



Grant Phelps

Chair RACP Clinical
Performance
Framework Working
Group

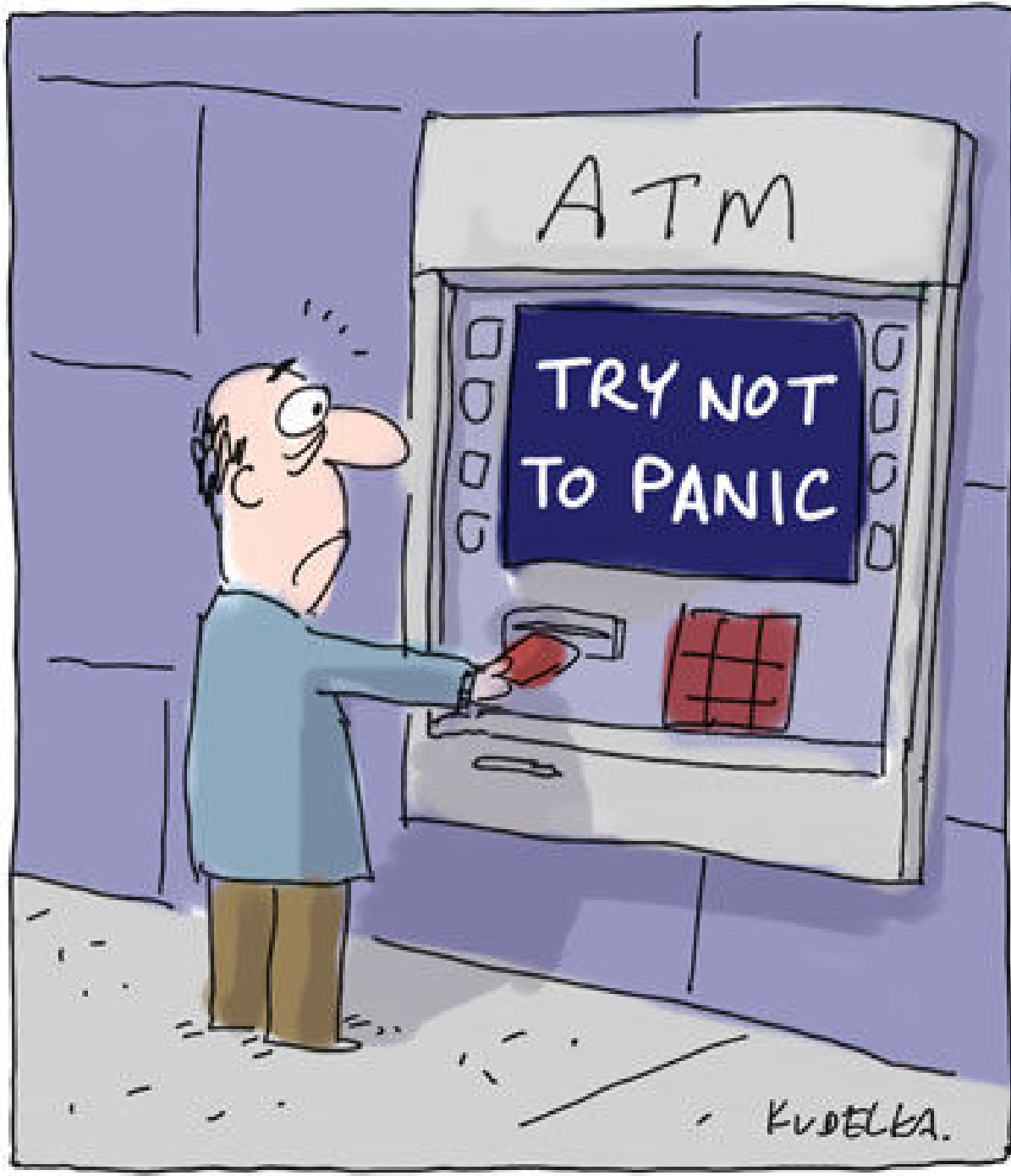
WCIM 2010

“Physician Performance:
securing my right to
professional practice -
Perspectives on
performance, certification
and mandatory CPD”

