



NHS England GP Coaching Pilot

Evaluation Report

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1. Executive Summary

NHS England awarded the Faculty of Medical Leadership and Management (FMLM) a contract to deliver a 1:1 coaching to a sample of 50 general practitioners (GPs). The GPs were drawn from a population that was actively considering leaving or had recently returned to the profession after a break. The aim of the pilot was to enable the GPs to remain in practice and to evaluate the impact of the approach.

FMLM engaged four experienced, professional coaches to work as a team to design the application process, select the coachees, deliver the coaching and evaluate its impact. The coaches were also able to engage in peer and group supervision, and to gather intelligence about the use and impact of coaching across the full pilot cohort. An academic expert was also engaged to verify the evaluation. This ensured a consistent approach before, during and after coaching, making the evaluation process as robust as possible.

The evaluation tools employed included two tools for measuring individual stress/resilience¹, a pre- and post-coaching questionnaire, qualitative interviews with the four coaches, and the collation of informal feedback to each coach about the impact of coaching and the achievement of coaching goals.

From 97 applications received from GPs across England, 52 went forward with coaching using a selection process involving compliance with eligibility criteria. They also confirmed that they were seriously considering leaving the profession. Common reasons for applying included reaching the point of self-described burnout, becoming disillusioned with the job, losing confidence in their ability to do the job in the current pressurised climate, or being dispirited by patient demands or complaints. Work-life balance issues were commonplace. GPs also wanted to take the opportunity to reflect on their careers and make decisions about next steps.

GPs had high hopes of the coaching support, with 77% believing that it could be helpful or life-changing. The top five factors that they expected coaching to help with were:

- feeling more in control of their work
- managing their time or heavy workloads more effectively
- obtaining a better work-life balance
- feeling more enthusiastic about continuing as a GP
- increasing job satisfaction.

GPs rated their likelihood of leaving the profession, both before and after coaching, on a scale of 1–10, where 1 was highly unlikely and 10 highly likely. The pre-coaching average score was 7.2, with the majority opting for a 7–9 rating. Post coaching, the average had dropped to 4.9, with only six GPs giving a score of 7 or above. Typical issues that the GPs worked on included:

- managing workloads more effectively/improving work-life balance
- dealing with conflict with colleagues and patients
- handling pressure, saying 'no', engaging the support of colleagues, improving resilience
- confidence building (often after patient complaints), removing self-limiting beliefs

¹ The Human Function Curve and the i-resilience questionnaire (devised and validated by Robertson Cooper)



- career next steps
- managing surgery politics and power dynamics
- leadership style and team/partnership management.

The i-resilience results showed that over half the cohort lacked confidence in their abilities, and a third had an insufficient sense of purpose and drive to handle setbacks. These issues were worked on in the coaching sessions. The Human Function Curve pre-coaching measures placed 31 GPs (60%) in the 'exhaustion' or 'burnout' segment of the curve, indicating that this cohort was both unhappy and under a considerable amount of pressure. By the end of the coaching, 63% (of the 83% who responded to this question) were operating in the 'safe zone', compared with 8% pre-coaching.

GPs overwhelmingly endorsed their experience of coaching, with 89% saying that they would take up coaching again. Typically positive comments included 'the coaching has been transformational and the benefits tangible, both personally and within my practice'. The value of coaching included the opportunity to reflect on and think through issues with an external, neutral professional who could 'normalise' what they were experiencing and help them to work on new approaches. GPs gained personal insight and understanding into situations and behaviours, had access to managerial expertise and were provided with a personal 'toolkit' with which to manage their feelings, communications and practice.

As a result, more than half the cohort thought that they would have benefitted from additional coaching sessions. Of the participants 95% would recommend their coach to others and 81% felt that coaching had completely, or to a great extent, helped them to deal with the issues important to them. They rated coaching as particularly successful in helping them:

- to obtain a better work-life balance
- get more support from and improve relationships with colleagues
- handle conflict
- feel that they're doing a good job
- have time to think about new ways of doing the job
- reduce the impact of work on their health.

The feedback from the coaches reinforced these findings, and the coaches' view was that their ability to listen actively and create a confidential space, provide the appropriate degree of challenge, and signpost their GPs to areas of further support were all key to the success of the pilot.

Coaching has clearly had a very positive impact on the wellbeing of these GPs. It has, in all probability, reduced the incidence of loss to the profession, and has proved a valued intervention for coachees who were largely unaware of its benefits prior to undertaking the session.

FMLM recommends that the benefits of and opportunities for coaching are made more widely available to the medical profession. Building on the outcomes of this pilot, additional coaching programmes should be undertaken. These would explore how to identify doctors who might benefit from coaching and to evaluate the longer-term impact. This would provide the



evidence with which to evolve coaching provision for doctors. It would also enable these professionals to optimise their performance and flourish within the increasingly pressurised environment in which they operate.

2. Introduction and methodology

2.1 Background to coaching pilot

In December 2015 the Faculty of Medical Leadership and Management (FMLM) was awarded a contract from NHS England to provide 1:1 coaching to a sample of 50 General Practitioners (GPs) over a period of up to 18 months. The GPs selected were to be drawn from a population that was considering leaving or had recently returned to the profession. The project was set up as a pilot to establish whether 1:1 coaching support would have a positive impact on this group's desire to quit working as a GP. Coaching commenced in April 2016, and was completed in early March 2017.

2.2 GP selection process

The four coaches involved in delivering the pilot were drawn from FMLM's national network of executive coaches. The coaches designed the application process, selected the GPs against a set of criteria agreed with FMLM (outlined below), delivered four sessions of coaching to each successful candidate and encouraged their GP clients to provide evaluation data at all stages of the project to contribute to this evaluation.

In February, and again in May 2016, FMLM advertised the availability of GP coaching through a range of communication channels (including NHSE, RCGP and other GP facing organisations and networks) and interested GPs were asked to complete an application form (see Appendix 1). They were asked, amongst other things, for a 1-10 scale rating of how likely they were to leave the profession, and to provide commentary on why coaching might help them.

The selection criteria were as follows:

- Compliance with eligibility criteria:
 - Fully qualified GP in England.
 - Registered and in good standing with the GMC.
 - Able to commit to four coaching sessions over 18 months.
 - Willing to participate in an evaluation process.
- Had compelling reasons for, and anticipated benefits of, seeking coaching.
- High likelihood of leaving score.
- Suitability for coaching (e.g. no evidence of severe psychological difficulties, and realistic expectations of coaching).

Once individuals were selected the coaches were assigned, taking geographic location into consideration, but otherwise randomly. Each coach spoke with their applicants by telephone to



go into more depth about their coaching need, to engage them further in the coaching process, and to complete the selection and initiate the contracting process.

The coaching then took place in neutral venues (typically a hotel lounge or quiet café) – although several GPs were keen to be coached in their home or a local practice. The coaches were clear that their coaching would be more effective away from a familiar environment and their feedback suggests that finding suitable coaching venues was important.

2.3 Evaluation methodology

The project was evaluated using both qualitative and quantitative methods which generated feedback from the GPs who were coached, and from the coaches themselves. Professor Judy McKimm² was asked to provide input to the report, an external verification of the evaluation methodology, and an analysis of the qualitative data gathered. The methods used were:

- a. A survey questionnaire was developed by the coaches and completed online by each GP prior to the start of coaching, to create a baseline against which to measure change over the period of the coaching (Appendix 2).
- b. A survey questionnaire was developed by the coaches and completed online by each GP immediately after their final session of coaching (Appendix 3).
- c. Qualitative interviews with each coach at the end of the project to gather their feedback on the impact that they felt coaching had delivered for their coachees (question list in Appendix 4).
- d. The Human Function Curve (Nixon, P The Practitioner 1979 and Posen DB (Stress Management for patient and physician, The Canadian Journal of Continuing Education 1995). This is a performance curve tool widely used in GP appraisals – each GP was asked at the beginning of the first session to mark where they felt they were on the curve, and again at the end of the fourth session. This was designed to provide a self-assessed ‘before and after’ pressure measure (Appendix 5).
- e. Robertson Cooper’s i-resilience questionnaire tool (which generates a personal resilience profile exploring confidence, social support, adaptability and confidence): each GP was asked to complete this validated online questionnaire between the first and second sessions, which provided an assessment of their resilience and the factors contributing to this. The report generated was discussed in subsequent coaching sessions to help build the resilience of individual GPs.

2.4 The coaching pilot sample

In total 97 applications were received and reviewed by the coaches. Of these, 26 missed the closing date and 52 went ahead, with the coaching following the selection process. Six of the GPs did not use all four coaching sessions, which lowered the average number of session to 3.7. A pre-coaching questionnaire was completed by 51 GPs, a response rate of 98%, while 38% of the GPs completed a post-coaching questionnaire (two GPs who had withdrawn after one session were not asked to participate), giving a response rate of 76%.

² Prof Judy McKimm is Chair in Medical Education, Swansea University Medical School



GPs came from across England. The majority of those coached were female (69%), aged 30–50, white (76%), living in London or the South East, and had never been coached before (see Tables 1–6).

Table 1 Breakdown of pre-coaching questionnaire respondents by gender

Gender	Respondents	% of sample
Male	16	31%
Female	35	69%
Transgender	0	0%
Totals	51	100%

Table 2 Breakdown of pre-coaching questionnaire respondents by age group

Age group	Respondents	% of sample
Under 30	1	2%
30 – 40	17	33%
41- 50	12	24%
51- 60	21	41%
Over 60	0	0%
Totals	51	100%

Table 3 Breakdown of respondents by ethnic origin

Ethnic origin	Respondents	% of sample
Asian/Asian British	4	8%
Asian/Asian British Indian	3	6%
White – British	19	37%
White – English	15	29%
White – Northern Irish	1	2%
White – Scottish	2	4%
Black – British	1	2%
White – other	2	4%
Other	1	2%
Prefer not to say	3	6%
Totals	51	100%



Table 4 Breakdown of respondents by years of GP practice

Years of practice	Respondents	% of sample
Under 5	9	18%
5–10	10	19%
11–15	6	12%
16–20	5	10%
21–30	16	31%
Over 30	3	6%
Not sure	2	4%
Totals	51	100%

Table 5 Breakdown of respondents by region of practice

Region	Respondents	% of sample
England – London	17	33%
England – South	18	35%
England – Midlands/East	9	18%
England – North	7	14%
Totals	51	100%

Table 6 Have you been coached before?

Response	Respondents	% of sample
Yes	3	6%
No	48	94%
Totals	51	100%

2.5 Number of coaching sessions used

The total number of face-to-face coaching sessions delivered by the four coaches was 193. The vast majority of GPs used all four sessions, and the six post-coaching questionnaire respondents who did not provided the following reasons:

- They achieved what they needed to in fewer sessions.
- There was a family crisis that caused them to withdraw.
- They had not counted telephone coaching sessions in their total.
- They were not prepared to sacrifice their day off to use for the coaching.

GPs were also offered shorter, telephone coaching sessions in between their face-to-face meetings, called 'laser sessions', which a good number made use of.



3. Situation prior to engaging with coaching

3.1 Reasons for applying to the pilot

The analysis of open responses revealed key themes. The main reasons that prompted GPs to apply for this coaching opportunity reflected both ‘push’ and ‘pull’ factors. The vast majority indicated that they were thinking of leaving, making a career change or felt that they had reached a turning point in their careers. They explained that this was because they were experiencing high levels of stress or were unhappy, using terms such as being ‘disillusioned’ or ‘dispirited’. One said, “I feel I am approaching burnout”, another that this was about “survival”, and some that they had, ‘lost their love of general practice...’. A few had recently had a complaint against them that had progressed to the GMC and this had affected their confidence and feelings about staying in practice.

Many recognised that the coaching might help them improve their attitude or resilience, could help them change their behaviours and improve motivation for the job. For example, one respondent noted, “I want to try to rediscover pleasure at work and manageable work stress. I want to feel more confident that I can remain a GP long term and stop endless daydreaming about leaving the job.”

A few mentioned that the coaching could help them in returning to work or making a transition and that the coaching would provide an opportunity for reflection.

3.2 Expectations of coaching

FMLM asked GPs how influential they expected the coaching to be in helping them to make their decision about whether to leave the profession. The majority believed it would be very or fairly influential:

Table 7 Anticipated influence of coaching on the decision to leave

Response	Respondents	% of sample
Very influential	9	18%
Fairly influential	27	53%
Neutral/no view	13	25%
Not very influential	2	4%
Not at all influential	0	0%
Totals	51	100%



FMLM also asked what the GPs' expectations of the coaching were, and the majority were hopeful of achieving benefits:

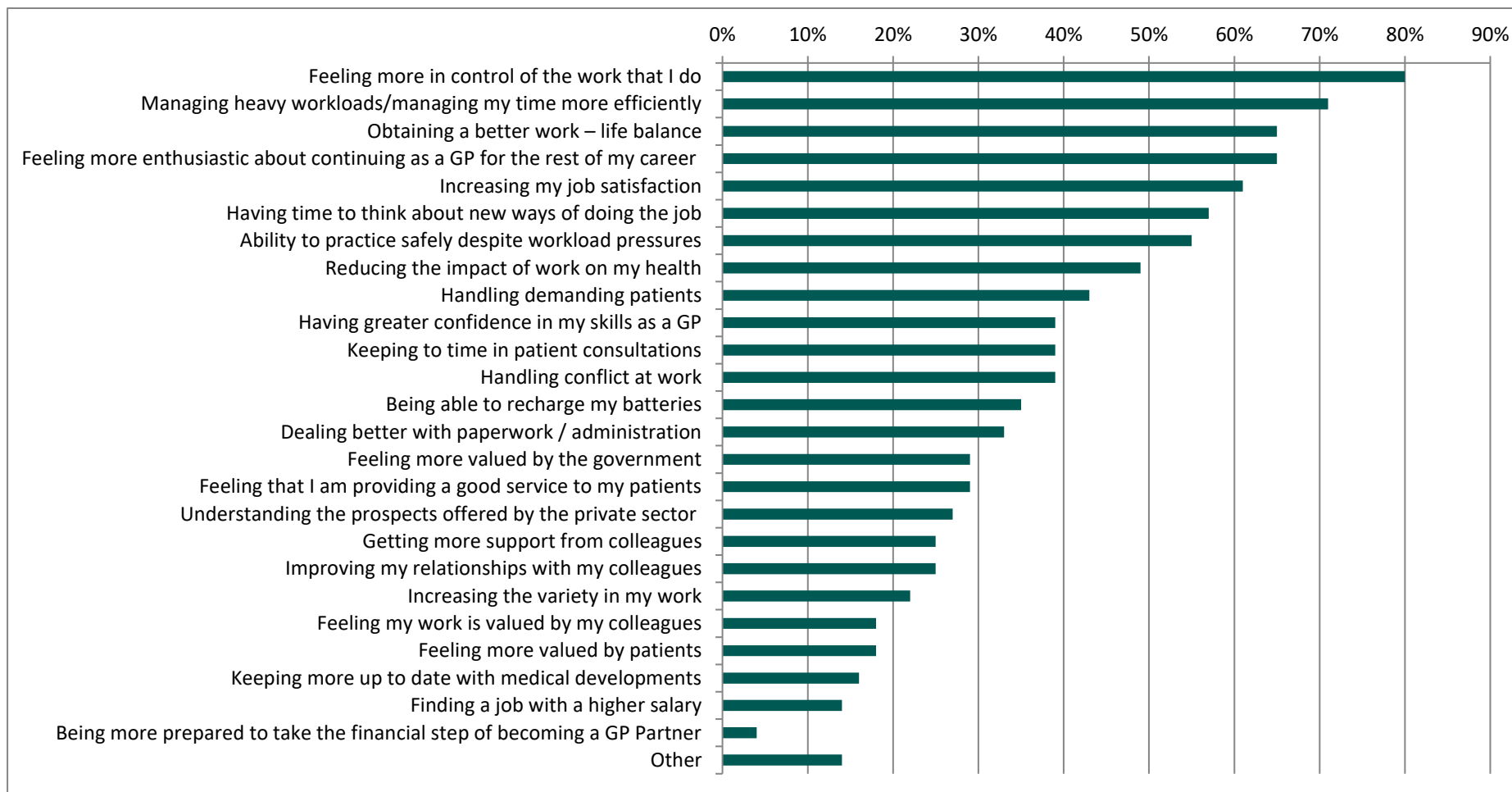
Table 8 **Expectations of the coaching overall**

Response	Respondents	% of sample
It could be life-changing – I have great expectations of coaching	8	16%
I'm hoping it will help with at least some of my issues	31	61%
I'm open-minded about it – no great expectations	10	19%
Unlikely to make me change my mind about leaving	2	4%
Totals	51	100%

3.3 **Factors that coaching might help with**

Respondents were given a comprehensive list of issues that coaching might help them to deal with and were asked to select any that they felt applied to them. Top of the list came a need to feel more in control of their work, followed by a need to manage time and workloads more efficiently. The full list appears in Table 9.

Table 9 Which of these factors do you hope that coaching will help with?





The free text responses were positive about the possible benefits of coaching (which many respondents had not experienced before) and echoed the responses listed above. Specifically, respondents noted that they were hopeful that coaching would help them to:

- gain control of their work
- manage their time and workload
- make informed career decisions
- provide support which isn't currently available to them
- stay working as a GP
- develop new skills.

3.4 Likelihood of leaving the profession

FMLM asked GPs to rate their likelihood of leaving the profession on a scale of 1–10, where 1 was highly unlikely and 10 was highly likely. They found that:

- the average rating of the whole cohort was 7.2
- the majority rated the likelihood between 7 and 9
- three respondents rated it as 10
- no-one rated it below 3.

The free text responses corroborated the responses above and provided details about the feelings and reasons why they were questioning their futures as GPs. The themes identified through analysis of the open questions were overwhelmingly consistent, reflecting a high pressure culture, lack of support, increasing demands from all sides, and impact on many aspects of their work and non-work lives.

All but one respondent cited workload pressures and patient demands and expectations as the main reason for questioning their future in the specialty. One respondent (reflecting the feelings of many) said, "I just want to do the job well and feel a good sense of caring for patients without being overburdened by their demands." The impact of this workload on work-life balance, family life and their own physical and psychological health was also a major theme, leading to unhappiness and stress.

The practice culture combined with financial and resource constraints have huge impact on GPs. Many cited that the workload pressures are exacerbated by:

- colleagues' behaviour
- internal conflict
- a toxic culture
- feeling undervalued and isolated
- feelings of low morale.

A typical quote was, 'the long days are exhausting and I find the responsibility can be overwhelming at times. I have colleagues but often feel I am working alone.'

It is not just internal pressures that are causing the GPs to question their future but a more pervasive feeling that there is a negative or unrealistic media view of GPs, a medico-legal culture



based on blame and (where work pressures and blame culture coincide) a fear of complaints or of making an error. This response sums up the feelings of over half the respondents: “I find the workload extremely stressful and the workload unmanageable. I feel that I am unable to do the best that I can do within the time restraints and find this really difficult to accept ...but what affects me more is the feeling of anxiety and worry following a session that I have missed something/not assessed something properly.”

Whilst the workload is pressurised, most respondents are highly patient-focussed but feel that the complexity of the health system, management demands, requirements from regulatory and other bodies and ‘political interference’ are key to their stress and unhappiness. Typical respondent comments described the ‘increased demand from CCG and NHS England to do work that they feel is needed but which takes us away from our core work’ and that, they have ‘less time doing what we enjoy and were trained to do (clinical work, consult with patients) due to increased amount of administration and paperwork and ‘tick-box’ activities’.

