

PIPSIG drop-in sessions

When COVID hit, the PIPSIG exec responded by commencing monthly drop-in sessions. The aim was to allow doctors who may be working in isolation the chance to discuss the difficulties they had encountered and potential solutions with their peers.

Each session lasted an hour and was facilitated by two members of the PIPSIG exec. The first was hosted by Teams, but Zoom sessions seemed more successful and the remaining sessions have been hosted through Zoom. Attendees have ranged from two to 30.

In response to comments, the sessions were moved onto a rota encompassing morning, afternoon and evening slots. Weekend slots had not been welcomed.

This is the result of a survey following 12 months of the sessions.

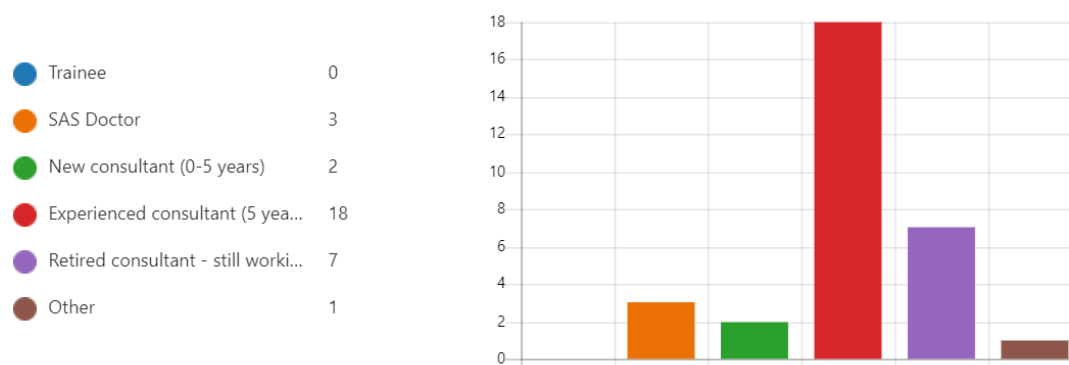
Attendees

31 members responded. They had attended up to four sessions.

The majority were experienced retired consultants but there were also SAS doctors and new consultants. No trainees attended, which is not surprising, although the PIPSIG exec does contain a senior trainee.

6. Information about yourself:

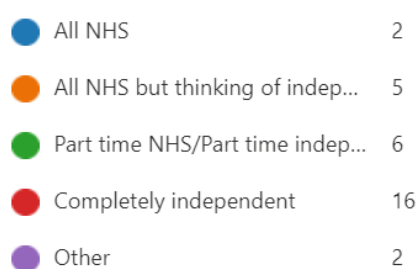
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The majority of attendees were already in full-time independent practice. The remainder were either part-time NHS/independent, or full-time NHS but thinking of commencing independent work.

8. Practice

[More Details](#)



What people liked

The sessions are valued and there was overwhelming support for their continuation.

Attitudes

- diversity of experiences and opinions
- networking, shared experiences, feeling less isolated
- help in managing uncertainty
- gaining confidence
- leaning about the practicalities and different options related to context, professional indemnity, CQC
- professional boundaries and what to do if they are challenged

Knowledge

The sessions are an opportunity for colleagues to share their practical experiences but are no substitute for formal advice and relevant organisations need to be consulted.

- Peer groups
- Revalidation and related aspects: Designated Bodies, Responsible Officers, appraisal and appraisal tasks
- CQC
- Indemnity
- Insurance
- Medicolegal

What people thought we should change

Whilst the open format was appreciated, people found that they were encountering repeated discussion of similar areas, or may have strayed into discussions of areas that were not relevant to them. The majority felt that an agenda or themed meeting would be helpful. 8 respondents wanted invited speakers.

Suggestions for improvement

- Have questions submitted in advance
- Have regional or sub-specialty groups
- Clinical discussions and case presentations
- Longer sessions
- Sessions after 6:00pm

Technical issues

There were few technical issues, other than bandwidth problems and time management (clinics over-running), although the survey did not include those who did not register for sessions so may have been a selected sample.

Several attendees said that they had not received invitations from the College and had found out about the sessions through peers or accidentally.

Further action

- The meetings will continue
- We will maintain the rota; weekday morning, afternoon, evening – PIPSIG exec members have jobs and families too!
- They will continue to be an hour in duration and maintain an open format without prior notice of questions
- We will look at themed sessions with open discussion afterwards and re-survey to see if this is effective.

Problems

Invitations:

All PIPSIG members are e-mailed with the dates of the meetings for several months in advance, the week before each meeting and on the day of the meeting. Zoom meeting details are only given to those who register to prevent 'Zoom-bombing' and improve confidentiality.

Those who are not receiving invitations are encouraged to check:

- Are they members of PIPSIG? The meetings are not limited to PIPSIG members, but invitations are issued through PIPSIG.
- Does the College have your correct e-mail address?

Invited speakers:

The College provides numerous opportunities for lectures, webinars etc, and PIPSIG runs two conferences a year with invited speakers. It was thought that this open forum provided opportunities for networking that may be suppressed by having invited speakers.

Smaller groups/sub-groups:

This is technically difficult within an open session but all attendees are able to contact each other during the session and establish links within their sub-specialty or region to arrange their own meetings

Case-based discussion:

This is an open forum, not necessarily secure and attended by up to 30 people. It would not be appropriate to have clinical discussions in anything but the most general terms.

All attendees can make links within the meetings if they feel that clinical discussions with colleagues would be helpful.

Dr Lesley Haines

PIPSIG Chair

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