

March 2008

In-house performance review of salaried GPs

Guidance for GPs



In-house performance review of salaried GPs

Introduction

An in-house performance review (IHPR) of salaried GPs can be valuable to both the employer and the salaried GP. This document provides information on IHPR.

An IHPR can be defined as:

- (a) A process whereby the performance and achievements of the doctor are examined against standards and goals which have been explicitly agreed at the creation of a new post or at the last performance review;
- (b) A process to identify what areas of development the doctor needs to focus on over the next year, identifying where responsibilities lie for these goals (eg practice, individual, etc); and
- (c) A process which may be linked to ongoing decisions about employment, pay or development of the doctor's role within the practice.

There is therefore some area of overlap with NHS GP appraisal which includes as its aims to:

- (i) help consolidate and improve an individual GP's good performance;
- (ii) identify areas where further development might be necessary;
- (iii) set out personal and professional development needs; and
- (iv) develop and maintain a personal development plan (PDP).

However the key differences between NHS appraisal and IHPC include:

- formative (appraisal) versus "summative" emphasis (IHPR)
- in house (IHPR) versus external peer delivered (appraisal)
- the IHPC is linked to the employment situation (contract renewal, pay, promotion etc).

In an employment context it is important to make an objective assessment of the progress, performance and value of an individual employee to an organisation particularly in the light of changing business pressure. Employers will need to ensure they are fair in this exercise and address important issues without falling foul of employment law and adversely affecting the employer-employee relationship.

Employees can use this opportunity to address ongoing factors which affect their work performance and establish mutually agreed aims for progress.

The following are the documents which can be used in preparation for the IHPR, as well as the agreed action plan to be completed at the end of the meeting. It is suggested that:

- The salaried GP completes Part 1
- The practice's nominated appraiser (who should have some generic training in appraisal) completes Part 2
- Both Part 1 and Part 2 are submitted to the other party one week prior to the meeting
- Both parties complete Part 3 after the meeting.

Part 1- To be completed by the employee

1. What do you think are the strengths of your work at this practice?

2. How do you feel you contribute to this practice?

3. Which areas do you feel you need to develop further?

4. ***What professional goals were agreed between you and the practice for the preceding year and to what extent have you achieved these goals?***

5. ***What aspects of the working environment hold you back or adversely affect the quality of your work?***

6. ***How well do you feel your practice supports you in regard to:***

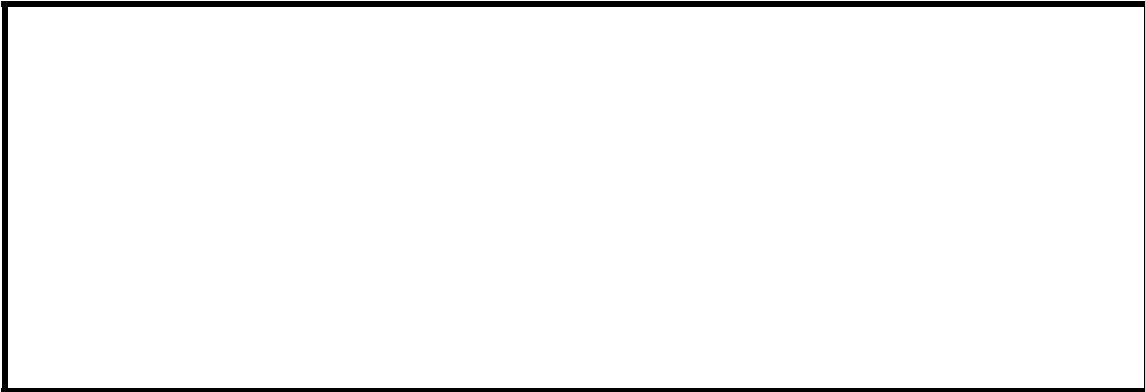
- (a) getting peer support (opportunities for meeting with other clinicians both formally and informally)

- (b) education: accessing education both in house and through CPD entitlement outside the practice

