

Report to EU TACIS

**EC Support to Primary Health Care Reform:
Retraining of medical workforce for Kakheti Region, Georgia**

**Evaluating the Six-month Primary Health Care
Retraining programme for doctors and nurses**

International consultant activities May to July 2006

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August 2006

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Introduction

This report summarises the activities of John James and Anita Underwood, international consultants supporting the primary health care retraining programme in Kakheti region over the period March to July 2006. This is their third report; the first¹(James and Underwood, February 2006) describes the retraining situation in Kakheti, and outlines the steps necessary to improve the retraining programme itself, and to introduce workplace appraisal and clinical evaluation of the primary care retraining programme.

Key steps outlined in the February report:

- Modification of the training programme delivery
 - Introduction of a rotation scheme between FM training centres
 - Opportunities for feedback from trainees
 - Protected time for trainers to allow time for retraining
- Workplace appraisal and clinical evaluation
 - Devise an appropriate tool for appraisal and clinical evaluation
 - Deliver an appraisal and clinical evaluation workshop for selected FM trainers
 - Pilot the appraisal and clinical evaluation process
 - Introduce the process throughout Kakheti region
 - Introduce a programme of ongoing continuing medical education in the region based on the findings of the evaluation process
 - Close liaison with MoLHSA development partners supporting similar FM retraining programmes in order to institutionalize the process

The second report² (John James, visit to Georgia May 2006) describes the development of the appraisal and clinical evaluation tool.

This, the third report provides an overview the activities on the consultants during this period. It should be read in conjunction with the first two reports^{1,2}

Consultant activities

There were two visits to Georgia. John James visited 16-18 May; he and Anita Underwood visited Georgia 4 – 11 June. They also provided ongoing, UK-based support to the project.

1. Visit to Georgia 16 – 18 May²

During this visit John James met with the OPM international consultants supporting MoLHSA in developing primary care services in order to ensure that the EU-supported activities were harmonized with those of OPM (their project is supported by DFID). Prior to the meeting, John James had held discussions with Professor Carl Whitehouse (OPM international consultant) in the UK. The outcome of these, and the meeting in Tbilisi was overall consensus for the need to introduce a formal process of appraisal and evaluation of the retraining programme, and the importance of institutionalizing the process. OPM would support this project in ensuring MoLHSA incorporated the process in their future plans for primary care.

¹ Evaluation of the six-month primary health care retraining programme for doctors and nurses in Kakheti region, Georgia. James J, Underwood A. Report to the EC Delegation, Georgia. HLSP, February 2006

² Development of an Appraisal process for retrained family medicine doctors and nurses in Kakheti region, Georgia. James J. Report to the EC Delegation, Georgia. HLSP, May 2006

John James also met with Dr Nodar Jibladze, Senior EC Monitor, Tacis and the Balkans, who was conducting a mid-term evaluation of the project. He expressed his satisfaction with project progress. He recognized that the delays in refurbishing the health facilities in Kakheti had resulted in slower progress in training activities than originally planned. Unfortunately, EU financing regulations would not allow for a no-cost extension of the project (proposed by John James).

He worked with Dr Irina Karosanidze and Dr Tamuna Gabunia (Georgia Family Medicine Association), and developed a framework for the appraisal and clinical evaluation tool³, and agreed an outline of the appraisal training workshop to take place in May (and delivered by the international consultants). John James agreed to develop a list of self-assessment competencies for use by the Kakheti trainees during their six-month training.

2. UK-based work

Anita Underwood and John James drafted an appraisal and clinical evaluation tool for use by family doctors and nurses in Kaheti region. The draft was based on materials currently in use in the UK, but modified (based on the consultants' experience in the region) for use in Georgia. The tool was further refined by the projects' national consultants, Dr Irina Karosanidze and Dr Tamuna Gabunia during the consultants' visits to Georgia in May and June. The consultants also prepared teaching materials for the appraisal training workshop (described below).

