Report to HLSP Limited

EC Support to Primary Health Care Reform: Phase II

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

Evaluation and appraisal of retrained FM doctors and nurses in Kakheti Region

Irina Karosanidze

Georgia Family Medicine Association

November, 2007

Introduction:

What is appraisal?

Appraisal is a formative and developmental process. It is about identifying development need, not performance management. It is positive process, to give GPs/GPNs feedback on their past performance, to chart continuing process and identify development needs.

Both appraiser and appraisee should prepare by identifying issues to discuss in the appraisal discussion, and reflecting upon them.

The appraiser should be another GP/GPN who has been properly trained in appraisal. The assessment of different aspects of a GP's clinical performance should be carried out through contact with the appraiser by peers who are fully acquainted with the relevant areas of expertise and knowledge. There should be clear local procedures for resolving individual concerns about appraisal, which fit within the national model.

The appraisal should conclude by setting down the agreements that have been reached about what each party is committed to doing. This should include the personal development plan. Key development objectives for the following year and subsequent years should be set out in the PDP.

As we are informed, in UK Appraisal provides a regular, structured system for recording progress towards revalidation and identifying development need which supports individual GPs in achieving revalidation (A License to Practise and Revalidation, GMC 2003). The content of appraisal is based on the GMC's core headings set out in *Good Medical Practice.* The GMC have stated that full participation in annual appraisal in a managed environment is a powerful indicator of a doctor's current fitness to practice. Formal responsibility for appraisal rests with the PCT.

The international consultants and their national counterparts had developed a workplace appraisal and clinical evaluation methodology for retrained FM doctors and nurses. In June, 2006 selected FM trainers attended a workshop (facilitated by the consultants) where they were introduced to the methodology, and its implementation. They learned to conduct appraisals and clinical evaluations, which they then trialed successfully on FM-trained colleagues in their own FM training centers.

As part of the ongoing EU project, it had been anticipated that the appraisers would field test the methodology in Kakheti in October, 2006. However, the Kakheti FM Centre refurbishment programme has experienced severe delays; therefore, the appraisal and workplace evaluation tools were field tested in Adjara, where FM teams were already working in new family medicine centers.

Workplace appraisal and clinical evaluation For Retrained FM doctors and nurses in Kakheti Region newly established Family Medicine Centres

The appraisals were conducted in Kakheti Region 20 October - 5 November by 12 doctors and 15 nurse appraisers from Tbilisi and Mtskheta based 7 FMTCs. Almost All of them had conducted appraisals in their FMTCs and in Ajara.

The aims of appraisals were to:

1. Set out personal and professional development needs and agreed plans for these to be met;
2. Review doctor's/nurse's work and performance; Discuss achievements and challenges in the last period; Service, professional practice and other objectives for the next year;
3. Consider retraining programs in FM with GPs/GPNs; Evaluate the components and outcomes of the course as a prelude to further development.

Appraising process was organized by the appraising managers by centres, who worked closely with the appraisers, holding discussion and feedback sessions almost 2-3 times in week.

Standardized Appraisal documentation (forms 1,2,3, etc.) provided a formal, supportive and consistent structure to the appraisal process. Completion of the appropriate forms before appraisal provided the basis for constructive dialogue between appraiser and appraisee, that then allowed a record to be made of both the reflections on past performance and identified professional development needs.

136 doctors and 136 nurses were appraised during the one month visit. Every GP/GPN prepared an appraisal folder, they were prepared for the appraisal by identifying those issues that s/he wishes to raise with the appraiser and prepared an outline personal development plan (PDP). . The appraisers ensured that appraisees had reasonable advance notice of the date of the proposed appraisal meeting. Appraising managers acted as observers, in order to provide additional feedback. Appraisers gained confidence during the exercise, and they could complete a FM team appraisal in around two - three hours. They received positive feedback from all those they appraised; all found the experience helpful. They made a joint declaration that the appraisal has been carried out properly.

The findings revealed that the FM teams wanted further training in a number of key areas. The figure below details the needs of each doctors and nurses. Learning about the newly approved primary care disease management protocols, the proposed new FM patient records, further training in the use of their new equipment, and more computer training were almost universally identified by both doctors and nurses. Most doctors requested further clinical training; minor surgery, hypertension, asthma, diabetes and women's health were also identified.