To cover



- **RACP view – Grant Phelps**
 - Gastroenterologist and Health Care Consultant Ballarat
 - Chair RACP Clinical Performance Framework Working Group
- **Australasian experience – RACS Michael Grigg FRACS**
 - Professor of Surgery at Monash Uni
 - Head of Surgery at Box Hill Hospital
 - Chair of Professional Standards Committee RACS
- **International Perspective - Royal College of Physicians and Surgeons of Canada - Craig Campbell FRCPC**
 - A/Prof of Medicine at Uni of Ottawa
 - Director of Professional Affairs RCPSC
 - Past President of Society for Academic Continuing Medical Education



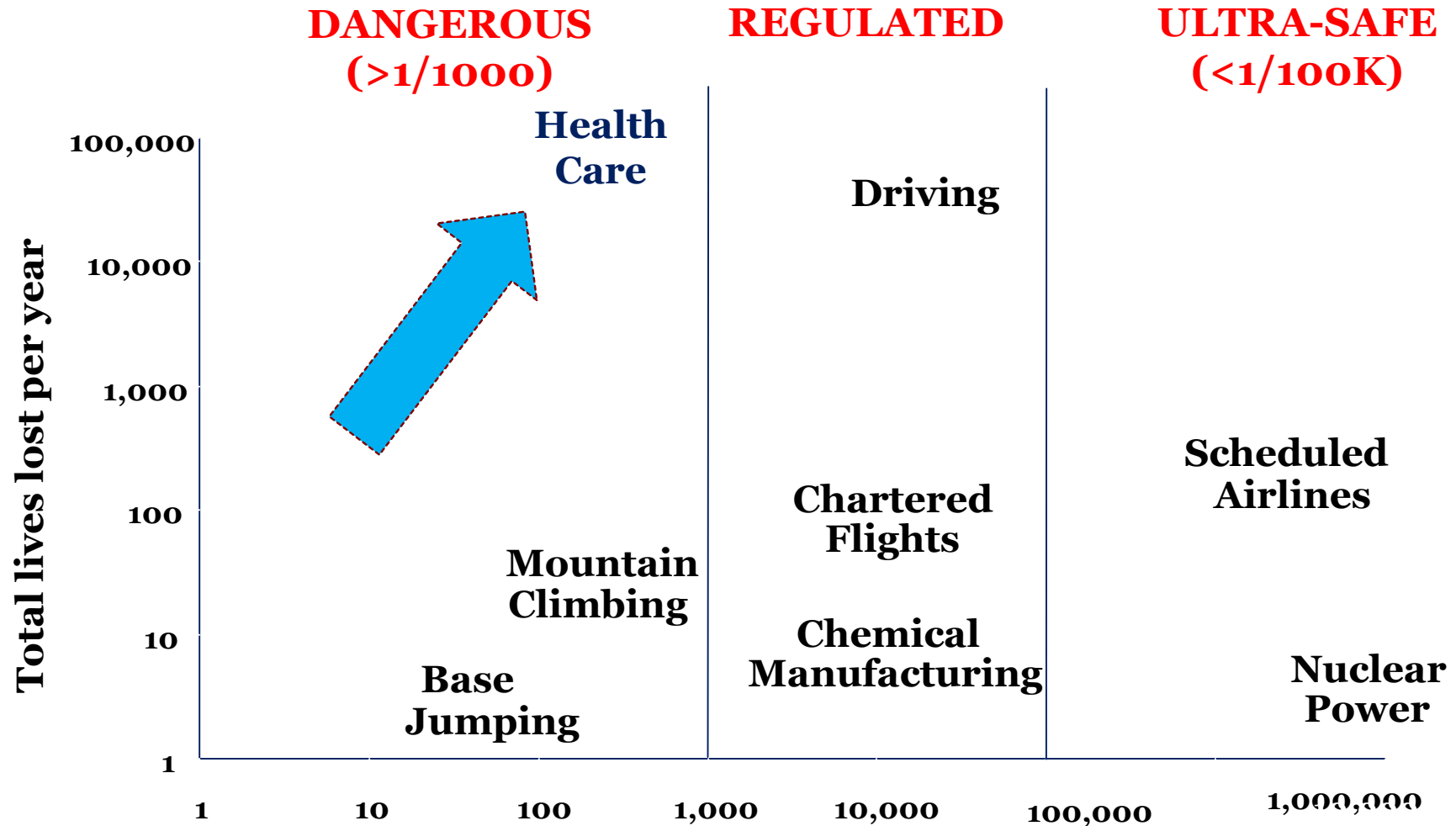
Medical Professionalism



- Profession holds rare position
 - ✦ Respect
 - ✦ Community trust – expectation of performance
 - ✦ Government trust – expectation of shared performance goals
- Tied to professional and personal accountability
- Body of knowledge and skills
- Profession level autonomy through self regulation
 - ✦ Embeds respect for patient autonomy
- Guarantee competence, integrity, altruism

Our healthcare “system” has problems

...however you measure it.



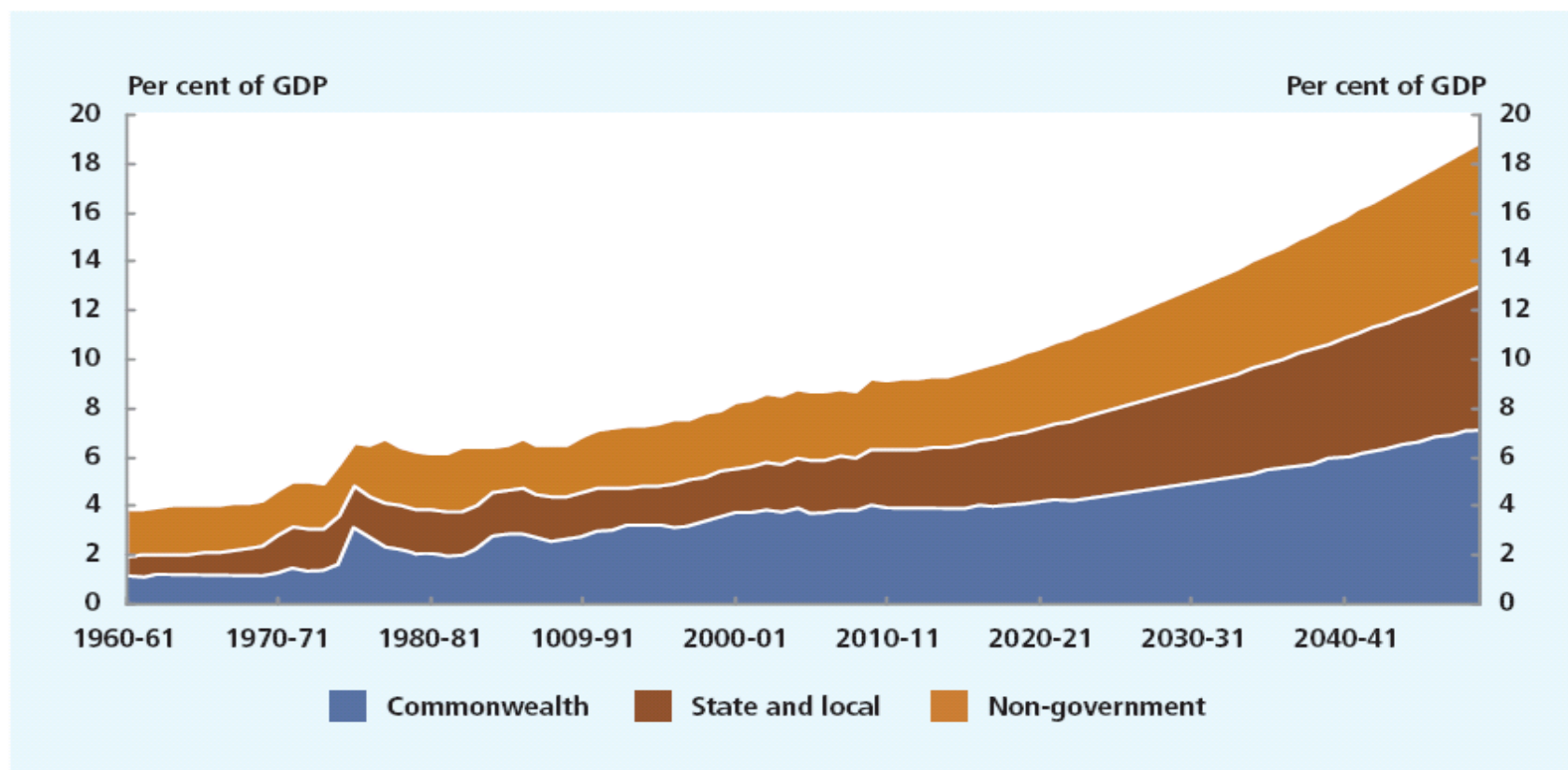
Note: both dimensions are logarithmic scales

c/o Dr. Rene Amalberti

Healthcare spending is unsustainable



Figure 5: Projected health expenditure by source of funds



Source: Treasury projections based on data from the Australian Institute of Health and Welfare. Based on current arrangements.



In addition



- Clinical performance “failures”
 - ✦ Bundaberg
 - ✦ King Edward
 - ✦ Alfred
 - ✦ Camden / Campbelltown
 - ✦ National Women’s Hospital Auckland
- Loss of Public confidence and trust
- Lesson
 - ✦ Much of this is failure of health policy and management - we have the system we deserve
 - ✦ Medical “professionalism” has contributed

AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit www.safetyandquality.gov.au

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

Challenges for health care



- More
 - Demand
 - Expectations
 - Specialisation and fragmentation
 - change
- Less
 - Money
 - workforce
- Limited
 - Change capacity
 - Performance data

Challenges for those working in health care



- It's a changing world
- Demand for accountability
 - ✦ Cost and safety but also increasingly, for quality
- Changing health care and changing consumer
 - ✦ Awareness, “rights”
 - ✦ choice
 - ✦ We're just guardians of the public's system
- Changing medical professionals
 - ✦ Autonomous lone ranger is dead
 - ✦ Greater awareness of context

An outstanding profession



- The vast majority of doctors are providing outstanding services, within a very complex and difficult care context.
- Some are not.....

Building for high performance healthcare



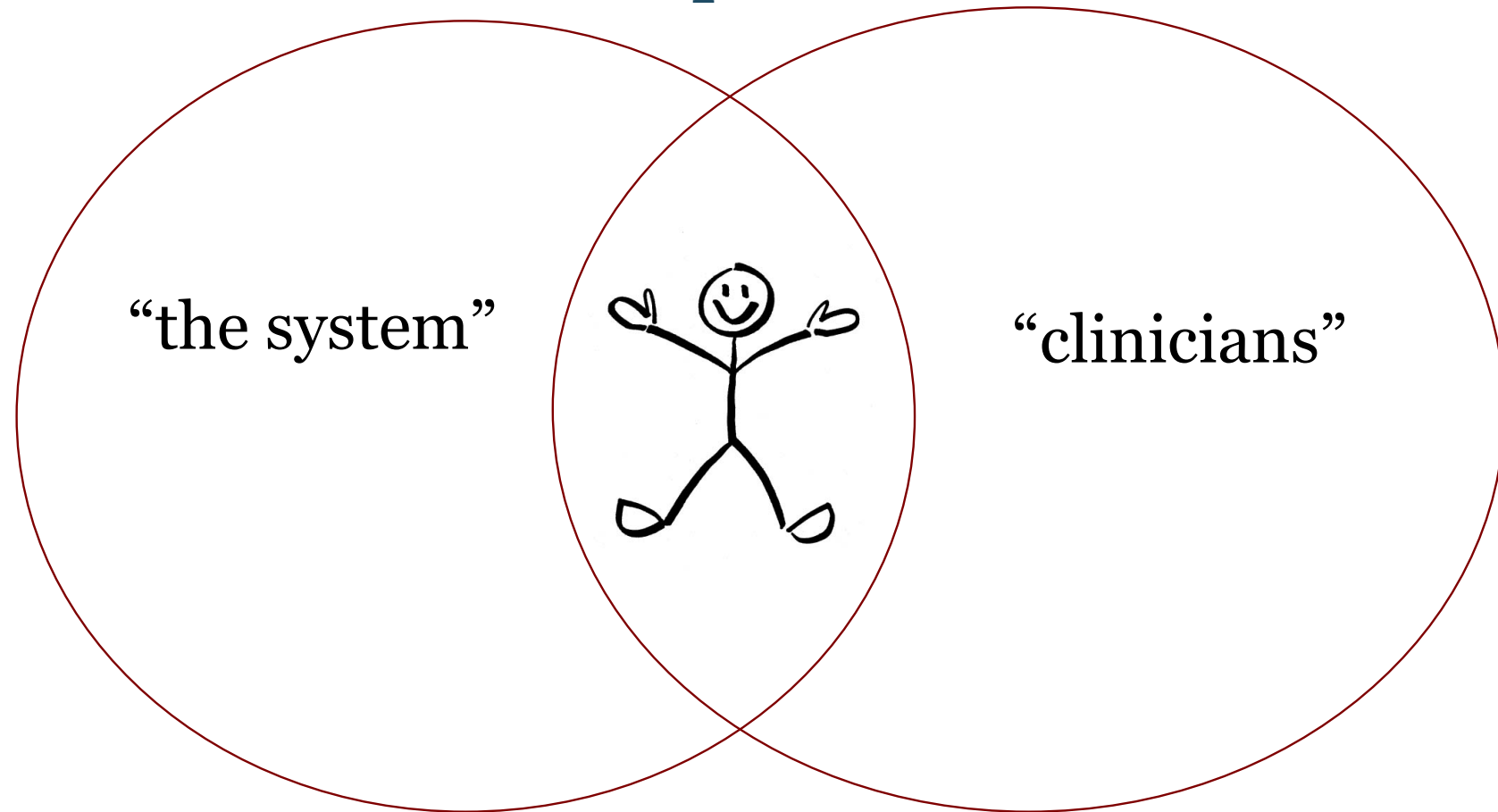
20th Century

- Provider centred
- clinicians as technicians
- Price driven
- Knowledge disconnect
- Slow to innovate
- Reactive, episodic care
 - illness based
- Paper based
- Outcomes ignored in policy
- Cost increases
- Safety static or worsening

21st Century

- Patient centred, team based,
- Clinicians truly engaged
- Driven by value to consumer
- Knowledge management
- Rapid innovation
- Health oriented
- Data in electronic form
- Outcomes measured
- Cost declines
- Safety improves

Aligning system and clinical interests around the patient



**Shifting the focus requires a balance between
accountability and professional autonomy**



***Onus on the profession to
modernise self regulation to
maintain public confidence, or it
will be done for us***

A different perspective...



- Major opportunity for the profession to contribute to a redefinition of health care at a time of (potentially) major reform
- Clinicians bring a care delivery view of healthcare
- This is the essence of healthcare
- “Core Business”

We are not reinventing the wheel



- Professional “self regulation” a major issue everywhere
- Bristol and the impact in the UK
 - ✦ Revalidation and the role of the colleges in recertification
- Pay for performance and other “quality initiatives” in the US and elsewhere
 - ✦ Mandatory recertification for Boards
- Australia
 - ✦ Good Medical Practice
 - ✦ National Credentialling standard
 - ✦ National Peer Review standard
- NZ
 - ✦ Explicit standards e.g. “Good Medical Practice” & “Cole’s medical practice”

RACP committed to



- Establishing a performance framework to support fellows
 - ✦ “quality performance”
 - ✦ “demonstrable professionalism”
- Mandatory CPD (in line with MBA)



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Professional Qualities Curriculum



