Evaluation of the GP Education Pilot: Health and Work in General Practice

Dorothy Chang and Andrew Irving

A report of research carried out by Andrew Irving Associates on behalf of the Department for Work and Pensions
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The Authors

Since joining AIA in 1985, Dorothy Chang has developed considerable experience and expertise in both qualitative and quantitative methodologies. Her empathy with people, especially the socially disadvantaged, make her adept at drawing out opinions from segments which are conventionally seen as difficult to research. Projects she has worked on cover a wide range, and include NPD, advertising strategy and creative development, literature design and communication strategy. She has worked on Government projects for most Departments including the Department for Work and Pensions (DWP), the Department for Communities and Local Government (DCLG), the Department of Health (DH), the Department for Environment, Food and Rural Affairs (DEFRA) and Her Majesty’s Revenue & Customs (HMRC). She has co-authored research reports on two large scale projects for DWP: ‘Modernising Service Delivery – The Better Government for Older People Prototypes’ and ‘Developing a Framework for Vocational Rehabilitation: Qualitative Research’. She has also conducted research projects for a wide range of commercial clients. Dorothy graduated from University College London with an honours degree in Philosophy and was called to the Bar of England and Wales in 1979. She is a Full Member of the Market Research Society (MRS) and a member of the Association for Qualitative Research (AQR).

Andrew Irving has worked in market/academic research since graduating from Oxford University. He set up his own consultancy in 1974 and for over 20 years has conducted research for most Government departments on projects aimed at guiding and evaluating a range of different initiatives, both pre- and post-implementation. Departments he has worked for include DWP, DH, the Ministry of Defence (MOD), Home Office and HMRC. He has worked on several seminal research projects ranging from the introduction of seatbelts (for the Department of Transport) to a major qualitative project exploring attitudes amongst people with disabilities (for the Department of Social Security (DSS)). Andrew was a co-author on the ‘Modernising Service Delivery – The Better Government for Older People Prototypes’ and ‘Developing a Framework for Vocational Rehabilitation Qualitative Research’ research reports for DWP. Other clients for whom he has conducted projects include Royal Mail, BT, ITC and the BCC, in addition to major commercial and financial companies. He is a Full Member of the MRS and a founder member of the AQR.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>DWP</td>
<td>Department for Work and Pensions</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>RCGP</td>
<td>Royal College of General Practitioners</td>
</tr>
</tbody>
</table>
Summary

Background

There is considerable evidence that enabling people to return to work is good for their long-term health. Many patients require active support to be able to return to work or to continue working with a medical condition and, for the majority, General Practitioners (GPs) are the trusted first point of contact and guidance for those with such health problems. However, there is evidence that GPs find sickness absence management particularly challenging and may be unsure of what they and the general practice team should do, which can be a source of conflict in the consultation.

The Royal College of General Practitioners (RCGP) is seeking to develop a National Educational Programme to drive up professional standards in general medical practice in the area of health and work. The key objectives of the national training programme are to:

- promote change in behaviour/practice in GPs so as to enhance support to patients by increasing knowledge-base and skills; and
- enable GPs to manage the patient with work/health issues up to a certain level as they do with conditions in the area of other specialities, for example, cardiology or paediatrics.

RCGP envisage carrying out this education programme via a series of half-day workshops throughout Great Britain, but did so initially in six pilot sites. The workshop consisted of two components: fitness for work, and rehabilitation and workplace adjustments. This report provides findings from an evaluation of the pilot workshops.

Research methodology

This evaluation study consisted of a combined quantitative and qualitative methodology. GPs attending the pilots were asked to complete questionnaires pre- and post- the workshop. A final questionnaire was sent out to participating
GPs a few months after the workshop to seek to establish if, and how, they had put the learning acquired in the workshop into practice.

A qualitative evaluation was conducted at the end of each workshop once the course presenters had left the room. Due to time constraints these sessions lasted around 15-20 minutes. An open discussion was held with those GPs willing to stay on for a while longer to explore what they thought of the workshop, the positives and negatives, what was missing and how it might impact upon their future behaviour back in general practice.

This methodology was adopted as a time and cost effective way of gaining some insight into the effect the workshop might have had on GP attitudes and behaviour towards health and work issues in general practice. However, it should be appreciated that it was not designed to provide a robust measurement of attitudinal or behavioural change.

Overall responses to the workshop

From both the pre-workshop questionnaire and at the qualitative sessions it emerged that many GPs attending the workshops were not very confident in dealing with health and work issues in a clinical context. Some had had some training on health and work issues as part of vocational or undergraduate training. This had focused largely on sickness certification and work-related ill-health (conditions such as asthma and dermatitis as a result of work).

The key motivation for attending the course was to get some guidance on the whole area of how to deal with health and work cases in a more satisfactory fashion. Other reasons for attending the workshop included:

• getting help and advice on patient consultations/assessments;
• giving or filling in certificates or sick notes; and
• getting patients back to work.

However, there was some feeling that the title of the workshop (Health and Work in General Practice) was so broad that it was hard for GPs to know what to expect from it.

The overall view, from both the quantitative data and the qualitative sessions, was that the workshops were very useful. Importantly, levels of confidence in dealing with health and work issues rose after the workshop, particularly with regard to advising on fitness for work. From the quantitative data, 33% of GPs attending felt very/fairly confident about advising on fitness for work. This rose to 79% after attending the workshop. Two or so months after the workshop 76% of GPs who had attended claimed to be fairly confident about advising on fitness for work. Almost all GPs indicated that attending the workshops might have some impact on the way they dealt with their patients, and this still seemed to be in evidence a couple of months later.
However, the workshops did not always meet GPs’ expectations. For example, there was some feeling that the workshops had not fully addressed the problem areas identified in the opening stages of the workshop and the focus on occupational health was less relevant to them as GPs. Some found that the learning acquired did not always translate into practice, due to factors such as:

- recalcitrant patients;
- unco-operative employers;
- lack of familiarity with the process;
- not enough back to work schemes or places in their locality; and
- time constraints on patient consultations.

Some GPs found it hard to apply some of the learning in less straightforward cases, for example where a patient’s problems were not just medical but also included some social element.

The majority of GPs rated the session they attended as either excellent or very good, and there was general agreement that the course was pitched at the right sort of level. There was fairly universal praise for the lively, interactive style of the presenters and their obvious knowledge and expertise in the area. The fact that both presenters had worked in primary care helped to position the course as both practical and relevant to ordinary GPs.

Suggestions for inclusions to the workshop included more guidance on benefits, the certification system, and the rules and regulations. There were also some requests for DWP or Jobcentre Plus representation to help explain some of the more detailed elements of the process.

Practical issues

Although there are practical issues to be taken into consideration such as location and venue, there are clear indications that effective marketing will be key to a successful workshop, especially for a national roll-out. This needs to be energetic and proactive. Marketing materials will need to be inviting and state clearly what the workshop is about. Effective marketing materials and advance publicity should be able to reach the wider audience of GPs who are not particularly interested in, or who have not thought about, health and work issues. Above all, GPs need to be given ample warning about forthcoming workshops so they can organise their schedules and arrange for any necessary locum cover. An important adjunct to the marketing effort will be effective event organisation.

From both the course presenters and from observation, it would appear that the optimum size for the workshops is around 30 or so delegates. This seemed the best size in terms of generating a buzz to the atmosphere.
Although there were requests at a couple of workshops for a full-day session, the research suggests that this will not be really practicable for many GPs.

In terms of a national roll-out, getting good presenters will be key. Presenters will need to:

- have first hand knowledge of health and work issues and primary care;
- have experience of dealing with health and work issues in the context of general practice;
- be enthusiastic and have a lively presenting manner; and
- have some knowledge and understanding of how to apply DWP process to general practice.

There are indications that the RCGP branding is helpful – it positions the workshop as for GPs and relevant to them as practitioners. We would, however, suggest that DWP involvement should be kept muted as this sets up expectations of a workshop focusing on the benefits system and process.

**Key recommendations**

This evaluation study suggests that there is a good case for rolling out the workshops nationally. The overall view from GPs who attended was that the workshops were very useful. Levels of confidence in dealing with health and work issues rose after the workshops and there are signs that attending the workshop had had some effect on the way GPs dealt with their patients. Thus, it is arguable that roll-out will help to fill in GPs’ knowledge gaps regarding health and work issues, and could raise the health and work issue on their agenda.

This structured, interactive format seems to work well as a way of delivering learning and skills to GPs. However, it should be noted that this research project did not evaluate any other delivery method and cannot be used to shed light on whether there are other effective ways of imparting this knowledge to the GP target audience.

The main challenges facing roll-out are:

- ensuring sufficient levels of take-up;
- targeting GPs;
- organisation of the workshops; and
- getting the right presenters.
Ensuring sufficient levels of take up:

• proactive and effective marketing is required, together with effective event organisation;

• marketing materials need to be inviting and state clearly what the workshop is about (the RCGP mailing and website could be used as main sources of information); and

• developing a more specific title which would give a clearer indication of what the workshop was about might work better to engage attention.

Targeting GPs:

• ways need to be developed to reach the wider audience of GPs, including those who have not really thought about health and work issues as well as those GPs who are not members of RCGP; and

• GPs need to be given ample warning about forthcoming workshops so they can organise their schedules and, if necessary, arrange for locum cover.

Organisation of workshops:

• venues need to be accessible and easy to find;

• a half-day workshop is probably the most acceptable in terms of time;

• the optimum size should be around 30 attendees per workshop;

• supporting literature on resources available, contact numbers for DWP/Jobcentre Plus information and support should be available;

• it is important that issues raised by GPs at the start of the workshop are addressed by the end; and

• consider spending more time on clinical management of health and work cases and rather less on statistics.

Finally, care needs to be taken in finding the right presenters and training them to deliver the workshop in a way that will engage GPs’ attention and meet the aims of the National Education Pilot.
1 Introduction

1.1 Background and purpose

The GP Education Pilot, Health and Work in General Practice, was delivered by the RCGP in six pilot areas between May and July 2007. The DWP funded the pilot. The areas were chosen to represent different demographics and different potential GP situations. Advance publicity for the workshops was undertaken by the local RCGP Faculty, who were also involved in the co-ordination of the workshop. Details of the workshops are as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 May</td>
<td>Preston</td>
<td>North West</td>
</tr>
<tr>
<td>19 June</td>
<td>Edinburgh</td>
<td>South East Scotland</td>
</tr>
<tr>
<td>21 June</td>
<td>Nottingham</td>
<td>Vale of Trent</td>
</tr>
<tr>
<td>26 June</td>
<td>Haywards Heath</td>
<td>South West Thames</td>
</tr>
<tr>
<td>28 June</td>
<td>Cardiff</td>
<td>South East Wales</td>
</tr>
<tr>
<td>11 July</td>
<td>London</td>
<td>North East London</td>
</tr>
</tbody>
</table>

The overall aim of the GP Education Pilot was to improve GPs’ awareness and engagement with the health and work agenda by increasing the knowledge, skills and confidence of GPs in dealing with clinical issues relating to work and health. The Education Pilot also aimed to ensure that GPs were aware of their responsibilities in this area, and to signpost additional means of support which would enable them and their teams to be confident that they were providing the best possible care for these patients. Specifically, the Pilot sought to:

- increase the knowledge, skills and confidence of GPs when dealing with clinical issues relating to work and health;
- ensure that GPs were aware of their responsibilities in this area; and
- signpost additional means of support which would enable them and their teams to be confident that they were providing the best possible care for their patients.
The education initiative involved pre- and post-course reading and a half-day session led by Dr. Debbie Cohen and Professor Sayeed Khan. The workshops lasted approximately three hours and included a mixture of lecture, blended learning and group work. The workshop content consisted of:

- an opening session which sought to establish the range of issues that GPs found challenging when dealing with health and work cases, and to identify those issues that GPs looked to the workshop to address;
- a video clip showing a typical scenario of a consultation with a patient with health and work problems;
- a short doctor/patient role play session to see how GPs would manage the scenario, and an exploration of how to move towards more effective consultations by developing a language to motivate change as well as active listening skills;
- facts and figures on worklessness;
- a coffee break;
- a discussion on the further challenge of rehabilitation, including a second role play session using the Confidence-Importance technique; and
- practical tips and strategies.

It was planned that the content of the Pilot seminars would be standardised across all areas. In the event, the running order of the session was changed slightly after the first workshop. An agenda for the day, taken from the Nottingham workshop, is included in Appendix A. GPs participating in the course received Continuing Professional Development (CPD) accreditation.

The overall purpose of this evaluation, which was conducted prior to, during and after the workshop, was to assess GPs’ perceptions of the course, the extent to which key messages were understood and taken on board, and to identify what, if any, improvements might be made to the content and delivery of the course.

1.2 Research objectives

Specifically, the research objectives were identified as to:

- establish GPs’ attitudes, knowledge and awareness of Health and Work issues prior to attending the course;
- investigate GPs’ motivations for attending the course;
- explore and assess GPs’ perceptions of the course itself overall and in terms of the workshops’ content, delivery and practicalities;
- identify what GPs felt that they gained as a result of participating in the course and the extent to which it might have influenced their attitudes and likely future behaviours;
- find out, via a follow-up questionnaire sent out approximately three months after the Pilot, whether GPs have implemented any of the course learning.
1.3 Method and sample

A combined methodology was adopted involving a qualitative evaluation of the workshops together with self-completion questionnaires for participating GPs. The questionnaires were to be completed in three stages:

- pre-workshop to establish GPs’ attitudes to, and knowledge and awareness of, health and work issues, and their motivations for attending;
- post-workshop to gather information on their opinions of the workshop, including content, delivery and practicalities, and to assess whether they felt that the course had been successful in changing their attitudes about health and work;
- approximately three months later to establish whether they had implemented any of the course learning.

The pre-workshop questionnaire was sent to those GPs who had put their name down to attend. For most of the workshops, it was sent out with the registration pack; however, in Nottingham both the pack and questionnaire were sent out electronically. GPs were asked to complete the questionnaire and to hand it in when they registered. In the event, some questionnaires were completed on the day itself, before the workshop started. The post-workshop questionnaire was distributed at the event. Some questionnaires were completed at the workshop venue, others were returned by post. The final questionnaire was sent out, either by post or electronically. For both the post-workshop and final questionnaires, reminders were sent out to those who had not returned their questionnaire.

RCGP were anticipating that there would be no more than 50 GPs at each workshop, thus making a potential total sample of 300. Given this relatively small sample size, rather than adopt a purely quantitative methodology to carry out this evaluation, it was decided to adopt a quali-quantitative approach in order to maximise the level of response. Experience has shown that it is difficult to get GPs to respond to self-completion questionnaires, although on this project participating GPs had volunteered to attend the workshops and were, therefore, presumably more motivated to respond. The qualitative element would provide a ‘back up’ and allow us to explore responses to the workshop in greater depth.

It should be appreciated that as with all self-completion questionnaires, we were effectively relying on a ‘volunteer’ sample. Although the GPs were encouraged and reminded to complete and return the questionnaires, not every one did so. Given the relatively small sample size, this study was not designed to provide a robust measure of attitudinal or behavioural change. We were seeking to establish what impact, if any, GPs felt the workshop had had on their behaviour. What those impacts actually are is not really measurable. However, the methodology adopted gave us the most cost and time effective way of gaining some insight into what effects the workshop may have had on GPs.
Table 1.2 summarises the number of GPs attending the workshops and the questionnaires received.

**Table 1.2  Number of questionnaires by location**

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of questionnaires received</th>
<th>GPs attending</th>
<th>Pre-workshop</th>
<th>Post-workshop</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>154</td>
<td>144</td>
<td>111</td>
<td>63</td>
</tr>
<tr>
<td>Preston</td>
<td></td>
<td>23</td>
<td>21</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Edinburgh</td>
<td></td>
<td>20</td>
<td>20</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Nottingham</td>
<td></td>
<td>30</td>
<td>28</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Haywards Heath</td>
<td></td>
<td>27</td>
<td>22</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Cardiff</td>
<td></td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London</td>
<td></td>
<td>49</td>
<td>48</td>
<td>41</td>
<td>25</td>
</tr>
</tbody>
</table>

The low response rate to the final questionnaire may, to some extent, be due to the postal strike and mail getting lost in the system. Given the very low attendance in Cardiff it was decided not to proceed with the evaluation for this particular pilot. A copy of the three questionnaires is included at Appendix F.

In addition to the quantitative feedback provided by the above surveys, a qualitative exploration of responses to the pilot was also carried out at each of the workshops. After the initial session in Preston, it was noted that those volunteering to attend the post-workshop group discussions were older and more experienced, and possibly atypical of the attendees as a whole. The younger GPs were keen to get away at the end of the session to attend surgeries or meet other commitments.

It was, therefore, decided to aim at building in some time at the end of the sessions to conduct the qualitative evaluation. Rather than seeking to set up smaller group discussions with volunteers, it was decided to conduct a qualitative feedback session amongst all the attendees immediately after the session had ended and the presenters had departed. This enabled a ‘hot reading’ of responses to the workshop to be obtained from almost all of those who attended. Whilst these sessions were inevitably fairly brief because participants were keen to get away, they did canvass the views of almost all attendees and gave a good feel of how each workshop had been received.

In addition to the post-workshop feedback sessions with GP participants, we also interviewed RCGP local administrators, Professor Sayeed Khan and Dr. Debbie Cohen, the course convenors, and the workshop facilitators appointed for each area.
2 Main findings

2.1 Perceived need for health and work training

Training for doctors on health and work issues was often seen as very limited. In the qualitative sessions, many GPs claimed to have had no training at all on health and work issues beyond sickness certification. A minority of younger GP registrars recalled that they had touched on health and work issues during undergraduate training which had aroused their interest in the subject area.

A somewhat different picture emerged from the quantitative data (see Table 2.1). In the pre-workshop questionnaire, most GPs claimed to have had some training on health and work as part of vocational or undergraduate training, although a minority claimed to have received some training informally in their practice or as postgraduates. The content of training mainly related to sickness certification and work-related ill-health. Only a minority claimed to have had any occupational health training.

Many of the doctors attending the workshops were conscious that they were not very well informed about and somewhat ill-equipped to handle health and work cases. They also acknowledged feeling uncertain and unsure about what they should be doing with patients who were asking for sick notes. For many, the default position was to sign a sick note even though they were not convinced about the patient's true incapacity or inability to return to work. Some felt they could, and should, be doing more to get the patient back to work but were unsure how to go about doing so. It was apparent that GPs attending the workshops were, to some extent, relieved to discover that other GPs also struggled in this area.
Table 2.1  Previous training on health and work

<table>
<thead>
<tr>
<th>Training Method</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any previous training specified</td>
<td>87</td>
</tr>
<tr>
<td>Part of vocational training</td>
<td>61</td>
</tr>
<tr>
<td>Part of undergraduate training</td>
<td>28</td>
</tr>
<tr>
<td>Obtained information from DWP website</td>
<td>13</td>
</tr>
<tr>
<td>Part of postgraduate training</td>
<td>11</td>
</tr>
<tr>
<td>Training delivered informally in my practice</td>
<td>11</td>
</tr>
<tr>
<td>Attended a specialist training course</td>
<td>4</td>
</tr>
<tr>
<td>Online training</td>
<td>3</td>
</tr>
<tr>
<td>Other – one-day course</td>
<td>1</td>
</tr>
<tr>
<td>Any previous training content specified</td>
<td>81</td>
</tr>
<tr>
<td>Sickness certification procedure</td>
<td>68</td>
</tr>
<tr>
<td>Work-related ill health (e.g. asthma, dermatitis)</td>
<td>37</td>
</tr>
<tr>
<td>The benefits system</td>
<td>30</td>
</tr>
<tr>
<td>Health and safety</td>
<td>22</td>
</tr>
<tr>
<td>Managing difficult conversations with patients</td>
<td>16</td>
</tr>
<tr>
<td>about health, work and benefits</td>
<td></td>
</tr>
<tr>
<td>Occupational health and adjustments in workplace</td>
<td>15</td>
</tr>
<tr>
<td>Health risks of not working</td>
<td>8</td>
</tr>
<tr>
<td>Liaison with employers</td>
<td>6</td>
</tr>
</tbody>
</table>

Base: All pre-workshop (144)

‘It’s the first time in my entire training I’ve had anyone talk to me about this subject. It’s something some of us do every day, all of us every week. It’s quite refreshing really.’

(Haywards Heath)

Thus, a key motivation for attending the workshops was to get some guidance on the whole area of how to deal with health and work cases in a more satisfactory fashion.

---

1 Pre-workshop questionnaire Q8a ‘What has been your previous training on health and work issues?’ and Q8b ‘Which of these topics did your training include?’.
2.2 Effectiveness of workshops as a training method amongst GPs

Arguably, factors which need to be considered when assessing the effectiveness of the workshops as a training tool include:

• whether participants felt the workshop met their needs and expectations;
• how useful they found the learning acquired from the workshop in their patient consultations;
• whether participants felt the workshops had been effective in changing attitudes and working practice.

2.2.1 GPs’ expectations pre-workshop

The pre-workshop quantitative data suggested that the main reason for taking part in the workshop was to know more about health and work issues/occupational health or because they were interested in these topics. Other reasons for participation included getting help and advice on:

• patient consultations/assessments;
• giving or filling in certificates or sick notes;
• getting patients back to work.

Table 2.2 sets out GPs’ responses to two open-ended questions in the pre-workshop questionnaire: ‘What are the main reasons why you decided to take part in the workshop?’ (Q7a) and ‘What are you hoping to achieve as a result of taking part in the workshop?’ (Q7b).

Some GPs noted that because the title of the workshop was so broad it was difficult to know what to expect from it. However, given the gap in GPs’ knowledge and confidence in dealing with sickness cases, it was hoped that the workshop would be useful and informative at some level.

‘The title was so woolly I don’t think anyone could interpret [what it was about]. The title was ‘Health and Work, Workshop on Health and Work for General Practitioners’. And with that title we all thought “oh I really need to know about this”, and that was a bit of tease.’

(Preston)

---

2 Health and Work in General Practice (National Education Programme).
Table 2.2  Reasons for taking part in the workshop

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>To know more about/interested in occupational health</td>
<td>68</td>
</tr>
<tr>
<td>Help/advice with patients consultations/assessments</td>
<td>42</td>
</tr>
<tr>
<td>Help/advice on giving/completing certificates/sick notes</td>
<td>31</td>
</tr>
<tr>
<td>Help with getting patients back to work</td>
<td>31</td>
</tr>
<tr>
<td>Help with dealing with long term sickness</td>
<td>13</td>
</tr>
<tr>
<td>To know more about benefits</td>
<td>11</td>
</tr>
<tr>
<td>To know more about the workplace (employer responsibilities/ modifications, etc.)</td>
<td>8</td>
</tr>
<tr>
<td>To know more about resources that are available</td>
<td>7</td>
</tr>
<tr>
<td>Venue/timing was convenient</td>
<td>6</td>
</tr>
<tr>
<td>Sounded interesting/useful</td>
<td>3</td>
</tr>
<tr>
<td>Other comments</td>
<td>3</td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
</tr>
</tbody>
</table>

Base: All pre-workshop (144)

2.2.2  Did the workshops meet GPs’ expectations?

From both the qualitative sessions and the quantitative data, it emerged that the overall view about the workshops was that they were very useful.

‘It was very useful, practical, good … Better than I thought it would be.’

(Haywards Heath)

‘There was quite a bit of helpful ‘how to tackle this’ sort of thing. I was worried it was going to be all facts and figures about occupational conditions but there was quite a lot of ‘how to’ even though it didn’t answer all my questions.’

(Nottingham)

Importantly, levels of confidence in dealing with health and work issues rose after the workshop, particularly with regard to advising on fitness for work. Before the workshop, around a third claimed to be very or fairly confident about advising on fitness for work; after the workshop this figure rose to 79%. Table 2.3 and Figure 2.1 illustrate this shift.

---

3  Pre-workshop questionnaire Q7a ‘What are the main reasons why you decided to take part in the workshop?’ and Q7b ‘And what are you hoping to achieve as a result of taking part in the workshop?’.
### Table 2.3  Confidence in dealing with issues

<table>
<thead>
<tr>
<th></th>
<th>Confident</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very %</td>
<td>Fairly %</td>
<td>Not particularly %</td>
<td>Not at all %</td>
</tr>
<tr>
<td>Pre-workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td>1</td>
<td>24</td>
<td>60</td>
<td>10</td>
</tr>
<tr>
<td>Managing conditions caused by work</td>
<td>1</td>
<td>32</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>Advising on fitness for work</td>
<td>1</td>
<td>32</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>Advising on modifications or adjustments</td>
<td>1</td>
<td>10</td>
<td>62</td>
<td>24</td>
</tr>
<tr>
<td>Post-workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td>2</td>
<td>40</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>Managing conditions caused by work</td>
<td>3</td>
<td>50</td>
<td>41</td>
<td>5</td>
</tr>
<tr>
<td>Advising on fitness for work</td>
<td>11</td>
<td>68</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Advising on modifications or adjustments</td>
<td>5</td>
<td>50</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>Final (in practice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td>0</td>
<td>49</td>
<td>46</td>
<td>3</td>
</tr>
<tr>
<td>Managing conditions caused by work</td>
<td>0</td>
<td>54</td>
<td>41</td>
<td>2</td>
</tr>
<tr>
<td>Advising on fitness for work</td>
<td>8</td>
<td>68</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Advising on modifications or adjustments</td>
<td>0</td>
<td>52</td>
<td>40</td>
<td>5</td>
</tr>
</tbody>
</table>

*Pre-workshop: Base (144)*<br>*Post-workshop: Base (111)*<br>*Final (in practice): Base (63)*

---

4 Question asked in all three questionnaires: ‘How confident do you feel in dealing with each of these health and work issues?’.
Most GPs agreed that the workshops had had some impact on their views and would affect the way that they interacted with their patients, as can be seen from Table 2.4.
Almost all GPs indicated that attending the workshops might have some effect on the way they dealt with their patients. All the GPs at the Haywards Heath workshop and over half those at Preston and London thought the workshop would have a marked effect on the way they would interact with patients. Indeed, seven of the London GPs said that it would have a major effect.

‘Yeah, it was worthwhile. You can actually negotiate with a patient. It gave you confidence, more confidence in dealing with the situation. It’s different to anything else at the moment. I think that’s why people came because it’s not like any other course.’

(London)

The beneficial effects of attending the workshop still seemed to be in evidence a couple of months later. Of the 63 GPs who returned the final questionnaire, 47 (75%) said they had found the workshop very to fairly useful to their everyday general practice. A small minority (6%) said they had not yet found it useful, but may do so in the future. None claimed that it had been of no use.

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5 This table is a summary of two open-ended questions (Post-workshop questionnaire Q8 ‘In what way has the workshop affected or changed your views?’ and Q10 ‘What actions are you likely to take as a result of attending this workshop – how might it affect the way you deal with your patients?’).
Likewise, when asked the extent to which attending the workshop had influenced or changed the way they interacted with their patients, 29 GPs (46%) said it had had a marked (or in one case major) effect, while practically all of the remaining GPs said the workshop had at least some effect. Only one individual said it had no effect whatsoever.

### 2.2.4 Main benefits of the workshop

It would appear that two to three months after the workshop, some of the learning acquired was still being put into practice, as shown in Table 2.5. This is a summary of the comments to Q3 in the final questionnaire: ‘What are the main ways in which you have been able to make use of the workshop?’. A verbatim selection of the actual comments entered by GPs is included in Appendix D.

<table>
<thead>
<tr>
<th>Main ways in which workshop has been put to use</th>
<th>Post-workshop</th>
<th>Final (in practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any comments</td>
<td>93%</td>
<td>71%</td>
</tr>
<tr>
<td>Help with patient consultation/assessment</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>Use of Confidence-Importance technique</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Confidence in encouraging return to work</td>
<td>23%</td>
<td>37%</td>
</tr>
<tr>
<td>Effective use of certificates/sick notes</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Confidence in contacting employers</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Given ideas on how to change behaviour</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Seen what can be done/spread the word</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Helpful generally</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Made me want to learn more</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Existence of website</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Make use of available resources more now</td>
<td>n/a</td>
<td>6%</td>
</tr>
<tr>
<td>Realise huge implication/extent of problem</td>
<td>n/a</td>
<td>13%</td>
</tr>
<tr>
<td>Other comments</td>
<td>3%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Base: All post-workshop and on final survey (111) (63)*

However, the workshops did not always meet GPs’ expectations and some found that the learning acquired did not always translate into practice.

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6 Post-workshop questionnaire Q10 *‘What action/s are you likely to take as a result of attending this workshop – how might it affect the way you deal with your patients?’* and final questionnaire Q3 *‘What are the main ways in which you have been able to make use of the workshop?’*. 
2.2.5 Where the workshops failed to meet GPs’ expectations

In the qualitative sessions immediately after the workshop, GPs sometimes complained that the problem areas identified in the opening stages had not been fully addressed by the end of the session. This prompted some requests for more of a focus on their agenda and rather less on background ‘theoretical’ talk.

‘One thing we could have done was maybe look at specific problem cases, people with certain certification issues, issues around long-term sickness absence … that would have been quite useful to get specific strategies to deal with the problem cases.’

(Edinburgh)

A minority of GPs felt that the vagueness of the title had contributed to a degree of disappointment with the workshop on the grounds that it tried to cover too much.

‘We were a bit vague on what we were going to get when we got there so we all had different ideas, and it just didn’t maybe achieve anything completely because it tried to do too much.’

(Nottingham)

There was also some feeling that the focus on occupational health issues was less relevant to them as GPs. As GPs, they saw their role as making a clinical judgement on a patient’s medical fitness to return to work; they did not feel able to make any judgement on the type of work the patient was capable of doing, which they felt was more the remit of an occupational health specialist than a general practitioner. There were also some concerns about what their position would be and if there was any liability arising if they were to recommend that a patient could return to work and that return resulted in injury or further aggravation to the patient’s condition.

In terms of meeting needs, some GPs felt the workshops would have benefited from:

• more practical guidance on the different benefits and how to complete different forms;

• more case histories focusing on how to deal with different types of problems and cases;

• having copies of leaflets and other literature referred to available at the sessions, and also the contact addresses for accessing help and advice.
2.2.6 Problems in implementing learning acquired in the workshops

Although GPs generally bought into the advice imparted in the workshops, it appeared that this was not always possible or practicable to implement. Barriers to implementation included:

- recalcitrant patients who resist going back to work or patients who cannot be persuaded/encouraged to go back to work;
- unco-operative employers;
- lack of awareness of/familiarity with process;
- not enough back to work schemes or places in their locality; and
- time constraints on patient consultations.

A small minority of GPs felt that some of the advice given in the workshop did not work in practice, for example, in more complicated cases. The following verbatim comments are taken from the final questionnaire:

‘There is a minority of patients with multiple problems – medical, social, etc. who are not engaging at all with the concept of work and the benefits associated with it. Such cases are too complex to deal with in a standard GP setting and they would benefit from referral to some specialist advisor/counselling.’

‘Some patients are resistant to attempts to get them back to work, when they are benefiting from the sick note.’

‘Sometimes time is a constraint if a person has other complex problems.’

2.3 Perceptions of the workshop and its contents

From the post-workshop questionnaire, two-thirds (66%) rated the session they attended as either excellent or very good.

The questionnaire included a battery of attitude statements which sought to establish how participating GPs received the workshop. As can be seen from Figures 2.2 and 2.3, there were high levels of agreement that the quality of the presentations was to a high standard and that the workshop had:

7 This is a summary of responses to Q4 final questionnaire ‘Have you experienced any difficulties in implementing the advice from the workshop?’. See also Appendix E.
8 Q5 ‘Was there anything from the workshop that you have tried to implement and found that it does not work in practice?’.
• made a strong case that health and work was an important issue;
• made GPs think more about encouraging patients to go back to work;
• given GPs practical skills to put into action;
• made them more confident about dealing with health and work issues.

Figure 2.2 Prompted attitudes to the workshop (1)³

³ Post-workshop questionnaire Q12 ‘To what extent do you agree or disagree with each of the following?’. 
There was general agreement that the course was pitched at the right sort of level. This was interesting because participants varied in terms of experience as a GP from a few years to 20 plus years, but almost no one seemed to feel that they were being patronised or talked down to.

### 2.3.1 Positives of workshop

There was fairly universal praise for the lively, interactive style of the presenters and the commitment and enthusiasm about getting their message across. The fact that both presenters had at some time worked in primary care as GPs helped to position the guidance as more practical and relevant to ordinary GPs.

‘They were very high calibre speakers. They had an understanding of primary care. … Yes, it’s helpful being talked to by two people who actually are GPs.’

(Haywards Heath)

‘You need a specialist. It was helpful to feel we were getting the specialist perspective. It’s good that they have both had a primary care background.’

(London)

---

10 Final questionnaire Q8: ‘To what extent do you agree or disagree with each of the following?’.
In the course of the workshops GPs had admitted that they found the whole process of dealing with health and work cases difficult and somewhat perplexing. On the one hand they wanted to try to do the best for their patient and, on the other, they often sense that some of their patients probably were not unable to return to work. The ‘Confidence-Importance’ technique offered them a device which could help them to get rather more control over their dealings with patients regarding health and work issues, and was clearly very appealing and useful. This technique, which was explained in the ‘Practical Tips’ section of the workshop and illustrated via role play, showed GPs that patients’ attitudes and willingness to return to work was often influenced by how confident they felt about being able to return to work versus how important it was to them to do so. Patients for whom the importance of return to work was higher were more likely to be convinced about the benefits of returning to work.

Most attendees also appreciated the fact that they had had the opportunity to discuss and share views on a topic area which received little or no attention elsewhere. Anecdotal evidence suggested that for many GPs, when faced with a patient claiming they were too ill or injured to be at work, signing a sick note was something of a default position, especially when they felt under-equipped to do otherwise.

‘I thought I’d be the only one that hardly ever said no [to a sick note request], but it’s universal. And one of the benefits of a course like this is to make you realise you’re not on your own.’

(Preston)

2.3.2 Negatives of workshop

In spite of the overall satisfaction with the presentation style and content, a minority were rather less complimentary. They felt that some of the content was a bit long-winded and ‘waffly’.

‘It was almost like you sit there and listen to us, which is old school really. Well, “go and read this, go and read that” – we all know that we can go to these sites and read the information.’

(London)

A minority of GPs were looking for more specific and practical guidance on how to complete the certification forms. In part, this was a result of the local facilitators at two of the workshops referring to DWP involvement in the pilots which shifted GPs’ expectations about the content of the workshop, so that several expected guidance on process. Amongst those GPs, there was some feeling that this area was only touched on in passing.

‘I would have liked a lot more advice on things like Med4 and when people ask you to fill in, you know patients approach you and say ‘I don’t think I’m fit to work, doctor, fill this form in’. I’d have liked a lot more advice on that. That’s a problem we have all the time, people saying “here’s an incapacity form, fill it in”.’

(Preston)
There were some suggestions that the workshop was too short. This problem seemed more acute in London where the large number of delegates prompted more questions and in Edinburgh where the facilitator’s reference to DWP sponsorship had given rise to expectations that the workshop would also deal with DWP process.

2.4 Detailed perceptions of the workshop contents

Whilst most of the participating GPs felt that the workshops had been useful and effective, some aspects of the course itself attracted greater or lesser degrees of support. We, therefore, feel that it would be appropriate at this stage to explore perceptions of the workshop contents in greater depth. The running order of the workshop is set out more fully in Section 1.1 and in the agenda for the day (Appendix A).

a. What do you find difficult?/What would you like to do better?

This section opened the workshop and it successfully engaged GPs’ attention. It established that problems with dealing with health and work were widespread. ‘What do you find difficult?’ established the range of issues that GPs found challenging and ‘What would you like to do better?’ identified those they hoped the workshop might address.

However, as already noted, GPs sometimes felt that the issues identified in this opening phase had not been sufficiently addressed by the end of the workshop, and that more time could have been spent on this rather than the more ‘theoretical’ aspects.

b. ‘Mr Jones’ video clip

This was a fairly amusing portrayal of a familiar situation. However, Mr Jones, who was quite clearly swinging the lead, perhaps did not fit in with the workshop’s focus on helping more everyday patients get back to work. Perhaps a more subtle example would have been more appropriate and challenging, albeit less amusing.

c. Role play

There were two role play sessions in the course of the workshop.

The first doctor/patient role play was often positioned as a less useful or a less necessary part of the workshop. There was some feeling that being the ‘doctor’ was not very useful whereas being the ‘patient’ was possibly more interesting. However, this role play may have a function as an ice-breaker.

The second role play session, used to illustrate the ‘Confidence-Importance’ device, was seen as much more useful and demonstrated to GPs how they could better manage the consultation.
Inevitably, there was some degree of disparagement of the role play, although it has to be observed that participation in the role play sessions was usually fairly lively and active.

‘I don’t find role play very useful, it’s a waste of time really because we do practice it every day, talking to patients. I find that is a waste of time, I’d rather get down and have the information.’

(Nottingham)

d. Strategies for negotiation

GPs acknowledged that they could fall into the trap of using the ‘same patter’, and also of getting irritated with patients repeatedly asking for sick notes. They found it encouraging to discover that there was another way of approaching the situation rather than feeling increasingly frustrated.

e. Facts and figures on worklessness

GPs found this information interesting, but there was some feeling that it could perhaps have been presented more succinctly. The key point was that it was better for the patient to get back to work sooner, and this was readily taken on board. However, some of the claims put forward, especially the ‘finding’ by Ross (1995) that being out of work ‘has the equivalent impact as smoking 10 packs of cigarettes per day’ seemed a touch too extreme and were challenged.

f. Practical tips and strategies

The ‘Smarties’ and ‘Dettol’ mnemonics (Figure 2.6) contained some useful guidance but perhaps went on a bit too long. Also, possibly, the time spent on them may have crowded out GPs’ questions which they had hoped to get answered.

Table 2.6 Fitness for work – practical tips and strategies

<table>
<thead>
<tr>
<th>Fitness for work: health on work (Smarties)</th>
<th>Fitness for work: work on health (Dettol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stamina</td>
<td>• Demands of the job: physical, intellectual</td>
</tr>
<tr>
<td>• Mobility: walking, bending, stooping</td>
<td>• Environment: shop floor/office, risk factors (eg dusts, chemicals)</td>
</tr>
<tr>
<td>• Agility: dexterity, posture, co-ordination</td>
<td>• Temporal: shift working, early start</td>
</tr>
<tr>
<td>• Rational: mental state, mood</td>
<td>• Travel: business travel – between sites, overseas</td>
</tr>
<tr>
<td>• Treatment: side-effects, duration of</td>
<td>• Organisational: lone-working, customers</td>
</tr>
<tr>
<td>• Intellectual: cognitive abilities</td>
<td>• Layout: ergonomic aspects of workstation, work equipment</td>
</tr>
<tr>
<td>• Essential for job: food handlers, driving</td>
<td></td>
</tr>
<tr>
<td>• Sensory aspects: safety – self and others</td>
<td></td>
</tr>
</tbody>
</table>
2.5 GPs’ suggestions for inclusions/improvements to workshop

Whilst the response to the workshops was very positive, almost three-quarters of GPs felt that something was missing or could have been covered in more detail (see Table 2.7). The main requests related to more guidance on benefits, the certification system, and the rules and regulations. Table 2.8 shows what GPs would like to have seen included in the workshop.

**Table 2.7 What was missing from the workshops**

<table>
<thead>
<tr>
<th>Post-workshop</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any comments</td>
<td>70</td>
</tr>
<tr>
<td>More about benefits</td>
<td>19</td>
</tr>
<tr>
<td>More on certification system (completion etc)</td>
<td>14</td>
</tr>
<tr>
<td>Involvement of DWP/Jobcentre Plus</td>
<td>14</td>
</tr>
<tr>
<td>More advice/help dealing with difficult patients/problems</td>
<td>13</td>
</tr>
<tr>
<td>More on rules/regulations/legalities</td>
<td>10</td>
</tr>
<tr>
<td>More on long term sickness</td>
<td>6</td>
</tr>
<tr>
<td>More specific cases/examples needed</td>
<td>5</td>
</tr>
<tr>
<td>More information on resources/help available</td>
<td>3</td>
</tr>
<tr>
<td>Other comments</td>
<td>7</td>
</tr>
</tbody>
</table>

*Base: all post workshop (111)*

These requests were echoed in the qualitative sessions, including the requests for information on resources available, for example, Disability Employment Advisers.

‘You started talking about the different national schemes that are in the pipeline. I think a bit more information about what’s coming up would have been very useful.’

(London)

Six GPs in London and three in Edinburgh requested some DWP/Jobcentre Plus representation at the workshop. This was echoed in the qualitative session and, in part, reflected attendees’ lack of familiarity with the system and process.

‘I mean, I asked about Med3s and sick notes, and I know the facts are out there, I’ve read them but I don’t understand them. … And they keep telling us we’re filling them in wrong. It’s difficult to understand how you’re supposed to do it.’

(Preston)

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11 Post-workshop questionnaire Q4: ‘Was there anything missing from the workshop that you had expected or wanted to see included?’.
In all six pilots there was some feeling that the workshop could have benefited from having someone from DWP/Jobcentre Plus actually there to go through some of the more seemingly complex elements of process.

There were also some requests made in the qualitative sessions for more information about presenting conditions.

‘Maybe a little bit about stress in work. It’s a very nebulous area. … It’s a very common reason for certification. … I would have perhaps liked a little bit of clinical input. a short, maybe even about a 20 minute presentation on something like RSI which I don’t know much about so I don’t know how to handle it, as a little extra.’

(Haywards Heath)

Just over two-thirds of GPs had a suggestion for improving the workshops. The most common suggestion was for a longer session or even a full day workshop. Other suggestions related to the content of the workshops and included requests for more examples, scenarios, practical tips; more on the certification system; more focus on consultation skills and GP relationships; and more advice on how to tackle difficult patients. These, and other suggested improvements are shown in Table 2.8.

Table 2.8  Suggested improvements to the workshop12

<table>
<thead>
<tr>
<th>Post-workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Any suggestion</td>
</tr>
<tr>
<td>Longer session/full day</td>
</tr>
<tr>
<td>Involvement of DWP/Jobcentre Plus</td>
</tr>
<tr>
<td>Need more examples/scenarios/practical tips</td>
</tr>
<tr>
<td>More on certification system</td>
</tr>
<tr>
<td>A handout at the start</td>
</tr>
<tr>
<td>More focus on consultation skills/GP relationships</td>
</tr>
<tr>
<td>Advice on how to tackle difficult patients</td>
</tr>
<tr>
<td>Visit practices</td>
</tr>
<tr>
<td>More about fitness for work</td>
</tr>
<tr>
<td>Info on how occupational health fits into the NHS</td>
</tr>
<tr>
<td>More about employers</td>
</tr>
<tr>
<td>More on long-term sickness</td>
</tr>
<tr>
<td>More information on benefits</td>
</tr>
<tr>
<td>More discussion</td>
</tr>
<tr>
<td>Other comments</td>
</tr>
</tbody>
</table>

Base: All post-workshop  (111)

12 Q6 ‘How else might the workshop be improved to make it more valuable to GPs like yourself?’ (post-workshop questionnaire); ‘How would you improve future workshops to make them more useful to GPs?’ (final questionnaire).
2.6 Practical issues

2.6.1 Length of sessions

The workshops were designed to be run as half-day (three-hour) sessions. With the exception of Edinburgh, they were held in the afternoon after a lunch provided by RCGP. There was a short coffee break before the section on facts and figures about worklessness. In Edinburgh, registration was open from about 8.30. The workshop started at 9.30 with a 10 minute introduction. There was a 15 minute coffee break at approximately 11.00 and the workshop ended at approximately 12.30 to enable a 15 minute plenary session with those GPs who were willing to stay on. Lunch was provided from 12.30 to 1.30. In Preston, Nottingham, Haywards Heath and London, registration and lunch were available before the workshop started at 1.30 or 2.00. Together with a coffee break mid-workshop and the plenary session, these workshops finished around 4.30-4.45.

The overall feeling amongst GPs who attended the workshop was that three hours/half day was probably long enough to cover the content. However, there were some indications in the qualitative sessions that some participating GPs found the workshop was too short. Consequently, there were suggestions that the workshop should be longer, possibly one day, or consist of two half-days. This longer period would mean the workshop could include more specific case examples and greater opportunity for questions and answers and discussion. It would also allow for representation from Jobcentre Plus (for example, Disability Employment Advisers), and possibly someone representing the employer viewpoint.

However, others felt that the sessions were long enough and they emphasised that they would not go to a day-long session, and that two half-day sessions would not be practical or practicable given their other commitments and/or the demands of their practice. This was especially so for those who were not local to the venue and had to travel. Resistance to the idea of two half-days might also be due to the potential additional cost of locum cover.

Afternoon sessions possibly put less pressure on attending GPs. Several in Edinburgh claimed they had to leave punctually in order to make afternoon surgeries as they had only arranged locum cover for the morning. Apart from the desire to get home, GPs attending the afternoon sessions did not seem to be under the same constraints.

2.6.2 Size of workshops

In the initial planning stages, RCGP were anticipating convening workshops for around 50 attendees. In the event, the average size of the workshops was just under 30.
Table 2.9  Number of GPs attending each workshop

<table>
<thead>
<tr>
<th>Location</th>
<th>GPs attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preston</td>
<td>23</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>20</td>
</tr>
<tr>
<td>Nottingham</td>
<td>30</td>
</tr>
<tr>
<td>Haywards Heath</td>
<td>27</td>
</tr>
<tr>
<td>Cardiff</td>
<td>5</td>
</tr>
<tr>
<td>London</td>
<td>49</td>
</tr>
</tbody>
</table>

It is worth observing that in the largest session in London, the room was fairly crowded and there was some feeling that there was insufficient space for the role play sessions. Although adjacent rooms were used (and other rooms were available) it was not really very practical to spread it out over too many rooms as it would take too long to gather everyone together when the plenary session resumed.

The view of the course convenors was that the optimum size was around 30 delegates. They felt that this number was most likely to generate ‘critical mass’ in terms of atmosphere and participation whilst at the same time being manageable, especially when establishing and addressing GPs’ concerns and queries about health and work as well as for the role play sessions. This lively atmosphere was evident in both Nottingham and Haywards Heath. The smaller attendance at Edinburgh and Preston led to slightly ‘flatter’ workshops whilst, as noted, the large number in London made for somewhat cumbersome running of the workshop.

### 2.6.3  Location of venue

It is important that venues for the workshops should:

- be easily accessible by public transport or car;
- be easy to find (or a clear map/directions should be provided);
- have ample (free) parking as some GPs may be travelling from within a fairly wide radius.

The venue itself should have enough space so that attendees are not squashed together and it should be well ventilated (or not too viciously air-conditioned).

A couple of the workshops were held in venues that were easy to find and close to public transport with ample parking. In contrast, another workshop was held in a venue some distance from the city centre/train station and parking facilities were limited. In the pre-workshop publicity material, delegates were directed to an NCP car park several minutes walk away. During the coffee break GPs were reminded to feed parking meters; some went out and did not return.

Two of the workshops were held in venues that were not that easy to find. One had misnamed, on the flyer, the actual room the workshop would be in. The map
provided in the pre-registration material for the other was not very helpful or clear. For both these workshops there were tales of GPs getting lost.

This research suggests that, over and above proactive marketing, effective event organisation will also be needed to maximise GP attendance. Given that GPs are very busy and not the easiest target audience to reach, it is arguable that efforts need to be made to reduce as many barriers to attendance as possible, such as venues which are hard to find or access.

2.6.4 Organisation of workshops

In all but one of the pilots, the rooms used were laid out theatre-style. This arrangement rather limited manoeuvrability, especially for those nearest the walls. It also added time at either end of the coffee break and at role play sessions, particularly the second, when participants had to move, change places and get back again.

In Edinburgh, the room was laid out with small tables seating around six people. This made forming small groups for the role play sessions fairly seamless. However, whether this arrangement would work as well with a larger attendance is hard to say.

In the earlier workshops, delegates collected their delegate pack at the end of the session as they were leaving. This prompted requests from attendees at these workshops for the handouts to be given earlier.

‘I’d far prefer to have a handout at the beginning of the session, then I can make the choice whether I wish to make any additional notes or not. I think if you’re given them at the end I have sometimes found then that if there’s something that I want to actually discuss with my partners or pass on to the students I’m teaching in the practice and it bloody isn’t there and I think “I wish I had made a note of that”.’

(Nottingham)

‘It would have been a little bit more helpful to have known the direction of each of the presentations in that we weren’t made to feel very comfortable about asking questions as things went along … because what you don’t want to do is to ask a question half way through a presentation when the person presenting is going to come to that bit later.’

(Nottingham)

In later workshops where the handouts were distributed in advance, attendees were seen to use the course notes as the workshop progressed. There were some complaints that the notes were in a slightly different order to the presentation, which was a bit frustrating and confusing.

There were also requests that literature on resources mentioned or referred to by the speakers should also be made available at the workshop.
On a more mundane level, local organisers will need to make sure that the audio visual equipment is working and that the various pieces of hardware are compatible.

As a cautionary example, one of the workshops fell foul of organisational problems which resulted in a very low attendance rate. Anecdotal evidence from the few GPs who attended revealed that they had had little advance warning (ranging from one month to a few days) of the workshop. It had also been very difficult to get confirmation of booking, place, time, etc. from the local faculty (one GP had only received final confirmation a couple of days before). Perhaps significantly, the facilitator who should have been organised by the local faculty did not turn up. Furthermore, the equipment provided by the venue was not as specified – there was no media player or speakers. Thus, it would not have been possible to play the video clips which might have affected the flow of the workshop.

2.6.5 Managing the workshops

There were some complaints from GPs that the workshops had not fully answered their questions identified in the opening stage and/or that there was too much time spent on the facts and figures at the expense of more open discussion. Likewise, some GPs felt that there was perhaps too much emphasis on occupational health and not enough on clinical matters. These issues have been discussed earlier in this report.

One of the challenges to the course presenters will be time management and balancing the hands-on elements of the course with the more theoretical and statistical. This will be even more important when the numbers attending the workshop are larger.

Details of the benefits system could possibly be included in the ‘facts and figures’ section of the workshop. However, some practical application of the process might be of more interest and relevance to GPs than dry theory.

2.6.6 Marketing the workshops

With the exception of London, turnout at the workshops was rather below expectations (although the convenors found that 30 delegates was a more manageable number than 50).

One of the key factors in raising attendance levels will be effective marketing of the workshops. The marketing will have to reach two target audiences:

- GPs who are already interested in health and work issues; and
- GPs who are not particularly interested in, or have not really thought about, health and work issues.

To some extent, the first of these is, or should be, a fairly soft target. RCGP is knocking at an open door; the trick is to make sure the knock is loud enough to be heard. From the pre-workshop questionnaire it transpired that most had found out about the workshop via the RCGP mailing, and a few through the website.
Table 2.10 Sources of awareness of the workshop

<table>
<thead>
<tr>
<th>Source of Awareness</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The RCGP mailing</td>
<td>76</td>
</tr>
<tr>
<td>The RCGP website</td>
<td>15</td>
</tr>
<tr>
<td>A friend/colleague</td>
<td>3</td>
</tr>
<tr>
<td>Newsletter/magazine</td>
<td>3</td>
</tr>
<tr>
<td>Email/website</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
</tr>
</tbody>
</table>

Base: All pre-workshop (144)

1 Adds up to more than 100% as some GPs provided more than one response.

It would thus seem logical to use both the RCGP mailing and website as the main sources of information about forthcoming workshops.

Reaching the second target audience of GPs who are not particularly interested in/ have not thought about health and work issues is rather more difficult. Anecdotally, it would appear that there is still a segment of the GP population who take the line of least resistance and issue sick notes to patients who claim to be unable to work. For this segment, it will be necessary to get them to reconsider their position and to start to think of encouraging their patients back to work because it is more beneficial to their patients. One possible way of persuading them that the health and work agenda is worthwhile is via articles (‘advertorials’) in the RCGP mailing or in the wider trade press.

It will be necessary to give GPs ample warning of forthcoming workshops. There were some complaints voiced in the qualitative sessions that they had not been given enough advance notice of the workshop. It goes without saying that GPs are busy and have surgery and other commitments, it is neither easy nor practicable for them to rearrange their schedules at (relatively) short notice. GPs expressed the view that two to three months initial advance warning was probably about right, with reminders nearer the time. A convenient way for GPs would be by email. Indeed, communication between GPs and the local faculty for the Nottingham workshop was entirely electronic.

Tone of voice and style of the marketing materials is also important if it is to reach both target audiences successfully. As with all such communications it should be friendly and inviting. Particularly for those further away from the health and work agenda it needs to convey why and how they would benefit from attending the workshop. (However, we would caution against including over-familiar exhortations like ‘bring a friend’.) Ideally, the flyer should be no more than one side of A4. Key information such as date and time and especially venue needs to be stated clearly and accurately, as well as brief details of the topics that would be covered.

Pre-workshop questionnaire Q6 ‘How did you first hear about the workshops on health and work?’.
The current title, ‘Health and Work in General Practice’, was seen by attending GPs as a touch vague. A more specific title which gave a clearer indication of what the workshop was about might work better to engage GPs’ attention.

The six workshops in this pilot were free of charge. Consideration might be given to imposing a small fee for attending which could invest the workshop with a bit of prestige.

There were hints that some GPs came to the workshops for the CPD accreditation and did not stay for the full session. It has to be decided whether this is something that needs to be addressed and how best to do so.

2.7 Roll-out issues

Overall, GPs at the sessions were very positive about the workshop. This was largely due to the speakers – both Dr. Cohen and Professor Khan were clearly experts in the field. Their knowledge and experience of both health and work issues and primary health care, together with the liveliness of delivery, kept the momentum going for much of the time. There were some reservations expressed in the qualitative sessions about whether the workshops would be quite so successful if they were delivered by other presenters.

The evaluation suggests that the following are key requirements for any other presenter:

• first hand knowledge of health and work issues and primary care;
• experience of dealing with health and work issues in the context of general practice;
• enthusiasm and a lively presenting manner; and
• some knowledge/understanding of how to apply DWP process to general practice.

Ideally the presenter(s) would work, or have worked, in general practice but with a large enough health and work caseload so they can speak authoritatively on the subject.

The research suggests that smaller workshops of around 30 participants are probably more effective than larger ones. This will have both cost and logistical implications for a national roll-out.

Marketing and organisation will also be key to a successful roll-out. Co-ordinators will need to be energetic and proactive in publicising forthcoming workshops and making sure any publicity material reaches as many GPs as possible within the catchment area.

There are indications that the RCGP branding is helpful – it positions the workshop as for GPs and relevant to them as practitioners. We would, however, suggest that it will probably be better not to mention DWP involvement as this sets up expectations of a workshop focusing on the benefits system and process.
3 Conclusions and recommendations

3.1 Conclusions

This evaluation study suggests that there is a good case for rolling out the workshops nationally. The findings suggest that roll-out of the Health and Work in General Practice workshop will help to fill in GP’s knowledge gaps regarding health and work issues, and has potential to raise the health and work issue higher on GPs’ agenda.

The overall view from GPs who attended the workshops was that they found it very useful. Whilst levels of confidence in dealing with health and work issues generally rose after the workshop, and there are indications that some are trying to implement the learning in practice, the actualities of day-to-day practice can raise problems in implementing the learning. Barriers to implementation include:

- recalcitrant patients;
- unco-operative employers;
- lack of awareness of, and familiarity with, DWP process;
- not enough back to work schemes or places in GPs’ locality; and
- time constraints on patient consultations.

Moreover, some GPs felt that it was hard to apply some of the learning in less straightforward cases, for example, where the patient’s circumstances included social as well as medical problems.

The majority of GPs rated the session they attended as excellent or very good. In particular, GPs felt the Confidence-Importance technique provided them with a mechanism whereby they could better manage the GP-patient consultation. There was also fairly universal praise for the calibre of the presenters.
However, the workshops did not always meet GPs’ expectations. In particular, there was some feeling that the problem areas identified in the opening stages had not been fully addressed by the end of the workshop. Some GPs felt that the focus on occupational health was perhaps less relevant to them. They felt that it was not really their remit as GPs to make any judgement on the type of work the patient was capable of doing; rather, it was for them to make the clinical judgement on a patient’s medical fitness to return to work. There were suggestions for modifications to the workshop content including:

- more time spent on case histories/clinical management and rather less on statistics;
- more guidance on benefits, certification, etc.; and
- DWP/Jobcentre Plus representation to help explain some of the process.

It should be remembered that this evaluation was not designed to assess different methods of delivery and, indeed, alternatives such as videolink and e-learning were not explored with GPs who attended the workshop, either quantitatively or qualitatively. Whilst the research cannot be used to say with any certainty whether or not this is the right format, there is evidence to suggest that the interactive element of the workshop was helpful in imparting knowledge in the health and work area, especially in showing GPs, via the Confidence-Importance technique, how they can better manage the patient consultation.

The research suggests that there are three key challenges to successful roll-out of the National Education Programme, namely:

- marketing;
- organisation of the workshops; and
- getting the right presenters.

### 3.1.1 Marketing

Proactive and effective marketing is required. Marketing activity should start early – at least two to three months in advance of a workshop – and be supported by reminders nearer the time. Given that GPs are busy, there is a need to give them ample warning so they can organise their schedules and any necessary locum cover. Marketing materials will need to be inviting and state clearly what the workshop is about. In this context, a more specific title for the workshop might work better to engage attention.

The RCGP branding helps to position the workshop as for GPs, and both the RCGP mailing and website could be used as sources of information. However, consideration needs to be given to ways of reaching those GPs who claim not to be particularly interested in, or have not thought about, health and work issues and those GPs who are not members of RCGP. Although not specifically explored in this research, one possibility would be to send marketing material to GP surgeries...
or practice managers or to liaise with the British Medical Association and insert flyers in the British Medical Journal.

### 3.1.2 Organisation of the workshops

Effective event organisation will be important in ensuring the overall success of the workshops, in particular, locating venues which are accessible and easy to find. Free parking would be an added bonus, especially for those GPs who have to travel any distance to attend. Venues will also need to be spacious enough to facilitate the role play sessions.

Although there were requests for a longer workshop, the evidence suggests that a half-day (afternoon) session is the most acceptable and practicable. Few GPs would probably be able to take a full day off to attend a workshop, and the cost of locum cover would be likely to preclude this. Requests for a longer session mainly came from GPs who were looking for further guidance on certification and DWP process. This suggests that this aspect of the health and work issue could be covered separately, for example via course notes or in other post-graduate training.

There is clear evidence that the optimum number attending a workshop is around 30. This will have implications, both in terms of cost and logistics, when determining the number of workshops required and where they should be held. The research suggests that GPs are prepared to travel to attend the workshop, but this would impact on the amount of time spent away from their surgery, costs of locum cover, etc.

There was evidence to suggest that some GPs were registering to get their CPD accreditation. Higher levels of attendance might be achieved if a fee were charged for the workshop, and this might also help to invest the workshop with more kudos. This fee could be nominal, say £10 or £20. The alternative would be to charge a more substantial fee of say £50, payable by cheque, which would be returned during the coffee break if the GP attended, although this could add a further layer of complexity to the workshop management and organisation.

### 3.1.3 Presenters

GPs attending the workshops were clearly impressed by the calibre and hands-on knowledge of health and work issues of the presenters, Dr. Debbie Cohen and Professor Sayeed Khan. It will be important that workshop presenters:

- have first hand knowledge of health and work issues and primary care;
- are enthusiastic and lively; and
- have some knowledge and understanding of how to apply DWP process to general practice.
3.2 Recommendations

From the research findings we would make the following key recommendations:

• there is a need to ensure effective event organisation together with proactive marketing;

• develop a more specific title for the workshop which would give a clearer indication of what it was about;

• ensure that marketing activity starts early to give GPs sufficient time to organise their schedules;

• explore ways of reaching the wider GP target audience, including both those who are not currently particularly engaged by health and work issues and those who are not RCGP members;

• venues should be accessible and easy to find, and the size and layout will have to take into account the role play sessions;

• supporting literature on resources available together with contact numbers of DWP/Jobcentre Plus information and support should be provided at the workshop;

• issues raised by GPs at the start of the session should be addressed by the end;

• consider spending more time on clinical management of health and work cases and rather less on statistics; and

• ensuring that course presenters have the appropriate personality and training to deliver the workshop in a way that will engage GPs’ attention and meet the aims of the National Education Pilot.

Finally, as each workshop would have a relatively small number attending, thought will have to be given to the target audience and how many GPs can be persuaded to attend. It will be neither practical nor cost-effective to hold too many workshops in any one area, and it is also unclear how many GPs from any one practice would be able to attend a particular workshop.
Appendix A
Agenda for the Nottingham workshop

Health and Work in General Practice
National Education Programme

Thursday 21st May 2007

Harts Hotel, Nottingham

PROGRAMME
Lunch and Registration will be available between 1 – 2 pm

2pm Introduction
2.10pm The fitness for work consultation (including facts & figures on work)
3.30pm Coffee
4pm A further challenge – rehabilitation
4.45pm Practical tips
5pm Close
Appendix B
Profile of participating doctors

Figure B.1 Profile of participating doctors

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td></td>
</tr>
<tr>
<td>31-39</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td></td>
</tr>
<tr>
<td>Qualified: up to 5 years</td>
<td></td>
</tr>
<tr>
<td>6-11 years</td>
<td></td>
</tr>
<tr>
<td>12-24 years</td>
<td></td>
</tr>
<tr>
<td>25 years or more</td>
<td></td>
</tr>
<tr>
<td>Practice has: 2 GPs</td>
<td></td>
</tr>
<tr>
<td>3 GPs</td>
<td></td>
</tr>
<tr>
<td>4 GPs</td>
<td></td>
</tr>
<tr>
<td>5 GPs</td>
<td></td>
</tr>
<tr>
<td>6-10 GPs</td>
<td></td>
</tr>
<tr>
<td>11-20 GPs</td>
<td></td>
</tr>
<tr>
<td>&lt;2,500 patients</td>
<td></td>
</tr>
<tr>
<td>2,500-4,999 patients</td>
<td></td>
</tr>
<tr>
<td>5,000-9,999 patients</td>
<td></td>
</tr>
<tr>
<td>10,000-14,999 patients</td>
<td></td>
</tr>
<tr>
<td>15,000+ patients</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td></td>
</tr>
<tr>
<td>Suburban</td>
<td></td>
</tr>
<tr>
<td>Semi-rural</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
</tr>
</tbody>
</table>

Pre-workshop (144 questionnaires)
The sample included a high proportion of younger, more recently qualified GPs. Half were qualified less than 12 years, and almost a fifth had less than five years since qualification. Nearly six out of 10 were aged under 40.

Over two-thirds were working for group practices with five or more GPs. Four-fifths were working in practices with over 5,000 patients. One-third of practices had over 10,000 patients. Most were working in urban or suburban practices. Only a fifth of practices were rural or semi-rural.

In terms of age profile, Table B.1 compares the ages of the GPs who attended the workshops against the 2006 headcount of GPs in England and Scotland, and shows that GPs who attended the workshops came from the younger GP segments.

**Table B.1  Age profile of participating GPs compared with overall GP age profiles for England and Scotland**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Participating GPs</th>
<th>2006 England</th>
<th>2006 Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>139</td>
<td>33,091</td>
<td>4,637</td>
</tr>
<tr>
<td>Under 30</td>
<td>15</td>
<td>527</td>
<td>267</td>
</tr>
<tr>
<td></td>
<td>11%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>30-39</td>
<td>65</td>
<td>8,098</td>
<td>1,257</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>40-49</td>
<td>40</td>
<td>12,282</td>
<td>1,714</td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>50-59</td>
<td>14</td>
<td>9,272</td>
<td>1,230</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>60+</td>
<td>2</td>
<td>2,911</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

In terms of gender, 66% of the GPs who attended the workshops were women, whereas the headcount shows that 59% of GPs in England and 53% of GPs in Scotland are male (Table B.2).
Table B.2  Gender profile of participating GPs compared with overall GP age profiles for England and Scotland

<table>
<thead>
<tr>
<th></th>
<th>Participating GPs</th>
<th>2006 England</th>
<th>2006 Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>139</td>
<td>33,091</td>
<td>4,637</td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>19,541</td>
<td>2,439</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>59%</td>
<td>53%</td>
</tr>
<tr>
<td>Female</td>
<td>91</td>
<td>13,550</td>
<td>2,198</td>
</tr>
<tr>
<td></td>
<td>65%</td>
<td>41%</td>
<td>47%</td>
</tr>
</tbody>
</table>

In both Table B.1 and Table B.2:

• we have excluded the five GPs in Cardiff who were not included in further evaluation;

• the headcount for all practitioners in England exclude GP retainers and GP registrars.

Sources of 2006 figures:

General and personal medical services 2006 (England)


General Practice Workforce Information (Scotland)

http://www.isdscotland.org/isd/3793.html
Appendix C
Positive and negative aspects of the workshop

C.1 Positive aspects

Table C.1 Positive aspects of the workshop

Q2. What, if anything, was particularly good or particularly useful about the workshop?

<table>
<thead>
<tr>
<th>Positive aspect</th>
<th>Post-workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any positive comments</td>
<td>96</td>
</tr>
<tr>
<td>Informative/interesting</td>
<td>31</td>
</tr>
<tr>
<td>Group work/interaction/role play</td>
<td>28</td>
</tr>
<tr>
<td>Importance/confidence motivational technique</td>
<td>26</td>
</tr>
<tr>
<td>Helped/more confidence with patient consultations/assessments</td>
<td>23</td>
</tr>
<tr>
<td>Whole style of presentation (speakers etc)</td>
<td>10</td>
</tr>
<tr>
<td>Given advice/help on long term sickness/changing behaviour/getting people back</td>
<td>9</td>
</tr>
<tr>
<td>Learnt about the implications/extent of the problem</td>
<td>5</td>
</tr>
<tr>
<td>Learnt about resources available</td>
<td>5</td>
</tr>
<tr>
<td>Advice/tips in dealing with common scenarios</td>
<td>5</td>
</tr>
<tr>
<td>Helped with giving certificates/sick notes</td>
<td>5</td>
</tr>
<tr>
<td>Importance of early intervention</td>
<td>3</td>
</tr>
<tr>
<td>Practical/realistic/down to earth</td>
<td>3</td>
</tr>
<tr>
<td>Help with contacting employers/workplace</td>
<td>2</td>
</tr>
<tr>
<td>Other comments</td>
<td>6</td>
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</tbody>
</table>

Base: All post-workshop (111)
C.2 Negative aspects

### Table C.2 Negative aspects of the workshop

<table>
<thead>
<tr>
<th>Q3. What, if anything, was poor about the workshop or less useful?</th>
<th>Post-workshop %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any negative comments</td>
<td>66</td>
</tr>
<tr>
<td>Too short/should take more time</td>
<td>12</td>
</tr>
<tr>
<td>Too much introduction/build-up</td>
<td>10</td>
</tr>
<tr>
<td>Don’t like role play</td>
<td>7</td>
</tr>
<tr>
<td>Would have liked handout beforehand (content etc)</td>
<td>6</td>
</tr>
<tr>
<td>Needed more examples/scenarios</td>
<td>5</td>
</tr>
<tr>
<td>Unsure of what the objectives were</td>
<td>4</td>
</tr>
<tr>
<td>Not enough information on certificates/sick notes</td>
<td>3</td>
</tr>
<tr>
<td>Not enough about benefits</td>
<td>3</td>
</tr>
<tr>
<td>Needed more about resources</td>
<td>3</td>
</tr>
<tr>
<td>Need more on rules/regulations/legalities</td>
<td>3</td>
</tr>
<tr>
<td>Not enough on long term sickness</td>
<td>2</td>
</tr>
<tr>
<td>Other comments</td>
<td>19</td>
</tr>
<tr>
<td><strong>Base: All post-workshop</strong></td>
<td><strong>(111)</strong></td>
</tr>
</tbody>
</table>

These figures are a summary of open-ended questions which asked GPs to tell us in their own words what they liked and disliked about the workshop. The following sections gives some examples of GPs’ actual responses to these questions.

C.3 Positive comments

Excellent overview – good balance of new evidence re: work absence and real life
GP skill practice – good advice – not ‘ivory tower’ the pragmatic real world
Use of reflective questioning of patient, i.e. importance of confidence of return to work
The information about motivational interviewing and prevention of chronic sickness certification
Importance/confidence – questioning – factual knowledge – work beneficial for health – time frame for intervention, counselling
Relevance to a rather neglected area of GP practice (when it comes to training), yet so common in day-to-day work
New way of looking at health work
Ideal for changing behaviour – general setup and group work
The approach to shifting the emphasis of consultations
Some help with conflict resolution
Early intervention – some tools for dealing with common scenarios
The points about the detrimental effects of worklessness and the importance of planning return to work well before six weeks of absence were well made
‘Importance/confidence’ method will be really useful and the practical tips on using the Med3
Practical advice re: contacting employers
Using the equation to work out and avoid confrontation
Style of presentation – interaction between speakers and audience
Common difficulties shared – confidence/importance scales
Improving awareness of resources available – chance to practice
Exchange feelings – now have a clear idea how to deal with patients asking for a sick note and help them. Also I came to know that I can add little notes in Med3
Knowing that everyone had the same problems! – ideas on questions to ask in surgery
Good speakers with relevant experience
Introduction to tools in CI – Information re: work
Facilitation was of a high standard – exploring content of group and what we found and educational needs, early on – excellent – using realistic scenarios/role play kept our feet on the ground – accepting our difficulties – empathetic Smarties/Dettol helpful – interactivity/accepting questions excellent – much appreciated by Importance/confidence alternatives. Skilled interactive facilitation – experts who did understand primary care and the challenge of the consultation. Open style and listening very actively to participants contribution was superb. Both speakers said enough about themselves to establish a good and trusting relationship with GPs – good skills. Much appreciated seven minute consultations! Did value the going through the flip chart at the end – this was learner centred
C.4 Negative comments

A lot of time was spent building up to the major points, which could have been spent addressing sick note ‘rules’

Could have done with more information about the certification system and benefits and how to use these to best advantage

Bit of confusion between discussing long-term sickness patients and newly diagnosed

Perhaps more examples to work at

Didn’t deliver on expectation/stated aim to present evidence. If only two studies quoted (almost a passing reference), I would have expected plenty of study details/familiarity when questioned

More on resources, for example where to go for help

Appreciate four weeks notice and not one week

Poorly focused – wider agenda – many questions unanswered

Not knowing the content in advance, so not knowing what was to be covered

Didn’t address the more difficult scenarios of people malingering/people who don’t want to work

I think that you need to be clearer about what you are trying to achieve – ‘worklessness’ is too broad I think as there are – 1 – Lazy people who are lying – 2 – Anxious people who are afraid – 3 – Slightly sick people who could work if not so pathetic and – 4 – Properly ill who might work with support

Personally I am not keen on role play or participating in it

Would have liked handouts at start – then would have needed to write less. Some things not shown are not in handout pack, for example, handy table of usual time off work following common operations

Too long spent on role play (although in other contexts it is very helpful) – I don’t feel it added much
Appendix D
Main benefits: verbatim comments

Q3 What are the main ways in which you have been able to make use of the workshop?

Able to advise patients more confidently about liaising with Occupational Health department

I use the motivation/confidence questions to elucidate the reasons for patients asking for sick notes. It’s very revealing and helps with planning return to work

Negotiating more with the patient about return to work – giving more information on the Med3 for employers – giving shorter duration sick notes, for example, back pains (acute)

Asking people about desire to return to work and capability to return to work as two entities and differentiating between the two

Emphasising to patients the benefits of working – talking about returning to work at the outset when certifying people for conditions that could lead to a long period off work

Determining need/desire to go back to work – structuring strategy accordingly

Communication to partners with less Occupational Health experience.

Use of statistics to explain to patients how important it is to return to work

Understanding on how to avoid difficult situations regarding medical certificates

I understand the jargon patients throw at me a little better re: employments and benefits
Ability to assess suitability of client for a job – who to refer to if in doubt – better use of Med3

Using Med3 more efficiently

In giving more information to employers on Med3s – on using Med3s as ‘fitness to work’ certs with specific advice – more confident in discussing strategies with patients

Having increased knowledge about filling out forms is helpful

Education of patients – firmer about issuing long-term sick notes

Warning people early re disadvantages of long-term sickness – using methods taught

Realised the negative impact of being off sick has on health and mental wellbeing. I have been more active and positively trying to encourage return to work

It has given me more confidence in persuading patients that it is in their best interests to try working

Different approach to long term sick, for example, motives and barriers to returning to work. I think about sick notes much more and issue shorter certificates

Have tried to enlist, via patients, the workplace in adjusting work to suit disease
Appendix E
Problems implementing the advice on returning to general practice

Q4 Have you experienced any difficulties in implementing the advice from the workshop?