The appraisers were able to observe consultations and to review patient records. They found that the teams were not able to demonstrate an holistic approach to the problems encountered, and preventive and promotive opportunities were not being utilized. The appraisers agreed personal development plans (PDPs) with each individual appraised.

Appraisees raised worries and complaints to the first instance appraisars for resolving some problems, barriers related to the health system, actions expected to address needs in the local context or that of the wider system. The details of the appraisal discussion are confidential to the participants. They considered and agreed what information is shared with their employer or Health Authority.

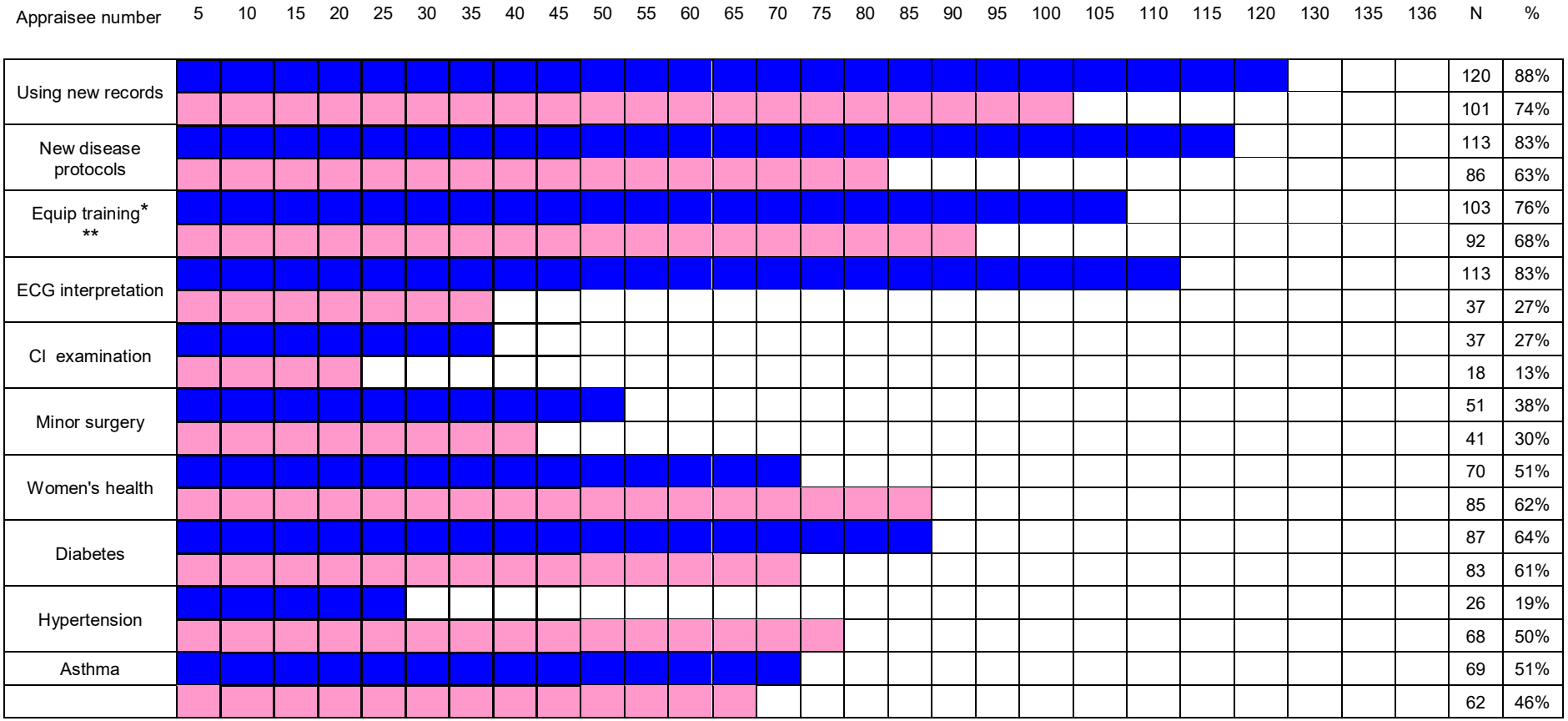
In conclusion

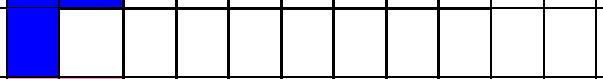
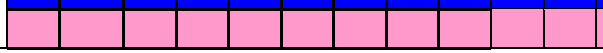
- The appraisal tool provides an effective means of identifying individual needs, and for planning future CPD; the appraisal and clinical evaluation can be conducted in around 3 hours if it is well planned, is adequately prepared for, by both appraiser and appraisee. The average time to be set aside to prepare for and undertake appraisal is 6-7 hours.
- It is important that protected time is made available for the appraisal (may appraisals were interrupted by clinical demands on appraisees).
- In future, appraisees should have greater awareness and understanding of the appraisal process before they undergo the process.

Kakheti Region Appraisal and Clinical Evaluation summary CPD needs of 136 doctors and 136 nurses

Current development needs (for the coming year)

