Guideline for the performance assessment of a peer

1. Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) is widely respected for its commitment to safe and effective anaesthesia practice, backed by a robust training program and a commitment to fostering life-long learning amongst its members. On occasion, professional bodies including ANZCA are approached by organisations such as regulatory authorities, employers and healthcare institutions to nominate expert advisers to assist with performance assessment of an anaesthetist or specialist pain medicine physician.

In accordance with ANZCA Regulation 27 the College will provide nomination(s) of suitable specialist anaesthetist(s) or pain medicine physician(s) to assist with such performance assessments. The College does not assess performance of specialists for these authorities but must assist where it is considered necessary for the purpose of ensuring patient safety.

Regulation 27 may be viewed from this link: http://www.anzca.edu.au/resources/regulations/regulation-27 and forms the basis of these guidelines.

The need for the development of these guidelines is to assist fellows with the process of performing practice assessments, to ensure reliability of outcomes and opinions, and also to enhance consistency.

2. Background

From time to time ANZCA receives requests from a variety of sources, including healthcare institutions and regulatory authorities, to assess the performance of anaesthetists and specialist pain medicine physicians whose clinical or professional practice may be the subject of concern. Such concern may arise from issues relating to competence, professional conduct, health matters, or a combination of these factors. Where requests are received by ANZCA it provides the requesting authority with the name(s) of fellow(s) qualified to undertake practice assessments. The requesting authority then selects one or more of the nominated fellows who do not act on behalf of the College, but rather independently of the College.

3. Purpose

To assist fellows in their role when reviewing the performance of a colleague.

The objectives are to achieve consistency amongst assessors/reviewers as well as with the assessment process; to safeguard natural justice for the practitioner being reviewed; and to mitigate against inadvertent legal redress against the reviewer.

4. Scope

These guidelines are primarily intended to apply to specialists acting as performance reviewers/assessors of anaesthetists and specialist pain medicine physicians at the request of regulatory

authorities or healthcare facilities. It is anticipated they may also be utilised in conducting practice reviews of specialist international medical graduates (SIMGs) or General Practitioner Anaesthetists employed in rural locations.

They are not intended to apply to peer review for continuing professional development, which is specifically intended to be formative.

They are not intended to apply to trainees as they have an independent trainee performance review process (TPR), nor to medicolegal reports.

Where performance assessments are undertaken for regulators such as the Australian Health Practitioners Regulatory Authority (AHPRA) or the Medical Council of New Zealand (MCNZ) that have established processes and documentary requirements, these must be followed and take priority over this document.

5. Recommendations for the review procedure

The aim of a performance review is to ensure that practitioners are practising safely, and also that they are practising according to the relevant expected standard.

The process of review must adhere to the principles of fairness and transparency, and be rigorous and fit for purpose in achieving the intended outcomes[1]. It is important that any conflict of interest be declared at the outset prior to commencement of the review.

5.1 Establish the terms of reference (ToR)

This should be determined prior to commencement of the review, and agreed to by both the requesting authority and the reviewer. The agreed terms of reference including the names of the proposed reviewers should then be supplied to the practitioner being reviewed according to the institution's/authority's usual processes so that he or she can raise any potential conflicts of interest. It is important that the ToR are clearly defined as they will inform the reason for the review and will dictate the standards against which the practitioner is to be gauged.

5.2 Identify the applicable standards

The standards against which practitioners are to be gauged include, as appropriate, the ANZCA and FPM professional documents, ANZCA professionalism guide[2], the Medical Council of New Zealand Good Medical Practice[3], the Medical Board of Australia Code of Conduct[4], the AMA/NZMA Code of Ethics[5], published jurisdictional standards including the Joint Consultative Committee on Anaesthesia (for General Practice Anaesthetists).

Depending on the concerns, some or all of the following ANZCA and FPM professional documents may serve as standards against which performance of anaesthetists may be gauged.

