# Supporting appraisers to support doctors

## Purpose of this document

This document aims to provide you with simple, concise guidance on how to deal with a doctor under stress at appraisal. In addition to this document we have produced is an up to date, easy to navigate list of support services for doctors.

## What does a doctor under stress look like?

We have not identified the perfect process or screening tool for identifying doctor under stress; we are sharing with you ideas and insights gathered from focus group discussions with groups of appraisers, as well as one to one discussions with a range of people with an interest in GP wellbeing.

It’s important to remember that we doctors are good at concealing when we’re not ok. It is not uncommon for a doctor to have a routine appraisal, without any concerns being identified, and for the doctor to refer themselves to the practitioner health programme within weeks. It’s also worth remembering that there does not appear to be a universal pattern that doctors under stress present with. The most important things we can do to help identify a doctor in difficulty are:

* being alert to the fact that many of our colleagues are struggling;
* providing a supportive appraisal, where the doctor feels safe to explore issues of difficulty and where the appraiser is happy to directly explore wellbeing.

The rest of this section aims to provide you with some ideas on what to look out for at appraisal.

### Before the appraisal

Has it been difficult to engage the appraisee? Have they been slow to respond, are they hard to pin down for a date, is their portfolio sparse, did it arrive late? Could these be signs that the doctor is struggling? Conversely, does the doctor present a very thorough (excessive?) portfolio that suggests hypervigilance or an unsustainable approach to work?

Are there clues in the portfolio that the doctor is struggling? Is there evidence of a difficult year? Have there been complaints that have negatively impacted the doctor? Is there a mismatch between patient feedback (“The doctor couldn’t do enough for me”) and colleague feedback (“He/She always seems to be working late/doesn’t come to coffee any more”)? Are there subtle cues in the language used in the portfolio? Has the doctor given themselves a low wellbeing score?

### At the appraisal

Does the doctor’s demeanour suggest they are stressed, exhausted, disengaging?

Are there clues in the way the doctor is talking? Do they describe a sense of isolation, helplessness, loss of control, loss of work-life balance? Do they lack the support of their colleagues, are they feeling victimised? Are they keen to reduce their sessions, or thinking of leaving altogether?

## How should you approach a doctor about whom you have concerns?

This section provides some ideas on how to create the sort of appraisal environment that might make it easier for a GP to share that they’re struggling. As with the rest of this document, much of this is simply restating good practice.

* **Create a safe space:**
	+ Appraisal should provide the doctor with an opportunity to reflect openly and honestly about their challenges, free from judgement. Stress that appraisal is not a pass/fail process.
* **Reinforce the confidential nature of appraisal (within agreed boundaries):**
	+ Some doctors are terrified that sharing difficulties will impact their careers or their ability to revalidate. Fear of a lack of confidentiality can stop doctors sharing their difficulties. It’s perfectly ok to negotiate what goes into the summary.
* **Listen; really listen:**
	+ The importance of really listening, and of really hearing what is being said, was stated repeatedly by both appraisers and by doctors who had experienced difficulties.
* **Show kindness, be interested:**
	+ This might sound obvious, but feedback from doctors suggests this is what they need, but don’t always experience at appraisal.
* **It’s ok to explore wellbeing:**
	+ One of our duties as a doctor is to maintain our wellbeing, and so it is quite appropriate to talk about this.
* **Seek consent before probing too deeply, be doctor led:**
	+ Remember this is the doctor’s appraisal, and we are talking about difficult issues. This requires us to proceed sensitively and respectfully.
* **Be prepared to challenge if you have concerns:**
	+ If you as the appraiser are worried about the doctor in front of you, it can be very valuable to remind the doctor of the risk to patients and to themselves if their health is impacted by the stress/difficulties they are experiencing. It may come as a relief to the doctor to be able to talk about it. Of course, this needs to be done sensitively and with compassion.
* **Be positive:**
	+ Sometimes doctors fail to address problems they are having because of a “therapeutic nihilism,” the belief that nothing will make any difference. Consider exploring and where appropriate, challenging this.
	+ There is lots of evidence that addressing the doctors’ wellbeing makes a difference; we can afford to be optimistic that things can improve for the doctor.
* **Validate, empathise, normalise:**
	+ Feedback from both appraisers and doctors in difficulty underscores the importance of validating and normalizing the doctor’s experience. It’s ok not to be ok. In fact, given the stress many of us are under it’s entirely understandable. It’s also understandable to find it difficult to talk about one’s difficulties.
* **Manage boundaries:**
	+ As skilled and experienced appraisers, we trust you to manage these difficult conversations well. The role of the appraiser is to facilitate reflection, to support, to encourage action where appropriate (such as through the PDP) and to signpost where additional support is needed. We are not the doctor’s GP or therapist. However here may be occasions when we feel it is necessary to flex these boundaries (if we need to assess suicide risk, for example, or provide a follow up call to check the doctor is ok and has taken action). Again, we trust you to manage these situations mindfully and safely, and return to the role of appraiser as soon as you are able to.
* **If in doubt, ask:**
	+ As with any situation in which you are unsure about how to proceed, please seek advice.