Not enough back to work schemes or places to refer to in our area

Too little help to motivate patients – uncertainty who to notify if not in regular employment, has no indication for sick certificate, but RM7 not applicable

Some uncooperative employers

Reluctance/surprise of patients – inflexible employers

 Doesn’t always work with cultural barriers

Not really apart from some resistance from recidivists

Patients do not want to know

Resistance from patients. There is a sub group of hardened non-workers who are difficult to engage

Patients don’t like going back to work

Still hard to get people back to work
Still have to be subjective at times – if someone says that they ‘can’t work’, it’s difficult to persuade them that they can/don’t need to be off work

Individual patients often provide difficulties/challenges

Yes, time pressures

Time constraints

Time constraints on consultations – going back into old habits/routines
Appendix F
Questionnaires
In order to help evaluate the effectiveness of these workshops, we would ask you to complete this short questionnaire so that we can learn more about you and your motivations for attending. We will be asking you to complete a second questionnaire to tell us your opinion of the workshop at the end of the day.

For most questions you can respond by just ticking boxes, on a few questions we have asked for more detailed responses. If you have any other comments to make, or you wish to qualify your responses, please feel free to make notes in the margin.

Completion of these questionnaires is an important part of the way we are helping to evaluate the success of these workshops. Please return this questionnaire by 14th May in the enclosed envelope. If this is not possible, please bring it with you when you attend the workshop.

Thank-you for your help,

Andrew Irving

Andrew Irving Associates is a market research company who have been asked by DWP to assist in the evaluation of these workshops. We have asked for your personal details in order that we can compare your comments from the pre-workshop questionnaire with the questionnaire you complete at the end of the workshop. We do not release your personal details to anyone not directly involved in this project, and when we report back to the DWP and the RCGP we do not attribute any of the comments you make on this form to you personally (unless you have a specific request that you require us to pass back).

Please provide contact details

<table>
<thead>
<tr>
<th>GP Name</th>
<th>Phone</th>
<th>email</th>
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</thead>
<tbody>
<tr>
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</table>

Q1 Are you...

| Male | 1 |
| Female | 2 |
| Under 30 | 1 |
| 31-39 | 2 |
| 40-49 | 3 |
| 50-59 | 4 |
| 60+ | 5 |

Q2 How long have you been qualified?

| Up to 5 years | 1 |
| 6-11 years | 2 |
| 12-24 years | 3 |
| 25 years or more | 4 |

continued …
Q3 How many GPs are based at your practice, including yourself?

- 1 – just myself  □ 1
- 2 □ 2
- 3 □ 3
- 4 □ 4
- 5 □ 5
- 6-10 □ 6
- 11-20 □ x
- 21+ □ Y

Q4 How many patients are on the list for your practice?

- Under 2500 □ 1
- 2500-4999 □ 2
- 5000-9999 □ 3
- 10000-14999 □ 4
- 15000+ □ 5

Q5 How would you describe your practice?

- Urban □ 1
- Suburban □ 2
- Semi-rural □ 3
- Rural □ 4

Q6 How did you first hear about the workshops on health and work?

- The RCGP Website □ 1
- The RCGP Mailing □ 2

Other (please write in)

Q7a What are the main reasons why you decided to take part in the workshop?

Q7b And what are you hoping to achieve as a result of taking part in the workshop?

continued ...
Q8a What has been your previous training on health and work issues? *tick all that apply*

- Part of undergraduate training [ ]
- Part of vocational training [ ]
- Part of postgraduate training [ ]
- Attended a specialist training course [ ]
- Online training [ ]
- Participated in training delivered informally in my practice [ ]
- Obtained information from DWP website [ ]

Other (please write in)

Q8b Which of these topics did your training include? *tick all that apply*

- Sickness certification procedure [ ]
- The benefits system [ ]
- Managing difficult conversations with patients about health, work & benefits [ ]
- Occupational health and adjustments in the workplace [ ]
- Health & Safety [ ]
- Liaison with employers [ ]
- Health risks of not working [ ]
- Work-related ill health (e.g. asthma, dermatitis) [ ]

Other (please write in)

Q9 Are you a member of any interest groups or professional bodies dealing specifically with health and work issues?
Please give details

None [ ]

Q10 How confident do you feel in dealing with each of these health and work issues?

<table>
<thead>
<tr>
<th></th>
<th>Very confident</th>
<th>Fairly confident</th>
<th>Not particularly confident</th>
<th>Not at all confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety</td>
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<tr>
<td>Advising on modifications or adjustments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

continued …
Q11 If you have any further comments or suggestions on the workshop, please write in below:

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................
F.2 Post-workshop

Workshop on Health and Work for General Practitioners
Post-Workshop Questionnaire

GP Name

Q1 What is your overall opinion of the workshop?

- Excellent □ 1
- Very Good □ 2
- Fairly Good □ 3
- Poor □ 4
- Very Poor □ 5

Q2 What, if anything, was particularly good or particularly useful about the workshop?

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Q3 What, if anything, was poor about the workshop or less useful?

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Q4 Was there anything missing from the workshop that you had expected or wanted to see included?

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Q5 Was there any advice given in the workshop with which you would disagree?
PLEASE PROVIDE DETAILS

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Q6 How else might the workshop be improved to make it more valuable to GPs like yourself?

………………………………………………………………………………………………………………
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continued …
### Q7. Was the information pitched at the right level for GPs like yourself?

- Far too basic [ ]
- Slightly too basic [ ]
- Pitched at about the right level [ ]
- Slightly too complex / detailed [ ]
- Far too complex / detailed [ ]

### Q8. In what ways has the workshop affected or changed your views?

- ...
- ...
- ...

### Q9. To what extent do you think attending the workshop will influence or change the way you interact with your patients?

- Will not have any effect whatsoever [ ]
- Will have a small effect [ ]
- Will have a marked effect [ ]
- Will have a major effect [ ]

### Q10. What action/s are you likely to take as a result of attending this workshop – how might it affect the way you deal with your patients?

- ...
- ...
- ...

### Q11a. Has the course changed your attitude about work as a route to better health?

- It did not change my attitudes at all [ ]
- It reinforced what I already knew [ ]
- It changed my thinking in some respects [ ]
- It had a major effect on the way I think about work and health [ ]

### Q11b. Has the course changed your attitude about sick leave as a potential exacerbator of ill-health?

- It did not change my attitudes at all [ ]
- It reinforced what I already knew [ ]
- It changed my thinking in some respects [ ]
- It had a major effect on the way I think about work and health [ ]
Q12  To what extent do you agree or disagree with each of the following?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree slightly</th>
<th>Neither agree nor disagree</th>
<th>Disagree slightly</th>
<th>Disagree strongly</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quality of the presentations was to a high standard</td>
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<tr>
<td>The workshop was too rushed</td>
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<tr>
<td>The workshop was too slow / drawn out</td>
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<tr>
<td>The workshop made you reconsider the relationship between health and work</td>
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<tr>
<td>The workshop made a strong case that this is an important issue that needs to be tackled</td>
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<tr>
<td>The workshop made feel more confident about dealing with health and work issues</td>
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<tr>
<td>The workshop will make me think more before issuing sick notes</td>
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<tr>
<td>The workshop will make me think more about encouraging people to go back to work</td>
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<tr>
<td>The workshop gave me the practical skills to put this into action (e.g. managing difficult conversations, advising on graduated returns to work and workplace adaptations)</td>
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<tr>
<td>The workshop told me nothing new</td>
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<tr>
<td>I would encourage other GPs to attend a similar workshop</td>
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</tbody>
</table>

Q13  How confident do you now feel in dealing with each of these health and work issues?

<table>
<thead>
<tr>
<th>Category</th>
<th>Very confident</th>
<th>Fairly confident</th>
<th>Not particularly confident</th>
<th>Not at all confident</th>
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<tbody>
<tr>
<td>Health &amp; Safety</td>
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<tr>
<td>Advising on modifications or adjustments</td>
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continued …
Thank you for completing our previous questionnaires on the Health & Work Workshop.

This is the final questionnaire. We are now interested to learn the extent to which the advice and techniques discussed in the workshop have proved to be useful in your everyday general practice, and your suggestions as to how any future workshops might be improved.

For most questions you can respond by just ticking boxes. On a few questions we have asked for more detailed responses. If you have any other comments to make, or you wish to qualify your responses, please feel free to make notes in the margin.

Completion of these questionnaires is an important part of the way we are helping to evaluate and improve these workshops. Please return this questionnaire by Monday 10th September in the enclosed envelope.

Thank you for your help,

Andrew Irving Associates is a market research company who have been asked by DWP to assist in the evaluation of these workshops. When we report back to the DWP and the RCGP we do not attribute any of the comments you make on this form to you personally (unless you have a specific request that you require us to pass back).

GP Name

Q1 Since returning from the workshop to your everyday general practice, to what extent has the advice from the workshop proved to be useful?

- Very useful □ 1
- Fairly useful □ 2
- Of some limited use □ 3
- It has not yet been useful, but may be useful in the future □ 4
- It was not useful at all □ 5

Q2 To what extent has attending the workshop influenced or changed the way you interact with your patients?

- It has not had any effect whatsoever □ 1
- It has had a small effect □ 2
- It has had a marked effect □ 3
- It has had a major effect □ 4

continued ...
Q3 What are the main ways in which you have been able to make use of the workshop?

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……………………………………………………………………………………………………
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Q4 Have you experienced any difficulties in implementing the advice from the workshop?

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Q5 Was there anything from the workshop that you have tried to implement, and found that it does not work in practice? PLEASE PROVIDE DETAILS

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Q6 How would you improve future workshops to make them more useful to GPs?

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Q7 Do you feel it would be useful to have any other professionals or organisations present at the workshops to provide other aspects of health and work advice?

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continued …
### Q8 To what extent do you agree or disagree with each of the following?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree slightly</th>
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</table>

### Q9 How confident do you now feel in dealing with each of these health and work issues?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very confident</th>
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### Q10 Do you have any other comments that might help to improve future workshops?

- ..................................................................................................................
- ..................................................................................................................
- ..................................................................................................................
- ..................................................................................................................

*continued ...*
Q11 Looking back, what is your overall opinion of the workshop now?

- Excellent □ 1
- Very Good □ 2
- Fairly Good □ 3
- Poor □ 4
- Very Poor □ 5