

Evaluation/Feedback from the RO/HR Conference held on 29 January 2015 -Tackling concerns: from avoidance to action

		1 = Poor	2 = Fair	3 = Good	4 = Excellent	
Question		Responses				
1	How would you rate the event	1	2	3	4	Total
			1	30	28	59
	Please rate speaker:	1	2	3	4	Total
	Mr Peter Lees	1	5	36	25	67
	Dr Kim Holt		8	30	29	67
	Please rate Session	1	2	3	4	Total
1	Recruitment and Induction		4	14	9	27
2	Enabling staff to raise concerns	2	4	5	19	30
3	Locums	1	8	8	2	19
4	Tackling disruptive and dysfunctional behaviour	1	8	11	20	40
5	Networking opportunity – for revalidation managers & administrators	1	3	4	8	16
6	Investigating concerns		8	14	10	32
7	Doctors working across sectors	2	8	12	5	27
8	The leadership challenge	2	9	7	5	23
9	Supporting doctors to get back on track	2	6	7	7	22
10	Networking opportunity for appraisal leads	1		5		6
	Total:	12	58	87	85	
	Comments on workshops:					
1	Recruitment and Induction					
	Session 1 was excellent – all the presenters were well-prepared and informative.					
	The session on recruitment was interesting and has provided us with some ideas on how we might address this in our own Trust in the future.					
2	Enabling staff to raise concerns					
	Session 2 raised good questions but case study was the wrong one. It was too specific and extreme as an example. There was too little opportunity to discuss team culture etc. which would have been more useful. I would not use this again, very poor.					
	Session two could have been better titled but was good anyway.					
	I wanted the concerns workshop to address issues coming out of appraisal e.g. MSF rather than the process of an investigation					
3	Managing the employment of locums & short-term doctors effectively					
	Session 3 more thought should have gone into it as people got confused					
	I was expecting the locum workshop to provide more information on what they are doing to ensure robust revalidation instead I found that they didn't have all the answers to questions and wanted the groups' help. I would have attended a different workshop if I had known this before.					
	The Locums workshop had lots of potential to discuss the different problems with Locum Doctors, but we ran out of time.					
	Session 3 was not really a workshop – more of a lecture					
	Most worked very well and were a good mix of presentation and discussion – even though we didn't seem to come up with many answers!					
	Got a bit side-tracked					
4	Tackling disruptive and dysfunctional behaviour					
	ROs got a lot out of session 4 and this was very relevant					
	Jenny King was superb with some excellent examples; who would go anywhere else to get a serious problem sorted out?					
	I have a sense of there being many issues raised, such as tackling disruptive behaviour in teams, but never quite gaining the answers or skills to address these.					
	Jenny King - really helpful and practical.					
5	Networking opportunity – for revalidation managers & administrators					
	The networking opportunity was an excellent workshop; although I do feel that perhaps it should have been a separate workshop for primary care and secondary care.					
	The networking session may have been more productive if our group had segregated into two groups of secondary care colleagues and primary care colleagues.					
	Very helpful networking, welcomed hearing others difficulties and sharing of information					
	Flexible and responsive to our needs					
	Very helpful					
6	Investigating concerns					
	Very interesting points about protected conversations					
	Found the discussion re protected conversation very unhelpful					
	Session 6 needed to address coming out of appraisal e.g. MSF					
	I think a number of ROs felt very uncomfortable about the whole protected conversations discussion. Many just don't see that as part of their working lives anymore. This is positive.					
	Session 6 was excellent in explaining the processes for dealing with concerns					
	Very good – in the session on tackling concerns it would have been good to have more time to discuss 'protected conversations'					
	Excellent workshop on investigating concerns - very interesting points about protected conversations					
	Concerns re protected conversations and the risks this may pose. Not sure if it could be used in a primary care environment under P.L regulations					
	I found discussion of protected conversations unhelpful and a little worrying in terms of the safety of patients					
7	Doctors working across sectors					
	Session 7 well managed by Anne and highlighted a lot of gaps for ELA's					
	Wanted a bit more structure and advice from session 7					
	Session 7 was excellent					
	Good flow of information across sectors					
8	The leadership challenge					
	leadership challenge poorly focused					
	Session 8 Leadership challenge workshop was tired and completely unprepared. Felt we started from nowhere and ended up in the same place.					
	Leadership challenge oscillated between the strategic and tactical management and therefore less clear around action or advice and support than had been hoped for.					
9	Supporting doctors to get back on track					
	Session 9 above was dominated by management consultant "speak" and contained very few practical examples on supporting doctors get back on track.					
	Session 9 came across a bit like a sales pitch					
	Session 9 not sure it covered what I expected					
	Session 9 didn't feel key issues were covered					
	Supporting doctors - very disjointed, no explanation at the beginning how the session would run. Confusing.					