The following verbatim comment highlights and summarises many of the issues identified by respondents as leading to their thinking of leaving general practice, describing the “high levels of stress at work caused by undermanning of practices (and) sick elderly patients, decisions require time but we are asked to make them rapidly, too many complex patients per clinic at short intervals, time pressure and the fear of complaints”.

3.5 Measure of resilience for the pilot cohort

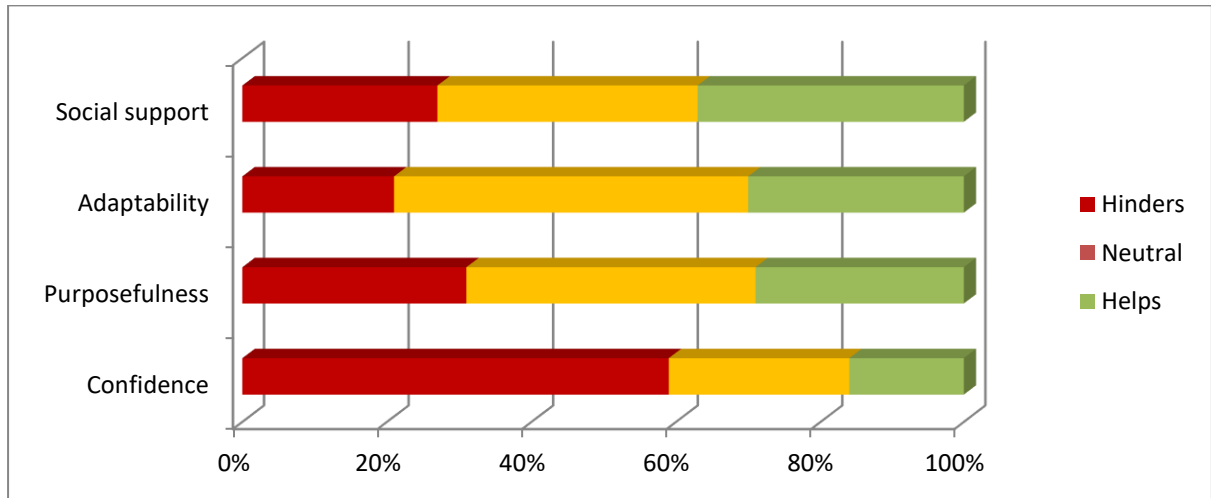
GPs were each asked to complete the Robertson Cooper i-resilience online tool, designed to measure the factors hindering or contributing to their resilience. This was done between the first and second coaching sessions, and results were used in subsequent sessions where GPs considered that developing additional resilience skills would help them to achieve their coaching goals.

The report generated provides an interpretation of the individual’s personality under four resilience ‘components’ – Confidence, Purposefulness, Adaptability and Social Support - and identifies different aspects that may help or hinder that GP’s ability to handle stressful situations³. Each component comprises a number of elements – for example ‘reaction to pressure’ and ‘resourcefulness’ are two elements from the Confidence component. These elements are identified in each report as helping, hindering or having no positive or negative effect on the individual’s resilience.

In the table below FMLM have aggregated all the elements from every GP’s individual report and calculated the total number of elements in each of these three categories as a percentage of the whole, for each component of the model, which provides an indication of where these GPs were at the start of their coaching experience.

³For more background to this tool, visit www.robertsoncooper.com/iresilience

Table 10 Aggregated i-resilience results for the GP cohort



What emerges clearly from this aggregated data is that the ‘typical’ GP in this cohort would benefit from developing additional skills and approaches to enhance their confidence in carrying out their role. Typical issues that the reports highlighted were high degrees of anxiety and worry, a lack of confidence in being able to handle potentially stressful situations and a tendency to underestimate the resourcefulness they have at their disposal to deal with these situations. Feedback from the coaches indicated that one important contributor to this situation was the worry about receiving and having to handle complaints, which added to workloads as well as sapping their own and others’ confidence in their medical ability.

4. GPs’ views about the coaching

4.1 Perceived benefits of coaching

GPs overwhelmingly endorsed their experience of coaching, with 34 saying that they would do it again, and only four (9%) saying that they were not sure. The reasons given by those who were not sure were also positive, the main themes being that the experience was positive, but they did not foresee a need for coaching in the future.

The open question responses provided more insight into why the GPs would like further coaching. Many commented that the coaching was (often surprisingly) valuable, helpful and positive, with one respondent noting that, “the coaching has been transformational and the benefits tangible, both personally and within my practice”. GPs very much valued the opportunity to reflect, think through issues and plan and make decisions with someone who could provide neutral support from outside and give an external ‘normalising’ view on their issues. The coaching ‘proved to be a supportive and empowering experience’ through which the GPs gained personal insight and understanding into situations and behaviours, had access to managerial expertise and were provided with a personal ‘toolkit’ with which to manage their feelings, communications and practice.

All post-coaching questionnaire respondents to the closed questions found the coaching very or fairly helpful apart from one who had no strong view. Respondents were asked what they had



enjoyed most from the coaching sessions. A range of responses were received, all underpinned by the very positive ethos provided by the coaches’ approach to the sessions. The positive, proactive, structured approach was illustrated by one GP who commented that, “I have enjoyed the feeling as I walked away from each session. I have felt positive and optimistic for the future”.

Specific aspects cited by respondents included the support, being listened to, their coach’s empathy and being given time for themselves. A typical response was, “To be honest, the biggest benefit is probably having someone to listen and to empathise ...my coach helped me recognise my skills and strengths, giving me back a sense of worth.” Other aspects of the coaching that helped GPs included:

- a clarification of goals and direction
- having the opportunity to explore self-development, insight and awareness
- the provision of a confidential, non-judgemental, ‘safe space’
- having a neutral, knowledgeable, ‘outsider’ perspective
- realising that others feel the same way (for example: “...it was good to know I am not alone”)
- being challenged and stretched.

Table 11 How useful did you find the coaching in helping you to decide about your future as a GP?

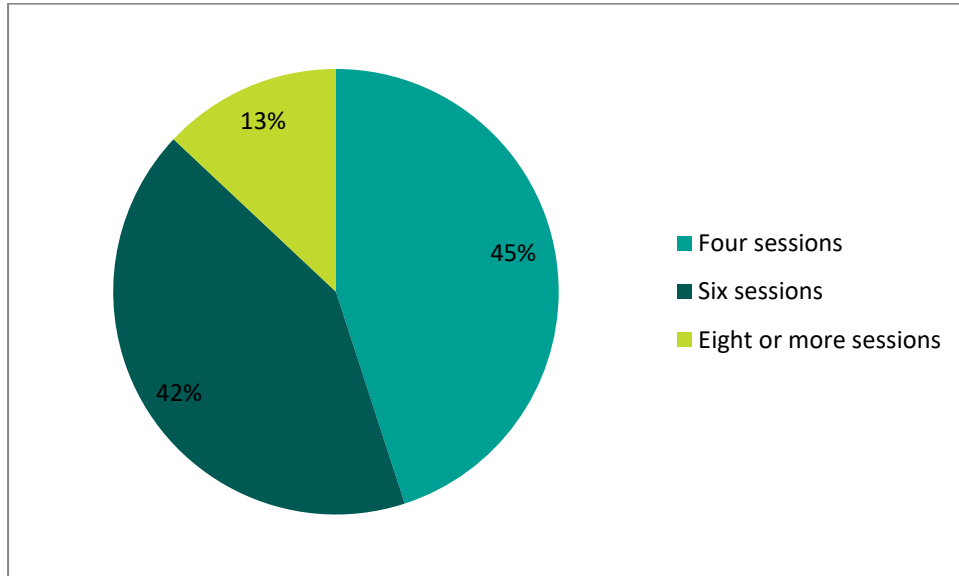
Response	Respondents	% of sample
Very useful	24	63%
Fairly useful	13	34%
Neutral/no view	1	3%
Not very useful	0	0%
Not at all useful	0	0%
Totals	38	100%

4.2 Ideal length of coaching programme

More than half of the GPs coached thought that four sessions of coaching was not enough and five would have appreciated eight or more coaching sessions. This was noted in responses to both the closed and open questions. From the open questions, some GPs commented that they would have liked more sessions over a longer time period, including more time between sessions so they had longer to put things into practice. The duration between the first and last coaching session varied considerably from GP to GP – from three months to over a year. The coaches felt that the flexibility inherent in scheduling coaching sessions had enabled them to work with their clients to meet their need to reflect, practice, step back or forge ahead with the changes that they wanted to make as a result of coaching.



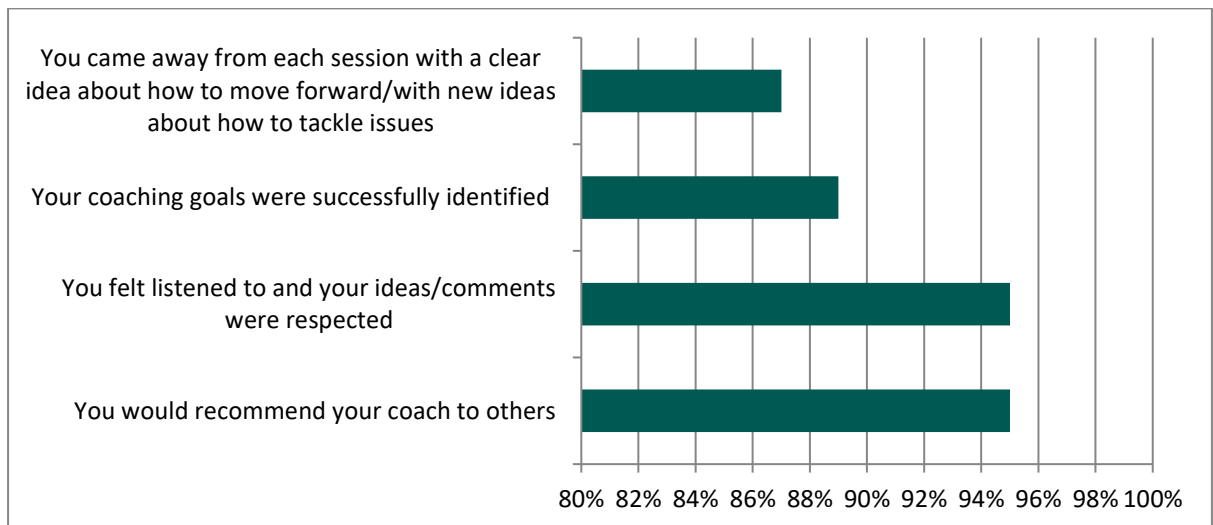
Table 12 What do you think is the ideal number of coaching sessions for this type of programme?



