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A mysterious delivery



A mysterious Amazon delivery in late March 2021. Had I somehow ordered wildflower seed and a bug hotel and completely forgotten about it? Momentary panic that my post COVID brain had returned, but then a very small delivery note fluttered out of the bottom of the box. It was from Wessex Appraisal Service (WAS), welcoming myself and the other GP Fellows to the team and inviting us to take part in their green team building exercise. It set the tone for the whole year and despite the challenges that WAS has faced, I've been made to feel very welcome and have learnt so much.

Writing plain English summaries of contracts, attending core and whole team meetings, and observing new appraiser training have helped me understand not only appraisal better but also the contracting and commissioning processes that underpin the structure of the service.

The last 6 months have given me a different perspective, with the announcement that WAS will be decommissioned from April 2022. Observing the impact of this on the team, gaining a little understanding into the practicalities and frustrations of the TUPE process and protracted uncertainty, along with the sadness of the loss of WAS and all that it has achieved has been a learning experience, although not one that I would have wished for.

Learning never exhausts the
mind

Leonardo da Vinci





The Power of the PDP

Prior to this Fellowship, with my educational hat on, I understood the value of PDPs but (if I'm honest) as a GP trainee I treated them as a tick-box exercise – a necessary hurdle needed for ARCP. But how powerful can PDPs be? Do they have an impact on personal professional development, quality improvement or patient care? Does training in PDPs make them more likely to be powerful? Surprisingly there is very little research around any of this, and this is what I set out to look at.

What do the hidden half think?

Our group project aimed to look at 'what the hidden half think'. Do those who don't complete their post appraisal questionnaire have different feelings about their appraisal?

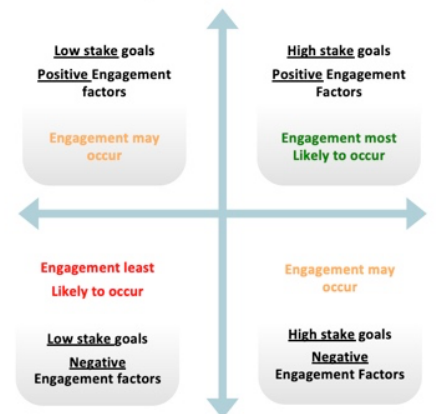
Our key finding was that those who don't respond are more ambivalent and have less strong feelings about appraisal.

There is little research looking at the views of those who do not complete feedback questionnaires and the results have the potential to be much more widely applicable.

One of my co-fellows is leading on writing this up for publication.

Analysing over 130 PDP goals against SMARTER criteria, the Gregory Framework, coding against a system based on GMC Good Medical Practice (GMP) shown below, as well as thematic analysis of individual goals gave some interesting results.

The Gregory Framework



KNOWLEDGE SKILLS AND PERFORMANCE

Maintaining and improving knowledge
 Maintaining and improving skills
 Monitoring quality of work
 Maintaining good, patient-centred clinical care
 Personal mentoring and development
 Record keeping

SAFETY AND QUALITY

Quality improvement activity
 Contribution to investigation of adverse events
 System development
 Personal health
 Planning for safe retirement
 Medical education

COMMUNICATION, PARTNERSHIP AND TEAMWORK

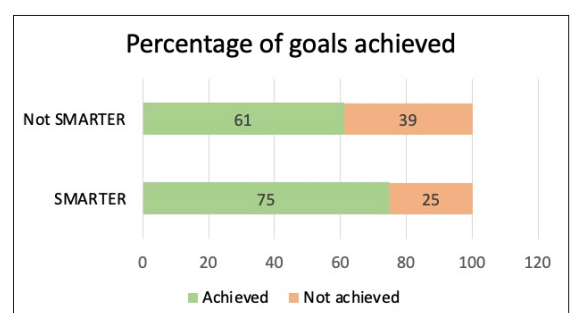
Patient feedback
 Colleague feedback
 Mentoring or educating team
 Team development
 Networking

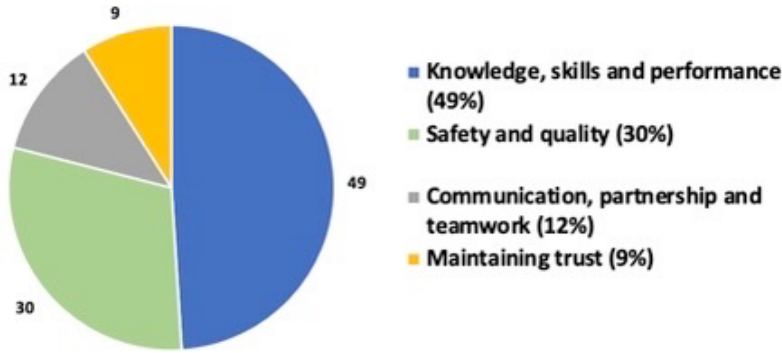
MAINTAINING TRUST

Improving policies or systems that handle patient complaints
 Improving policies or systems that handle clinical errors
 Engaging with any restrictions imposed on practise
 Improving policies that demonstrate a doctor is acting with honesty and integrity
 Engagement with mandatory training
 Maintaining or re-accrediting for scope of practise

