consultants and GFMA to analyze results of pilot (testing appraisal tools) and refine the appraisal documents further with a particular emphasis on an appraisal process for family practice nurses

**[Resources available within the project: 2 consultancy days]**

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<sup>1</sup> John James visit to Georgia 17-19 May, 2006

<sup>2</sup> The checklist for trainees self assessment available in Georgian

## Annex 1

### Schedule of the Family Medicine Trainers meetings

Date	Agenda and Participants
06.05.06	<p><b>Participants: FP trainers</b> <b>Facilitator: T. Gabunia</b></p> <p>1. To share revised FM re-training curricula with all trainers and to ask for their feedback on specific topics</p>
13.05.06	<p><b>Participants: FP and GPN trainers</b> <b>facilitator: T. Gabunia</b></p> <p>1. To discuss ways of strengthening family medicine re-training capacity</p>
20.05.06	<p><b>Participants: FP and GPN trainers</b> <b>Facilitator: T. Gabunia</b></p> <p>1. To agree on a procedure for the formative assessment for FM and GPN trainers 2. To identify main areas to be covered during the formative assessment and design assessment tools accordingly</p>
03.06.06	<p><b>Participants: FP trainers</b> <b>Facilitator: T. Gabunia</b></p> <p>1. To discuss comments of professional bodies on FM re-training curricula 2. To agree on amendments to be made in FM re-training programme according to the feedback provided by different professional groups</p>
17.06.06	<p><b>Participants: FP and GPN trainers</b> <b>Facilitator: T. Gabunia</b></p> <p>1. To inform trainers about the status of the revised curricula (has been accredited by the Postgraduate medical education board on 16 June, 2006) 2. To summarize main amendments made during the revision and agree on the process of incorporating those into the re-training (preparing short and long term re-training plans, update existing lesson plans); 3. To presents the results of formative assessment undertaken in May 06 for the second cohort of trainees, identify main areas of work which requires particular attention;</p>
24.06.06	<p><b>Participants: GP Nurse trainers</b> <b>Facilitator: M. Gogashvili</b></p> <p>1. To presents the results of formative assessment undertaken in May 06 for the second cohort of trainees, identify main areas of work which requires particular attention; 2. To plan summative assessment which will take place early June: agree on necessary amendments in summative assessment package</p>
03.07.07	<p><b>Participants: GP Nurse trainers</b> <b>Facilitator: T. Gabunia</b></p> <p>1. To initiate the process of revision of the nurse re-training curriculum 2. To discuss Original curriculum and suggestions for amendments including recommendations of Oxford Policy Management Team</p>

<b>Date</b>	<b>Agenda and Participants</b>
11.07.06	<p data-bbox="379 248 786 280"><b>Participants: GP Nurse trainers</b></p> <p data-bbox="379 282 676 313"><b>Facilitator: T. Gabunia</b></p> <ol data-bbox="427 349 1466 450" style="list-style-type: none"><li data-bbox="427 349 1043 380">1. To present revised nurse re-training curriculum;</li><li data-bbox="427 383 1466 450">2. To achieve an agreement on main changes made in the re-training programme in terms of the content and structure;</li></ol>

**Annex 2**  
**APPRAISAL FORMS**

**Appraisal for General Practitioners**  
**working in PHC setting in Georgia**  
**APPRAISAL FOR GENERAL PRACTITIONERS**  
**Introduction**

**This pack includes the documentation necessary for appraisal of general practitioners.**

There are five forms:

**Basic details**

**Current medical activities**

**Material for appraisal**

They must be completed by you before the appraisal discussion. The first two forms are brief and factual. Form 3 requires care. You are invited to submit documents in support of Form 3 and these will need to be assembled. Form 3 is prefaced with explanatory notes.

Some of the material you provide now will carry forward without further work to future appraisals.

Your appraiser will bring two further forms to your meeting. Form 4 is the formal summary of the appraisal and should be completed during and immediately after the discussion. This is the responsibility of your Appraiser. Form 5 may be used to make a more detailed and confidential record of the appraisal discussion, but it is optional.

**ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS**  
**FORM 1: BASIC DETAILS**

<b>Name</b>
Registered address and telephone number
Main practice address and telephone number
<b>Qualifications</b> in Georgia or elsewhere
<b>Date of certification</b>
<b>Date of appointment to current post</b>
<b>Main current post in general practice</b>
<b>Other current posts</b> Please list any other current appointments with (1) starting dates (2) average time spent on them
<b>Previous posts</b> for the last five years, with dates
<b>Other relevant personal details</b> Please give any other brief information you wish that helps to describe you eg membership of professional groups or societies

## ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS FORM 2: CURRENT MEDICAL ACTIVITIES

This form requires a *brief and factual* description of the work you do in the practice and in other posts. You will be able to give more detail later.

Average no of hours per week worked

Please summarise the 'in-hours' activities you undertake in your practice **e.g. child health services, consultations and etc.**

Emergency, on-call and out-of-hours work

**Brief details of other clinical work** eg as trainer or clinical practice at other places

**Other professional activities**

## ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS FORM 3: MATERIAL FOR APPRAISAL

This form, and the papers you supply with it, will be the main basis of your appraisal.

The wording under each heading differs, but typically you are asked to provide:

a commentary on your work

an account of how your work has improved since your last appraisal

your view of your continuing development needs

a summary of factors which constrain you in achieving what you aim for.

**It is not expected that you will provide exhaustive detail about your work.** But the material should convey the important facts, features, themes or issues, and reflect the full span of your work as a doctor within and outside the PHC setting in Georgia. The form is a starting point and framework to enable you and your appraiser to have a focused and efficient discussion about what you do and what you need. It is a tool, not an examination paper or application form, and it can be completed with some flexibility. **Common sense should be exercised if you feel you are repeating yourself, or if you want to include something for which there is no apparent opportunity. And if a section or a page really needs only a word or two there is no need to do more.**

The work you put into completing this form is your main preparation for appraisal, and the value of your appraisal will largely depend on it. It will also be an important part of your appraiser's preparation.

The form is fairly open-ended, although some prompts and suggestions are supplied to help you. Please expand the spaces available as necessary, or attach extra sheets.



You are invited to submit documents in support of what you say in the form. You are not expected to “prove” your assertions about your work, but your appraiser will probably want to test some of them with you through discussion and the documents will help both of you.

The papers you assemble in support of the form should be listed in the appropriate spaces and supplied for your appraiser in a folder, organised in the same order. If the same material is listed in the form more than once, to illustrate different points, do not include it twice in the folder but explain on the form where it is to be found.

<b>Clinical practice</b>
<i>Commentary - what do you think are the main strengths and weaknesses of your clinical practice?</i>
How has the clinical care you provide for chronically ill (hypertension, asthma, diabetes) improved since you've started your activities as a general practitioner?
<i>What do you think are your clinical care development needs for the future?</i>
<i>What factors in your workplace, or more widely, constrain you significantly in achieving what you aim for in your clinical work?</i>
<i>Documents list</i> Consultation diary-last 40 consultations (clinic or home visits) inc. name, age, diagnosis and treatment Records of (last 3) patients with Hypertension Diabetes Asthma Detail current management and an outline management plan should be presented

<b>Maintaining good medical practice</b> The last section asked about the quality of your clinical care and how it has improved; this one is about <i>how</i> you have
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<p>kept up to date and achieved improvements.</p> <p><i>Commentary - what steps have you taken since you've started your practice as a general practitioner to maintain and improve your knowledge and skills?</i></p>
<p><i>What have you found particularly successful or otherwise about the steps you have taken?</i></p> <p>Do you find some teaching/learning methods more effective than others? How will you reflect this in your future approach to maintaining good medical practice?</p>
<p><i>What professional or personal factors significantly constrain you in maintaining and developing your skills and knowledge?</i></p>
<p><i>How do you see your job and career developing over the next few years?</i></p>
<p><i>Documents list</i></p> <p>1 Certificates of attendance of training courses                  2 Certificates of completion of distance learning courses                  etc</p>

