Working in **isolation**

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Gill Morrow, Charlotte Kergon and *Paula Wright* were commissioned by the Royal Medical Benevolent Fund to identify the needs of sessional GPs and if they are being met. They found isolation was a major issue for sessional GPs

The key finding from our research was that professional isolation remains a major issue for today's sessional GPs.

We found that sessional GPs had limited access to information about education, clinical systems and professional support structures. This included missing out on information cascades from deaneries and PCTs relating to education, up-to-date guidelines and services, vacancies and career opportunities.

There were limited opportunities for professional-peer interaction, for example to receive feedback; discuss significant events, challenging cases and new clinical updates, and to benchmark against peers.

This lack of professional interaction was often the result of not being invited to practice meetings, or them being held during days on which they were not working. These findings have significant implications regarding revalidation in terms of the way these doctors work, integrate and are supported.

"…you often miss out on information that comes round… and generally if you're just going in odd days it's difficult to have a hold on stuff" (ID 14)

GPs particularly at risk

Sessional GPs new to an area, working as locums, working for the prison service or an out-of-hours service, working fewer hours or working in a rural practice were likely to be most at risk of professional isolation. For example, lack of contact with peers both in and out of work is a major factor for locum GPs, and their mobility can also mean they do not have the opportunity to acquire the knowledge of how a practice and its referral systems work. Isolation may also be of particular concern for newly-qualified sessional GPs, who no longer have the access to trainers and other support networks that they had as a registrar.

"You can go through days without speaking to other doctors…sometimes you can go in, do surgery and then you leave. So you do what you are paid to do, and you might not meet any other GPs. And it's quite difficult to meet other locums too…I think locums are probably more isolated than partners or salaried GPs" (ID 33)

Implications

Isolation has personal as well as professional implications. It was interesting that both sessional GPs themselves and deanery educators reported that isolation could lead to stress and impact on morale, self-esteem and motivation.

Recent improvements

Our research also highlighted many improvements to this situation. These have been partly achieved through:

- national initiatives, such as the BMA GPC model contract
- national deanery conferences of dedicated educators
- the introduction of performers lists
- the founding of NASGP
- the establishment of locally-based sessional GP groups and locum chambers
- the introduction of appraisal
- access to education increased as people use

email and websites for sharing and disseminating information
- the availability of online learning modules
- the introduction of contractual entitlement to four hours of weekly CPD for salaried GPs.

Some deaneries have educators with a dedicated role for sessional GPs, who are involved in signposting, improving access to information and education, managing retainer and returner schemes, supporting appraisal and providing dedicated education, through both clinical and career development events.

The driving force

Sessional GPs themselves have provided the bottom-up driving energy for some of these important initiatives, namely local sessional GP groups and locum chambers. Self-Directed Learning Groups (SDLGs), set up and run by sessional GPs, are another important grassroots model of educational and professional support.

"A salaried GP is sort of an add on… an individual sort of on the outside… and so there needs to be an artificial creation of a support mechanism" (focus group 2)

We found that sessional GP groups (supported by the NASGP), which are largely volunteer-run organisations self-funded through membership fees, were beneficial in helping reduce isolation and providing education, information on educational events and job vacancies. They were felt to be of particular value to GPs new to the area and newly-qualified GPs. Members of locum chambers valued opportunities for professional peer interaction to discuss clinical work, support with booking and administration, and collecting evidence for appraisal and revalidation. They were reported to require considerable investment of unpaid time for initial set up.

presentations on clinical topics. Members valued this educational content for keeping up-to-date and providing evidence for appraisal and revalidation, as well as the groups' safe learning environment and adaptability to members' learning needs and styles.

It was interesting that they also valued the opportunity to share ideas and concerns

been created, many struggle with issues of sustainability, particularly if smaller in size, or where there are insufficient dynamic volunteers to keep sessional GP groups going.

Current developments in, for example, professional regulation and the introduction of revalidation have further implications of support for this group of GPs and the role of

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SDLGs are autonomous groups, informal and non-hierarchical in nature, usually meeting in members' houses with an optimal size of six to eight members. They meet for education and peer support without any paid or unpaid external facilitation. There is no central or regional register for these groups. Their activities included discussion of cases, significant event analyses, audits, journal articles, and

outside their practice such as difficulties with employers and workload issues, and the social and emotional support provided by their peers.

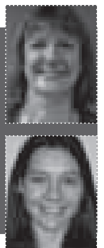
The future

It was evident from our research that there are different strategies being used to address the issues faced by sessional GPs and these are fulfilling different needs, but there are still issues regarding isolation and barriers to support. Even where sessional GP groups and SDLGs have

support groups. Ways need to be found to share and learn, and in order to adopt successful solutions to common problems, such as recruitment for SDLGs, and lack of funding and volunteers for sessional GP groups. Facilitating networking between SDLGs, sessional GP groups and chambers would help to pool and build on their collective experience and energy, and add momentum to what have increasingly become successful bottom-up models of professional support.

Useful links

- The full report *Support for Sessional GPs: Report for Royal Medical Benevolent Fund* (June, 2010 21:347-351), is available on the RMBF website – **www.rmbf.org/pages/research-into-sessional-gps-launched.html**
- Wright P, Kergon C, Morrow G. *Educational Dimensions of Life as a Sessional GP – A 20 year Journey, Education for Primary Care* (2010)



Gill Morrow (top) and **Charlotte Kergon** (bottom) are from the Medical Education Research Group at the School of Medicine and Health at Durham University. **Paula Wright** is the Northern Deanery Lead for Sessional GPs. The research was a mixed-methods study involving a literature review, focus groups and telephone interviews with sessional GPs, and online surveys to deanery educators, sessional GP groups and locum chambers. RMBF commissioned the research as part of the charity's Development Fund Sessional GP Project.