5.2.1 Professional documents common to both ANZCA and FPM

- PG03(A) Guideline for the management of major regional analgesia
- PS26(A) Position statement on informed consent for anaesthesia or sedation
- PG28(A) Guideline on infection control in anaesthesia
- PS40(G) Position statement on the relationship between fellows, trainees and the healthcare industry
- PG41(PM) Guideline on acute pain management
- PS45(PM) Position statement on patients' rights to pain management and associated responsibilities
- PG49(G) Guideline on the health of specialists, specialist international medical graduates and trainees
- PG51(A) Guideline for the safe management and use of medications in anaesthesia
- PG58(A) Guideline on quality assurance and quality improvement in anaesthesia

- PS62(G) Position statement on cultural competence.

5.2.2 Additional professional documents specific to ANZCA

- PG06(A) Guideline on the anaesthesia record
- PG07(A) Guideline on pre-anaesthesia consultation and patient preparation
- PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures
- PG18(A) Guideline on monitoring during anaesthesia
- PG29(A) Guideline for the provision of anaesthesia care to children
- PG31(A) Guideline on checking anaesthesia delivery systems
- PG43(A) Guideline on fatigue risk management in anaesthesia practice
- PG50(A) Guideline on return to anaesthesia practice for anaesthetists
- PS53(A) Position statement on the handover responsibilities of the anaesthetist
- PS57(A) Position statement on duties of specialist anaesthetists

5.2.3 Additional professional documents specific to FPM

- PS01(PM): Statement regarding the use of opioid analgesics in patients with chronic non-cancer pain
- PS10(PM) Statement on "Medicinal Cannabis" with particular reference to its use in the management of patients with chronic non-cancer pain
- PS12(PM) Position statement on the use of ketamine in the management of chronic non-cancer pain

5.3 Components of review should include

5.3.1 **A thorough review of all preliminary documentation.** Familiarisation with the issues prior to the review allows reflection and ensures that all relevant information can be considered. On occasions, some information may be withheld prior to the review due to concerns of confidentiality and made available only on the day of review.

In certain circumstances the assessor(s) may request of the referring authority, further information regarding the health status of the practitioner being assessed. The decision to provide such information will be at the discretion of the requesting authority based on their belief as to relevance and appropriateness.

5.3.2 **Meeting with the administration** if they have commissioned the review to confirm the ToR and the proposed activities for the day. This provides an opportunity to meet face-to-face with the hospital administration and to be updated on any changes in circumstances. If commissioned by another body, then meeting with the administration of the institution to ensure compliance with the institution's policies and procedures.

5.3.3 **Meeting with the practitioner** to confirm their understanding of the complaints/concerns and the purpose of the review as well as the responsibilities of the reviewer. It also provides the practitioner with an opportunity to ask questions as well as present their perspectives.

5.3.4 **Clinical observation.** Should clinical observation be undertaken then a minimum of one half-day operating list or clinic should be allocated to this activity. The purpose of the clinical observation is to provide a "snapshot" of the practitioner's practice with regards to safe management of anaesthesia or pain medicine, situational awareness, communication with the team including handover, professionalism, and adherence to standards as listed in 5.2 above. Adherence to patient consent policies is essential. A toolkit that may assist with this task is included in Appendix 1.

5.3.5 **Multisource feedback.** Interviews should include a range of colleagues, nursing staff, and other staff. The practitioner should be given the opportunity to nominate

interviewees but feedback should be sought from others considered relevant by the assessors including medical administration. A toolkit to assist with this task is included in Appendix 2.

5.3.6 **Review of medical records and anaesthesia charts**. This will provide insight into the level of documentation and adequacy as well as pre-anaesthesia preparation and postoperative management. Anaesthesia charts will not be relevant for specialist pain medicine physicians who do not administer anaesthesia, however, procedural records in addition to the medical record more widely should be available to reviewers.

5.3.7 **CPD – a review of the ANZCA CPD portfolio**. CPD participation provides a good insight into attitudes and professionalism as well as being an indicator of potential problems where there is a lack of adequate activity in all mandatory categories of CPD.

5.3.8 **Interview with the practitioner subsequent to completion of the above tasks.** This provides an opportunity to gain their interpretation of circumstances, insights, and to explore aspects of their knowledge. Where appropriate this interview may include case-based discussions. In addition, it provides them with another opportunity to respond to any complaints.