<p><b>Relationships with patients</b></p> <p><i>Commentary - what do you think are the main strengths and weaknesses of your relationships with patients?</i></p>
<p><i>How do you feel your relationships with patients have changed since you've started practice as a general practitioner?</i></p>
<p><i>What would you like to do better? What do you think are your current development needs in this area?</i></p>
<p><i>What factors in your workplace or more widely constrain you in achieving what you aim for in your patient relationships?</i></p>

<p><b>Working with colleagues</b></p> <p><i>Commentary - what do you think are the main strengths and weaknesses of your relationships with colleagues?</i></p> <p>Examples of documentation you might refer to and supply: a description of the team structure in which you work (if applicable); references from colleagues; information about any problems that have arisen between you and colleagues</p>
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(including consultants);
<i>How do you feel your relationships with colleagues have changed since you've started practice as a general practitioner?</i>
<i>What would you like to do better? What do you think are your current development needs in this area?</i>
<i>What factors in your workplace or more widely significantly constrain you in achieving what you aim for in your colleague relationships?</i>

<b>Management activity</b>
<i>Please describe any management activities you undertake that are not related to your practice or the practice in which you work. How would you describe your strengths and weaknesses?</i>
<b>Do you think your management work has improved?</b>
<b>What are your development needs?</b>

<b>Overview of development needs</b>
Please summarise what you think your main development needs are for the coming year.

<b>Sign off</b>
We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development in the course of the past year, current development needs, and constraints.
Signed: Appraisee
Appraiser
Date:

## **FORM 4: SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN**

This form sets out an agreed summary of the appraisal discussion and a description of the actions agreed, including those forming your personal development plan.

The form will be completed by your appraiser and then agreed by you.

### **SUMMARY OF APPRAISAL DISCUSSION**

Good clinical care

Consultation diary: select up to 10 consultations, review and discuss with GP: Consider diagnosis, management, prescribing, opportunistic promotion/prevention, clarity of records

Chronic disease Management: Consider Adherence to protocols, lifestyle advice, management plan, follow-up, involvement with secondary care

OBSERVATION of PRACTICE (Observe up to 5 consultations)

Consider:

Approach to patient

History taking, examination, diagnosis, treatment

Opportunistic health promotion, prevention

Teamworking with /involvement of practice nurse

Maintaining good medical practice

- Discussion/ review with trainee
- Trainee’s own perception of strengths and weaknesses, and development needs
- Appraiser’s review of trainee’s performance
- Agree development plan for trainee

**Relationships with patients** (Summarize results of your observation and physician’s own comments)

Working with colleagues

Commentary:

**Management activity**

**Any other points**

**PERSONAL DEVELOPMENT PLAN**

Using the template provided here, the appraiser and appraisee should identify key development objectives for the year ahead which relate to the appraisee’s personal and/or professional development. They will include action identified in the summary above but may also include other development activities agreed or decided upon in other contexts. Please indicate clearly the timescales for achievement.

GPs approaching retirement age may wish to consider their retirement intentions and actions that could be taken to retain their contribution to the NHS.

The important areas to cover are:

- action to maintain skills and the level of service to patients
- action to develop or acquire new skills
- action to change or improve existing practice.

**PERSONAL DEVELOPMENT TEMPLATE**

This plan should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed

## APPRAISAL EVALUATION FORM

APPRAISER NAME: ..... APPRAISEE NAME: ... ..  
 Dr..... (optional)

**Hve you been informed prior to your meeting prepare you well for the appraisal?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Did the timing and setting of the appraisal suit you?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Did you feel your Appraiser listened to you?**

Definitely Yes				Definitely No
1 yes	2	3	4	5

**Did you feel your Appraiser understood you and your clinical practice?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Did you feel that the appraisal was about your agenda, not that of the Appraiser?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Did your Appraiser probe and challenge you sufficiently?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Did your Appraiser suggest any good ideas or offer constructive criticism?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**If at all possible, would you like to be appraised by the same person next year?**

Definitely Yes				Definitely No
1 Yes++	2	3	4	5

**Looking at the whole process, would you say it was a satisfactory experience for you?**

Definitely Yes				Definitely No
1 Yes	2	3	4	5

**Is there anything you feel we could improve on for next year? Please add any comments below.**

Once completed please return this form to \_\_\_\_\_, at the following address: