UNDERVALUED FIXERS

A Survey of the Course Organiser's Role in one Region and Subsequent Recommendations for Change

Introduction

In January 2001 surveys of the perceived workload, joys and frustrations of the Course Organiser's (CO's) job were carried out in the Oxford Region in relation to the CO job description. This paper describes the outcomes. Agreed recommendations are outlined.

Background

In Autumn 2000 the author was recruited by the Regional Director to develop a discussion document with recommendations to improve CO workload and satisfaction.

Triggers for this were problems of recruitment and retention to the post and a JCPTGP visit commending the COs as *"lynch pins of the organisation"* but recommending *"review of the expectations and support for COs."* There was, and is, an increasing need to deliver more to SHO grades.

The report was not to be a 'wish' list but needed some pragmatic recommendations.

Increasing development of the GP (Primary Care) Tutor role and future of 'GP Educators' needed to be taken into consideration.

Methods

After prior discussions with the Regional Director and informal talks with COs and the chairman of the ACO, a combination of quantitative and qualitative surveys were formulated. These were supplemented by focus groups and individual in-depth interviews.

These were:-

Individual Questionnaires x 20 100% response
(Qualitative and Quantitative)
District Questionnaires x 9 (Quantitative) 100% response
3 Sub Regional Focus Groups (workshop type) 1.5 hrs each
Individual semi-structured interviews x 4 (1 – 1.5hrs) selected from a range of male/female experienced/newer COs,
Semi-structured interview x 1, Associate Adviser, x 1 Regional Director
Semi-structured interviews x 3, experienced COs in adjacent regions.

N.B. Using more than one method improved validity (triangulation).

Key Areas for Discussion

ACO Job Description 1995 outlines the diverse nature of this position and yet tries to prioritise some areas as "core". The Oxford Region also gives to new recruits a job description that is all encompassing and seems to have a different order (and therefore priorities?) and also includes virtually all the six 'optional' areas of the description.

CORE FUNCTIONS OF ACO JOB DESCRIPTION

A Educational

The VTS Course remains the cornerstone of the job. Individual questionnaires backed the idea that COs volunteered for the post because of an interest in teaching. *"teaching is the most fulfilling", "most enjoy contact and teaching groups of registrars"* .

But it became apparent that the time of contact and hours of VTS days ranged widely ie 50 x 9am - 4.30pm days to half of this, to greater or lesser extent taught or facilitated by COs themselves.

In the ACO job description formative assessment is mentioned as "core" in 1995. It did not include summative assessment and therefore the "optional" role of a CO for *"remedial work with poorly achieving GP registrars"* is now mandatory. This has been a clear increase of workload.

Development and planning for GP SHOs had been endorsed by Oxford Region but until now the *"provision"* of a training- programme in hospitals had not been high priority. This was one area of tension between the COs and Advisers (or JCPTGP) because, in order to "deliver" in other areas, CO didn't feel that they had time. They acknowledged the need, and were willing to *liase* with consultant colleagues ensuring that appropriate educational objectives are achieved.

Two workshops had been run on SHO training in the previous six months.

Individual questionnaires quoted one factor most likely *to* cause resignation was *" a significant increase of hospital-based component"* and *"something has to give"* ie. drop another task. One CO expressed frustration of *"responsibilities but no rights."*

But in the focus groups it was clear that COs felt they were in a unique position to have credibility with hospital consultants. Feedback from SHOs demonstrated Cos being valued and indeed needed for their pastoral role (see later).

One key area in this section has to be the *"continuing area of professional development"*. There was a wide variation in answers to the question of how much time was devoted to personal development by the Oxford COs, ranging from MSc courses in their own time to *"1hr"*

And yet there was a loud message from the COs for support for professional educationalist development *"within protected and paid time"*. Courses were perceived as expensive and time out of practice for them was difficult to negotiate.

