THE BackPages

Viewpoint

IF BIG BROTHER IS TO ASSESS ME, I WANT IT TO BE MY BIG BROTHER

The activities of Harold Shipman have highlighted the need for assessment of GPs. GPs are to be assessed but no one knows how, by whom, and using what criteria. There seems little doubt that some form of inspector will be literally, and not metaphorically, knocking on doors, demanding entry, to make assessments that could result in action(s) of currently uncertain scope. There is, I am informed, much anxiety.

To assess a GP it seems we need a feasible, acceptable, rigorous scheme of assessment(s), general and specific, flexible yet robust, set in context of various practice types, which yield results and permit interventions despite the difficulty of assessing individual GPs against the spectrum of different skills that GPs possess.

Self-assessments cannot be trusted and no single assessment tool will be suitable for either an individual or groups. Multiple choice questionnaires show good correlation with various clinical achievements, but associations may not be causal or direct and there might be important focal inconsistencies that would not be picked up. All very difficult. How do non-medical professions self-regulate? I suspect that they are not regulated to the extent faced by GPs and certainly they do not seem as determined to be allowed to continue to self-regulate.

Here is my proposal.

Every year, from a geographical constituency of about 100 GPs, two assessors should be elected. Each would have a term of office of, say, 1 year but with an overlap of 6 months, so that there would be both continuity and change. Assessors would not be eligible for a second term for, say, 5 years. These GPs would have funded locums so that they were free-floating. During their time of office, either alone or in their pair, they would visit every practice and interview every GP. Formal visits would obtain numerical information while informal visits would be used to chat to individual GPs, practice staff, local pharmacists, to anyone else relevant and (remembering Dr Shipman) even the local undertakers. They would be tasked with identifying general and specific achievements and problems, both professional and personal. Each pair would submit a confidential report to the GMC each 6 months, reviewing their practitioner colleagues in the context of their work situation. Perhaps such assessors could do locums, especially for single-handed GPs. The size of the constituency would mean that everyone who wanted to could have a go. Such a scheme would allow the profession to self-regulate and could be used to help those who were doing their best yet failing (perhaps because of surrounding circumstances).

I would like to think that Shipman would have been detected by this scheme — reporting something along the lines of 'There seem to be concerns that Dr Shipman's practice has a high mortality rate for which there is no obvious reason and this should be investigated'. I am not aware of any other scheme that I can imagine would have picked him up. Similarly, problems along the lines of 'Dr X seems to refer twice the number of patients than the average' or 'We have heard several reports that Dr Y has an alcohol problem' could be identified and addressed.

Both assessors and the assessed would benefit from such a scheme.

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