	I'm not sure we really hit the key issue					
10	Networking opportunity for appraisal leads					
	The networking session which was one of the last workshops of the day (10) could have been improved with a facilitator/more structured facilitation. It was really helpful to have this networking opportunity and I feel those who attended were able to give honest feedback on their approaches in supporting this process.					
	The networking event for appraisal leads was a great idea and opportunity but it needs a senior member of the team assigned to it if they are to get the most out of the day. There were only 4 attendees in addition to Marjorie and myself and it was very slow to get started. They were mainly junior staff who probably didn't understand how a networking session might have worked.					
	I enjoyed workshop 10, could have been slightly more structured					

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General workshop comments
A pity not to be able to do more of them! Next time hopefully
Combining Primary and Secondary care doesn't work at these events, the structures, policies, culture, processes etc. are all too different (necessarily so). At least half the day was a waste of my time as a result.
Considering the breadth of interests in the room the discussions worked really well
Could have been more structured
Edgcombe particularly good
Excellent variety and choices
Excellent workshops would like if there could be more
For smaller organisations, especially non NHS a lot of this was not really relevant as we have different issues. We tend to know our staff very well.
Generally found them helpful with the exception of the supporting doctors to get back on track. The ground covered by 2 of the 3 speakers was unhelpful and generic in feel. The session on coaching was interesting from a personal point of view.
Good variety, good presentations, interactive, a little constrained for time
Great!
Interesting to learn from colleagues
Lots of interesting topics
Mixed
Need separate groups for primary and secondary care groups
Not enough time for some workshops
Oddly enough I felt that some of the workshops were a bit rushed and I would have liked a bit more time and perhaps some more specific and structured group work: but appreciate the difficulties with such a large attendance of individuals who do not know one another as well as a smaller and more localized educational event would achieve.
On the whole, very useful and stimulating. Good debates at them amongst the audience too.
One of the sessions did not have enough chairs for people to sit down
Overall Good. Small group discussions were good and could have been replicated in other workshops
Overall there were very good and well ran
Some aspects challenging, not sure on legality of some aspects!
Some blatant advertising by Edgcombe, but generally good. Afternoon sessions better
Some of the workshops were very good, although some were lacking in substance/input (although resulted in some interesting conversations).
The mode of delivery was good and they reflected the needs of participants and did not necessarily keep to the prepared script. Good content and provided some ideas to go away with
The networking sessions would be more helpful if they were separated to acute and primary care as there was not much primary care could learn or take away from the session
The workshops generally provided an opportunity for open discussion and were interactive and worthwhile.
They were very well organised but I would have valued having the handouts provided during the session. The theory is valuable but I'm not sure the present format is particularly helpful. It would perhaps be more beneficial to hold a longer session where you can really gain more from colleagues in the room and be more participative.
Useful
Useful to network and varied approaches to consider
Very secondary care focused, would have been good to have more primary care relevant material
Very well run
Workshops very secondary care focused
Would have been useful to split some workshops
What have you learnt today that will contribute to your organisation and or your own development??
1) Access to resources such as NCAS, Leadership Academy. 2)What others are doing re benchmarking
1) Locum passports. 2)appraiser feedback
Ability to benchmark current practices against that which was shared at the conference, and take action.
Ability to refer for coaching
Accessing coaching. The power of the pre investigation assessor and raising the possibility of early resolution without formal investigation
An awareness and better understanding of how other ROs are managing their deferrals. Ideas for how communication and sharing of information can be improved upon across organisation's and with other ROs. Reassurance that our management of performance case is generally spot on! A better awareness of HR processes in respect of people leaving the organization
Appraisal feedback
Better liaison with ROs
Captured different approaches to medical appraisal and revalidation which may influence changes to the process.
Challenge in locum recruitment/appraisal etc. is a widespread issue and not just us – maybe "Dr passport" might help
Consider other options for support
Considering team development and tools to assess this
Discussions around locums
Encouragement to share information between ROs
From a lay point of view there is still lots of work to be done on how you apply revalidation processes to locums
Greater understanding of bullying in the workplace
Have to go from good to great and address outliers
Helped clarify some thinking on the importance of values and how we incorporate these in appraisal and revalidation.
How much our issues look like those of others
How to inform across the sectors
How to recognize dysfunctional teams and how to identify the causes
How to tackle dysfunctional doctors!
I feel better prepared to recognise dysfunctional teams, and to advise on resolution. I recognized the need from the case review to ensure that patients legitimate concerns are listened to and acted upon: if it does not feel right it probably isn't. Especially with the power that a doctor can exert in a consultation setting and within a team.
I found it all very useful in terms of giving me an overview of current issues and concerns
I noted that the term team destroyer is acceptable and that this can divert a team away from the patient focus to interpersonal issues which is a real worry.