5.3.9 **Debriefing of the healthcare facility administration** if the request emanated from them. Interim findings and conclusions may be flagged at this time and placed into context. It is important that findings and conclusions are within the realms of the agreed ToR.

5.3.10 **Debriefing the practitioner.** Feedback to the practitioner needs to be well-considered and thoughtful, offering an opportunity for them to reflect. In addition, feedback should include information on the process involved in the assessment. The assessors should also ensure that the practitioner has been made aware of their concerns and given an opportunity to respond to those concerns. In concluding the debriefing the practitioner should be informed that the outcome of the assessment will be communicated at a later date.

5.3.11 **Writing and submitting a report.** This needs to be supported by reference to relevant standards as per the ToR, and any relevant references used to come to conclusions. Consideration should be given to seeking advice from the reviewer's medical defence organisation before submitting such a report. Should there be a potential conflict of interest where both the practitioner under review and the reviewer have cover with the same indemnifier, then an alternative source should be sought for an opinion.

This document is accompanied by a background paper (PG65(G)BP) which provides more detailed information regarding the rationale and interpretation of the Guideline.

References

1. Australian Commission on Safety and Quality in HealthCare. Review By Peers: A guide for professional, clinical, and administrative processes. 2010. From: https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers.pdf. Accessed 6 August 2018.

2. The Australian and New Zealand College of Anaesthetists. Supporting Anaesthetists' Professionalism and Performance: A guide for clinicians. 2017. From: http://www.anzca.edu.au/documents/supporting-anaesthetists-professionalism-and-perfo.pdf. Accessed 6 August 2018.

3. Medical Council of New Zealand. Good Medical Practice. 2016. From: https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf. Accessed 6 August 2018.

4. Medical Board of Australia. Good Medical Practice: A Code of Conduct for Doctors in Australia. 2014. From: http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx. Accessed 6 August 2018.

5. Australian Medical Association (AMA). Code of Ethics. 2004. Editorially Revised 2006. Revised 2016. From: https://ama.com.au/position-statement/code-ethics-2004-editorially-revised-2006-revised-2016. Accessed 7 August 2018.

6. Grocott HP, Bryson GL. The physician at risk: disruptive behaviour, burnout, addiction, and suicide. Can J Anesth 2017; 64 (2):119-121. From: https://doi.org/10.1007/s12630-016-0782-z. Accessed 6 August 2018.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated: 2018
Reviewed:
Date of current document: February 2020

ANZCA website: www.anzca.edu.au
FPM website: www.anzca.edu.au/fpm

APPENDIX 1

OBSERVATION OF CLINICAL PRACTICE WORKING SHEET

Practitioner Name: _____

Hospital: _____

Date of Assessment: _____

Assessor: _____

Assessment Ratings
A: Acceptable **UA:** Unacceptable **NA:** Not Assessed

Safe Practice	Case 1	Case 2	Case 3	Case 4
Patient Assessment				
Machine & Equipment Check				
Communication & Planning				
WHO Surgical Safety Checklist				
Drug Preparation				
Hygienic Practice				
Monitoring				

Comments:

_____

_____

_____

Conduct of Anaesthesia	Case 1	Case 2	Case 3	Case 4
Anaesthesia Technique – accepted practice				
Airway Management				
Patient positioning/physical protection				
Vigilance/Situation Awareness During Anaesthesia				
Emergence/pain management				

Comments:

_____

_____

_____

Critical Events	Case 1	Case 2	Case 3	Case 4
Early Detection				
Accurate Assessment				
Appropriate Management				
Appropriate Follow-Up				
Critical Event Disclosure to Patient				
Critical Event Reporting				

Comments:

_____

_____

_____

Professionalism	Case 1	Case 2	Case 3	Case 4
Consent				
Documentation				
Communication with Patient				
Communication with Staff				
List Management/Efficiency				
Technical Abilities				

Comments:

_____

_____

_____

Overall Impression:

