Guidelines for the Performance Assessment of a Peer
Background Paper

BACKGROUND

Performance of anaesthetists or pain medicine specialists may on occasions be the subject of concern either as a result of perceived clinical underperformance or concerns related to professionalism and behaviour. Such concerns form the basis of complaints to either administrators of healthcare institutions or to regulatory authorities such as Australian Health Practitioner Regulatory Authority (AHPRA) in Australia and in New Zealand to the Medical Council of New Zealand (MCNZ).

Where a healthcare institution has concerns that do not fall under mandatory reporting the administration may choose to review the practice of the practitioner in question prior to any decision as to escalation or actions to be taken. A request for review of the practitioner may consequently be sent to ANZCA.

Similarly, a regulatory authority in the process of responding to a concern or investigating a complaint may approach ANZCA for assistance in reviewing the performance of the practitioner.

In response, the College will submit a list of fellows competent to undertake the review from which the healthcare institution or the regulatory authority may select as they see fit. Fellows who perform reviews under these circumstances do not act as agents for ANZCA nor are they acting on behalf of the College. They work independently in their own capacity. While fellows acting as Specialist International Medical Graduate (SIMG) workplace-based assessment (WBA) assessors may have experience in reviewing the performance of a peer, other fellows may have limited experience. Consequently, the accompanying guidelines have been developed to assist fellows in performing a review that is rigorous, and defensible, as well as ensuring that the process is uniform and produces reliable and consistent conclusions.

TERMS USED

ANZCA or College applies to both specialist anaesthetists and specialist pain medicine physicians.

Performance assessment in the accompanying guidelines refers to a process that evaluates performance against professional standards.

PURPOSE

The specific intent of the accompanying guidelines is to facilitate the reliability and consistency of performance assessment reviews by following the processes contained within the guidelines. As such, the aim is to guide and assist fellows in the process.

SPECIFIC INTENT OF GUIDELINES

In developing the accompanying guidelines, the overarching intent was defined as stated in the purpose
statement above, followed by defining the scope. Regulation 27 underpins the guidelines, and the recommendations contained within the accompanying professional document serve to supplement the regulation.

**FACULTY OF PAIN MEDICINE**

It was agreed that this professional document may be used to guide review of pain medicine specialists as well as specialist anaesthetists, which led to the expansion of the Expert Group to include representation from the Faculty of Pain Medicine of ANZCA (FPM). Where there were standards common to both anaesthesia and to pain medicine they appear in a joint section, however, where standards were specific to one specialty or the other they were identified and assigned accordingly.

**STAKEHOLDERS AND COMMUNITY REPRESENTATION**

Identification of stakeholders for consultation phase was also considered since this was regarded as a critical contribution to the process of guideline development. Involvement of a community representative in the Expert Group was discussed as well as inclusion in the early stages of stakeholder consultation and feedback.

**ACCESS TO RELEVANT MEDICAL DOCUMENTS**

Underperformance has been said to be an indicator of underlying strife including addiction, burnout, depression, or other health issues.

Where relevant, the assessor(s) may seek information with regard to the health status of the practitioner being assessed. However, the granting of access will be decided by the requesting authority if they deem the information relevant, and its release appropriate.

**TOOLKITS**

The subject of developing and providing toolkits was discussed and whether these should be freely available or whether access to them should be limited to assessors. On the one hand there was concern that if these were freely available then practitioners could become conversant with expectations and prepare their responses to satisfy the criteria. This was countered by the desired transparency of the process, and the concern that withholding them would detract from such perceived transparency.

It was decided that toolkits should be included as appendixes to the guidelines so that they may be updated or modified according to need, without having to review the entire professional document.

The first toolkits considered included:
- Clinical Observation of Practice – Appendix 1
- Multisource Feedback Worksheet – Appendix 2
- Report Template – Appendix 3

It was recognised that the toolkit in Appendix 1 may not be applicable to non-interventional pain medicine specialists and that FPM may in the future wish to develop a separate toolkit specific to their needs.

**LEGAL ADVICE**

As performance assessors act independent of ANZCA they are not indemnified by the College insurers. As part of the preparatory process assessors are strongly advised to obtain documentation indemnifying them against action from both the requesting authority and from the practitioner being assessed.
There was discussion around obtaining legal opinion prior to submission of the assessor’s written report to the requesting authority, and the matter of potential conflict of interest was raised. Where the practitioner whose performance is being assessed is indemnified by the same insurer as the assessor then this could pose a potential conflict of interest, and an alternative source of opinion may be prudent.

Also, considered was ANZCA’s responsibilities and risks in developing these guidelines and what if any legal opinion the College should seek in this regard. ANZCA has a process for addressing such matters where a risk is identified.

**CONSULTATION PHASE**

Feedback during the consultation phase was received from fellows, anaesthesia societies, and regulatory authorities. The guidelines were amended to ensure that there was compatibility with jurisdictional regulations and processes when fellows are acting on behalf of the regulators.

Recognising that there may be differences in governance, relationships with administrators, and patient expectations between the public and private sector, the accompanying guidelines were developed to accommodate both settings.

There was support for the suggestion that reviewers should receive training, however, this has not been included at this stage. In future revisions, consideration may be given to developing a relevant training framework for providers.

**SUMMARY**

The guidelines in the accompanying professional document have been developed in response to a need by regulatory and jurisdictional authorities to acquire meaningful and accurate assessments of specialists whose performance may be of concern. As the recognised specialist college responsible for anaesthesia and pain medicine, ANZCA is approached for this purpose. The College provides the authorities with a list of nominees who then act independently of the College. The guidelines aim to serve as a process assisting fellows to ensure that assessments are rigorous, accurate, and consistent.

**PROCESS OF REVIEW**

The Document Development Group for PS65 was the ANZCA Professional Affairs Executive Committee advised by an Expert Group comprising:

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