I really appreciated the opportunity to understand a bit more about why teams become dysfunctional and I liked learning about the Lencioni pyramid. I learnt that it is best not to embark upon a formal investigation unless absolutely necessary as informal process is likely to have a more favourable outcome for all stakeholders in the majority of cases.
I think the opportunity to network and also the links to further reading from the managing difficult and dysfunctional team session.
I will 'go there' confidently
Ideas for recruitment standards. Ideas on how to tackle leadership for medics and food for thought on a leadership programme for clinical leads
Identifying cues from appraisals
Information sharing
Insight from workshops 1,4, 8 &9
Inspired to take a fresh look at vision, values and behaviours. Review Doctors recruitment process. Review locum appointment process
Investigations & interview processes
It was good to meet people who were in a similar role to me and seeing how others Trusts functioned
It was good to network with other appraisal/revalidation administrators and learn that we all have the same problems and concerns
It was helpful to hear other's practice and experience. Feel I made a good contact for the future and we have already started to email each other, which will definitely help.
Learning lessons from NHS always useful, even if that is just what not to do.
Look in plain site
Lots but still linking and processing it all. Working out how to manage my dysfunctional team
More communications with DBs
Need to manage our GPs & establish links to their ROs. Better liaison with ROs of doctors with practising privileges.
Need to work on developing tomorrow's leaders

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Networking with other area teams
NHS England is dealing with the same issues as us. Good ideas on information sharing.
No need to rush to become a designated body
Not much, too secondary care focussed. Not enough time to ask questions re issues that concern me
Not sure
Performance management
Picked up various hints and tips from other HR Leads/Administrators as I came to the role after the initial rollout programme.
Protected conversations
Range of different approaches to reflect on
Recruitment and induction – we will ensure this is strengthened.
Recruitment issues, cultural differences, leadership role
Reflection on ways of working
Refresh some of our policies and actions.
Reinforced my and our focus on teamwork this year
Sharing information between independent and NHS sectors, needs to be more of it and more structured.
Some ways to improve consultant recruitment
Support to whistle-blowers using policy.
Tackling actions to tackle difficulties
That I should try to attend more of these events and that work will still be there when I get back to the office!
The difficulties faced by other organizations are similar to our own !
The excellent workshop led by Dr Jenny King has given me useful guidance in dealing with an imminent problem.
The need to annually check info with ROs from other bodies that my doctors work for
The power of pre-investigation assessment
The statistics on the benefits of medical revalidation and appraisal would be most useful to share with medical colleagues but we were not provided with the slides or handouts - or the references.
To address strategy
Trying to remain objective and take a step back to assess team culture to ensure it is open, honest etc. Reviewing new processes and procedures to ensure they are fair
Use of protected conversations and recruitment of consultants
Utilize some of the learning at work and in the office particularly with regard to dysfunctional behaviour
Very useful context from Peter Lees
Was reminded how dependent appraisal/revalidation is on the individual doctor; and how poor NHS organisations can be at sharing info with other providers where the appraisee has responsibilities.
Ways to improve recruitment and how we can better work with failing people and teams
What others are doing in regards to benchmarking
Working more closely with NHS ROs re private practice work of specialists.
What will you do differently in the future?
A better awareness of HR processes in respect of people leaving the organization
Ability to benchmark current practices against that which was shared at the conference, and take action
Able to recognize the “rock stars”
Access the resources
Advise re coaching
Advise re team dysfunction and look for evidence in appraisals
Appraisal and revalidation is constantly evolving so we need to adopt and change within this
Ask for more RO forms
Consider carefully how to better support whistle-blowers and to recognize when bullying is occurring institutionally
Consider concerns with a new understanding
Deal with issues
Different approaches
Ensure I have evidence not inference that all is okay
Establish sharing concerns
Explore further opportunities to collaborate, introduce IV visits
Facilitated whistle-blowers arrangements in the hospitals
Get our policies into practise - we need to improve on safeguarding knowledge & processes such as whistleblowing & raising concerns - again fostering a culture of openness
I look forward to these events. They are well-run and give plenty of information.
I took away some ideas on how to adapt our systems to run more efficiently
I want to introduce Non Technical Skills for Surgeons (NOTSS) courses for junior teams
I was very pleased to invited to the event. It was another learning day for lay reps
I will use the good examples from the recruitment workshop to review my own Trusts recruitment process as that is something that is high on my agenda.
Ideas for how communication and sharing of information can be improved upon across organisation's and with other ROs
Keep ears and eyes open!
Locum policies
Looking at different perspectives of colleagues/GPs etc.
Make contact with i2i & Maggie Woods re seeing how we can engage practically and particularly continue to a coaching approach (and coaching training) in appraisals where appropriate, to help move folk from 'good to great' as well as support those in difficulties.
Meet the practitioner before
More focused approach to investigations. Will consider using protected conversations
More proactive contact with other organisations where doctors are/may be working, establish routes for sharing concerns and providing assurance into our ARCP/revalidation process for trainees full scope of practice.
New consultant selection process
Not sure
Nothing. Many good points were made, but I had already heard them all in primary care events
Probably need to spend a little more time gathering facts before trying to implement changes
Provided us with some ideas on how we might address this in our own Trust in the future.
Psychometric profiles to be used to help candidate selection
Reassurance that our management of performance case is generally spot on!
Recruit using a behaviours framework
Recruitment processes. I need to review our processes to ensure they are still up to date.
Refresh some of our policies and actions.
Review Doctors in Difficulty and try to improve engagement.
RO database cross check information annually
Take care to exhaust informal processes prior to launching a full investigation formally
This sort of event is incredibly thought provoking and found the sessions which I attended a good opportunity for reflection on ways of working and also looking at different perspectives of colleagues/GPs etc.
Update policies
Use feedback before an appraisal
Use patients and governors in senior doctor selection. The OSCE style of preliminary interview sounds innovative and worth exploring.

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	Utilize some of the learning at work and in the office
	We will amend how we check documentation for Revalidation.
	Will chase up doctors who might have a connection with us harder to get them connected. Will proactively send out information to feed into their whole scope of appraisal in advance of requests. Hearing about recruitment and retention of staff after 'incidents' or issues makes you revisit your original criteria for this in a more meaningful way; will shape how we support our doctors further to improve their professional portfolios.
	Will consider using protected conversations
	Will work with organisation
	Working more closely with NHS RO re private practice work of specialists.
	More time in the pre - assessor phase and meet the practitioner before time. Also look at leadership as an honour, it's <u>not</u> the dark side
	Consider new options re support
	Facilitate whistleblowing arrangements in the hospital
	Use feedback better for evidence in appraisals
	Comments?
	A useful conference – particularly for networking.
	Always good to learn from colleagues who provide inspirations
	An enjoyable day with valuable networking opportunities.
	As a lay representative I found the whole event helpful and informative.
	Bacon sandwiches great
	Being over worked/whistleblowing may have much to do with system underfunding, bad management or bullying.
	Concerns re protected conversations and the risks this may pose. Not sure if it could be used in a primary care environment under P.L regulations
	Dr Holts talk was extremely insightful and powerful I thought it was excellent.
	Excellent conference, I have not been on one as good and as relevant to my role in a long time so well done!
	Excellent day, really practical & varied, needed more time as sessions only scratch the service
	Excellent opportunity for networking which often is the best way to gain solutions/ideas
	Excellent organisation, co-ordination of large number of people across different rooms and keeping to time.
	Fantastic workshop as ever – perhaps next time some of the presentations could be based on a Primary Care function / perspective!
	Give more details about workshops so we know which ones to attended to
	Good event and would like them to continue
	Good range of delegates & to network
	Good to network with others and hear examples of their issues and good practice. It was well organised and must have been very hard work - thank you!
	Great day. Very useful
	Have to split the events into Primary & Secondary care
	I enjoy lectures rather than unfacilitated discussions
	If you have to have one event for primary care & secondary care, at least split the workshops, or name them clearly, so we can tell which ones will be useful or not.
	Importance of whistle-blowers and how they can help bad management or bullying
	Informal opportunities for work also excellent
	Interesting to go to event like this, as I have never been to anything like this before
	It is good to have a day to refocus on Revalidation and liaise with other people doing the same process but as always somewhat differently!
	It would have been helpful to have a list of attendees just before the conference as some of us were on the same train but did not know it, and we could have networked on the way up.
	Lots still to do
	Overall an enjoyable day. I am not sure how much the networking sessions were used
	Overall I think it was a good event. I would like to see them continue.
	Please do another one
	Please repeat
	Powerful messages from Dr Holt's talk.
	Thank you, a great event and good opportunities to network. Good range of delegates.
	Thank you. A good day.
	Thanks for all the support you have provided over the years. You have all been great, good luck for the future
	Thank you. Excellent day - really practical and varied options to 'scratch where it itches' - although time constraints could only give initial discussion taster. Lots to go away and build
	The venue was wonderful but I would think twice about attending in winter months in future.
	To have a list of ROs and their contact details available somewhere to make it quicker to receive the information/discussions between ROs.
	To have one system where you can log in and see where the doctor works and if there are any concerns about their practice instead of a MPIT form? Although I can see this would not necessarily solve the concern about doctors not disclosing their whole scope of practice and then not receiving assurance regarding their practice from that organisation(s).
	Very happy with event, felt very well organized and very much enjoyed linking in with colleagues and looking for new, fresh information and ways of working
	Very thought provoking
	Very useful
	Very useful & well organised
	Well done, please continue to focus on practical applications
	What an unhealthy selection of food!
	Worth coming to
	Worthwhile and helpful