3. Visit to Georgia 4-10 June (Anita Underwood and John James)

The purpose of this visit was:

- Conduct the Appraisal and Clinical Evaluation training for selected FM doctor and nurse trainers
- Agree next steps for introducing the appraisal and clinical evaluation in Kakheti region
- Prepare an outline workplan for the proposed second phase of the project (August 2006 – December 2007)

3.1 Appraisal and Clinical Evaluation training workshop workshop

Workshop timetable, Annex 1

The workshop was held 6 – 8 June, and was attended by 24 trainers (14 doctors, and 12 Nurses). The programme included plenary presentations and discussions, and small group work. During the workshop, participants were able to provide (very useful) feedback on the appraisal and clinical evaluation documents (*Annex 2*) developed by the International and National consultants. After role-playing the appraisal process, the trainers then conducted appraisals and clinical evaluations on colleagues in their own training centres. On the final day, they provided feedback on the process. All expressed enthusiasm for conducting appraisals in Kakheti region, but felt that they would need more practice and experience. It was agreed that they would continue to conduct appraisals in their own training centres; they would provide feedback at the trainer meetings (now re-introduced, and taking place two-weekly³).

John James and Anita Underwood agreed to continue to provide support in refining the appraisal and clinical evaluation tools on their return to the UK

3.2 Next steps for developing the appraisal process

³ Provision of consultancy services in the "EC Support to primary care development: retraining of medical workforce and practice managers in Kakheti Region. Karosinadze I. Georgia Family Medicine Association, July 2006

Annex 3: Gant chart: Family Medicine Professional Development June 2006 – December 2006 workplan

As described above, the trainers will require further training in conducting appraisals and clinical evaluations. In addition to conducting more appraisals (as individuals) in their own training centres, they will attend a series of training meetings where, in a plenary setting, they can present, and resolve any difficulties they encounter. During this period, the tools will be finalised (by end August). The final version will then be field tested in Tbilisi (September 2006).

By the beginning of September, it is anticipated that the first refurbished and newly-equipped health facilities will open in Kakheti. From then on, the retrained FM doctors and nurses will be delivering the new FM services (the second cohort will complete their six-month training in August). Workplace appraisals (for the first cohort) will be introduced from October onwards. They will be re-appraised in December. Appraisals for the second cohort will commence in November. They will be re-appraised early in 2007 (but under the second phase of the project, see below).

The methodology for the appraisal was agreed; working as a team, a doctor and nurse trainer/appraiser would assess one FM team (re-trained nurse and doctor) in their workplace. As well as individual appraisals (by the respective appraiser), there would be the opportunity for the FM doctor and nurse to be observed conducting clinical activities as a team. Each appraisal would take around 3 hours; appraisers could therefore appraise two FM teams in a day.

Costed plans to provide the following activities by the project end (December 2006) were developed (total cost approximately €70,000)

- Three one-day training courses for 120 re-trained nurses and doctors in Kakheti
 - Develop three training courses (GFMA)
 - Deliver each course three times (up to 40 doctors and nurses attend)
- Conduct appraisals of 40 FM teams October to December 2006
 - Cohort 1: appraisal 20 teams in October, and again in December
 - Cohort 2: appraisal 20 teams in November
- If possible, arrange clinical attachments in the region for selected retrained doctors and nurses (as a pilot activity)

The consultants recommended the appointment of an appraisal and clinical evaluation co-ordinator. Responsibilities would include:

- Ensuring that all trainees are appraised and assessed
- Ensuring that their personal development plans are met (eg, arranging individual attachments to specialists)
- Arranging one- or two- day training programmes in Kakheti region (based on training needs identified)

3.3 Developing an outline workplan for the proposed second phase of the EC retraining project

HLSP invited to manage the proposed second phase of the EU Kakheti retraining project September 2006- December 2007

EC Kakheti FM retraining workplan, Annex 4

During the visit, Colette Selman formally requested HLSP to manage the second phase of the project (2006-2007). This phase would be shorter; it would run for 16 months, ending in December 2007. The intention was to provide re-training for a further 80 FM teams from Kakheti region. The methodology would be similar, but incorporating lessons learned from the current project. EU-Tacis regulations state

that a second contract (to continue project work) can be awarded to a company without competitive tendering provided the cost does not exceed that of the original contract. She indicated that she would prepare terms of reference; in order to ensure that the ToRs were comprehensive, she asked the HLSP team to provide an outline workplan for this second phase.

