health

Partnering for performance

Frequently Asked Questions

What is the purpose of *Partnering for performance*?

Partnering for performance is a performance development and support process designed specifically for use by Victorian senior medical staff and their medical lead(s). It provides a suite of processes and tools to assist doctors and their organisations to support clinical practice and to assist in the review of a senior doctor's performance. It emphasises a collaborative approach to patient care.

What is the evidence base for performance management in health care?

There is a significant evidence base for the use of performance development and support processes in health care (the literature review is available at: www.health.vic.gov.au/clinicalengagement/pasp/policy.htm). The literature suggests that properly structured and framed processes, emphasising the positive aspects of performance, and aimed at building the relationship between clinician and organisation can assist in driving both personal and organisational performance.

How does *Partnering for performance* fit with the Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services policy (Department of Human Services 2007)?

Partnering for performance supports the implementation of the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) by providing a process for the regular review of a doctor's performance throughout the credentialling cycle. Thereby ensuring a robust, evidence based approach to re-credentialling.

How will *Partnering for performance* support the engagement of doctors?

The Department of Health (the department) recognises that clinical engagement is critical to the delivery of high quality patient care and organisations have a responsibility to actively engage with their senior doctors as a prerequisite to outstanding organisational performance.

The department regards the delivery of patient care as the core business of hospitals, and has developed *Partnering for performance* to help drive a shared understanding of, and approach to, the delivery of high quality health care. The credentialling cycle provides an opportunity to focus organisational attention on the outstanding work of Victoria's senior medical staff, by requiring organisations to support doctors in their efforts to provide care and for the provision of resources required to assess clinical care. In addition, *Partnering for performance* builds on the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) to ensure a collaborative approach to service delivery.

What does the Department of Health expect of health services in relation to the *Partnering for performance* policy?

Health services are required to have fully implemented the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) by October 2012. As part of this implementation process it is expected that health services will use *Partnering for performance* or an equivalent process to support the credentialling cycle for all senior doctors, including part time employees and contractors. Where organisations have existing performance development and support processes for senior medical staff, they should ensure that these processes align with the principles of *Partnering for performance.*

Do health services that already have a performance review process established have to implement *Partnering for performance*?

All senior medical staff appointed to Victorian public hospitals should participate in an ongoing performance development and support process. Organisations should ensure that their existing activities align with the principles of *Partnering for performance*, in particular the process should:

- provide opportunities for formalising a two way conversation
- have appropriate medical leadership
- have an ability to integrate appropriate clinical information using as a minimum the *Understanding clinical practice toolkit* elements
- focus on supporting and encouraging outstanding performance.

Who participates in *Partnering for performance*?

All senior doctors appointed to Victorian public hospitals should participate in *Partnering for performance* (or their organisation's equivalent performance development and support process). The process recognises that senior doctors have different types of appointments, but it applies equally whether senior doctors are full time, part time, or appointed on a contractual basis.

Do visiting doctors who undertake limited work in the hospital still need to participate in *Partnering for performance*?

Yes. Participation in *Partnering for performance* supports the appointment of all senior doctors to the hospital. It also assists doctors to complete their continuing professional development (CPD) requirements, whilst providing an opportunity to enhance patient care.

How will a doctor's clinical care be judged?

The *Partnering for performance* policy incorporates the *Understanding clinical practice toolkit.* The *toolkit* provides guidance to a suite of common tools which enable individual doctors, their peers and organisations to understand and monitor clinical practice. The tools included are:

- peer review
- adverse occurrence screening/targeted case note review
- mortality and morbidity reviews
- clinical audit
- clinical indicators
- patient satisfaction and complaints

Senior doctors' clinical care can only be interpreted and understood when assessed in a peer based fashion. The active involvement of peers in this process is critical.

Who will assess a doctor's performance?

Senior medical staff should have regular performance conversations with their medical lead based on the four domains of *Partnering for performance*; work achievement, professional behaviours, learning and development and career progression. Information about a doctor's clinical practice should be sourced from their unit/department's clinical program (based on the *Understanding clinical practice toolkit*). Senior doctors' performance should be assessed on an ongoing basis rather than at a single point in time.

How is the performance of a doctor assessed when they have a different speciality to their medical lead?

Partnering for performance recognises that in many care settings a doctor's medical lead may be from a different speciality. Medical leads should work with their senior doctors to develop an agreed approach to understanding performance.

Partnering for performance is designed so that the monitoring and review of clinical performance is a peer based process, undertaken through the use of tools such as clinical audit and peer review and occurring within the context of the credentialling cycle. Performance in the other roles of leadership, planning and evaluation, creating a supportive environment, motivation and engagement, professionalism and scholarship is monitored and developed during the regular dialogue between the doctor and their medical lead (medical director, unit head or equivalent). The outcomes of this monitoring and review contribute to the individual's broader performance development process.