New COs wanted formal courses on video and audit failures to help to advise registrars and trainers as well as access to timely, new CO courses.

Pressure of everyday paperwork did not allow reflective and creative space.

B Management.

There was recognition that most COs were appointed for management ability: *"I am a fixer"*

Oxford Region three years ago gave guidelines to PG Centres for administrative time running in parallel with total CO sessions. 4 out of 9 districts were satisfied with this arrangement.

Only 2 districts had a specific VTS administrative job description. Improvements in computerisation at Regional level were noted but had a long way to go.

There was duplication of work because of inadequate resources for slicker systems.

Excessive meetings and admin were the bane of COs' lives, especially when emails for CO work were sent to individuals' homes. Meetings that required negotiation from practice were especially stressful.

Budget holding is more accountable now than years ago and will clearly stay as part of the job.

C Pastoral Function

Most COs felt strongly that this had to remain in place but pastoral care to SHOs, registrars and trainers was very time consuming and difficult to schedule when involving a *"doctor in difficulty"*

At a Regional level some people thought that it should be delegated to others. But COs, while acknowledging the need to refer on, felt that their role as first port of call was appropriate.

"The changes in SHO and registrar training are occurring at such a pace that we will be doing increasing amounts of pastoral work"

PDPs and mentoring will be increased and will need listening and facilitative skills.

OPTIONAL FUNCTIONS OF ACO JOB DESCRIPTION

In the Oxford Region it has been customary for the COs to advise new practices and trainers, with annual visits for formative reasons, share inspections, convene and chair

trainers' meetings and develop the educational agenda for their groups. Indeed, Oxford Region's job description seems to prioritise this by placing it first!

The workshop groups wanted to keep this function and felt that it would stay in line with future CO developments over the next years to be generalist GP educators. But there were suggestions to extend the "trainer convenor" role as already done in two of the nine districts, for instance with a trainer group chairperson, and to encourage resource banks of educationalists and facilitators for their groups. In other regions where COs were interviewed, the COs were less involved in trainer support and development and the Associate Advisers took this role.

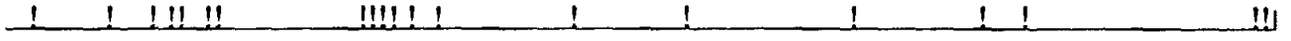
OVERARCHING THEMES.

1. Although not a "wish list" it became apparent that the one area that Region couldn't "fix" was to change the pay structure.
   Ten of the 20 COs spontaneously said that they felt under-valued. *"It costs more to employ a locum"*. In tandem with this was the inadequate time resourced to do the job properly.

2. Partnership Issues

Pressure from partners in the CO practices was another major anxiety. One CO had just changed practices in order to get more flexibility. But these GPs selected for high "values" (previous CO work in region identified these) were intensely loyal to their practices and usually put in extra personal time rather than rock the boat.

A question on the personal questionnaire gave the following bar scale.



Practice proud of your work and always supports your time out, and pay.

Practice makes you feel guilty And grumbles at work load

One third of COs felt that there were strains in the CO role arising from the need to balance needs of the practice with those of the VTS. Partnerships support the CO role by allowing time out of surgeries and often, patient continuity is compromised. Practice managers and receptionists have to restructure timetables, explain to patients and arrange locum cover. Shortages of locums mean that partners have to reschedule their own times, and often COs work their half days etc. to make up. Increasing demands are made with IT development, PCG/T work, clinical governance and increasing expectations. These will increase, not diminish. Personal communication (Dr Peter Jenkins March 2001 paper to be published) suggests that the perception by 1:3 COs may be an under-estimate of partnership stress. In his analysis 50% of partners were resentful and this is more likely to be from the more junior partners who have to take on increased workload while still finding their feet as new principles. Guilt, resentment and support may be all mixed together.