4.3 Professionalism of coaches

The majority of GPs were extremely positive about their coaching experience, regardless of which coach they worked with. One respondent checked the ‘strongly disagree’ boxes for each of the following statements, but supported them with extremely positive comments, suggesting that s/he had misinterpreted the response scale. Apart from this individual, only one other respondent selected ‘disagree’ for the statement about whether or not their goals were accurately identified.

Table 13 Agreement with statements about the coach by percentage



FMLM asked an open question: ‘Is there anything that you feel could have been improved about your work or relationship with your coach?’



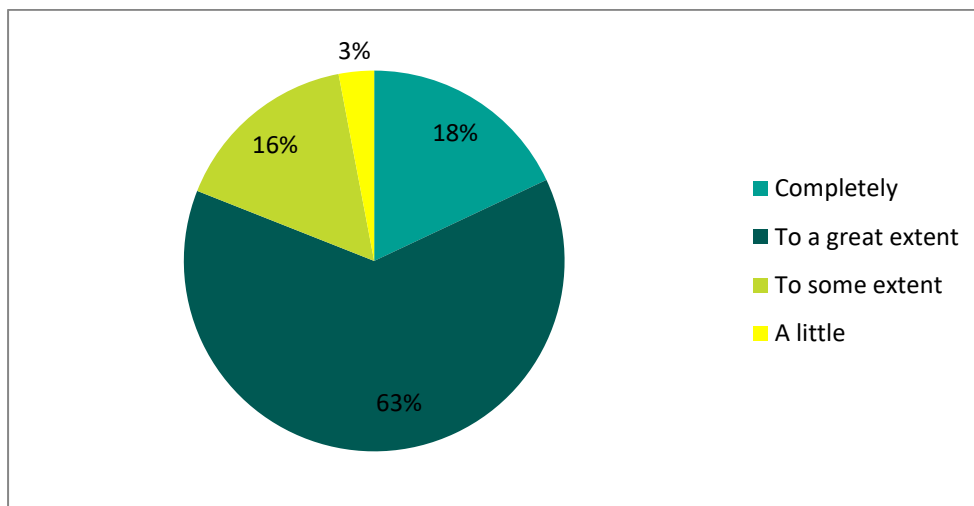
Of the 52 respondents, 19 said there was nothing that could be improved. Some indicated that they thought more sessions were needed over a longer time period, so that they had more opportunity to put models into practice before discussing them with the coach. Some noted that the follow-up or feedback from the coach did not happen, while others admitted that they themselves could have been more prepared or engaged.

5. The impact of the coaching

5.1 The GPs' views

GPs were extremely positive about the extent to which coaching had helped them to deal with the issues they brought to their meetings. All said that they had gained some benefit.

Table 14 How much has coaching helped you to deal with the issues you worked on in the sessions you had with your coach?



Prior to the coaching 75% of questionnaire respondents said they were likely (score of 7+) to leave the profession, compared with 21% of post-coaching questionnaire respondents. However, in the free text open comments section, six respondents (16%) reported that the coaching had helped them decide to stay in general practice.

FMLM asked respondents: 'What will you take away from your coaching and use in your work in the future?' Responses to this question had a running theme about how the coaches have been instrumental in helping the GPs find different ways to manage stress, the overwhelming workload, and pressures they identified or described in the pre-coaching questionnaire responses. The main benefits and changes from the coaching that the GPs identified were:

- a changed mindset and approach to practice
- an ability to generate ideas for career development or future employment
- enhanced communication skills, confidence and assertiveness
- Learned to set boundaries, manage their time and work within their limits
- reaffirming their skills
- affirming that feelings or concerns were appropriate
- providing a range of 'tools' to use in practice



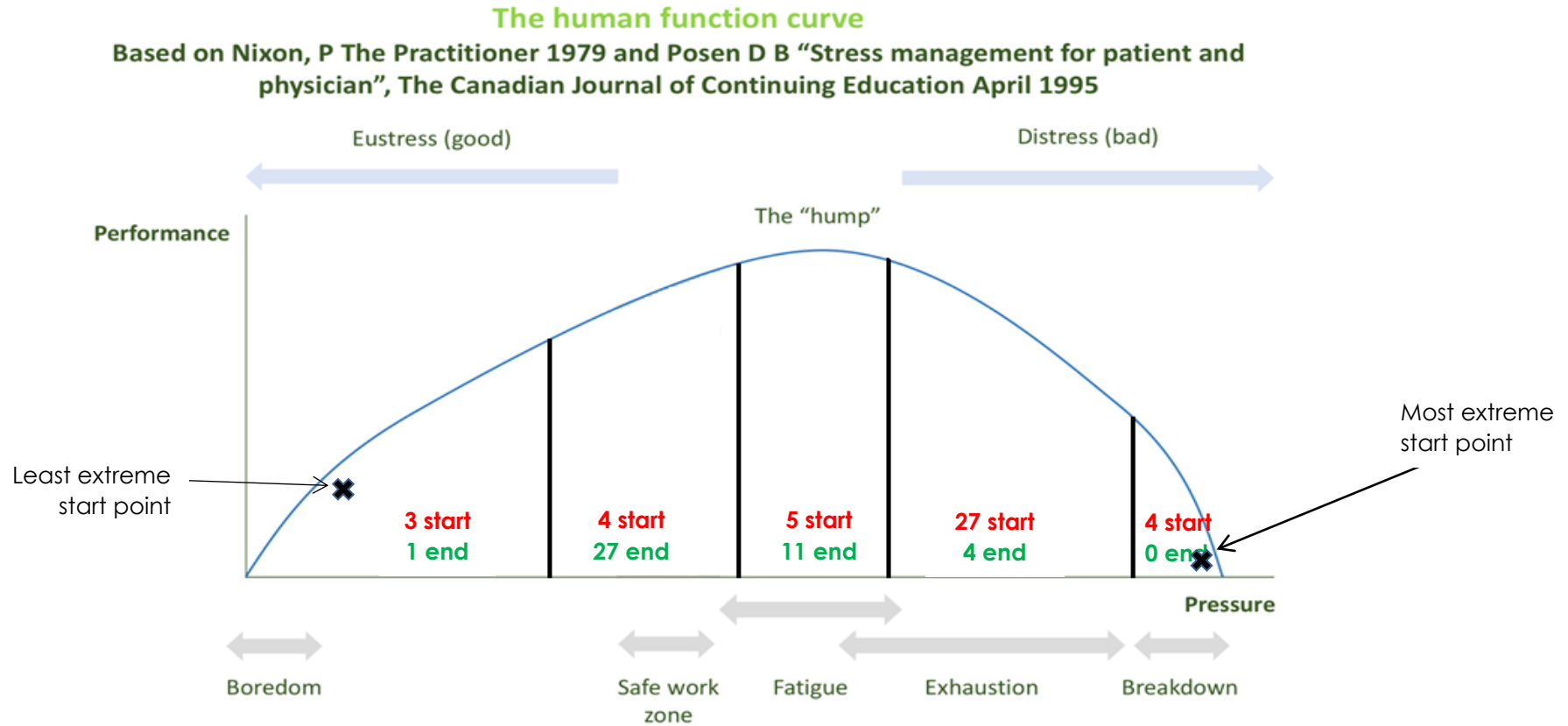
- regaining the motivation to stay working as a GP
- discovering different ways to solve problems
- becoming better aware of helpful systems and organisations.

5.2 Human Function Curve Measures

The Human Function Curve is designed to illustrate the effect on performance of the degree of pressure (from insufficient to excessive) that individuals feel themselves to be under.

GPs were asked to self-rate their position on the Curve at the very start of their first coaching session, and again after completing their final session. At the start of coaching four GPs rated themselves at breakdown point, 27 at the point of exhaustion and a further four considered themselves fatigued. Only four believed that they were working in the 'safe zone'.

Table 15 GP performance measures from pre- and post- ratings on Human Function Curve





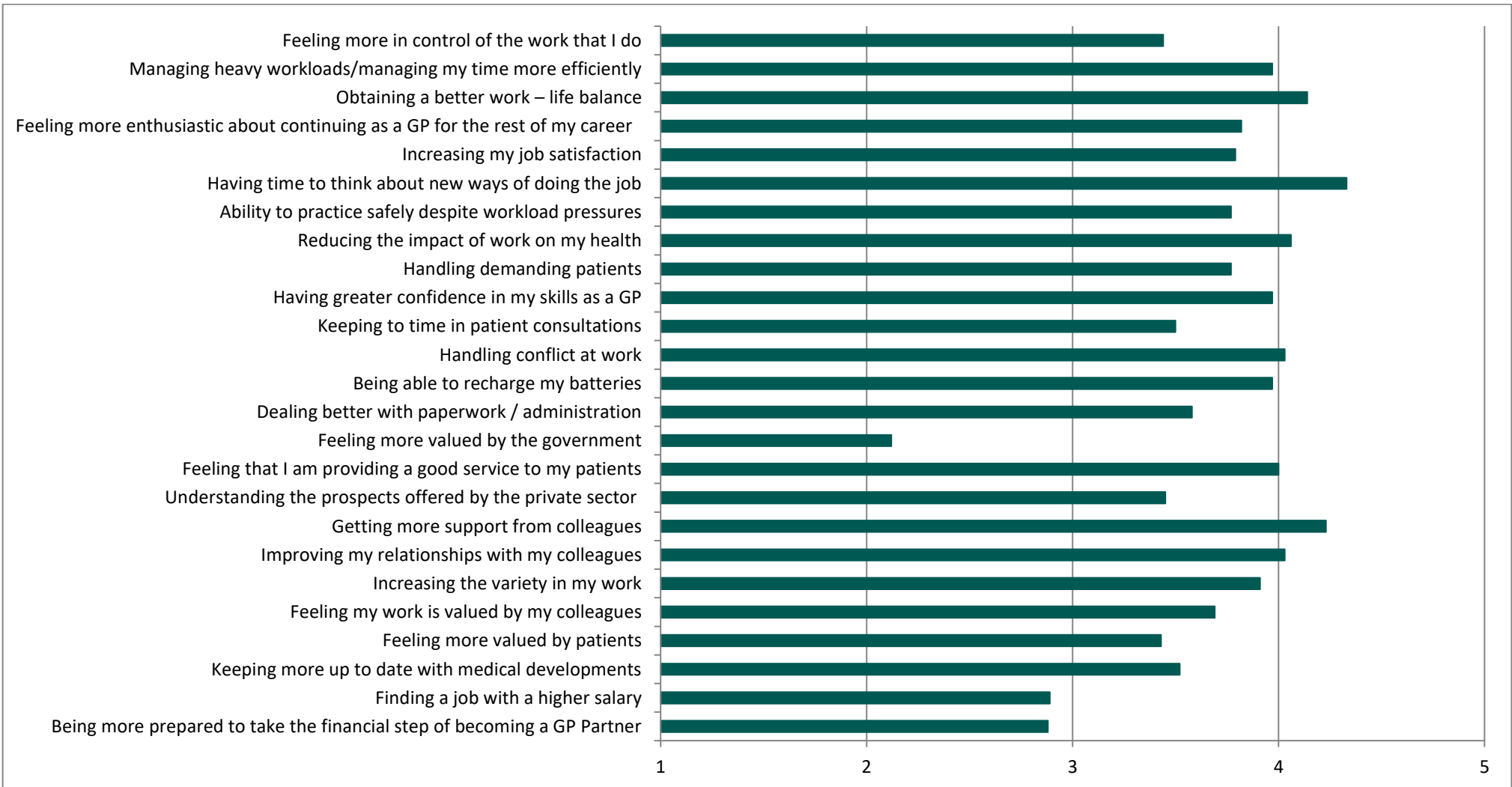
The results show clearly that GPs self-rated performance was considerably improved at the end of coaching. The final ratings of all except four GPs moved from 'distress' and excess pressure nearer to the 'safe zone', 27 of them moving to the 'safe zone'. GPs who considered themselves bored also moved towards the 'safe zone'. Only one GP moved in an adverse direction, moving further up the 'pressure scale', their explanation being that coaching had made them realise that they were in denial about the pressure they were working under at the start of the coaching.

5.3 Shifts between pre-and post-questionnaire responses

FMLM took the same factors that GPs had said they were hoping coaching would help them with in their pre-coaching questionnaires, and asked respondents to rate how successful coaching had been in helping them to deal with these issues. The factors listed in Table 16 are organised from the ones that most GPs hoped to get help with, at the bottom of the list, up to the factors that fewest GPs needed help with.

The table clearly illustrates that coaching had a positive impact on all except three of these factors, (all of which were low on the GPs' priority lists) and that it was particularly helpful in helping them to obtain a better work-life balance, thinking about new ways of doing the job and obtaining more support from their colleagues.

Table 16 **Impact of coaching on GPs' pre-evaluation goals**





5.4 The coaches' views

Four coaches, all working within the EMCC⁴ or AC⁵ professional code of ethics, were involved in this pilot. Creating a diverse team of coaches added value to the pilot as their expertise was utilised not only to coach, but also to design and implement the application and contracting processes, screen the applications against agreed selection criteria, and support one other during the pilot through regular supervision sessions and informal contact.

The coaches were of the view that the early work and preparation put into this pilot was an important factor in the ultimate success of the coaching, and the professional support that they were able to offer each other helped in delivering the best possible results for the GPs involved.

The coaches views, gathered via semi-structured interview (see Appendix 4 for interview questions), were consistent. They felt that many, but not all of their clients were experiencing high levels of stress and that some were finding it difficult to cope. Indeed, several were on anti-depressants and/or had taken time off work because they were struggling with the demands put upon them. Reasons for this varied, however common themes included:

- the volume of work they had to deal with, exacerbated by the amount of paperwork and administration involved, and the 'impossibility' of doing the work within the time available
- problematic relationships with colleagues and/or feeling unsupported by them
- difficulties in juggling work and home responsibilities – a number had quite demanding home lives for a variety of reasons
- the broader context in which they were working (NHS as a 'political football')
- a sense of not being able to do the 'doctoring' part of their role to the best of their abilities due to some or all the reasons above – the restrictions of the 10-minute appointment time was often mentioned in this context
- fear of receiving and having to handle patient complaints.

The coaches were all trained professionals, well versed in managing the boundaries between coaching and therapy. Two of the coaches had mental health nursing backgrounds, and the inclusion of this expertise within the coaching team was beneficial for the coaching pilot in a number of ways:

1. Supervision sessions drew on this experience to clarify when and if therapy was a more appropriate approach.
2. Coaches were very clear about their boundaries during the coaching sessions with particularly stressed individuals and could point GPs towards therapy where relevant.

⁴ European Mentoring and Coaching Council

⁵ The Association for Coaching



The coaches worked with their clients on some common themes, including:

- confidence-building around their capabilities as doctors
- conflict management techniques to build skills around handling difficult patients and colleagues
- improving their resilience, their ability to say no to unreasonable demands and avoiding burnout
- leadership style, team management and partnership management issues
- taking decisions about future career moves
- time management skills and how to work within and around the 10-minute appointment period
- self-limiting beliefs that were holding them back and making them feel inadequate
- managing surgery 'politics' and power dynamics
- work-life balance issues and solutions.

The feedback that the coaches received directly from their GP clients included:

- the enormous value of having a confidential space in which to talk openly and find solutions
- the coaches' ability to listen and to be 'positive without being overly upbeat'
- the solution-focussed nature of the sessions – solutions were always found to problems raised in the sessions
- greater self-awareness of the beliefs, behaviours and thought patterns that were holding GPs back from finding their own way through their difficulties
- an appropriate degree of challenge
- signposting to areas of further support.

All coaches gained a strong sense from their clients of how positively the coaching had been valued. Several GPs have commissioned further private sessions with their coaches. Even those few GPs that didn't complete all four sessions mostly did so because they felt they had achieved everything they wanted in fewer sessions.

All coaches also believed that the coaching had made a very positive difference to their clients:

"I gave them a space and a platform to organise their thinking rationally and purposefully, not just downloading, but helping them to move things forward."

"There was only one person who I don't think made a shift. They were not engaged and came to their sessions unprepared. Everyone else I worked with coped better as a result of the coaching."

"The rate of change was different for each person. One GP had one session and it unlocked them completely – they were trying to be someone they were not ...at the other end of the spectrum were some very vulnerable people who could have made even more progress with five or six sessions."

5.5 Themes from free text comments

Responses from the free text⁶, 'open' questions have been referred to under various sections of this report. However, in summary, it is clear from the self-reporting by the GPs involved that the coaching has benefitted the vast majority of participants. Overwhelmingly, in the pre-coaching questionnaire responses, the selected GPs expressed deep unhappiness and stress about their work as a GP, not the contact with patients (which most feel they are there to provide) but the sheer volume of additional work, the 'blame culture' and the fear of making a clinical mistake because of workload demands. This stress impacted on their health and work-life balance, with many GPs feeling isolated, unvalued and unsupported.

The coaching has provided these GPs with a 'safe', confidential, neutral space where they can discuss their feelings, fears, issues and concerns. The value of having the opportunity to work with an informed, credible outsider is highlighted by many, as is the 'normalisation' of their feelings and concerns. This positive, solution-focussed approach from the coaches has empowered and re-motivated the GPs by reaffirming their capabilities, enabling them to plan and make decisions and giving them their confidence back. A specific benefit mentioned by many is that they have been provided with the tools and skills to work more effectively with colleagues and set boundaries around time and workload. For some, this has enabled them to reconsider whether they should leave general practice, while others have explored alternative career options in health and social care. Most respondents freely comment that they have valued the coaching immensely and, interestingly, many suggest that this should be available to all doctors as part of their professional development.

5.5 GPs' future plans

FMLM asked GPs after their coaching to rate again, on a 1 – 10 scale (where 1 = highly unlikely and 10 = highly likely) how likely they now were to leave the profession. A comparison between the two sets of scores shows the very positive impact that coaching appears to have had on the GPs who engaged with it. Indeed, 75% of pre-coaching questionnaire respondents said they were likely (score of 7+) to leave the profession, compared with 21% of post-coaching questionnaire respondents.

⁶ See Appendix 6 for full, verbatim comments



Table 17 Pre- and post- coaching 'likelihood of leaving the profession' ratings

	Pre-coaching (base 51)	Post-coaching (base 28)⁷
Average 'leave' rating	7.2	4.9
7 or above	74.5%	32%
4 to 6	23.5%	21%
3 or below	2%	46%

Of the nine GPs who still rated it likely (7 or above) after they had been coached, that they would leave the profession, six also believed that they would leave the field of health and social care altogether, but their written comments indicated that one of them was still planning to work as a locum, and three planned to move into a private sector medical role. Half of this group was in the 50–60 age category.

6. Conclusions

1. All the measures indicate that **coaching has made a significant and positive difference to the GPs taking part in the pilot**. Whether this was to increase their awareness of the stress that they were working under and thus make changes, or to improve their confidence and sense of purpose, clarify their career direction or help them make decisions about their future, there is no data to suggest that coaching had a negative impact on the GPs in the pilot.
2. There are many factors influencing GPs' decisions to leave or stay in the profession. Whilst this doesn't demonstrate causality, **there are several examples where GPs have attributed their decision to stay to the coaching they received** – comments 3, 7 and 23 in Appendix 7 are three such examples.
3. **Very few GPs wanted to leave the profession because they had become disenchanted with the core purpose of a GP role. They felt forced to do so because of factors that they believed to be outside their control**, primarily those identified in Table 9 of this report.
4. Key factors that GPs need help and support with, and which appear to make a difference to their desire to leave the profession, include:
 - managing heavy workloads
 - obtaining a better work-life balance
 - feeling in control of the work that they do

⁷ At the start of the pilot we were reluctant to use 'likelihood of leaving' as measure of coaching success, given the multitude of influences outside of our control that could affect this decision. However, in the light of the post-coaching questionnaire feedback that we began to receive, we added a rating question to the post-coaching questionnaire for those that had not already completed it. This explains the lower base number for 'post-coaching' responses. We have no reason to believe that these results would not also have been reflected in the responses of the GPs who completed their post-coaching questionnaire before this question was added.



- handling conflict with patients and with colleagues
- having time to think about how they can do the job better
- feeling confident that they are practicing safely despite the work pressures
- handling demanding patients.

Coaching has had a positive impact on all these factors (see Table 16) and **enabled the GPs to recognise and address what was within their control.**

5. The engagement and recruitment process, and **provision of four sessions with flexibility over the timing of the sessions** enabled the pilot to **best meet the needs of the coachees.**
6. Coachees clearly **appreciated the fact that NHS England had financed this pilot.**

7. Recommendations

1. Coaching should be considered as a powerful tool for supporting vulnerable GPs to help with their confidence, resilience, career development, 'softer skills' and problem-solving abilities to help them be as effective as possible.
2. Coaching should also be considered a powerful tool to support the retention of GPs.
3. Identifying GPs in need of support earlier in the process is important, so that coaching stands a greater chance of making a difference.
4. GP leaders, educators and GP appraisers should be made aware of the positive findings of this study with respect to coaching.
5. Consideration should be given to follow up the GPs in this pilot project to evaluate the longer-term impact of coaching.
6. The results of this study should inform national, regional and local initiatives to address the issues surrounding the retention of GPs and the underlying causes of dissatisfaction and stress in this crucial sector of the workforce.
7. GP leaders and educators should consider introducing more leadership and team development opportunities for GPs to help with the sense of isolation, lack of support, and unclear direction. These were the main issues for the majority of this pilot cohort.

With special thanks to the coaches:

John Aspden, Executive Coach and Director, Cognitions

Katherine Foreman, Executive Coach and Managing Director, Topeka Healthcare

Alexis Hutson, Executive Coach, Coaching Doctors

Liz McCaw, Executive Coach and Consultant, Headspace for Business

APPENDIX 1 The Application Form

Background and context

In January 2015 NHS England and its partners, Health Education England, the Royal College of GPs and the BMA published *Building the workforce – the new deal for general practice*. This document sets out actions which need to be taken to support the GP workforce and ensure there are 5000 more GPs by 2020. This commitment was reiterated by the Secretary of State when retaining GPs and supporting them to remain in post in challenging times was one of the key points of his June 2015 speech on the GP New Deal. As part of this proposal, NHS England has commissioned the Faculty of Medical Leadership and Management (FMLM) to pilot a clinical coaching programme for GPs who are at risk of leaving the profession and to those who have recently returned to practise after a period of time out.

The offer

NHS England and FMLM are offering fully qualified GPs considering leaving the profession or recently returning to practice an opportunity to be coached by a qualified, experienced coach from FMLM's coaching network.

Coaching can be helpful for individuals looking to:

- Improve work/life balance
- Feel more in control of at work
- Increase ability to identify solutions to work related issues
- Improve time management skills
- Build greater confidence in managing conflict and having difficult conversations in the workplace
- Build greater self-awareness of the symptoms of stress and burnout.

The purpose of these confidential coaching sessions is to support GPs in their decision-making process and help ensure they are well prepared for any transition. Successful applicants will be able to use the coaching sessions to clarify their thoughts and ensure they are making the right decision for themselves. More information about coaching is available on [FMLM website](#). Successful applicants will be offered four coaching sessions. The length of support will be determined by the coach and GP. All four coaching sessions must take place within 18-months of the start of the programme.



Eligibility

Applicants must be:

- a fully qualified GP (locum, salaried or partner) in England for at least five years (continuous or discontinuous)
- in good standing with the GMC and should be registered on the GMC's List of Registered Medical Practitioners
- able to commit to three coaching sessions over the course of 18-months
- willing to participate in an evaluation of the programme.

Award criteria

Funding is being provided by NHS England, but will be held, managed and awarded by FMLM. Selection will be based on:

- Completeness of proposal
- Meeting the eligibility criteria
- Clear description of reason for seeking coaching and explanation of benefits expected.

Data and administration

Data contained in this application form will be treated as confidential and identifiable details will not be shared with other parties. FMLM will share anonymised data produced as part of the pilot with NHS England.

Application submission and timescales

Applications are invited to be submitted electronically by [date and time] to coaching@fmlm.ac.uk. Late or incomplete application forms will not be accepted.



Application Form

Full Name:														
Tel No:														
Email:														
Organisation or home address:														
Region:		<input type="checkbox"/> England – London <input type="checkbox"/> England – South <input type="checkbox"/> England – Midlands and East <input type="checkbox"/> England – North												
GMC no.:														
FMLM member no. (if applicable):														
RCGP member no. (if applicable):														
Age (this is not mandatory):														
Gender (this is not mandatory):														
How long have you been practising as a GP?														
Are you: Returning after leave <input type="checkbox"/> OR Considering leaving the profession <input type="checkbox"/> If the latter, please explain why you are considering leaving?														
Please rate how likely it is you will leave the profession? (1 = highly unlikely, 10 = highly likely)														
1	2	3	4	5	6	7	8	9	10					
For how long have you felt that you wished to leave the profession?														
1-2 years		2-5 years		5-10 years		More than 10 years								
What are you seeking from coaching? Please describe the challenge you are dealing with for which you think coaching might be helpful. (250 words)														
Have you had coaching before? If yes, when and for how long?														
When would you be available for coaching sessions? Please indicate preferred days of the week and time of day.														
FMLM would like to contact you with further information about membership and other offers.														
Are you happy to be contacted for this purpose? <i>If yes, please provide the following information</i>					<input type="checkbox"/> Yes					<input type="checkbox"/> No				
Declaration														
a) <i>The information provided in this application is accurate.</i>														
b) <i>If successful, I will be able to fully participate in three coaching sessions.</i>														
PRINT name:														
Signature:														
Date:														

Please send completed application forms to coaching@fmlm.ac.uk by noon on [date].

APPENDIX 2 The pre-coaching questionnaire

Thank you for agreeing to participate in this GP Coaching pilot, funded by NHS England and delivered by the Faculty of Medical Leadership and Management (FMLM). We would like to collect some information from all participants in the programme which will assist us in evaluating the success of the pilot from the point of view of the three main stakeholders, NHS England, the GPs who are being coached and the FMLM and their coaches.

All the information you provide will be kept confidential by FMLM and used only to assess the value and impact of the coaching that has been undertaken, so that any future coaching projects can be developed and improved upon. FMLM will only provide data to NHS England in a form that will not identify individual participants, and that will be used to support the case for additional investment should participant feedback be positive, or highlight the learning from the pilot if it is not. FMLM may also produce a report for broader publication should they deem the evaluation findings to be relevant for the broader medical community.

PLEASE COMPLETE THE QUESTIONNAIRE BEFORE YOUR FIRST COACHING SESSION. IT SHOULD TAKE NO LONGER THAN 10 MINUTES.

GP name: _____

1. What is your gender?

- Male
- Female
- Transgender

2. How old are you?

- Under 30
- 30 – 40
- 41 – 50
- 51 – 60
- Over 60

3. What is your ethnic origin?

Arab	Mixed Other
Asian/Asian British	Mixed White and Asian
Bangladeshi	Mixed White and Black African
Asian/Asian British Chinese	White – Irish
Asian/Asian British Pakistani	White – British
Asian/Asian British Indian	White – English
Asian/Asian British Other	White – Northern Irish
Black	White – Scottish
Black African	White - Welsh
Black British	White – Other
Black Caribbean	Other



4. **How many years have you been practising as a GP?**
 - Under 5
 - 5 – 10
 - 11 – 15
 - 16 – 20
 - 21 – 30
 - Over 30
 - Not sure / can't remember

5. **What region do you practice in (or live in, if you are returning to GP practice)?**
 - England – London
 - England – South
 - England – Midlands and East
 - England – North

6. **Are you a member of FMLM?**
 - Yes
 - No
 - Don't know

7. **Have you been coached before?**
 - Yes
 - No

8. **What are the main reasons that prompted you to apply for this coaching opportunity?**
FREE TEXT RESPONSE

9. **Please rate, on a scale of 1 -10 where 1 = highly unlikely and 10 = highly likely, how likely it is that you will leave the profession.**

10. **How influential do you expect the coaching to be in helping you to make the decision about whether or not to leave the profession?**
PLEASE TICK ONE RESPONSE ONLY
 - Very influential
 - Fairly influential
 - Neutral / no view
 - Not very influential
 - Not at all influential

11. **What are the main factors that are causing you to question your future as a GP?**
FREE TEXT RESPONSE



12. What best describes your expectation of the coaching overall?

PLEASE TICK ONE OPTION ONLY

It could be life-changing – I have great expectations of the coaching

I'm hoping it will help with at least some of my issues

I'm open-minded about it – no great expectations

Unlikely to make me change my mind about leaving

Don't know / no view

13. Which of these factors do you hope that the coaching will help with?

PLEASE TICK AS MANY AS APPLY

Handling demanding patients

Getting more support from colleagues

Feeling more in control of the work that I do

Managing heavy workloads/managing my time more efficiently

Feeling more valued by patients

Dealing better with paperwork / administration

Having greater confidence in my skills as a GP

Obtaining a better work – life balance

Increasing the variety in my work

Reducing the impact of work on my health

Handling conflict at work

Feeling more enthusiastic about continuing as a GP for the rest of my career

Keeping more up to date with medical developments

Feeling more valued by the government

Increasing my job satisfaction

Having time to think about new ways of doing the job

Finding a job with a higher salary

Improving my relationships with my colleagues

Being more prepared to take the financial step of becoming a GP Partner

Feeling my work is valued by my colleagues

Understanding the prospects offered by the private sector

Being able to recharge my batteries

Keeping to time in patient consultations

Feeling that I am providing a good service to my patients

Ability to practice safely despite workload pressures

Other – please write in: _____

14. Any other comments, and/or further explanations for your answers to the questions

FREE TEXT RESPONSE

Thank you for your feedback, and we hope that you will enjoy your coaching sessions!



APPENDIX 3

The post-coaching questionnaire

We hope you enjoyed your coaching sessions with your FMLM coach. We would very much appreciate your feedback on the coaching so that we can evaluate the success of the NHS England GP Coaching pilot. Your responses will be confidential to FMLM and will not be shared with NHS England in a way that enables you to be identified as an individual.

FMLM will be sending you a certificate of CPD upon receipt of your feedback about the coaching.

GP name: _____

Coach name: _____

1. How many coaching sessions did you use from your maximum allocation of four?

- All of them - go to Q3(a)
- 3 of them - go to Q2
- 2 of them - go to Q2
- 1 of them - go to Q2

2. What stopped you from using all your allocated coaching sessions?

FREE TEXT

3. (a) Would you undertake coaching in the future?

- Yes
- No
- Don't know/not sure

3. (b) What are the reasons for your response to Q3(a)

FREE TEXT

4. What do you think is the ideal number of coaching sessions for this type of programme?

- 2
- 4
- 6
- 8 or more

5. How useful did you find the coaching in helping you to decide about your future as a GP?

- Very useful
- Fairly useful
- Neutral / no view
- Not very useful
- Not at all useful



6. Please rate on a scale of 1 – 10, how likely it is that (a) you will leave the GP profession and (b) will leave the field of health and social care altogether in the next couple of years. Please write in a number between 1 = highly unlikely and 10 = highly likely for each of the items below

(a) leave the profession

(b) leave the field of health and social care

7. If you are planning to stop practicing as a GP, what plans do you have, if any, to utilise your medical training?

FREE TEXT

8. How far do you agree or disagree with the following statements about your coaching sessions?

PLEASE TICK ONE OPTION IN EACH LINE

Response scale: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know/no view

Your coaching goals were successfully and accurately identified

You felt listened to and your ideas/comments were respected

You came away from each session with a clear idea about how to move forward/with new ideas about how to tackle issues

You would recommend your coach to others who wanted a coach

9. What have you most enjoyed about your coaching sessions?

FREE TEXT

10. Is there anything that you felt could have been improved about your work or relationship with your coach?

FREE TEXT

11. What will you take away from the coaching and use in your work in future?

FREE TEXT

12. How successful has your coaching been in helping you to deal with the following issues?
PLEASE TICK ONE ANSWER IN EACH LINE

Response scale: Very successful, fairly successful, neither successful nor unsuccessful, fairly unsuccessful, very unsuccessful, not applicable

Handling demanding patients

Getting more support from colleagues

Feeling more in control of the work that you do

Managing heavy workloads/managing your time more efficiently



Feeling more valued by patients
Dealing better with paperwork / administration
Having greater confidence in your skills as a GP
Obtaining a better work – life balance
Increasing the variety in your work
Reducing the impact of work on your health
Handling conflict at work
Feeling more enthusiastic about continuing as a GP for the rest of your career
Keeping more up to date with medical developments
Feeling more valued by the government
Increasing your job satisfaction
Having time to think about new ways of doing the job
Finding a job with a higher salary
Improving your relationships with your colleagues
Being more prepared to take the financial step of becoming a GP Partner
Feeling your work is valued by your colleagues
Understanding the prospects offered by the private sector
Being able to recharge your batteries
Keeping to time in patient consultations
Feeling that I am providing a good service to my patients
Ability to practice safely despite workload pressures

13. How much has coaching helped you to deal with the issues you worked on in the sessions with your coach?

PLEASE TICK ONE OPTION

Completely
To a great extent
To some extent
A little
Not at all
Don't know / no view

14. Any other comments that will help us to evaluate the success of this pilot

FREE TEXT

15. If you are happy with the coaching you have received and feel able to write a testimonial for your coach that FMLM could use to promote this service further, please add it below:

FREE TEXT

Thank you for participating in this coaching pilot and we wish you well in your future career.

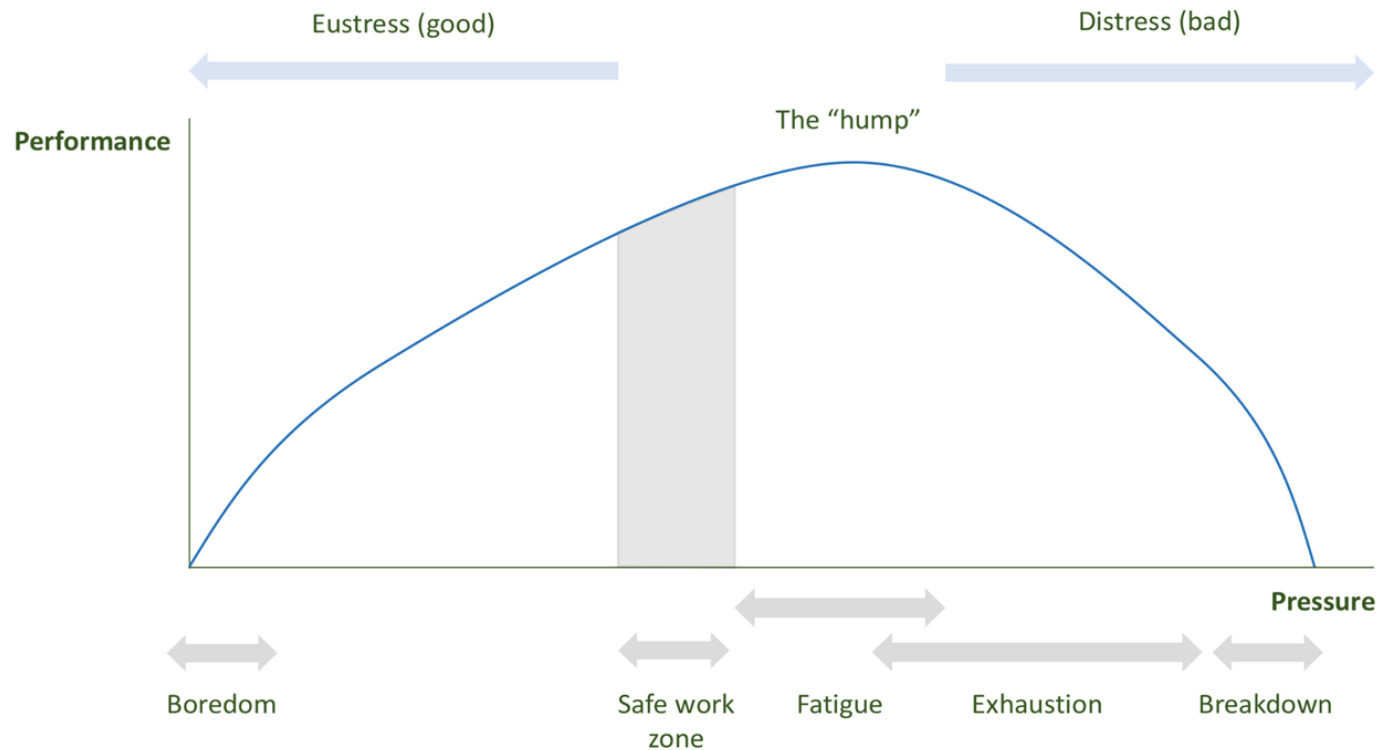


APPENDIX 4 Question list for qualitative Coach interviews

1. How well were your GPs coping with work, and with life generally, and how did this change during the course of your sessions with them?
2. What are the main themes that have emerged from your coaching sessions? Are these themes specific to gender, career stage, or any other demographic?
3. What sort of strategies/tools/interventions/approaches seemed to work best with the GPs that you worked with?
4. Were there any aspects of being a GP that were particularly difficult for your clients?
5. How do you feel that you have most helped your GPs through coaching? What feedback did your clients give you about how coaching had helped them? (or not?)
6. What do you think NHS England could be doing to help GPs with the issues that your clients have been experiencing?
7. What are your thoughts about the right number of coaching sessions to offer this type of client?
8. Did any of your GPs have fewer than 4 coaching sessions? If so, why did they stop?
9. What future work options did you discuss with your GPs if they were wanting to leave the profession?
10. Any insights about your clients' i-resilience results? And their Human Function Curve ratings?
11. Any other comments about the pilot that should be included in the report for NHS England?