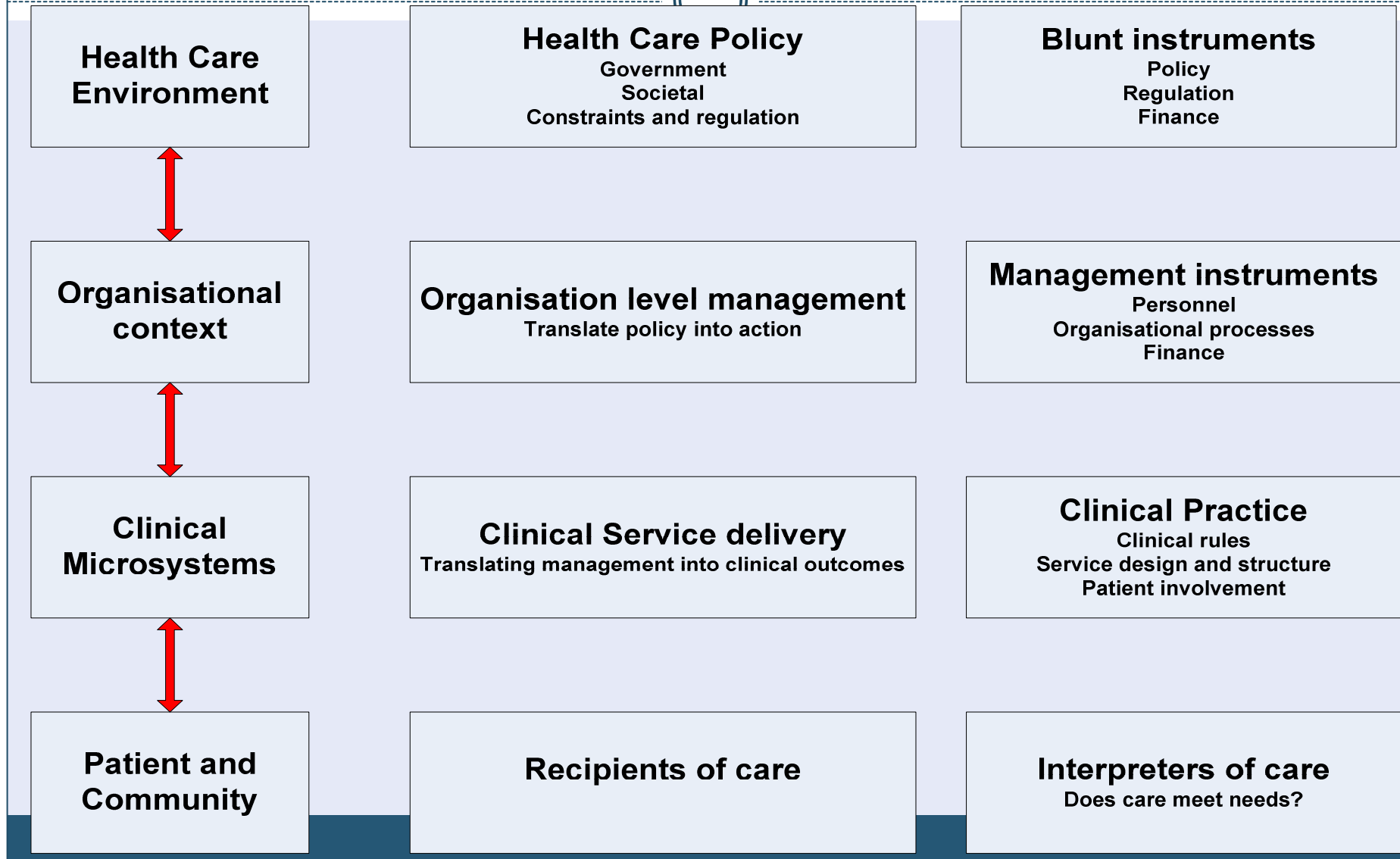
training
curriculum

Sum of the parts?



CanMEDS	RACS	RACP PQC
Communicator	Communication	Communication
		Quality and Safety
Scholar	Scholarship / Teaching	Teaching and Learning (Scholar)
		Cultural Competency
		Ethics
Medical Expert	Medical Expertise	Clinical Decision Making
Manager	Management and Leadership	Leadership and Management
Health Advocate	Health Advocacy	Health Advocacy
Collaborator	Collaboration	The Broader Concept of Health
Professional	Professionalism	
	Technical Expertise	
	Judgment and Decision Making	

Must recognise that doctors operate at various levels of the healthcare system

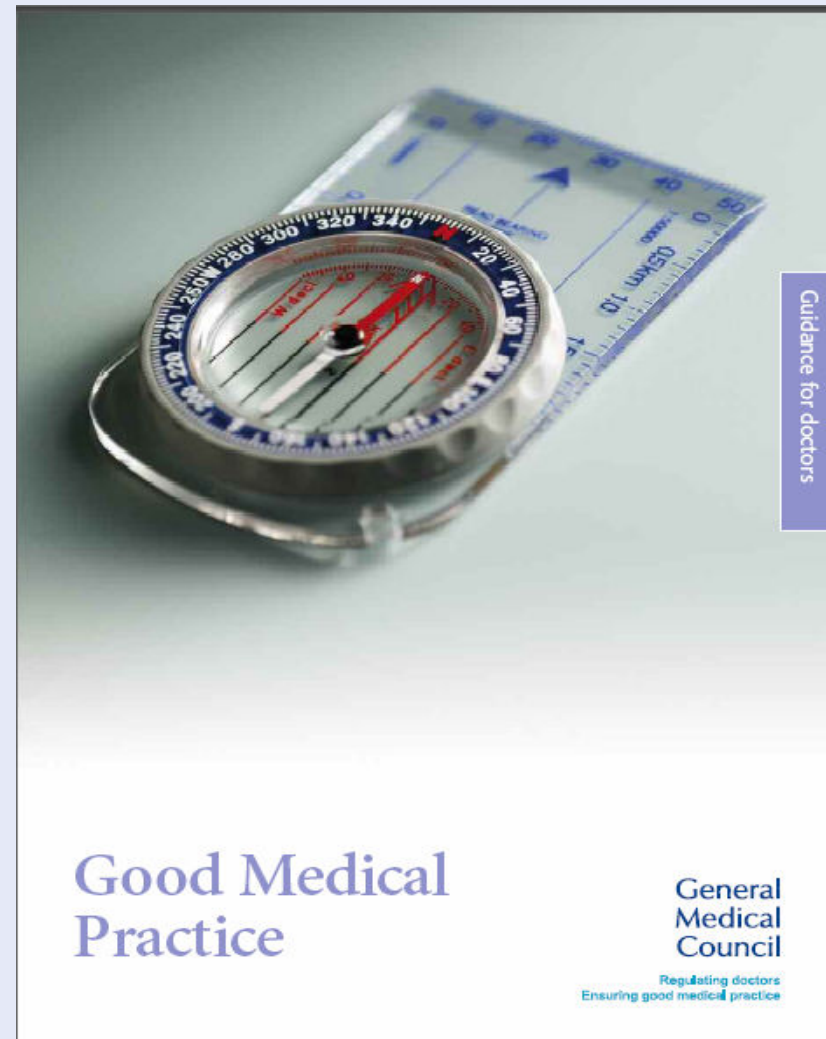


What's happening now in the UK?



- Multiple failures of professionalism
 - ✦ Bristol
 - ✦ Shipman – failure of professional regulation
- Long term appraisal process within the NHS – failed to detect poor performance
- 2009 – General Medical Council introduces new system

medical professionalism in action



Guidance for doctors

Good Medical
Practice

General
Medical
Council

Regulating doctors
Ensuring good medical practice

The UK and Revalidation



- ... required to “periodically **demonstrate** their continued fitness to practise ... and for specialist doctors, to **demonstrate** that they meet the standards that apply to their particular medical specialty” . Revalidation has two elements:
- **Relicensing**largely undertaken through local clinical governance processes liaising with the General Medical Council
- **Recertification** ...doctors who are on the GMC’s specialist register and GP register. Recertification will be led by the Medical Royal Colleges who will need to provide a ‘positive statement of assurance’ to the General Medical Council

<http://www.aomrc.org.uk/revalidation.aspx>

A new professionalism



- Explicit standards of education, registration and licensing
- Ongoing demonstration of fitness to practice
- Explicit performance expectations based around defined standards
- Measurable performance
- Ongoing self regulation will require a commitment to get this right
 - ✦ Accountability = evaluation and answerability

“What can I do to prepare for Revalidation?”