In some circumstances, it may be appropriate for organisations and doctors to seek external support for this process (for example, a single specialist with no local 'peer'). The *guide* and the *case studies* provide guidance and examples that might assist with this.

Where significant concern about a doctor's performance does exist, consideration should be given to escalating the process to an organisational level. External peer based support and/or review may be required.

Can a non-clinical person undertake a doctor's performance assessment?

Partnering for performance is designed so that a non-clinical person to whom you report for line management purposes can conduct elements of your performance development and support process. However clinical performance must be assessed in a peer based fashion. The understanding and assessment of an individual's clinical practice must have peer input.

Who does the medical director's performance review?

The Director of Medical Services (DMS) must participate in both the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) and *Partnering for performance*. Their performance conversation should be conducted with their manager, based on the *Partnering for performance* process. Where DMS undertake clinical activities, their clinical activities should be assessed in a peer based fashion.

How is underperformance defined?

Underperformance can be defined in a number of ways, but generally constitutes performance at a lower level than is expected of the individual given their qualifications, experience and past performance. To ensure procedural fairness it is important to establish what would constitute underperformance at the time of initial appointment or re-credentialling or soon thereafter. Doctors should have a clear understanding of what is expected of them based on their defined scope of practice, their position description or contract and relevant organisational and other policies (for example, codes of conduct).

How will underperformance be judged?

As outlined in *Partnering for performance*, a doctor's performance will be assessed across four domains; work achievement (clinical practice), professional behaviours, learning and development and career progression. Clinical performance should only be assessed in a peer based context using clinical level data (not administrative data) designed for this purpose.

Underperformance should be defined at the individual doctor level and doctors should have a clear understanding of what is expected of them based on their defined scope of practice, their position description or contract and relevant organisational and other policies (for example, codes of conduct).

Is there any formal documentation used to support *Partnering for performance* conversations?

A written record of the annual formal performance conversation should be signed by both doctor and medical lead and filed according to the organisation's policies. The *guide* contains a pro forma that can be adapted for local needs to document formal performance conversations. The *guide* also suggests approaches to documenting informal conversations (for example, email from medical lead to doctor).

Will the *Partnering for performance* documentation be used at the time of re-credentialling?

Partnering for performance is designed to support the credentialling process. As senior doctors progress through the credentialling cycle they will be supported by their organisation in the use of a number of tools designed to assist in gaining an understanding of their clinical care. This will be combined with documentation of the formal and informal conversations occurring on a regular basis between doctor and their medical lead. All elements will contribute to a comprehensive picture of the doctor's performance which can then be used to assist in the re-credentialling process. This helps ensure that the doctor's re-credentialling process operates on a 'no surprises' basis and assessment of a doctor's performance is based on multiple elements used over a period of time – it is rarely possible to judge overall performance based on a single point in time.

Who will have access to documentation and where will it be stored?

Each health service should have a policy outlining how performance development documentation is to be managed. The policy should address what documentation will be maintained, how and where it will be stored and who will have access to it. Following their annual performance meeting with their medical lead, each senior doctor should be given a copy of their completed forms.

Will any of the performance information be publicly available?

An individual doctor's performance information will not be publicly available, although it may potentially be discoverable through a legal process. Organisations should work with their senior medical staff to develop a policy outlining how individual performance related documentation will be managed.

Are *Partnering for performance* activities protected by statutory immunity?

Partnering for performance describes a process for supporting and developing performance at the individual doctor level. It is in effect a commonly used human resource process. However, the use of the tools in the *Understanding clinical practice toolkit* (for example, Adverse occurrence screening, Mortality and morbidity reviews, Peer review) might in some organisations be covered in whole or in part by statutory immunity arrangements. Senior doctors should check with their health service as arrangements will vary between organisations.

Importantly, there is increasing recognition that clinical processes aimed at supporting and maximising patient care function best when conducted in an environment of transparency and open inquiry. Participants should recognise that *Partnering for performance* has been developed with the understanding that the vast majority of doctors are performing at an outstanding level. *Partnering for performance* is a supportive process, not a punitive process and is designed to assist in the delivery of outstanding patient care.

What resources will be provided for this?

Partnering for performance supports the existing contract requirement that doctors appointed to Victorian public hospitals undertake regular performance review. *Partnering for performance* is designed to assist this process by providing a performance development and support process for doctors as they progress through their credentialling cycle.