Family Doctors 136
Family Nurses 136

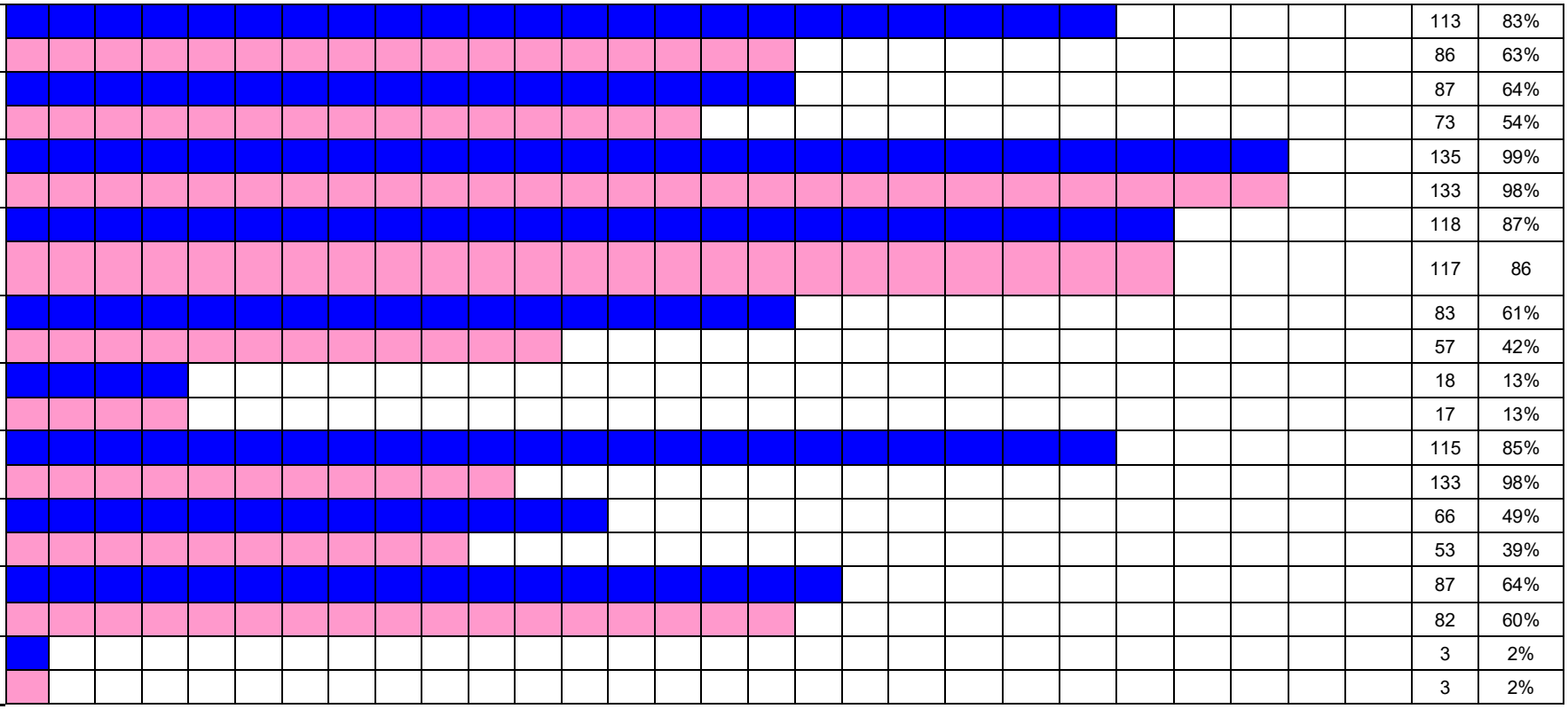


CHD Management		57	42%
		68	50%
Pediatrics		62	46%
		83	61%
Thyroid disease		68	50%
		38	28%
Care of elderly		10	7%
		45	33%
Nevrology		9	7%
Rational Prescribing		4	2%
Tuberculosis		9	7%
Dermatology		3	2%
Computer studies		70	52%
		36	26%
Emergency care*		78	57%
		77	57%

* Doctors: 52 doctors – Using Ophtalmoscops; 15 – Nebulisers; 21 - otoscops;
** Nurses: 33 – Using Glucometers; 9 - pick-flow meters; 25 - ear syringe; 38 - lab. tests; ECG – 28; 25 – nebulisers; etc.

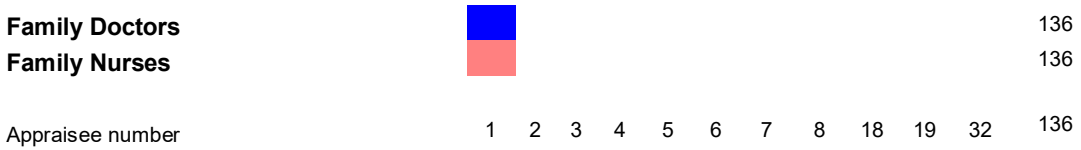
What factors in your workplace or more widely constrain you in achieving what you aim for in your clinical practice?

Family Doctors
Family Nurses



Appraisee number	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	130	135	136	166	N	%
No performance standards																													113	83%
																													86	63%
low motivation and commitment																													87	64%
																													73	54%
No FM contracts																													135	99%
																													133	98%
registered population again by age (not families)																													118	87%
																													117	86
No communication (telephone fixed lines, etc.)																													83	61%
																													57	42%
Lack of retrained staff																													18	13%
																													17	13%
No clear roles and functions within Team																													115	85%
																													133	98%
No Adequate working condition																													66	49%
																													53	39%
No Transport																													87	64%
																													82	60%
No Facility																													3	2%