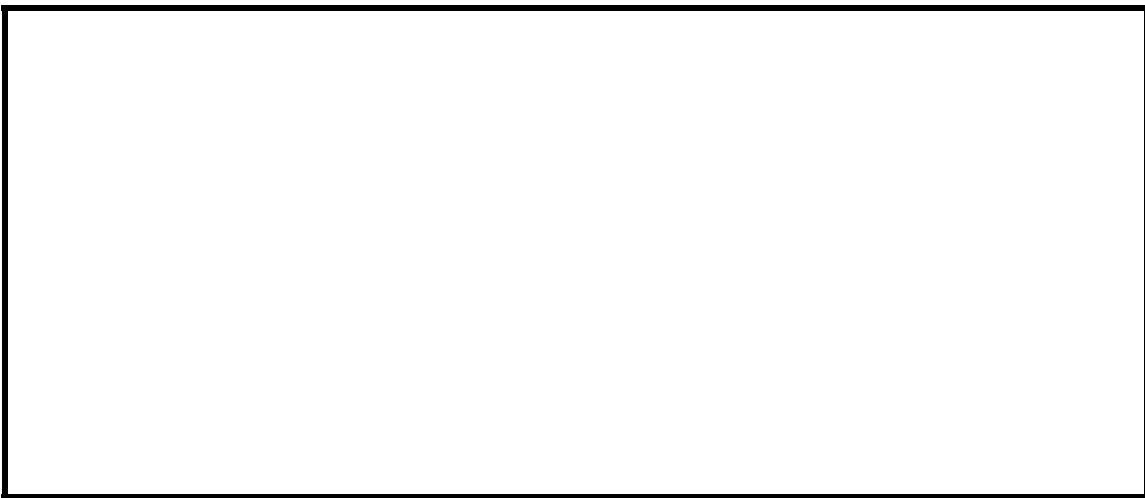
- (c) providing working hours/arrangement compatible with your responsibilities towards other dependents (work life balance).

7. How would you like to see your role evolve within the practice?

8. If you could change 3 things what would they be?



9. Overall comments by salaried GP:



Part 2 – To be completed by the practice

- 1. Progress of employee against goals agreed with him or her in the preceding year**

- 2. Comment on non-clinical parameters:**

- (a) Time keeping

- (b) Availability – to answer queries during working hours

- (c) Organisational skills

(d) Adaptability- in the face of changes



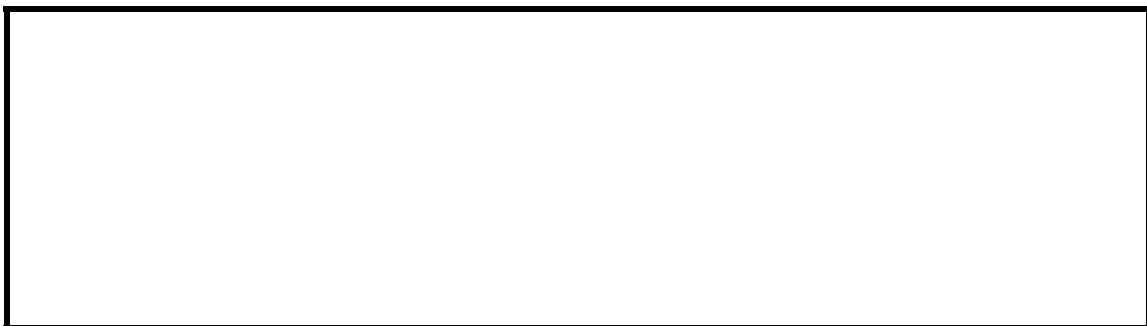
(e) Team-working:

- Contribution at meetings: listens, respects views, non-judgemental, handles own feelings well and also those of others; attends on time; make suggestions and contributes
- Sharing workload and managing demand
- Delivering care as a team and coordinating with other members of the team
- Being aware of systems which involve other practice staff: e.g. referrals involve secretaries, repeat prescribing involves receptionists etc