The human function curve

Based on Nixon, P The Practitioner 1979 and Posen D B "Stress management for patient and physician", The Canadian Journal of Continuing Education April 1995





APPENDIX 6 Verbatim comments (32 individuals)

If you are happy with the coaching you have received, and feel able to write a testimonial for your coach that FMLM could use to promote this service further, please add it below:

1. John was a fantastic coach and immediately was able to establish a friendly, welcoming environment that I felt comfortable sharing and talking to him openly from the onset. He was exceptionally knowledgeable about psychology and business models and always sign-posted me to further areas that I found interesting. John allowed me to gain the most from the process by giving me a sense of direction without being too prescriptive. He genuinely seemed interested in my thoughts and opinions and I felt very listened to throughout. John always offered further laser sessions and sent me additional learning materials which I found helpful and have added to my reflective toolkit portfolio. I left each session with a new sense of clarity and increased motivation both in my professional and social life. I highly recommend John as a coach and am very grateful to him for his guidance and support throughout the process.
2. My coach was a very good listener, reflected back with detailed notes after each session and this enabled me to remain focussed. Out of this a level of control was enacted and small planned steps forward could be taken. It enabled me to endure a difficult situation, conserve energy and feel much more confident by the end.
3. I received four face-to-face coaching sessions with John, and have had the opportunity for email and telephone contacts in between at my own pace. The sessions have been tailored to my specific needs as I was encouraged to set personal goals at an early stage. John gave me a very clear idea of what to expect from the coaching at the outset. Throughout, he has provided me with tools and guidance grounded in a solid base of evidence, which have equipped me to cope with the many and varied changes occurring in general practice and my particular surgery. I have been able to take his advice and apply it in a practical way to issues at work.

John has been very flexible and always responsive to my changing situation. Before I undertook the sessions, I was feeling despondent and concerned that perhaps I was not the right kind of person to be a GP partner. Now, I see that I merely lacked the training and tools to undertake my role, which John has given me. The coaching has empowered me not only to continue and enjoy my role as a GP partner, but to look into further developing my clinical leadership skills and fulfilling my whole potential. The coaching has been highly effective, and I would thoroughly recommend it to any GP.

4. John's ability to listen, and to understand was terrific. John has a unique emotional intelligence that shows genuine empathy, and insight to other people problems. He was an incredible positive force to help me get through a difficult work situation. I'll miss his guidance.



5. I found the ability to talk with an intelligent and experienced professional about the pressures on my work and life an invaluable resource. It has allowed me to reflect on where I am and why, where I want to be, and how to get there.
6. Alexis is an insightful, empathetic and flexible coach with whom I was fortunate to have four coaching sessions that significantly progressed my thinking around career and personal issues. She effectively deployed coaching frameworks and structures to facilitate personal reflection and problem-solving, as well as bringing an authentic humanity to the conversation that made it easy to speak candidly with her about new insights, both comfortable and more difficult. Alexis often provided challenge that was thought-provoking and productive, while simultaneously providing the advocacy and support to enable me to strive for improvement. It was a great pleasure and a truly valuable experience to work with her over the last few months.
7. A great coach thank you. A range of useful, practical principles that can be applied in different settings are provided. The laser sessions are a valuable link between face to face sessions and are much appreciated. There is a clear framework and direction to the sessions and this as well as the aims of the sessions are revisited at regular intervals. I have felt progress through the sessions and am much more inclined to stay working as a GP as a result.
8. Thank you for providing an excellent service which was tailored to my own needs.
9. In an environment of increasing responsibility, unreasonable expectations and overwhelming workloads, coaching has offered me the opportunity to explore, understand and to begin to manage these challenges in a way that is supportive and personalised. I have already seen the value of coaching with its benefits translating both into my work and home life. Coaching can be challenging, but if engaged with properly it offers the potential to improve all areas of your life.
10. My coach listened empathetically to my story and was supportive and constructive. She gave very sound advice and I am now feeling much more positive about the future.
11. Katherine has a very warm heart and a kind manner so establishes rapport very easily - but she is also an absolute fountain of wide ranging knowledge and has seemingly bottomless energy when it comes to helping a weary, middle-aged GP to reassess their own career. Her energy and encouragement are infectious, yet she always maintained a sense of personalised focus and realism. I am confident that her sessions can be tailored to any individual's specific position, and therefore that she can be a great resource for anyone. The sessions were great fun, even when we were dealing with some pretty meaty historic stuff that continues to have impact now, and I always drove away smiling and feeling really good - with ideas to develop and also with a sense of increased self-esteem and self-confidence about what I am hoping to achieve next. Thank you.



12. I would recommend Katherine but testimonials are not my thing!
13. Katherine was a fantastic coach, she listened to my aspirations, fears and concerns for the future, then worked through them with me. I was challenged in a positive manner to really make changes I had been thinking about for years and to face up to difficult decisions I have previously avoided. I would not be in the position I am today had it not been for coaching with Katherine - thank you!
14. I really gained positively from working with Liz. She was interested in my working life, was well prepared for our meetings, she listened very well and challenged me when needed. I felt that the suggestions for practicing new things were appropriate for me personally. The CQC inspection interview we role-played together was an excellent preparation for a meeting I was dreading (and which went well.) By the end of the fourth session, I really felt she understood my abilities and strengths and helped me see some ways I could be my 'best self', rather than my 'doubting self'. I am aiming to continue to put into practice some of our best ideas. Thank you.
15. I found it a really useful tool to reflect on what I do and why I do it and the impact that has on my working life; and then finding ways to try and do things differently to improve my quality of life and resilience.
16. Sometimes we can go round in circles. In personal life, or in professional life. We can feel that we are treading water, revisiting the same problems day after day, or even worse, night after night. Talking with Liz helped get the problems 'out there' instead of 'in here'. Talking with Liz validated some of my challenges- her response assured me that I was not being 'silly', that my concerns were reasonable. Together we then named what we would work on, taking the problem as if by the scruff of the neck and shaking it until the nub of the problem was clear. Next step was to work out what to do. A step by step approach, so that it was manageable, broken down into bite sized pieces. The outcome? I felt valued as a person, and more in control of my own destiny.
17. Already emailed to coach: Spending time over the last few months working with Katherine has truly helped me to gain a better understanding of my strengths and needs, through reflection on what I currently do and where I would like to be in the future. Our sessions have been both challenging and enlightening, allowing me to identify areas of change and develop strategies that I have been able to put into practice during this time. A valuable experience both professionally and personally. I have no hesitation in recommending Katherine as a highly skilled coach who is perceptive and delivers results.
18. I found the sessions made me reflect on my work and the challenges I was facing. My coach would ask probing questions to guide me through problems and help me to reach my own solutions. It forced me to take the time to reflect on the challenges I faced at work.



19. John helped me feel more able to continue happier at work, encouraging me to develop strategies both in and out of work to reduce stress. He allows me to set the agenda and was supportive. He helped me think about life outside work as a balancer for work.
20. Coaching has provided me with a new way of looking at and dealing with some of the challenges that we all face on a daily basis in general practice.
21. I enjoyed working with John- and setting a flexible agenda that allowed me to think about me, including considering leaving the NHS, and then coming back to how to manage a more realistic 5-year timetable within in it, but with a better understanding of organizational psychology/dynamics.
22. I think coaching and the coach I had John was very useful in getting me to think differently at times and also tackle problems I had been shying away from. I would have preferred a few more sessions, however I did find the overall programme very useful.
23. John was excellent. He seemed to understand and found useful tools and strategies for me. I came away remembering that I love my job really and wanting to carry on.
24. I would definitely recommend trying coaching. I have found Liz McCaw an excellent coach, she is always well-prepared, professional and very good at looking at problems in a fresh, positive way. If you are struggling give Liz a try, you won't go wrong.
25. Participating in coaching has been the most positive thing I have done in my career so far. I had never allowed myself such space to discuss my personal goals, fears, and challenges related to medicine. I was in awe of Liz's skill in allowing to me to identify my own challenges and formulate my own solutions. I have no idea how she did it and have trialled to emulate her style in my own consultation - I am sure with little success. She is trained in what she does and it works. I think as a profession we have thus far been naive to think that we can provide this support to one another through appraisal.
26. I have thoroughly enjoyed working with Alexis. She is very warm, knowledgeable about working in healthcare, and insightful. I have found the sessions to be fun and gently challenging in a very positive way.
27. Liz is an excellent coach. She listens well, knows how to ask the appropriate questions and comes up with interesting methods to move forward when a coachee is blocked or struggling to widen their thinking as regards possible solutions.
28. I found my coaching with Liz McCaw to be highly beneficial. It gave me space to identify areas that needed to change within my working life and identify solutions that could be acted on in a positive timely fashion.
29. Liz was a great coach and quickly got to understand my issues and gained my trust.



30. Katherine was a very competent and knowledgeable coach. She is able to cover a lot of ground to do with patient, staff / colleagues, management and professional development. Key to this however is the ability to cope with mental health. People in this sort of situation will inevitably have mental health issues. These are either contributing to the final point of the career crisis or resulting or from it. I hope other colleagues who are in difficulty can find coaches who can manage like she can, confidently across all these areas.

31. Alexis is extremely personable and easy to talk to. She is a great listener and really good at getting at the nub of the issue. I thoroughly enjoyed meeting with her and felt able to speak candidly with her about my thoughts, feelings and anxieties and about sensitive and personal issues as well as work, the workplace and wider issues which impact on work and life and the balance between the two. I found the sessions extremely helpful and felt empowered and more confident after them to not only face challenges, but to make some significant personal decisions and to challenge those people and things which needlessly constrain me or negatively impact on my quality of life. I would certainly have no hesitation in recommending Alexis to anyone interested in coaching.

32. Yes, very happy with coach and her ability to enable me to evaluate my situation and options