

visiting practitioners - Performance review - policy for implementation

Document Number PD2005_498

Publication date 28-Feb-2005

Functional Sub group Corporate Administration - Governance
Personnel/Workforce - Conditions of employment
Clinical/ Patient Services - Governance and Service Delivery
Personnel/Workforce - Learning and Development

Summary Outlines the components of a performance review system for all visiting practitioners

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Public Hospitals

Distributed to Public Health System, NSW Department of Health, Public Hospitals

Review date 28-Feb-2010

File No. 05/1349

Previous reference N/A

Status Active

Director-General

Compliance with this policy directive is mandatory.

Performance review of visiting practitioners:

Policy for implementation



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Public Health Organisations have a responsibility to ensure that:

- health care is delivered in a way which minimises the risk of harm to patients
- there are systems in place for measuring and routinely reporting on the safety and the quality of the care provided
- all who work within the organisation participate in improving the quality of the care provided
- visiting practitioners meet the performance requirements for delivering the services they are contracted to provide.

An essential component of this clinical governance responsibility is recognition and acceptance by all clinical staff and managers that they are equally responsible for the quality of care delivered.

This document, *Performance Review of Visiting Practitioners: Policy for implementation (2005)*, outlines the components of a performance review system for all visiting practitioners.

This document provides a structure to give transparency and fairness in the performance review process. Performance review records provide a basis for objective assessment in any subsequent appointment and/or clinical privileging process.

The public health organisation must put processes in place to ensure compliance with the performance review system.

A visiting practitioner is a medical practitioner or dentist who is appointed by a public health organisation otherwise than as an employee, to practise as a medical practitioner or dentist in accordance with conditions of appointment, at any of its public hospitals or health institutions, or in relation to any health service it provides, specified in the appointment.

Health Services Act 1997,
Section 76

The term 'visiting practitioner' incorporates those entering service contracts, such as Visiting Medical Officers (VMOs), Honorary Medical Officers (HMOs), Visiting Dental Officers (VDOs), and those appointed otherwise than under a service contract.

A service contract is an agreement between a public health organisation and medical practitioner or his or her practice company, under which the medical practitioner is appointed as a visiting practitioner to provide medical services that are specified in the agreement to or on behalf of the organisation.

Section 80

A VMO is a medical practitioner appointed under a service contract to provide services for or on behalf of the public health organisation for monetary remuneration. The kinds of service contracts under which a VMO may be appointed include (but are not limited to) fee for service and sessional contracts.

Section 78

Section 79

An HMO is appointed under a service contract to provide services on or behalf of the public health organisation, but is not remunerated for those services. The category of HMO does not include visiting practitioners who have private admitting rights only and who do not provide services for or on behalf of the public health organisation.

A VDO is a visiting practitioner appointed to provide dental services to a public health organisation as a dentist, dental specialist senior dental specialist or oral and maxillo-facial surgeon.

A public health organisation may decide to appoint visiting practitioners otherwise than under service contracts. The terminology that applies to these types of visiting practitioners is generally a matter of local custom and practice. This type of appointment refers to a category of visiting practitioners who do not provide services to public patients or other services for or on behalf of the public health organisation (whether or not through a practice company). Those in this category include clinical academics (performing clinical services for up to eight hours per week), visiting practitioners who only have admitting privileges (with clinical privileges) to treat private patients and those practitioners engaged under a contract awarded by a tender. Such appointees will also be subject to this policy.

General principles of performance review

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The objectives of the performance review process are to:

- enhance professional development by providing regular feedback about performance and identifying appropriate development opportunities
- provide an opportunity for two-way feedback
- assist in the process of ensuring that each VMO, HMO, VDO or other visiting practitioner meets his/her contractual obligations in a competent manner that meets the expectations of the public health organisation
- assist in the early identification and management of any unsatisfactory practice or performance
- identify opportunities for the public health organisation to support the practitioner in maintaining and improving performance.

The public health organisation must establish processes to ensure that these objectives are achieved.

The objectives of the performance review process are clearly identified above.

If a concern about a clinician's performance is identified during a review, it can be managed via the performance review process when appropriate. If however, a concern about the performance of a clinician is raised or identified through any other mechanism, the concern should be managed in accordance with *The policy for the management of a complaint or concern about a clinician*.

Service contracts and written agreements

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In order to facilitate the performance review process, model service contracts for VMOs, HMOs and VDOs should contain:

- conditions and terms of the appointment to which the VMO, HMO or VDO is subject
- clinical privileges
- quality assurance, quality improvement and risk management obligations
- a specific requirement to participate in the performance review system.

Current service contracts may not currently contain all of these provisions. Service contracts will, therefore, need to be revised by the Department in consultation with the relevant stakeholders. Until the service contracts are revised, public health organisations may conduct the performance review process with the reference to current contracts. Wherever possible performance review should occur on or around the time of the anniversary of the VMO's service contract period.

A copy of this document, *Performance Review of Visiting Practitioners: Policy for implementation (2005)*, should also be provided to each VMO, HMO, VDO and other visiting practitioner. A copy of the *Clinician's Toolkit for Improving Patient Care (2001)* should also be provided by and available at each facility.

Visiting practitioners who are not appointed under service contracts should have written agreements that facilitate an analogous performance review process, where applicable.

The performance review process

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The performance review process is intended to review performance in terms of both service delivery and quality. If serious concerns about performance are identified, the supervisor of the VMO, HMO, VDO or other visiting practitioner, must take appropriate action immediately. Reference should be made to the *Guideline on the Management of a Complaint or Concern about a Clinician – a guideline for policy development in Area Health Services and other Public Health Organisations (2002) (currently under review for release in 2005)*.