																													3	2%

The findings will also inform future modifications of the 6-month retraining programme (needs to be changed)



needs to be changed	32	23,5%	
Training should be longer (more hours)	3	2%	
Should be more ours for the management	2	0,12%	
review (unexpected) rare cases	1	0,06%	
increased time among modules for the rest	7	5%	
	4	3%	

Recommendations for the future:

Appraisal and clinical evaluation process:

- Ensure the process is carefully organised in order to allow protected time, whilst ensuring that workplace clinical practice can be observed
- FM doctors and nurses now are able to complete the appraisal form prior to their appraisal, and consider options for their personal development plan
- follow-up appraisal in Kakheti Region (to asses the impact of the proposed CPD programme) in 2008.

Additional comments

The FMTCs are unable to deliver comprehensive FM care at present. Consultation rates remain low – an average of 3 or 5 patients per doctor per day, including home visits. FM nurses do not appear to have any more responsibilities. Until all the FM doctors have been retrained and centres refurbished, it appears unlikely that it will be contracted to provide comprehensive FM services.

Conclusions

The FMTCs are not delivering comprehensive FM care. The doctors and nurses may benefit from additional chronic disease management, prevention and skills training.

Questions:

Whom Will Rest Formal Responsibility for Appraisal with?

Who will deal with worries or complaints from individual General Practitionars about the process or outcomes of appraisal?

Who will make adequate financial provision to support the appraisal process in future?

Who will make adequate fund provision to support CPD? CME?

How integrate Appraisal Toolkit into revalidation or NHS?

Signed:

Date: