

Time to think – your opinion on coaching for Doctors. Does appraisal have a role in influence coaching uptake by GPs in Wessex

By Dr Sue Warren

Key findings

- There was significant support for coaching from 85% of the GPs surveyed. This was across all ages, type of GP and whether or not they had leadership/teaching roles.
- Doctors who had had coaching in the past found it hugely beneficial as evidenced by the free text comments.
- Some coaching was currently being done within appraisal but was only suggested as an ongoing activity in the output of PDP for 9% of the respondents.
- Only 27% of respondents thought that there is a negative stigma associated with coaching.
- There was no major preference on who was the coach.
- GPs were interested in undergoing coaching for many aspects of their work.
- Providing coaching online may address issues such as lack of time and travel effort.

Introduction

Time to think is such an important but often forgotten activity¹. In the busy world of General Practice it is often pushed to one side. Coaching can give a safe space and time in which to be listened to thereby stimulating thought. The result of good coaching can help with work-life balance, work and interpersonal relationships, career progression and hopefully a balanced life².

Psychotherapists and councillors have supervision on a weekly or monthly basis and business leaders have coaches, however the nearest some GPs get to some reflective space to talk about issues such as personal relationships, work-life balance and leadership is within an annual appraisal.

Coaching skills can also be beneficial for patient management³.

This questionnaire was inspired by the fact I work for practitioner health programme which looks after doctors with mental health and addiction problems.

Definition of coaching: **Coaching** is unlocking a person's potential to maximise their own performance. The coachee comes up with the goals and solutions and the coach remains impartial. It is done by active listening, well thought out questions and the coachee being given space and time to think.

Methods

A survey comprised of 14 questions was sent out to 2344 GPs in the Wessex area using the online service Survey Monkey in May and June 2020 at the time of the Covid-19 pandemic. Respondents were asked to reply as for their normal role pre-Covid-19. The GPs are all eligible for appraisal. The

survey questions are given in the results. The respondents were also given the opportunity to provide comments. A total of 377 responses were obtained, giving a response rate of 16%, with the vast majority of respondents answering each question.

Results

The key finds from the survey were:

- The majority of doctors (>60%) have some leadership/teaching responsibilities at work with 28% having leadership roles within practice.
- 41% had never received any formal coaching for work or elsewhere. Some had coaching for professional development such as leadership (24%), managing workload (19%) and improving working relationships (10%).
- A smaller proportion had received coaching for personal development such as managing themselves and their emotions (13%) and for sport (9%).
- The majority of doctors (87%) had not received coaching as part of PDP.
- Very few had coaching suggested as part of their PDP (9%).
- A higher proportion reported informal coaching within appraisal (46%) with a further 27% stating may have occurred.
- A higher proportion of doctors considered coaching useful for professional development (37-51%) compared to personal development or private issues (18-27%). Cross-cutting issues such as team development were also valuable (33-35%).
- 54% were aware that coaching was available in Wessex.
- 74% agreed that coaching would be useful in maintaining wellbeing and in problem solving.
- 85% would support having a coach as being a normal part of being a GP if supported by central bodies.
- Only 27% thought there was a negative stigma associated with having coaching.
- If coaching was provided 37% would prefer coaching from a doctor.

Frequent comments

Time including travel were cited as barriers to accessing coaching.

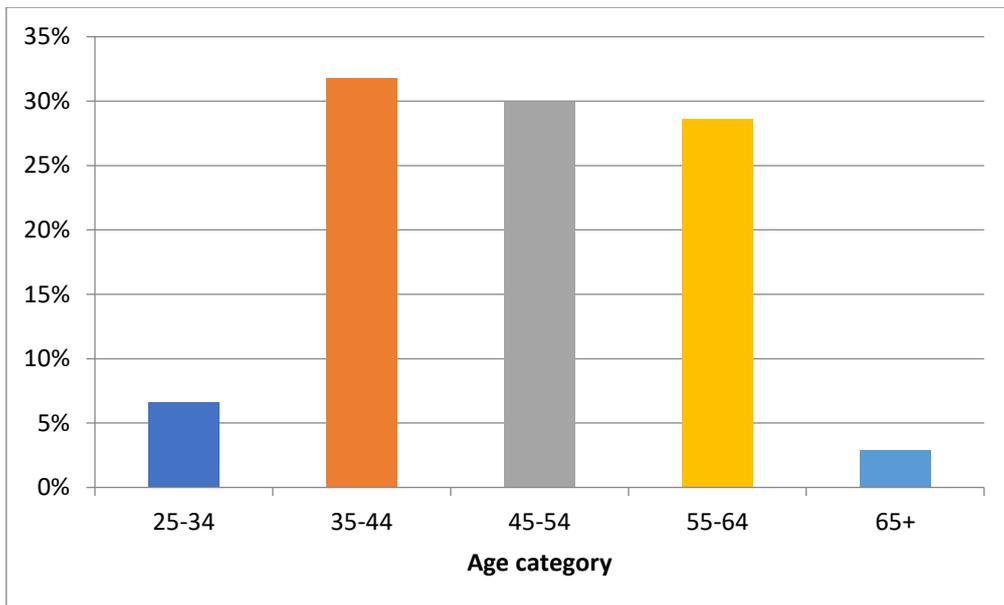
There were several comments about normalising coaching and it not just being when there is a crisis.

Doctors who received coaching made very positive comments on how it had helped them professionally and personally.

The respondents

A total of 377 responses were obtained with respondents with most aged between 35-64. They were representative of doctors found in general practice including locums, salaried GPs and partners. A higher proportion of the respondents were female (62%) than male (38%). In 2018, 55% of GPs were female and 45% male (GMC, GP Register).

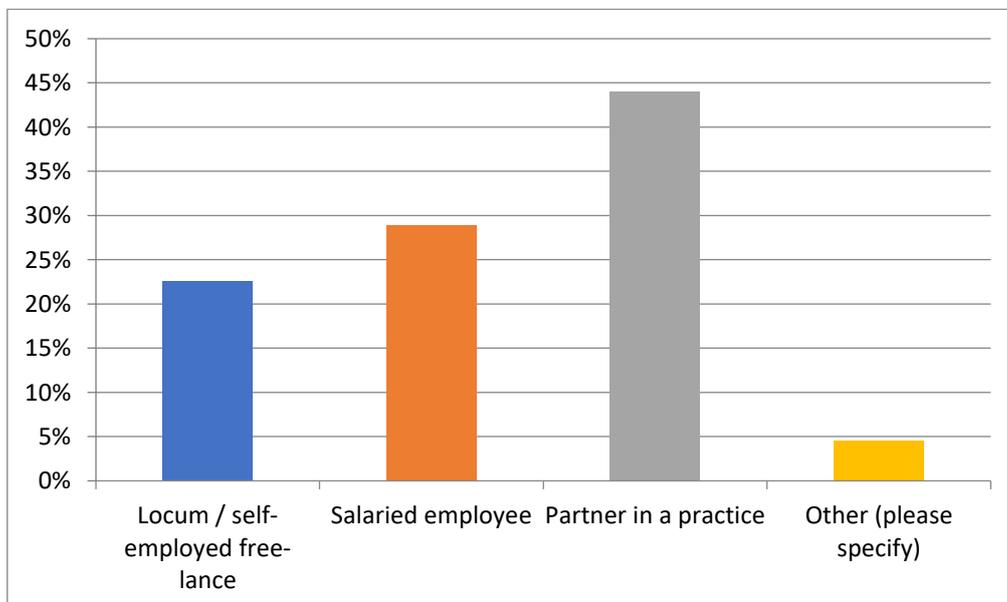
Question 1. How old are you?



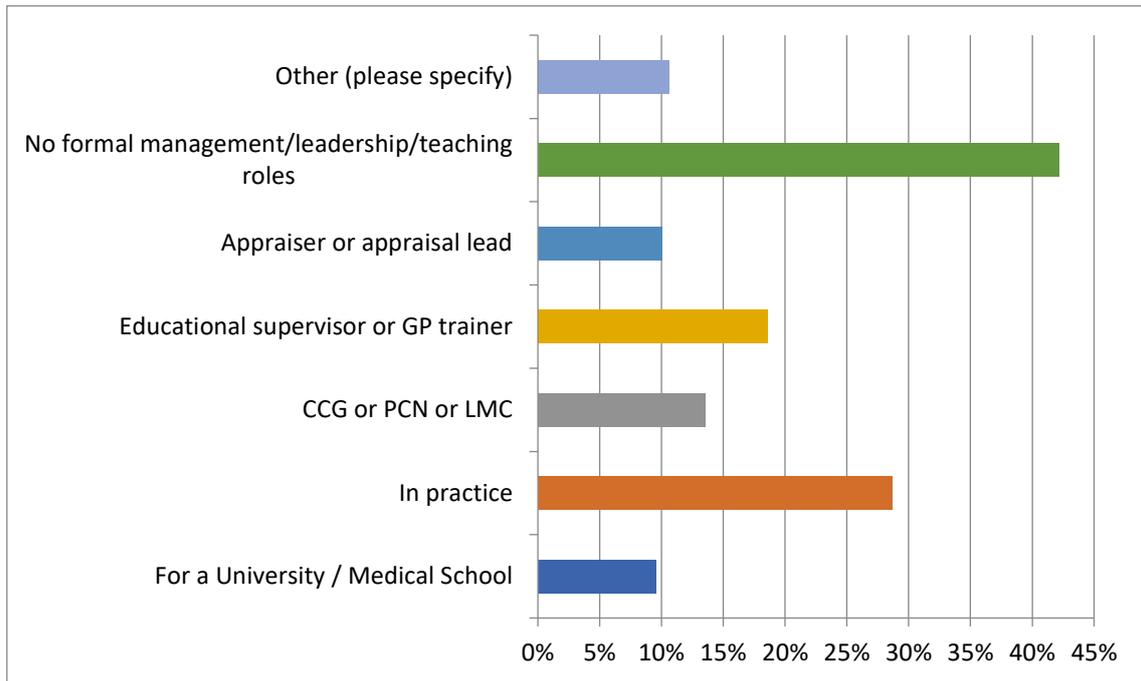
Question 2. Which gender are you?

Of the respondents 62% female and 38% were male.

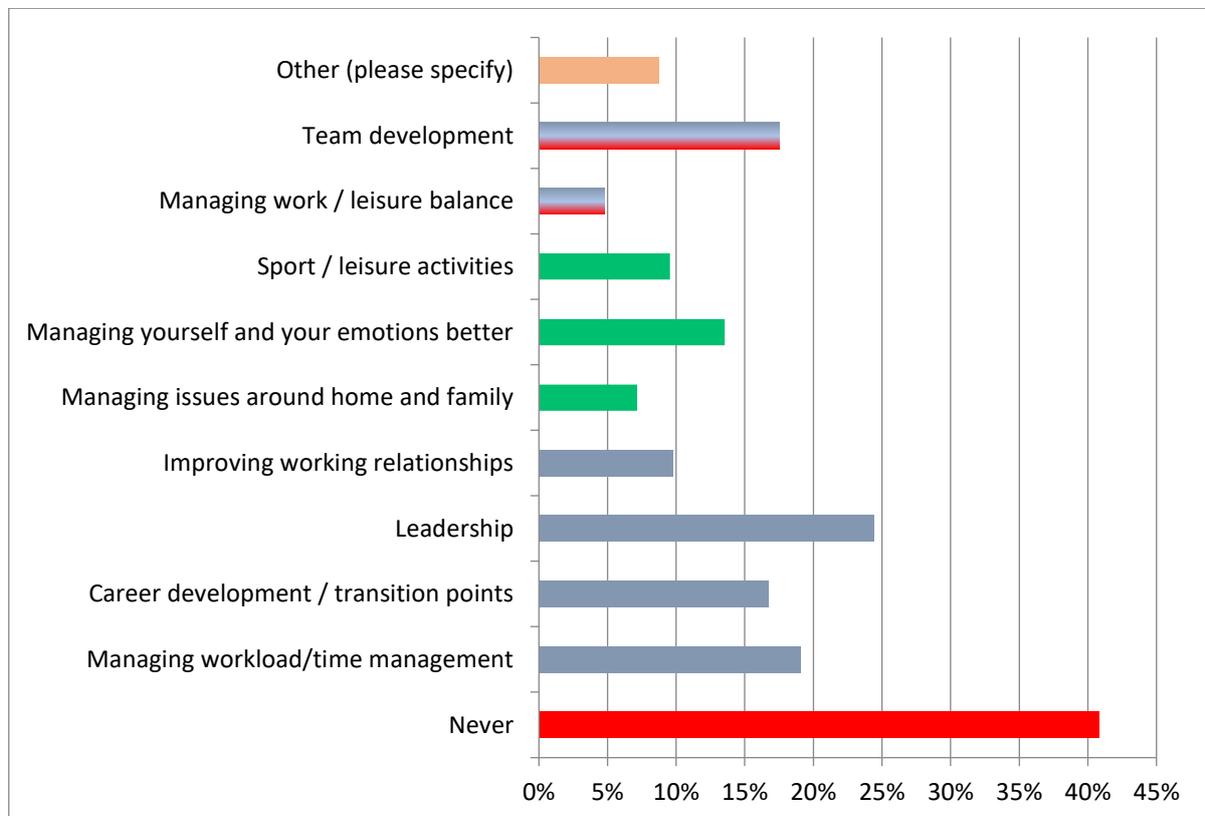
Question 3. What is your usual main clinical role (pre-Covid)?



Question 4. Do you undertake any formal management/leadership/teaching roles as part of your day-to-day work? (tick all that apply)



5. Have you ever attended some form of coaching?



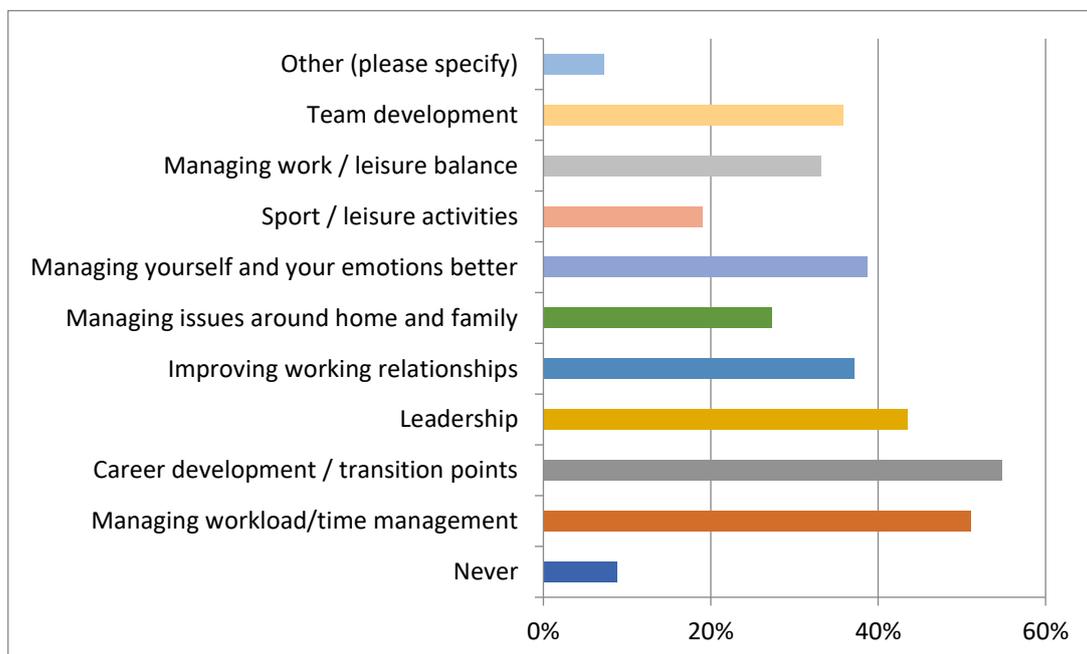
6. Has the process of attending coaching ever been part of your PDP? This could be self-generated or suggested by your appraiser, discussed as a possibility not necessary embark on a course.

Of the 377 respondents 87% answered No, 10% answered Yes and 3% Possibly.

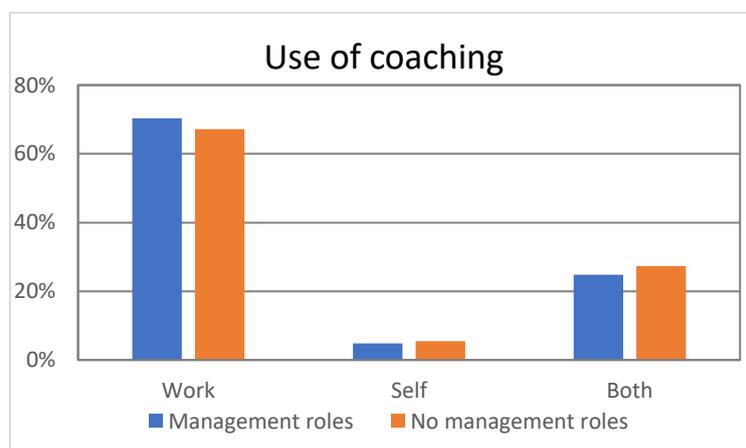
7. During your appraisal do you think that have you had informal Coaching? This would be by your appraiser, creating reflective space and encouraging you to come up with the solutions using coaching techniques.

Of the 376 respondents 46% answered Yes, 28% Possibly and 26% answered No.

8. Do you think formal coaching could be useful to you in any of these issues? (tick as many as needed)



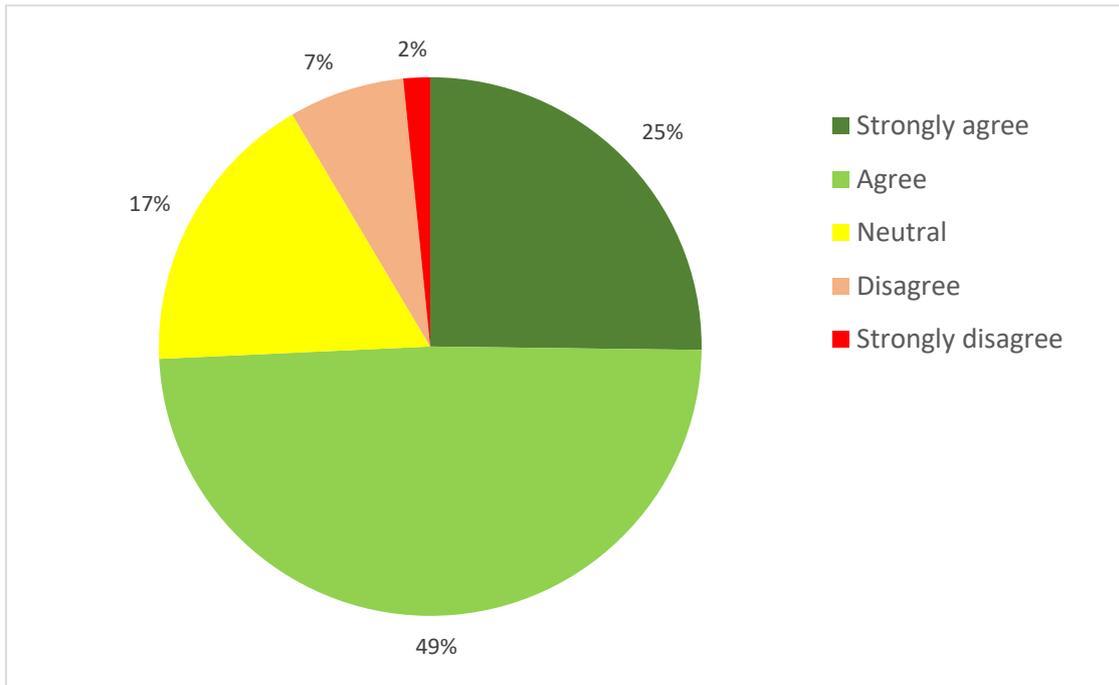
The data was further interpreted to determine whether coaching would be more useful for work or personal (self) development if they had management roles or not.



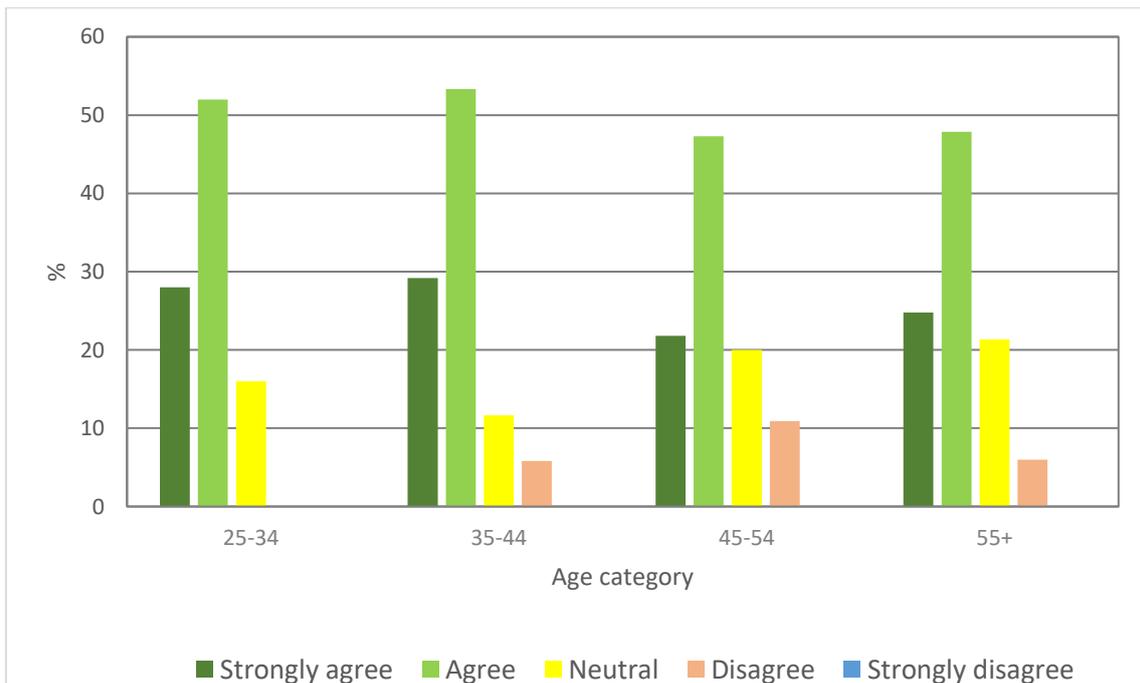
9. Are you aware that coaching is available via the LMC, primary care workforce and NHS?

Of the 377 respondents 54% answered Yes, 46% answered No.

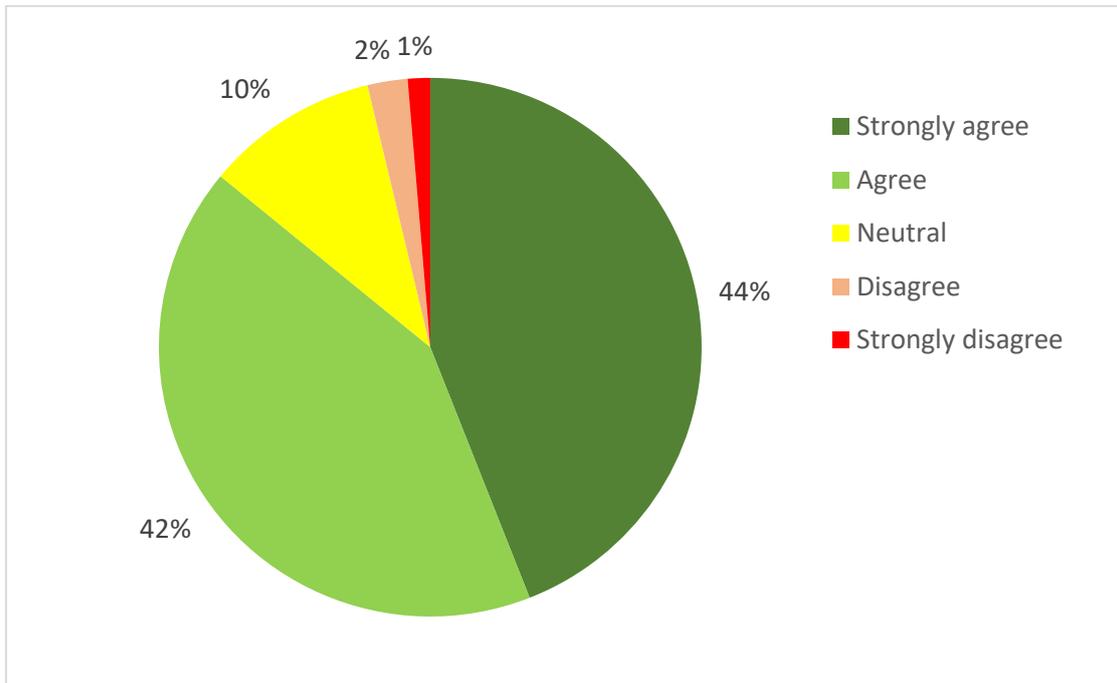
10. In your view would you find time to reflect on various issues helpful in maintaining wellbeing and problems solving?



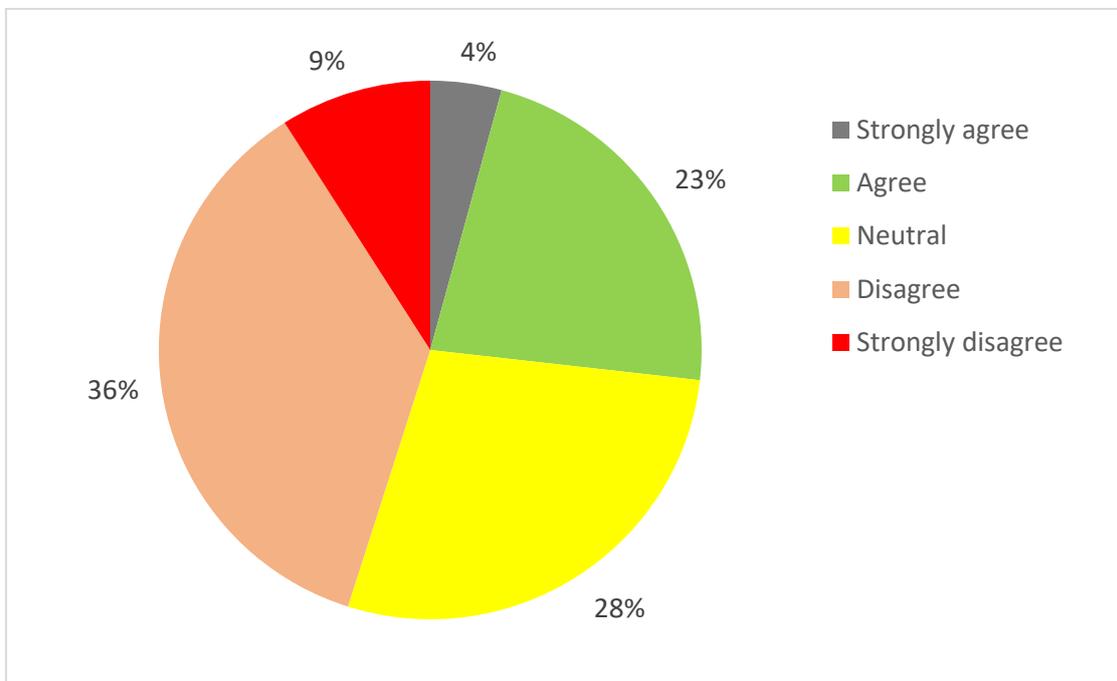
This data was also interpreted to investigate whether age of the respondent influenced their answer.



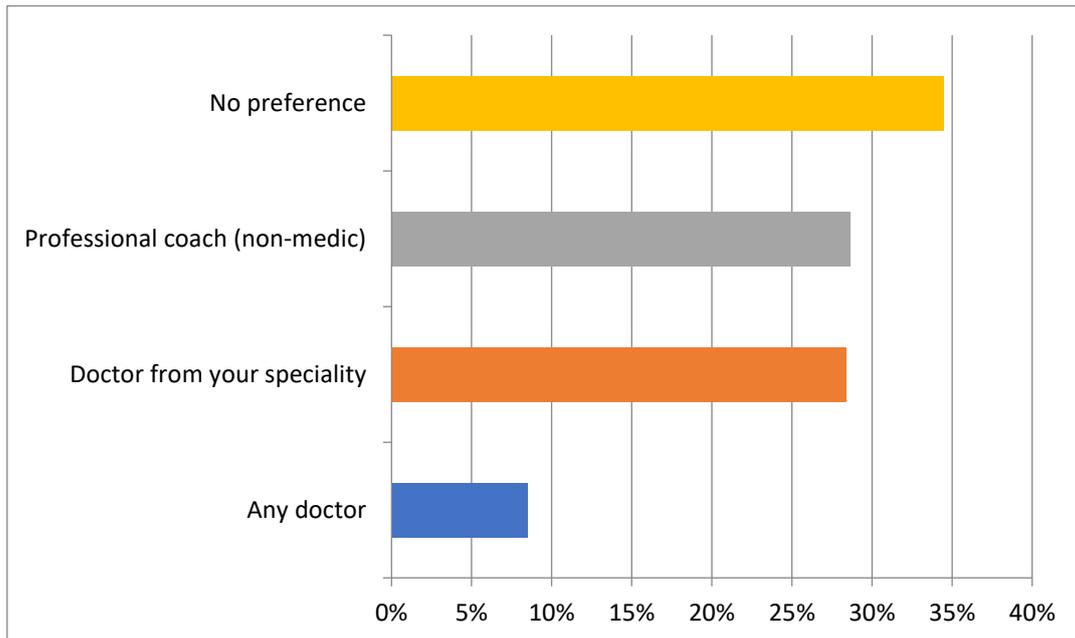
11. Would you support having coaching and time to think as a normal part of being a GP, if supported by NHS England, HEE or RCGP?



12. Do you think there is any negative stigma in accessing coaching for work or home related issues?



13. If you did have coaching who would you be most comfortable with as a coach in terms of their background? All things being equal in terms of coaching skills.



Conclusions

Overall, there was much support for coaching being embedded in General Practice. The majority of doctors in the survey (74%) considered that it would be useful and 81% would support coaching being part of being a GP if supported by NHS England.

This study showed that in appraisal some coaching techniques were used but were not often suggested as part of the PDP. It may be worth increasing awareness in appraisers of what coaching is, how it works and what can be achieved in a short space of time. This could be via a presentation at the appraisal conference. Although coaching is not the core function of appraisal it may be useful for specific problems that are presenting at the appraisal meeting. Signposting to coaching as an appraisal output in the PDP could also be useful. Knowledge of where to obtain coaching would be useful as only half of GPs in the survey were aware of how to access it.

The concept of coaching was used in appraisal but not suggested as part of PDP.

Doctors were interested in using coaching for a wide variety of subjects including work and home/life balance. Work was identified as the predominant need. There was no preference as to who was the coach i.e. medical or non-medical. It may also be useful to enhance the use of online visual interaction in the post Covid era to enable less travel and easier access to coaching. Lack of time and travel time was sited in several comments as a barrier to coaching.

GPs were very supportive of the concept of coaching and I feel this needs to be discussed at a higher level to embed the process in General Practice. This means increasing awareness within organisations including the BMA RCGP and CCG. Only if value time and support exists do I believe there will be wider uptake.

Overall, it could be argued that coaching could be a useful tool in enhancing GPs non-clinical skills as well as having outcomes related to personal development and achieving a balanced life.

It was strongly supported as an intervention if bodies such as NHS England, CCGs were on board. Some informal coaching does occur in appraisals, however I believe that it would be useful to provide appraisers with education in coaching thereby upskilling them. Increased knowledge may lead to coaching being identified as a developmental need. This is because the appraiser will be more confident in suggesting it as a tool and therefore discussing it as an option for further development. Also increased knowledge may enhance the mini coaching that is currently going on in the appraisal.

In a time of change post-Covid and a background of increasing workload, decreasing numbers of GPs⁴ and high levels of burnout then maybe coaching could be used to support GPs in work and also at home to promote longevity and achieving an acceptable work-life balance⁵.

A positive response was also found in GPs who had NHS coaching as a pilot study². The participating GPs overwhelmingly endorsed their experience of coaching, with 89% saying that they would take up coaching again. A typically positive comment was that *'the coaching has been transformational and the benefits tangible, both personally and within my practice'*. In that study coaching has clearly had a very positive impact on the wellbeing of these GPs. On the other hand, there is also a risk that coaching can have negative effects and a literature review of business coaching found that they frequently occurred, but only a few of them were severe⁶. Negative effects can be mitigated for both parties by coaches working on the quality of the relationship with their clients. Moreover, coaching should be undertaken by coaches who are aware of the pitfalls.

In summary, coaching in all probability, reduced the incidence of loss to the profession, and has proved a valued intervention for coachees who were largely unaware of its benefits prior to undertaking the session. Finally, GPs that have had coaching training can also enhance patient care⁷.

Acknowledgements

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