John James and Anita Underwood held a series of meetings with the National consultants, Tamar Shanidze (HLSP project manager, Tbilisi), and Colette Selman. An outline plan of activities was developed, and agreed. As in this project (“phase 1”), two cohorts would be retrained; however, in response to trainee feedback, the six month course would be delivered over seven months, thereby allowing an additional four weeks for trainees to reflect on their retraining, and to prepare for the summative assessments. As this was a follow-on project, there would be no need to hold an inception workshop. The emphasis on this second phase would be on consolidating the training methodology, establishing the appraisal and clinical evaluation process, and the introduction of a programme of continuous medical education, with FM doctors and nurses developing their own personal development plans. Based on the experience from the first phase project, the outline proposed a significant increase in the support from the international consultants (who had put in significantly more time than originally proposed). The overall goal would be to ensure that the retraining and the introduction of continuous medical education in FM would be approved by MOLHSA, and introduced country-wide. As can be seen from the Gant chart, phase 1 and phase 2 project activities would overlap (September – December 2006). This was not seen to be a problem; HLSP would use the same project management team (David Simpson and Tamar Shanidze), supported by a part-time assistant, responsible for day-to-day administration (and in recognition of the fact that the developing the programme of continuous medical education will increase the workload significantly).

Colette Selman approved the overall plan, and asked John James to provide a more detailed outline (on his return to the UK), to guide the preparation of the ToRs for this second phase. She would then send the ToRs to HLSP, with an invitation to prepare a costed proposal. She hoped that she would be able to issue a contract to HLSP by August. She envisioned the second phase starting in September 2006.

4. Subsequent UK activities

John James finalized an outline for the ToRs in June. Based on this, Colette Selman developed ToRs for the second phase. HLSP (John James, Tim Pulham and David Johnson – with input from David Simpson) sent a detailed and costed tender document to the EC Delegation Georgia in July. HLSP await a response.

Annex 1

Appraisal and Clinical Evaluation Training Workshop

6 - 8 June 2006

Delegates: 24 family medicine doctor and nurse trainers

Tuesday 6th June

10.0	Introductions	
10.15	Purpose and Outcomes of Workshop	John James
11.00	Teaching and Learning	Anita Underwood
11.45	Defining the competencies for appraisal	Group work
12.15	Facilitated Plenary	
13.00	Lunch	
14.0	Introduce of self completion appraisal documentation and uses Role Play	John and Anita

Wednesday 7th June

10.0	Working in pairs, try out appraisal and clinical evaluation documents	
11.0	Role Play feedback	
13.00	Lunch	
14.0	Conduct Appraisal/ clinical evaluation	
		Medical record review
		Observe 2-3 consultations
		Complete appraisal document
		Discussion
		Agree future training needs

Thursday 8th June

9.30am	Introduction to the day	
10.0	Presentations and feedback from workplace appraisals/ clinical evaluation	
11.30	Plenary Session	
12.30	The next steps	

Annex 2A:

Family medicine clinical evaluation and appraisal

Documents

1. Trainee self-assessment forms (months 0, 3, 6 re -training programme)
2. Appraisal form (>2 months after completing re-training)
3. Clinical evaluation form
4. Appraisal summary document
5. Trainee's assessment of the appraisal form
6. Regional training summary form

The following documentation relates to GP trainees only; the practice nurse appraisal will follow similar lines, but the details will be guided by Anita Underwood, project international nursing consultant

1. Self assessment forms:

JJ to provide UK forms, and IK and TG to modify

2. Appraisal form

Appraisal :

