

ACADEMY OF MEDICAL ROYAL COLLEGES

Project Title	Pilot Study Research – FINAL REPORT
Lead College or Faculty	Faculty of Sport and Exercise Medicine (UK)
Project Contact	Yvonne Gilbert
Date Project Approved	8th October 2010
Date Project Finished	Final completion – July 2012
Aims and Objectives	<p><i>What were the aims and objectives of the project?</i></p> <ol style="list-style-type: none"> 1. Develop a clear understanding of the variety of job plans across SEM 2. Establish a method(s) of assessment of these differing working environments 3. Create a robust enhanced appraisal system for SEM
	<p><i>Outline the conceptual framework, design and methods that were used in the project.</i></p> <ol style="list-style-type: none"> 1. Construct a database of the job plans of all SEM physicians linked to the FSEM by membership and Fellowship [250+] 2. It is assumed that there are circa 75 SEM doctors in significant SEM practice out with the NHS 3. Produce a method for assessing their enhanced appraisal against the FSEM Framework and test this on a group of 20 representative SEM physicians (the ‘test group’) using the pool of five appraisers who have undertaken enhanced appraisal training 4. From this a tested and specific method of enhanced appraisal and Revalidation of SEM will be produced to inform the appointment of a Responsible officer in SEM, with revision of the FSEM Framework as required.
Main Findings	<p><i>What were the main findings/outcomes of the project? What conclusions were drawn following the project?</i></p> <p>A survey was conducted of all members and fellows of the FSEM. A total of 274 surveys were completed by UK based practising Members and Fellows. This represented (excluding orthopaedic surgeons) a return rate of 72% amongst Fellows and 56% amongst Members. Of the respondents 91% practiced medicine in the UK.</p> <p>117 respondents (40%) were employed doctors, 79 (27%) self employed and the rest (33%) a mixture of employed and self employed. 45% of respondents had more than one employer. 71% of respondents were in full time employment</p> <p>41 (14%) of respondents classified themselves as an SEM consultant, 39 (13%) as an</p>

SEM Specialist and 88 (29%) as a GP with a special interest. 74 (25%) of respondents classified themselves as a Consultant in another speciality with a special interest in SEM

223 (74%) were resident within England

32 (10%) were resident within Scotland

15 (4%) were resident within Ireland (North [11] and South [4])

9 (2%) were resident within Wales

A total of 260 (90%) are seeking GMC revalidation, 177 (56.8%) were seeking revalidation in SEM.

When asked to define their primary clinical service 85 (32%) of respondents reported this was in General Practice, 59 (22%) in private SEM clinics and 54 (20%) in NHS SEM clinics. Interestingly of those defining their primary clinical service 66 (25%) of respondents were working within a sporting organisation or institute.

Useful data to inform the Appraisal process was obtained on

- Record keeping – both electronic and paper records were kept, electronic records being slightly more common.
- Correspondence – by letters were the most common methods of feeding back to referrers
- Appointment Times - the most common 'new patient' received a 30 minute consultation. Follow-ups tended to be between 15-20 minutes
- Workload: the majority of Consultants/GP's etc. saw between 100-500 New Patients over a 12 month period. With a similar number being repeated for Follow Ups
- Defence insurance was also surveyed, 111 advised that their insurance was through MPS, with 86 going through MDU. Annual insurance for 130 members was between £2,501 and £10,000 with some 21 members paying in excess of £10,000 per annum
- Association: 183 (92.9%) advised that they were a member of BASEM
- Annual CPD: 259 (96.3%) of the Fellows and Members achieved the minimum 50 hours per annum for their CPD
- Annual Appraisal: 239 (89.2%) of Fellows and Members have received an Annual Appraisal. With 216 (96/4%) confirming their appraisal was based on performance, followed by job planning with 163 (81.1%). 135 (50%) advised their next Appraisal would be carried out by the NHS with 66 (24%) confirming that it would be with FSEM
- Investigations: (X-Rays, Ultrasound, MRI, blood testing, compartment pressure monitoring etc) and specialities (Nutrition, Orthopaedics, Psychology etc) available to members and fellows were understood in all their 'theatres' of work.

With this information it has now been possible to

	<ol style="list-style-type: none"> 1. Understand the variety of job plans amongst the members and fellows of the FSEM 2. Establish Investigation & speciality access at work, average' workloads, consultation times, appraisal systems by employers , CPD spread, record keeping, method of colleague correspondence, access to investigations etc 3. In turn this will inform the FSEM Appraisal process 4. In turn this will inform FSEM Revalidation. <p>Fifty three doctors were identified as not having a readily identifiable 'responsible officer' for the purpose of revalidation. These doctors are mainly those employed by Sport Organisations or those who are self-employed. However, under the GMC Prescribed Connection procedure, the majority of these SEM doctors will be able to connect with another organisation lower down their connection list such as a private hospital. There are thus likely to be very few SEM doctors who do not work either within the NHS or at a private hospital or clinic which is not part of a Designated Body (DB). The Faculty has to no plans at present to apply for DB status, but will keep this under review.</p>
<p>Communication</p>	<p><i>How were the results and findings of the project communicated? Who was the audience for these communications?</i></p> <ol style="list-style-type: none"> 1. Preliminary results of the survey have been posted to all members and fellows of the FSEM in the Dec 2011 Newsletter 2. The results, in detail, have been shared with the FSEM Council and Appraisal and Revalidation Committee 3. Eventually this will all inform a revision of the FSEM appraisal process which will probably convert to an e format.
<p>Applicability of the Project to other Specialties</p>	<p><i>Explain how the findings and conclusions from the project might be applicable or transferable to other specialties?</i></p> <ul style="list-style-type: none"> • Current staffing levels inside the FSEM would not have allowed for this project to be undertaken. Thus, it was necessary for FSEM to employ a dedicated member of staff (short term) to format and undertake the survey, chase respondents and collate reports. A survey tool available on-line (Survey Monkey) proved to be an effective platform for the survey • Regular 'chasing' of members and fellows is essential to achieve a high return rate – this was done via email and targeted telephone calls by a dedicated member of staff employed for the project • For effective appraisal system, run by a small faculty, an understanding through a survey and analysis of results, completed in this way, is essential.
<p>Further Work</p>	<p><i>Has any further work been identified following completion of the project?</i></p>

	<ul style="list-style-type: none"> • To keep the Appraisal process of the FSEM targeted, the Survey should be repeated in 2-3 years • Changes are now being made to the Appraisal system for FSEM to highlight aspects of members and fellows job plans in the areas of record keeping, correspondence, appointment times, appraisal systems by employers, CPD spread, record keeping, access to investigations etc • Further detail and job clarity is required on those members or fellows requesting a FSEM Appraisal. Currently it is recommended to those with > 50% SEM in their job plan and not otherwise appraised inside the NHS • Members and Fellows were questioned in the survey if they wanted to be part of a “Find a Sports Medicine Doctor” web service: the majority were keen for this service to be developed. However, careful consideration has to be given as to ownership of the data and where the web links are to be placed and who has access. <p>Presently the Faculty focus is likely to be that of providing specialist advice for Responsible Officers (RO) who will be revalidating SEM doctors. Two Fellows have been identified to take on this role and will be attending training in London later this year. The other possibility is that of providing outsourced appraisals for SEM doctors where their RO thinks this is more appropriate than the appraisal taking place by their own appraisers (the Faculty has received some informal enquiries about fulfilling this role). The Faculty has been compliant with the GMC and DoH guidelines on appraisals and training of appraisers and this will have to continue. The financial viability of taking on this work will be determined by the number of appraisals the Faculty is asked to do as there are certain fixed costs associated with appraiser training and administrative support. A review of the Faculty strategy will take place once the exact number of doctors left without a connection is known towards the end of 2012.</p>
--	---

Additional Information	<p><i>Any issues that arose throughout the project in terms of the project design methodology, process, risks or budget?</i></p> <p>The format of Survey Monkey is good, however several points for consideration were raised:</p> <ol style="list-style-type: none"> 1. A ‘save’ option so that a Fellow or Member could stop and return to the survey, would have been beneficial 2. A clearer breakdown of questions in the survey so that specific working areas can be easily reported on. This will need to be done at the onset with a working group planning the next survey. A lesson for the future with designing the survey would be to have a clearer breakdown especially under important headings such as “Clinical Services” 3. Responses from some members and fellows were very slow 4. Overseas members and fellows were uncertain of their responsibilities in filling out the survey.
-------------------------------	--