3. Support and feedback

There was considerable variation for the COs in the perception of how much appreciation, feedback and support that they had. Four specifically mentioned that:

"encouragement" / "more feedback from line managers" / "of doing a good job and skills valued" would encourage them to stay in post.

Appraisals had been done for most, with about half entering the second round. Five had not had appraisals (two were new to post)

Apart from the perceived lack of support, many COs feel that 'top down' pressures from region were excessive:

"unrealistic demands and expectations" / "interference by head office"

These comments are quite strong and were reflected in some of the personal interviews. The comments may have reflected frustration at the time of transferring to a regional selection procedure for registrars reduction in autonomy and further paperwork.

When one is perceived by partners not to be pulling weight in the practice and under-valued nationally (pay structure) then the most important part of being valued is to have direct appraisal and feedback.

The structure of the Regional Office has meant differing specialist roles for the Associate Advisers and many are involved with projects eg development of GP (Primary Care) Tutor systems or inter-regional/national developments. Some districts have not had a "hands-on" approach and direct liaison with an Associate Adviser.

RECOMMENDATIONS AND ACTIONS.

The original report made recommendations that the author thought to be possible without major changes in funding and regional structure.

After assimilation at the Deanery and a change of Director, it was decided to circulate the report back to the COs to check for veracity and to ask them what they thought the main recommendation should be.

In fact only 5 responded, one of these taking issue with one area (support) The other 4, plus many giving verbal responses, concurred with the findings.

Recommendations from others very much followed the original report's suggestions, especially for support and further training, defining a new core job description, guarantee a minimum standard of administrative support and regional support for SHO development.

Alongside these recommendations there was a ground swell of other changes, coming both nationally, (release of more money for more CO sessions, regional boundary changes.) And locally, (further development of medical educators sometimes being non-doctor) and the drive for a new generation of Primary Care tutors to work in parallel with the COs.

ACTION FROM THE REPORT

Many have been made already. Examples are as follows:-

Regional responsibility

1. Agreement to circulate the full report to ACO to add weight to negotiations for increased (and incremental) pay

2. Circulation of one of the local Post-Graduate centres' VTS job description (eg specific task "collating examination forms" "ensuring that mid-term assessment forms VTS SHOs are sent and returned") and intent to streamline regional Administrative systems.

3. Change of the CO quarterly meeting to a standard VTS release day thereby COs did not have to negotiate further time out from practice. Also the recognition of partnership stresses to pull a sudden meeting with inadequate notice

One Associate Adviser was specifically charged to support COs to develop SHO posts and commenced a fuller analysis and review.
Along with changes of regional boundaries and structures, Associate Advisers were reorganised to be increasingly based with closer support for SHO development, "learning sets" for the COs along with consistency of appraisals.

The CO group and districts had autonomy to:-

1. Redefine their own job descriptions with core tasks.

2. Restructure the Day Release programmes to allow in-built CO time for CO personal development.

3. Allow flexibility to respond to local needs and issues.

Trainer development will be more equally shared between CO and Deanery.

SUMMARY

Oxford Deanery commissioned a CO to review this role in the region. A wide spectrum of stresses and frustrations were identified along with areas of pleasure and stimulation.

(Qualitative and quantitative questionnaires were used along with workshops and semi-structured personal interviews from a selection of COs and colleagues in adjacent deaneries.)

Problems were identified to be recognition of poor pay structure, partnership stresses, perceived lack of support from regional level and time for personal development. These were paramount, along with excessive paperwork and increasingly stretched time, especially to expand the SHO function.

The Deanery's response in acceptance of the report's findings, the expression of valuing the CO and willingness to be flexible to change times of meetings, and jack up associate administrative support was in itself, a supportive and motivating act. It is hoped that these changes will keep on board a cohort of course organisers who are able and committed, with strong values *"feeling that you're putting something back into the profession"*.

Even with these changes sadly Oxford has lost further COs. We hope ACO will continue to actively press for national pay changes to acknowledge this role too.

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