### What would be the most useful question to ask doctors about how they are coping?

Below is a list of possible questions to ask doctors, shared by appraisers during the focus group discussions. Whilst we have identified lots of useful questions to ask, we have not identified a standard question (or set of questions) that will always help us to establish whether the doctor in front of us is struggling. Hopefully within this list, however, you will find some questions you will find helpful.

#### Questions that directly explore wellbeing

“How are you?” and then ask the question again: “How are you really?” to demonstrate you are genuinely interested.

How would your colleagues say you’re doing?

What would your partner/nearest dearest say about how you are doing? Would your family think you are coping?

#### Questions exploring self-care

Do you get the opportunity to recharge?

Do you get a bit of headspace on the weekend, do you have a ‘me’ time?

What self-care do you engage in?

What do you enjoy?

When was the last time that you lost track of time?

When did you last go to the cinema/the theatre/a concert (etc)?

What are your hobbies, what do you do in your free time? When was the last time you pursued these hobbies?

#### Questions exploring work life balance

Have you booked your leave?

Are you able to maintain boundaries between home life and work life?

The Sunday night question: how do you feel on a Sunday night, before the start of the working week?

What is typical for the time you arrive and leave, what time do you think you should absolutely not be there?

#### Questions inviting deeper reflection

What’s the most important thing I should ask you now?

Tell me what you love most about their work and what you hate most?

Miracle question: If you had the chance what one thing would you change? What would be different?

If you have had difficulties or had a bad day, who would you go to?

Can you still see yourself doing this in a year’s time? How would that be?

What would tell you that you aren’t ok, what would “not ok” look like?

If you were a fly watching you go about your daily work, what would you notice?

People can hide a lot about what is going on in their lives. Is there anything you would like to share?

Reflect back to the doctor: you mentioned in your submission …; You said this…, what did that mean for you?

What are the things that are working well for you at the moment and what is not working so well?

How would you score your wellbeing currently? What would it take to get it to 9/10?

## What would be the most appropriate support to offer?

We are hoping to identify doctors under stress before they become unwell or their performance is affected: not all doctors will need to access the practitioner health service.

It will of course be important to act on any fitness to practice concerns, and refer to the practitioner health service if the doctor may be suffering from a significant mental illness or addiction problem. In the absence of these it would be worth exploring at the appraisal whether the doctor feels ready/able to take action. It may be appropriate to identify with the doctor what personal resources and support they can draw upon, perhaps exploring what has worked in the past at times of difficulty. Things to consider discussing might include:

* Basic self-care and social support. We all know how easy it is to overlook these at times of stress:
	+ Is the doctor sleeping ok, eating well, exercising regularly, having regular downtime?
	+ Do they have the support of friends and family?
* Giving the doctor permission to do less. It may be important to remind them that good enough is indeed good enough.
* Setting specific PDP objectives around self-care, work life balance, maintaining boundaries or changes to work patterns. This could be one of the only times the doctor has the space to think about and address their wellbeing.

If you and/or the doctor think that additional support is needed, can you help the doctor to clarify this? What is the problem? What does the doctor need?

* An opportunity to talk, debrief?
* Peer support?
* New skills?
* The opportunity to problem solve and set goals?
* Support to address problems at the practice?
* A break?
* A change in working pattern/hours?

## Where can you get advice?

We want you to feel well supported in situations where you are dealing with a doctor under stress. As always, your senior appraiser will be happy to discuss specific concerns or areas of uncertainty with you.

## What support is available?

The up to date directory of support services/resources is available as a separate document. Please take a moment to familiarise yourself with it, and have it to hand during your appraisals.