Key findings

SMARTER PDP goals were more likely to be achieved (75% vs 61%)





- As shown to the left, most PDP goals map to either the 'Knowledge, Skills and Performance (49%)' domain of GMP, or 'Safety and Quality (30%)'
- Training in producing high-quality PDPs increases the likelihood that PDP goals will be SMARTER, be 'higher-stake', be linked to the 'Safety and Quality' domain of GMP and, although it is difficult to measure, potentially have greater real-world impact

- Thematic analysis showed the real-world impact of PDP goals mapped to several key themes, as shown here
- PDPs need to be owned by the doctor (not the appraiser) and achievable to maximise potential real-world impact



This project has helped provide evidence that PDPs can be a powerful tool for both professional development and improving patient care, and we need to provide appraisers with the skills to help them produce high-quality PDPs with appraisees.

What's your action logic?



After some initial indecision, I decided to blow my entire study budget on the 'Tomorrow's Strategic Leaders' programme run by the Faculty of Medical Leadership and Management. We still have 3 months of the programme left, but it has been brilliant.

As well as benefitting from learning about leadership with a new network of colleagues from primary and secondary care, I've been pushed to reflect and learn so much about my own leadership journey and gained insights that are already positively impacting across all my roles.

Thank you!

Although the challenges of COVID meant that networking and in-person learning from and with the other Fellows and the WAS team has been more limited than anticipated, this has given me the space to develop in other ways. I've learnt so much over the last 12 months and have grown professionally more than I imagined possible in such a short space of time. Thank you

I would like to say a particular thank you to **Dr Susi Caesar** for her support and encouragement with my project, as well as the invaluable monthly 1:1s.

I would also like to thank:

St Mary's Surgery, Southampton and **Ringwood Medical Centre**, Ringwood for supporting me undertaking this Fellowship

Dr Karen Gregory – Senior Appraiser and co-supervisor of my pilot project

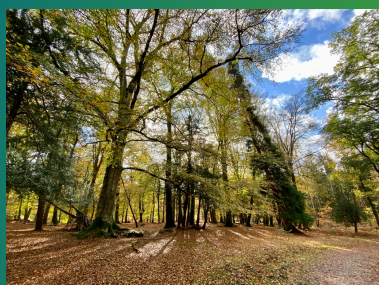
The **WAS team** – particularly **Gill Watson** for her admin support and **Jools Mumford** for her help with our joint project and making our posters/presentations look amazing!

Dr Sam Scallan

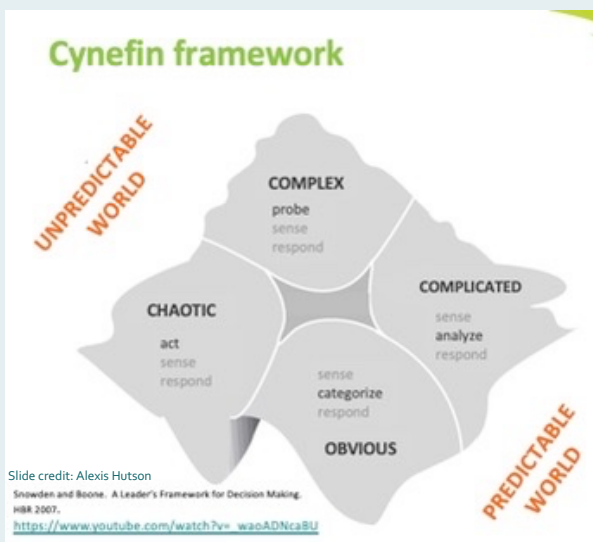
My **co-fellows**

Health Education England (Wessex) and **Dr Katie Collins**

Alexis Hutson Coach and FMLM TSL lead



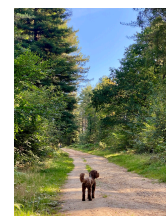
Contact details



Picking out some key learning, I found discussion around the Cynefin framework and leading in a VUCA world helped crystallise concepts that I had intuitively observed but previously didn't have the language or understanding to know how to use this awareness effectively.

I've also found completing the Leadership Development Framework and associated sessions around action logics extremely powerful. Much of this deep learning and growth has been about better understanding where I am in my own leadership developmental journey, the mismatch that there can be between internal 'leadership developmental stage' and externally visible roles, better understanding about how we perceive others (and are perceived) within this framework and using this powerfully.

The next 6 months...



I have already presented my work looking at PDPs at the FMLM conference and on a national RCGP appraisal and quality improvement webinar. Looking forward, I have submitted abstracts to WONCA and AMEE and am planning on writing up my project for publication. Our joint project has also been presented on posters at the FMLM and RCGP conferences.

Over the next 6 months I am looking forward to extending my PDP project and have already begun data collection from another 90 appraisals. I'm developing a coding system to try and better quantify real-world impact of individual PDP goals and am also going to explore whether the phrasing of the PDP questions on different appraisal platforms impacts on PDP quality or powerfulness.

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