The Department of Health (the department) views performance development and support processes as a core organisational activity. Participation in performance conversations is part of a senior doctor's ongoing employment obligations. Many hospitals already have clinical leaders with access to clinical support time (the department recently released further information about clinical support time (80/20) for specialists). Most health services are already undertaking many of the *Understanding clinical practice toolkit* activities, therefore additional resources should not be required.

The department will assist health services through the provision of advice and local support as needed. 'Information sessions for senior doctors' will be held at health services. The department has developed a training program for medical leads to support the implementation of *Partnering for performance*. Further information is available at: http://www.health.vic.gov.au/clinicalengagement/pasp/implementation.htm

Will we be using a 360^0 feedback process?

Partnering for performance provides tools to assist in understanding the performance of senior doctors. 360^0 feedback is not a required part of this performance development and support process. Formal 360^0 feedback is a time and resource intensive process which carries with it significant personal and organisational risk if conducted without the appropriate organisational support or where trust is limited. The policy makes specific comment about the use of a number of tools, including 360^0 feedback. As organisations and organisational relationships develop, 360^0 feedback may become an appropriate tool. The Department of Health recognises that some organisations have already implemented or are planning to implement this model. Health services should review their processes to ensure that they align with the principles of *Partnering for performance*.

What process was undertaken to develop the *Understanding clinical practice toolkit?*

The *Understanding clinical practice toolkit* was developed by senior doctors with input from health services and other key stakeholders. A formal literature review provided the basis for the toolkit's development. The literature review examined each of the described tools, clarifying how the tools might assist in understanding clinical practice and providing guidance on their appropriate use. The toolkit has been incorporated into *Partnering for performance* to support the credentialling cycle.

Are we expected to use the clinical tools as described for the purpose of understanding an individual's clinical practice?

Partnering for performance provides guidance to organisations and doctors about the appropriate and expected use of each of the tools. It is important to use a range of approaches throughout the three to five year credentialling cycle in order to develop a comprehensive picture of an individual's clinical performance. *Partnering for performance* provides guidance about the strengths and weaknesses of each of the tools for this purpose.

How will the confidentiality of *Understanding clinical practice toolkit* activities (for example, Peer review, Mortality and morbidity reviews) be maintained?

The tools described in the *Understanding clinical practice toolkit* are part of routine clinical practice, and thus the usual rules about patient confidentiality should apply. Patient details should be de-identified in any written minutes or notes about the patient or the discussion, and in any governance processes arising as a result of these activities. Only general commentary and broad proposals should be noted in written commentary. All staff involved in these activities should understand their confidentiality obligations.

Can health services that have established a reciprocal credentialling process with other health services do the same with *Partnering for performance?*

Where senior doctors have clinical roles across a number of linked organisations that have established a shared credentialling process there are opportunities for *Partnering for performance* processes to be linked across hospitals.

However, an individual doctor's scope of practice is specific to the environment in which they work. It is therefore important that a senior doctor's clinical performance be interpreted and supported in the local context.

Can health services exchange performance information about a doctor with other health services?

Partnering for performance assists doctors and their health services to form a comprehensive picture of a doctor's performance based on multiple sources of information over a period of time. Where doctors have appointments across a number of health services there are opportunities for the exchange of performance information. This provides potential benefits for both organisation and the individual.

However, an individual doctor's scope of practice is specific to the environment in which they work. It is therefore important that a senior doctor's clinical performance be interpreted and supported in the local context.

Any exchange of information should always be done in a transparent manner which involves the consent of the senior doctor.

Contractor Visiting Medical Officers (VMOs) don't have access to formally allocated non clinical time to participate in these activities. How will that be managed?

The Department of Health believes it is in the interests of organisations to undertake this process with contractor VMOs and thus organisations will need to find local solutions to this issue. Participation in *Partnering for performance* activities offers benefits to VMOs by assisting them to fulfil their continuing professional development (CPD) requirements and by providing opportunities to assess and potentially improve patient care.

How will health services with a part time medical director implement this?

The Department of Health (the department) requires all hospitals to have a performance development and support process for their senior medical staff (either *Partnering for performance* or an equivalent process) as the engagement of senior doctors is critical to organisational success. The department recognises that there are some environments where this poses particular challenges, especially in hospitals where formal medical leadership is limited. The department encourages those organisations to work with their senior medical staff to identify mechanisms and processes which can support the implementation of *Partnering for performance* locally.

Isn't this process singling out doctors when care is delivered by teams?

The Department of Health's (the department) Clinical engagement program has been working to promote high level engagement by and with doctors in order to promote system improvement. *Partnering for performance* provides opportunities for doctors and organisations to engage in regular structured, two way conversations about patient care. In doing so, the department is conscious of the multidisciplinary nature of care delivery, but recognises that it is critical that senior doctors are actively engaged. As care delivery evolves at the local level, performance development processes will similarly need to be modified at the local level.