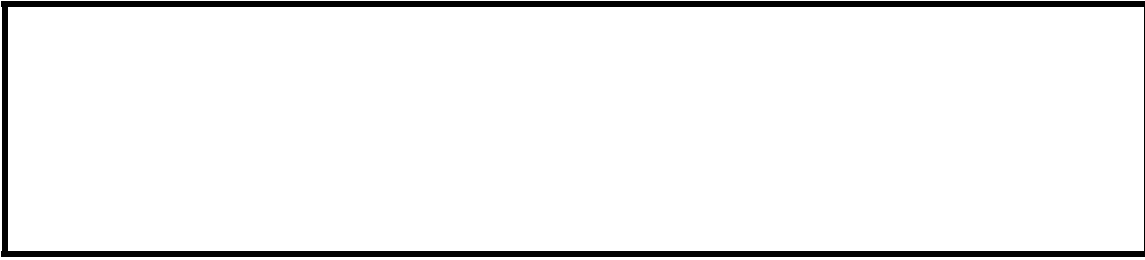


4. Comment on clinical parameters:

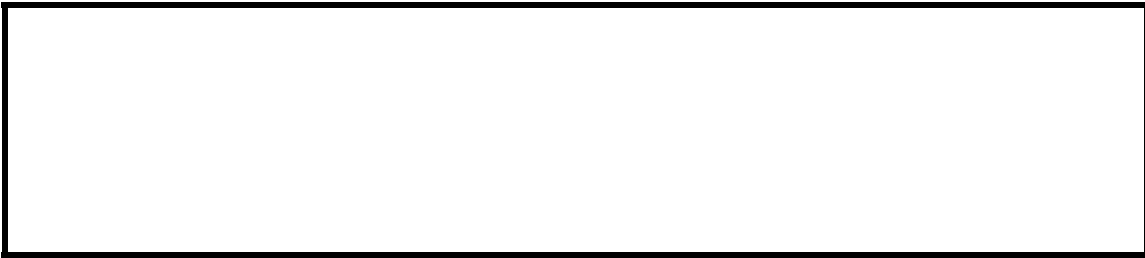
(a) Relationships with patients (ideally based on objective evidence such as validated patient survey)



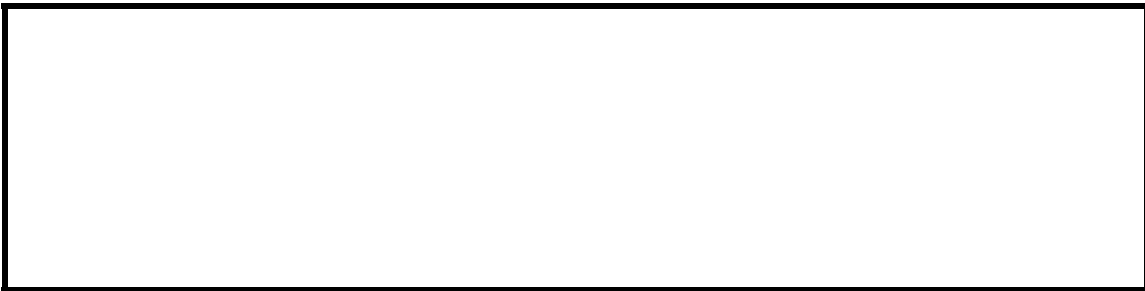
(b) Effective use of in house services



(c) Clinical judgement and practicing up to date



(d) Prescribing



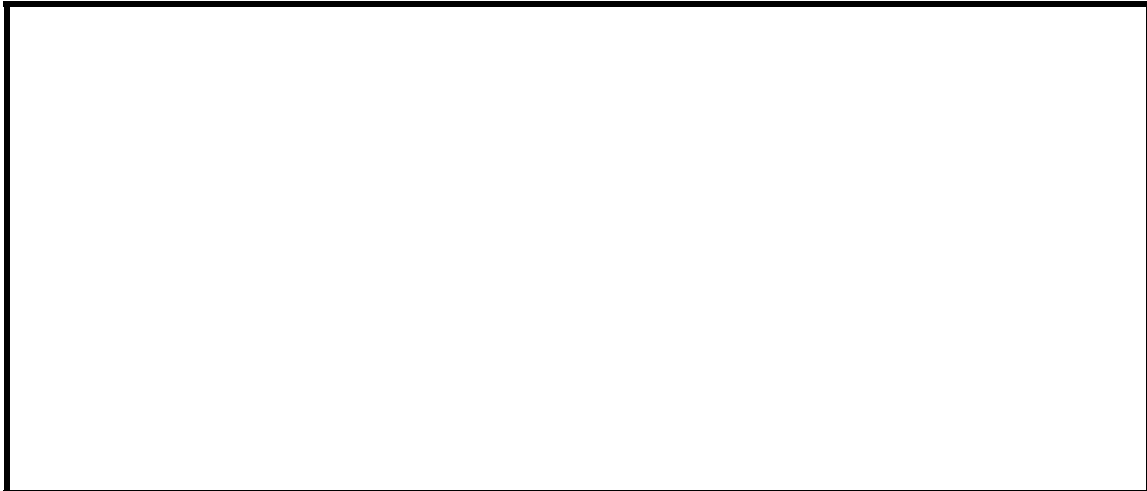
(e) Referring



(f) Recognising own limits and seeking advice



5. Overall comments by the practice's representative:



360 degree anonymised feedback can be a helpful tool. However, it can also be seen as extremely threatening if not handled sensitively. It is likely to be better received if it is conducted as a team exercise, whereby all clinicians are subject to 360 degree feedback. It should also be:

- Aggregated by neutral 3rd party, either within or outside the practice
- With consent and support of the employee
- Used with a validated tool
- For the salaried GP to select respondents (minimum of 10)
- Used with separate feedback from clinicians and non clinicians

Part 3 - To be completed by practice and salaried GP

- 1. *Agreed key points in the discussion over which there is agreement***

- 2. *Please list here any areas where it has not been possible to reach a shared view***

3. Agreed actions (to include details of pay review and role development)

Actions	Person responsible for actioning	Deadline
1		
2		
3		
4		
5		