18 Assessing doctors' performance

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Recertification

The principal purpose of the Health Practitioners Competence Assurance Act 2003 (HPCAA) "is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions". The Council currently requires all doctors to participate in approved continuing professional development (CPD) activities in order to recertify, but there is disquiet that the currently practised CPD, with its emphasis on continuing medical education, does not necessarily identify or improve underperformance., and therefore cannot "ensure" doctors are competent.

Assessment

There has thus been a move toward assessment of performance in practice. The intent of performance assessment is to help the doctor concerned to address deficiencies in his or her knowledge, skills or attitudes, in any of the domains of competence.

The Council "may, at any time… review the competence of a practitioner… whether or not there is reason to believe the practitioner's competence may be deficient", but until now the Council has assessed a doctor's performance only after receiving a complaint or concern. If there is apprehension that the doctor poses a serious risk, the doctor's scope of practice may be restricted, or registration suspended pending the assessment. In conducting the assessment, the Council has to consider "whether… the practitioner's practice… meets the required standard of competence".

The form of the assessment is at the Council's discretion. If the doctor fails to meet that standard the Council must order further assessment, counselling, a remedial education programme or conditions on the doctor's practice.

Screening

Should all doctors' performance be assessed periodically? There are major obstacles. Comprehensive assessments of competence and performance are expensive, and we do not have a simple, practical, reliable and valid screening tool. Nonetheless there is a public expectation that all doctors are checked from time to time, and overseas jurisdictions are moving toward this model. It is allowed for in the Act, and some Colleges are engaged in projects to examine the feasibility of regular performance assessment in New Zealand.

Might we, instead, identify and screen groups at high risk of poor performance? We know the risk factors for underperformance, and we know the environmental factors that trigger underperformance in doctors at risk. In future such doctors may be supported to ensure their performance does not deteriorate.

Responsive assessment

Currently the Council assesses doctors' performance on receipt of a concern about the doctor, and on receipt of an unsatisfactory explanation in the doctor's response.

Thus concerns are received from colleagues, from the Accident Compensation Corporation, the Health and Disability Commissioner, Medical Practitioners Disciplinary Tribunal, Complaints Assessment Committees, patients and others. On receipt the concern is reviewed by the medical adviser and others, and if the concern appears proper, a response is sought from the doctor. The concern and the doctor's response are reviewed again, and a decision then made by the Council whether to proceed to a performance assessment.

The assessment process

The Council informs the doctor, who has an opportunity to write submissions or be heard. Terms of reference state the domains of performance (medical expertise, communication, teamwork, management, scholarship, professionalism) to be assessed and the tools to be used, and name the assessors – one lay person and two medical assessors, usually from the same discipline – who form the performance assessment committee.

Assessments are usually done at the doctor's workplace, and a range of tools appropriate for the domain of practice to be assessed may be employed. These tools have been developed from international assessment experience, and refined for New Zealand use. They include peer and patient questionnaires, initial interview, records review, case based oral, observing consultations, audit of procedures, review of addictive drug prescribing, practice systems review, closing interview, review of oversight or recertification requirements.

Special kits of these tools have been developed for assessments of alternative medicine practitioners, disruptive doctors and doctors whose sexual boundary knowledge has raised concerns.

The assessment itself takes a day, and the performance assessment committee writes a detailed report to the Council on its findings.

Remedial education programmes

If performance is rated low, remedial education in the form of a performance improvement plan may be required, though some doctors prefer to accept restrictions on their practice – i.e. they agree not to practise in the clinical areas where their performance was deficient.

The programme may take any form the Council decides, but generally an educational supervisor is appointed to help the doctor plan appropriate educational activities, and a clinical supervisor may be appointed to oversee the doctor's clinical practice.

The educational supervisor must be vocationally registered, educationally able, nominated by employer, practitioners' association, hospital, or branch advisory body, and must be available to meet regularly and help the doctor meet the requirements of the programme. The clinical supervisor must be vocationally registered, work at the same site, and be able to meet the doctor regularly to review clinical cases.

The programme is approved and ordered by the Council; its objectives, activities, outcomes, supervision and reporting are detailed; almost invariably a follow up review is ordered after the period of education.

There are penalties for noncompliance.

What performance assessments are not

The Council's performance assessment procedures are not about systems failures in organisations. If distracters or health issues affecting the performance of an otherwise competent doctor are detected, these will be taken into account.

Everybody makes mistakes, and an individual's error may be quite understandable in the circumstances; error will lead to performance assessment only when, in the opinion of the Council, the error signals poor performance.

Nor is the assessment process about the conduct of doctors: it has nothing to do with discipline, or investigating a specific complaint. The complainant is not involved after the initial expression of concern, and the remedies do not include punishment or apologies. It is not a surrogate for discipline.

The assessment process is about considering concerns about a doctor's performance, looking for distracters or health issues and making an educational diagnosis. If a deficit is found, educational management is prescribed, and the outcome reassessed.

References

1. Medical Council of New Zealand. *Continuing professional development and recertification.* Wellington, 2005.
2. Medical Council of New Zealand. *What you can expect: the performance assessment,* Wellington, 2004.