- Review your appraisal documentation from the last few years
- Check the evidence you have claimed are in your files (e.g. courses attended; CPD certificates)
- Check what aspects of your PDP have been achieved and what has not. If there are uncompleted elements, identify reasons for this and record them.
- Review any changes to you job plans or specialist practice and confirm that you have active CPD in those areas
- Collect or make a list of any accolades or letters of appreciation you have received
- Collect evidence of any other clinical activity you may have undertaken (e.g. clinical audits)
- Collect evidence of any non-clinical activity you may have undertaken (e.g. multi-source feedback; patient surveys; teaching; research; work for the greater NHS)
- Make sure that all of the documentation is in place for any complaints or incidents that you may have had
- Ensure that the ‘local responsible officer’ (clinical or medical director) within your trust has copies of your appraisals and a record that they have taken place

Appraisal



- Utilising GMC's "Good Medical Practice"
- Knowledge skills and performance
 - ✦ Maintain professional performance
 - ✦ Apply knowledge and experience in practice
 - ✦ Keep clear, accurate and legible records
- Safety and quality
 - ✦ Systems to protect patients and improve outcomes
 - ✦ Response to risk
 - ✦ Protect patients from risks posed by the doctor

Assessing




- Communication, partnership and teamwork
 - Communicate effectively
 - Work constructively and delegate effectively
 - Establish and maintain partnerships with patients
- Maintaining trust
 - Show respect for patients
 - Treat patients and colleagues fairly and without discrimination
 - Act with honesty and integrity

This is asking...




- Is this doctor performing to an appropriate standard that allows them to maintain their registration?
- Raises questions for colleges about
 - role as standard setter and monitor of performance against those standards
 - whether fellowship should be maintained....??

RACP: Home Divisions Facilities Chapters Specialty Societies



The Royal Australasian College of Physicians

Striving for Excellence in Health and Medical Care through lifelong learning, quality performance and advocacy



Welcome back, Grant Phelps



Promoting Positive Health Outcomes
Working to establish and achieve the highest standards of contemporary knowledge and skill in the practice of medicine and to promote the health and well being of the community.

- Policy & Advocacy
- Quality

Educating Specialists and Specialty Trainees

- Welcome from the Dean
- Registration for Basic Training
- PREP Basic Training Program
- Advanced Training
- Chapter & Faculty Tailored Training

Quick links For RACP Members

- RACP ELECTIONS 2010
- College Roll
- Logon to MyCPD
- MyTraining for Advanced Trainees
- Training Fees

Clinical Performance framework



- **Aims:**
 - ✦ Provide a framework for Fellows to use to guide and support their professionalism
- **Objectives:**
 - ✦ Assist fellows through provision of guidance on use of tools and other clinical activities to understand clinical practice
 - ✦ Assist fellows in their efforts to demonstrate their professionalism
 - ✦ Assist fellows through provision of opportunities to value add to their CPD processes
 - ✦ Assist fellows in their efforts to engage at organisation and system level

Framework-guiding principles



- Must encourage a patient care focus
 - ✦ *Must provide opportunities clinical improvement*
- Must support and encourage quality performance
- Must enhance professionalism
- Must value add to Fellows' experience of the college
- Must not create a burden for Fellows
- Must create opportunity for Fellows to enhance their engagement
 - ✦ *Peers, appointing organisations, 'system'*

RACP Performance Framework can...



- Be a guide to support “demonstrable” professionalism at the individual level
 - ✦ Within all professional domains
 - ✦ Accountability to patient, community and health care system
- Assist fellows to describe, demonstrate and influence their own
 - ✦ Context (structure)
 - ✦ Process of care
 - ✦ Outcomes

RACP Performance Framework can be



- A guide to understanding clinical practice
 - ✦ “Medical Expert” domain
- A prompt for enquiry and learning
 - ✦ CPD and personal development must have clinical relevance
 - ✦ Opportunities to drive clinical improvement
 - ✦ Opportunities to develop and demonstrate leadership at various levels
- A tool to assist engagement by and with organisations
 - ✦ Clinical care is a partnership

Performance Framework is not



- A set of rules...”you must”
 - ✦ Although some “rules” must set boundaries around medical practice (e.g. Registration requirements / code of ethics)
- A “how to” do clinical practice
- A set of standards
 - ✦ Although craft groups may wish to overlay agreed clinical standards unique to that group
- A rigid, externally imposed requirement
- A big brother exercise

Our right to professional practice is no longer just a matter of getting over the barrier



RACP Clinical Performance Framework

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