(ii) identify practitioner's strengths and weakness, constraints to service delivery and personal development

(iii) develop personal learning plan for trainee

(iii) inform training syllabus development

(iv) trainees' feedback on the appraisal itself

3. Clinical evaluation

Documents required:

- Consultation diary – last 40 consultations (clinic, or home visits)

Name, age, diagnosis, treatment

- Records of (last 3?) patients with
 - Hypertension
 - Diabetes
 - Asthma

Should detail current management, and an outline management plan

- Medical records review
 - 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
Adherence to protocols, lifestyle advice, management plan, follow-up, involvement with secondary care
- Observation of practice: observe up to 5 clinical consultations
Observe up to 5 consultations
 - *Approach to patient*
 - *History taking, examination, diagnosis, treatment*
 - *Opportunistic health promotion, prevention*
 - *Teamworking with /involvement of practice nurse*
 - *Technical skills*

The appraisal process

- Introductions, explanation of aims of the appraisal
- Discussion/ review with trainee
 - Trainee's own perception of strengths and weaknesses, and development needs
 - Agree personal development plan for trainee
- Finalising the appraisal
 - Complete appraisal form, share with trainee
 - Personal development plan to Facility Director.
 - Trainee completes appraisal review form

Annex 2B

APPRAISAL FORMS developed by GFMA

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

Name

Registered address and telephone number

Main practice address and telephone number

Qualifications in Georgia or elsewhere

Date of certification

Date of appointment to current post

Main current post in general practice

Other current posts Please list any other current appointments with (1) starting dates (2) average time spent on them

Previous posts for the last five years, with dates

Other relevant personal details 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.

Clinical practice
<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

Maintaining good medical practice

The last section asked about the quality of your clinical care and how it has improved; this one is about *how* you have kept up to date and achieved improvements.

Commentary - what steps have you taken since you've started your practice as a general practitioner to maintain and improve your knowledge and skills?

What have you found particularly successful or otherwise about the steps you have taken?

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?

What professional or personal factors significantly constrain you in maintaining and developing your skills and knowledge?

How do you see your job and career developing over the next few years?

Documents list

- 1 Certificates of attendance of training courses
 - 2 Certificates of completion of distance learning courses
- etc

Relationships with patients

Commentary - what do you think are the main strengths and weaknesses of your relationships with patients?

How do you feel your relationships with patients have changed since you've started practice as a general practitioner?

What would you like to do better? What do you think are your current development needs in this area?

What factors in your workplace or more widely constrain you in achieving what you aim for in your patient relationships?

Working with colleagues

Commentary - what do you think are the main strengths and weaknesses of your relationships with colleagues?

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 (including consultants);

How do you feel your relationships with colleagues have changed since you've started practice as a general practitioner?

What would you like to do better? What do you think are your current development needs in this area?

What factors in your workplace or more widely significantly constrain you in achieving what you aim for in your colleague relationships?

Management activity

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?

Do you think your management work has improved?

What are your development needs?

Overview of development needs

Please summarise what you think your main development needs are for the coming year.

Sign off

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 APPRAISEE ...
 NAME: Dr..... NAME:
 (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:

International support (funded through project 2)							
UK- based support							
In-country support							

Annex 4: Proposed workplan for Phase II EC Kakheti Family Medicine Re-training programme August 2006- December 2007

EC Kakheti Family Medicine: August 2006 - December 2007																			
Month			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Second cohort, first EC project																			
Implementation phase																			
FM retraining																			
FM retraining cohort 1																			
FM retraining cohort 2																			
Continuous professional development																			
Design training courses																			
Training courses in Kakheti																			
Clinical attachments/training																			
Appraisal/clinical evaluation																			
Organisation																			
Criteria / selection FMTCs																			
Contract wth selected FMTTCs																			
Selection FM teams																			
Donor.Moh coorodination project activities																			
Liaison with NIH																			
Monthly visits to Kakheti Region																			
Electronic database of all training activities/CPD																			
Training/ support for trainers																			