Most clinical services are delivered by a clinical team. Is that being assessed?

Partnering for performance is designed to support individual senior doctors throughout their credentialling cycle, but recognises that care is often team based. Organisations may have their own existing processes for assessing team function and team based care. *Partnering for Performance* processes may contribute to and assist the development of team based processes.

What sort of clinical care benchmarks will be set?

Partnering for performance encourages and supports the development of local approaches to understanding clinical practice, through ensuring that this is developed at the most appropriate level (for example, unit/service/department/hospital level) depending on the structure of the organisation. This should be a peer based process.

How will doctor's feedback to the organisation (given during the *Partnering for performance* conversations) be managed?

Partnering for performance supports and encourages a two way performance conversation. Senior doctors should use this opportunity in a spirit of openness and cooperation to provide feedback to the organisation through their medical lead. The organisation should develop a process to ensure that feedback provided is de-identified and aggregated into a series of discussion points or recommendations for consideration by the organisation. Senior doctors should be able to identify a clear link between their feedback and subsequent organisational action.

Does the process apply to doctors who provide services to Residential Aged Care Facilities (RACF)?

Partnering for performance has been designed specifically for the hospital setting, and as such is not directly applicable to the RACF setting. However the Department of Health's (the department) *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) was recently extended to include publicly funded RACFs and tools have been provided by the department to assist in this process. Further information is available at: http://www.health.vic.gov.au/clinicalengagement/credentialling/racf.htm. RACFs may, in consultation with their senior doctors, decide to undertake *Partnering for performance* processes.

Does this process apply to junior doctors?

Partnering for performance is designed for senior medical staff. Hospitals will already have a process in place for junior medical staff, through existing requirements of the Postgraduate Medical Council of Victoria (PGY1/2) or the various specialist colleges.

Are the Medical Colleges supportive of *Partnering for performance*?

Partnering for performance has been developed with the input and support of a range of Australasian colleges. The process has also had significant clinician input. *Partnering for performance* has been developed to assist senior doctors to meet their College's (and the Medical Board of Australia's) continuing professional development (CPD) requirements. The Department of Health will continue to work closely with the Colleges to ensure that *Partnering for performance* aligns with College requirements.

How does this fit with continuing professional development requirements for the Colleges and the Medical Board of Australia?

Partnering for performance is designed to assist senior doctors to meet the continuing professional development (CPD) requirements of both their College CPD programs and the medical registration requirements under the new Medical Board of Australia.

What should doctors do if they disagree with their medical lead's assessment of their performance?

Partnering for performance emphasises the collaborative nature of the relationship between senior medical staff and their health service around a shared commitment to patient care. The performance conversation should be based on a broad understanding of an individual's attributes and performance, using where possible, agreed evidence to support any conclusions. The formal performance conversation should operate on a no surprises basis, with both parties aware of any major concerns or issues. This will assist the senior doctor and their medical lead to reach a common understanding.

The organisation's local approach to performance development and support processes should be clear to all participants and the principles of natural justice should apply. Ultimately, if there is disagreement a senior doctor can access their organisation's credentialling and scope of practice appeals mechanism.

What's in this for doctors?

Partnering for performance provides certainty to senior medical staff by ensuring that their performance is being appropriately assessed in a peer based fashion. It also focuses on patient care as the key organisational goal, requiring that organisations properly support clinical practice.

Partnering for performance provides opportunities for a two way conversation between doctors and their organisations, to ensure a common and shared understanding of patient care.

Partnering for performance will also assist doctors to meet the continuing professional development (CPD) requirements of both their College and the Medical Board of Australia.

What if doctors don't want to participate?

All senior doctors appointed to Victorian public hospitals have signed a contract agreeing to undertake a performance appraisal process. Participating in *Partnering for performance* will allow both doctors and organisations to meet their contractual obligations, whilst also providing opportunities to improve patient care.

Doctors who work in a small rural health service may have no local 'peers' who work in the same speciality. How is that managed?

Organisations are encouraged to work collaboratively with other neighbouring organisations to develop shared approaches to credentialling and scope of practice of their senior doctors. Already, a number of smaller hospitals have linked together to establish shared credentialling committees. The Department of Health (the department) encourages hospitals in this situation to consider joint approaches to developing groups of peers to assist *Partnering for performance* processes. The department also notes that whilst credentialling can be undertaken as a shared process, the defining of a doctor's scope of practice and their individual performance development and support processes need to be seen in the context of their work at an individual organisation.