The supervisor of the VMO, HMO, VDO or other visiting practitioner is the medical person administratively responsible for the practitioner. In larger facilities, this may be the Head of Department. In smaller facilities, this may be the Area Director of Clinical Operations.

Performance review meetings should be a candid two-way process where all aspects of performance are assessed and where the public health organisation seeks feedback from the VMO, HMO, VDO or other visiting practitioner about the performance of his or her contractual obligations, and identifies opportunities to support the practitioner in maintaining and improving performance.

Issues discussed may range from matters concerning ongoing professional development and clinical practice through to issues concerning the performance of the VMO, HMO, VDO or other visiting practitioner's contractual obligations. This type of arrangement should be included in the record of performance review and plan for future activities at Appendix A.

Unless the public health organisation, or the VMO, HMO, VDO or other visiting practitioner, requests more frequent meetings, a performance review meeting will occur at least once a year to:

- provide feedback about overall performance and identify appropriate development opportunities
- review quality assurance, quality improvement and clinical risk management activities and ensure that relevant activities for the following year are established
- review the performance of contractual obligations of the VMO, HMO, VDO or other visiting practitioner
- vary the contracts (in accordance with contract provisions) or agreements, where appropriate, to update targets and performance criteria.

The model record of review and plan of future activities at Appendix A to this document outlines the matters to be reviewed and documented. All parties should sign off the record of review and plan for future activities. This should be attached to the service contract or to any other written agreements.

The provisions for the annual review of ordinary hours specified in sessional contracts and for the annual review of the services plan specified in fee for service contracts must be followed. It is expected that these reviews will be a part of the overall performance review process outlined in this document.

As a result of the performance review process, it may be apparent that clinical privileges should be changed. In such cases, the matter should be referred to the Medical and Dental Appointments Advisory Committee. Details of the credentialling procedure are contained in the *Delineation of Clinical Privileges for Visiting practitioners and Staff Specialists: Policy for implementation (2005)*.

Public health organisations may wish to develop a local policy on performance review that is consistent with the principles and approach set out in this policy and guidelines. In the absence of a local policy the process outlined above should be followed.

Related documents

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This policy is part of a set of documents, which can be read in conjunction with each other. The other documents are:

- *Appointment of Visiting Practitioners: Policy for implementation* (2005)
- *Delineation of Clinical Privileges for Visiting practitioners and Staff Specialists: policy for implementation* (2005)

Other relevant NSW Department of Health guidelines and policies are:

- *Health Services Model By-Law* (2000)
- *The Clinician's Toolkit for Improving Patient Care* (2001) – available from the NSW Health Better Health Centre or at www.health.nsw.gov.au/quality
- *Guideline on the Management of a Complaint or Concern about a Clinician – a guideline for policy development in Area Health Services and other Public Health Organisations* (2002).
- *Better Practice Guidelines for including Health and Safety in the Engagement, Management and Evaluation of Contractors in Health Services*, Circular 2001/119
- *Managing Performance – A Better Practice Approach for NSW Health*, Circular 2000/68

Model record of performance review and annual plan for future activities (to be attached to service contracts or written agreements)

I. Record of performance review

Public health organisation

Discussions between: *(visiting practitioner)*

Conducted by: *(representative of the
Public Health Organisation)*

Date:/...../.....

a. Clinical activity/contractual obligations

Review previous performance and plan the future performance of contractual obligations of the VMO, HMO, VDO or other visiting practitioners. The review can include but does not need to be confined to:

- services to be provided/services plan
- ordinary hours of service
- clinical service needs and available resources of the health service
- basis of remuneration/budget
- on call and call back availability and response
- clinical duties
- location of work
- clinical privileges
- teaching and training
- committee participation
- adequate documentation in the patient records

Where service contracts specify a process for reviewing ordinary hours of service (sessional) and the services plan (fee for service) that process should be followed as part of the performance review.

Issues identified that require further action (list below)

1. _____
2. _____
3. _____

b. Clinical review, audit and other quality activities

Review the previous years and plan next year's activities in relation to participation in and cooperation with any quality assurance, clinical practice improvement process, project or activity, which can include:

- facilitated incident monitoring
- sentinel event management
- effective use of clinical indicators
- peer review meetings
- morbidity and mortality meetings
- ad hoc audits/reviews
- retrospective chart reviews

Issues identified that require further action (list below)

1. _____
2. _____
3. _____

c. Continuing professional development

Review evidence of participation in the relevant college's continuing medical education. Mutually cooperate in the process of ensuring that future professional development occurs in a way that is compatible with service requirements.

Issues identified that require further action (list below)

1. _____
2. _____
3. _____

d. Matters concerning the practitioner currently the subject of consideration or action by the NSW Health Care Complaints Commission, any orders or conditions of registration to which the practitioner may be subject or any other matters that may affect the practitioner's ability to satisfy his/her contractual obligations, referred for consideration as part of the performance review process.

Issues identified that require further action (list below)

1. _____
2. _____
3. _____

e. Review (sight) current professional registration

Expiry date/...../.....

f. Other issues discussed and unresolved issues

Issues identified that require further action (list below)

- 1. _____
- 2. _____
- 3. _____

II. Annual plan

Issue	Plan of action	Responsible	Timeframe
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature Date/...../.....
(visiting practitioner)

Print name

Signature Date/...../.....
(supervisor)

Print name

Signature Date/...../.....
(PHO Management/DCS/DMS)

Print name