_____

_____

Does this practitioner meet the standards required of a Fellow of the college? ☐Yes ☐No

If no, please explain:

APPENDIX 2

MULTISOURCE FEEDBACK WORKING SHEET

Practitioner Name: _____

Hospital: _____

Date of Assessment: _____

Assessor: _____

Assessment Ratings
A: Acceptable **UA:** Unacceptable **NA:** Not Assessed

Position of interviewee	
Clinical skills and attitudes	
Work organisation	
Technical abilities	
Hygienic work practices	
Vigilance	
Judgement	
Crisis management	
Patient care	
Pre-operative	
Intra-operative	
Post-operative	
Behavioural skills and attitudes	
Interactions with patients	
Interactions with staff	
Ethical behaviour	

Teamwork	
Independence	
Overall comments	
Complaints / disciplinary action	
IMGS as personal anaesthetist?	

Comments:_____

_____

_____

_____

_____

APPENDIX 3

Report template

Process undertaken according to Regulation 27, Performance Review, the aim being to "provide an independent assessment of the events that led to the request for review, and make a recommendation as agreed in the Terms of Reference".

Template – Performance Review Report
Dr [name]
[date report written]

1. Convening of review panel

A performance review panel was convened to undertake interviews and make inquiries, to access the performance of Dr **[NAME]** for **[Requesting Authority].**

2. Composition of the performance review panel

Dr [Name, Hospital, State/Country] (Chair)
Dr [Name, Hospital, State/Country]
Dr [Name, Hospital, State/Country]

3. Scope of performance review

Background to review

- *Outline of the reason for requesting the review*
- *Outline of previous assessment and outcomes*

4. Format of assessment

The review took the form of interviews with the practitioner, Director(s) or Departments of Anaesthesia, colleagues nominated by the practitioner, and personnel nominated by the requesting authority at [place, address] on [date], as well as a period of observation of clinical practice (if applicable).

Those interviewed (in addition to the practitioner) were:
List all people interviewed

1. Opening interview with [Name the practitioner] – (1-1.5) hours. This covered Dr [name's] response to the concerns raised, any factors in his/her work, outside work life or health that may influence performance. Dr [name] was given the opportunity to respond to allegations.

2. Interviews with [names], each 1/2 – 1 hour. These covered performance at work, and any other relevant influences on performance.

3. Interview with [name], about ½ hour, covering [DETAIL].

4. Interview with [name], about ½ hour, covering [DETAIL].

5. Closing interview with Dr [name] – 1 hour. He/she was invited to raise any matters that had not been already covered, respond to matters raised and to make a final submission.

5. Investigations and extraneous materials

In addition to conducting interviews the reviewer(s) has received and/or procured data, reports, materials and submissions.

6. Comment

The Dr [name] was given the opportunity to review and comment on a draft report of the reviewer(s) on [date].

A draft report was provided as a matter of due process and fairness. The draft report was not issued on the basis that the reviewer(s) would be obliged to alter the report, having regard to any comments received from the practitioner.

7. Results of assessment

Dr [name's] response to the assessment

1. Dr [name] cooperated (or not), and the extent of that cooperation, such as ready provision of materials, and any statements about the review process that (s)he made.

   Findings
   Outline of findings, using the ANZCA Roles in Practice as a framework. The findings are the factual basis on which the conclusions of the reviewer(s) will be based, and must be separated from any inferences drawn from those facts.

2. Any record of formal complaints to the department or hospital, any record of disciplinary issues.

3. Findings:
   a. Medical Expert:
   b. Communicator:
   c. Collaborator:
   d. Manager/Leader:
   e. Health Advocate:
   f. Scholar:
   g. Professional:

Assessments

4. In depth analysis of assessment records (if available)

5. Analysis of any other assessments

6. Analysis of the interviews conducted, and the information that they have given about Dr [name's] performance.

8. Recommendations

Recommendations, using Terms of Reference:
Clinical practice and professionalism consistent with accepted standards – further actions not warranted

OR

Remediation

OR

Notification to the regulatory authority

Signature of Reviewer(s) Chair: