

Lay involvement is now accepted, although the degree of involvement is variable. It was universally accepted that the lay input is of high quality and extremely useful.

Nobody is using lay assessors as yet, although Essex is considering training lay assessors to use with professional assessors as with the GMC. If any of the PAGs do develop lay assessors they will share their experience and evaluation with this group.

### Remediation and Signing Off

Remediation and signing off are still clearly areas of the greatest difficulty and there was some sharing of current practise and a desire expressed to keep this part of the agenda open to ensure that each PAG is able to learn from others experience.

In the area of remediation and support it is important to have mentors and supporters and these are likely to come from the current networks of course organisers and trainers both current and retired. These can be contacted by linkage through the associate patch directors who should be part of the PAG board.

In the area of signing off it was universally accepted that this was extremely difficult and the only useful piece of advice was to ensure that review dates were published in reports and held to. It was decided that the experience from those PAGs where they had incorporated this into their system would be shared in an anomised way as part of the case material. Essex and Hertfordshire will produce a paper to share through the Deanery detailing current case experience.

Whilst the terms mentors and supporters was used clearly the competencies to deliver the job were difficult and would vary from case to case. It was thought that trainers and course organisers and some GP Tutors together with Associate Directors were likely to be the people who had the widest range of competencies, but others might well be required. This is an area that needs further exploration.

### Investment

There is still a lack of knowledge about the epidemiology in terms of incidence and prevalence, although it seems from current figures that any one PCG can expect to have two cases being progressed at any one time. At the moment it is proving too difficult and variable to give estimates of costings per case. We will continue to collect information and as case material builds these figures should become clearer.

It is important for PCTs to have some idea so that they can incorporate the cost of the risk into their budgetary calculations. It was felt important we should repeat the survey in twelve to eighteen months time when all the PAGs will be functioning, case material will start to build and costs could be more accurately estimated.

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**16<sup>th</sup> May 2003**

## **Summary of the Doctors in Difficulty Meeting 13<sup>th</sup> May 2003 Abington Hall**

Two presentations from the survey undertaken of poor performance systems currently functioning within the Eastern Deanery by Karin Friedly and Brian Balmer (docs attached).

The main headings to come from the general discussion from these presentations were as follows:

- Stage zero is a useful, and indeed, vital stage in the complaints process. It has now reached a stage of maturity when it needs to be recorded as part of the process. This would ensure that the decisions which are taken in this stage are taken by senior people who can take responsibility.
- Training. It is clear that there is an issue to widen the training available from assessors to PCT decision makers and to PEC Boards. The assessors and the PCT decision makers certainly need courses which are probably best organised on a local basis. The feedback from the EQUIP run course for Essex was that having the local assessors involved in the course engaged the participants more fully in terms of what they could expect the job to be.

A course for PCT decision makers will be designed from the experience of the seminar type workshop held between assessors and PCT decision makers in Essex and be offered as good practise to other PAGs in the Deanery.

- It was thought that PEC Boards requiring information and knowledge could be supplied through literature available through the Deanery, or possibly a half day deanery based meeting

### **Case Based Learning**

There was much discussion about the legality of case based learning although there was general acceptance that there was much to be learnt from studying cases. Within the confines of normal confidentiality and human rights legislation the Deanery offered to collate anonymised reports from PAGs and assessors. This would be done as a pilot and fed back through PAGs for a general evaluation of the usefulness of the process. The most important unit for case based learning is probably a PAG based assessors group. This will build and have its own case material but could benefit from the input of other cases who are joining PAGs.

### **PAG Accountability**

After much discussion it was thought that the PAG probably should be accountable to the Chief Executive of the PCT and through them to the strategic health authority. Each PAG should, however, provide progress reports on its case work to PCTs to inform them of case load, anticipated cost and workforce issues.

### **Lay Involvement**