Policy

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Executive summary

The Department of Health (the department) is committed to supporting the engagement of senior doctors to ensure the delivery of high quality health care in our hospitals. The department recognises that high quality care requires shared goals developed in a collaborative, supportive organisational culture, based on mutual responsibility for patient care.

Senior doctors work in complex environments and their performance is subject to an extensive range of influences from patients, peers, health care organisations and professional and regulatory bodies. The department recognises that despite this complexity, the vast majority of doctors are providing outstanding clinical services.

The department's existing *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) provides guidance to health services in relation to the appointment and ongoing employment of senior medical staff (including dentists).

Partnering for performance is a performance development and support process which supports the implementation of the credentialling policy. It aims to strengthen the relationship between senior doctors and their health services. It provides a suite of processes and tools to support clinical practice and to assist in the review of a senior doctor's performance with goal setting in four domains:

- work achievement (including clinical practice)
- professional behaviours
- learning and development
- career progression.

The *Partnering for performance* policy includes a *guide* which provides tips and checklists to assist participants in reviewing performance, performance development conversations and goal setting. Pro forma documentation is also provided.

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.

The use of the *Partnering for performance* policy supports the regular monitoring of a doctor's performance throughout the credentialling cycle. It provides guidance to organisations and senior doctors to assist in enhancing performance, and where needed, identifying potential underperformance.

Partnering for performance emphasises the partnership between senior doctors and health services. The format of *Partnering for performance* allows for flexible application in health services, responsive to local circumstances.

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 also have a performance development and support process in place for regular review of the performance of their senior doctors by October 2012. Organisations that already have existing processes established should ensure that their processes align with the principles of *Partnering for performance*.

Introduction

In 2007, the Department of Human Services, now the Department of Health (the department) released the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007). The policy provides guidance to hospitals in relation to the appointment and ongoing employment of senior medical staff and was updated in 2009.

The policy recognises that regular review of a doctor's scope of clinical practice throughout the credentialling cycle is critical to the ongoing relationship between the doctor and organisation, as senior doctor skill sets and organisational requirements and capabilities evolve over time. Senior doctors work in complex environments and their performance is subject to an extensive range of influences from patients, peers, health care organisations and professional and regulatory bodies. Ongoing communication about clinical care ensures that organisations and senior doctors are collaborating around a shared commitment to enhancing patient care.

To support this process of regular review, the department, together with its Clinical engagement advisory group (CEAG)[1], developed *Partnering for performance* for senior doctors in Victorian public health services. It provides consistent processes and tools which support and enhance the relationship between the doctor and their employing organisations through focusing on patient care, whilst providing an opportunity to identify areas for potential improvement.

Partnering for performance is a performance development and support process. The *guide* provides tips, checklists and pro forma documentation to assist participants in reviewing performance, performance development conversations and goal setting.

In addition, the department recognises that senior doctors and organisations need to have the ability to understand an individual's clinical practice in order to maximise the effectiveness of performance development processes. The use of high quality clinical information to inform an understanding of patient care is critical to the ongoing development of our health care system and to ensuring a patient centred focus.

To support a comprehensive understanding of an individual's practice and to inform the performance development process, the department developed the *Understanding clinical practice toolkit*. The *toolkit* is provided here as part of *Partnering for performance*.

This *toolkit* provides guidance to a suite of common tools for use by senior doctors in Victorian public hospitals. 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.

[1] The Clinical engagement advisory group (CEAG) is an expert advisory group that includes representatives from across the health sector and the department including senior doctors, colleges and industry. The group advised on the development of the policy and oversees and informs a range of projects designed to enhance the ongoing relationship between organisations and their senior medical staff.

There are existing measures in place which provide an organisation or system level view of patient care and its underpinning systems (for example, root cause analysis, AusPSIs – patient safety indicators, Victorian health incident management system (VHIMS)) but they are not designed to provide information about an individual's practice.

In the development of these processes, the department recognises that the majority of doctors are providing outstanding clinical services, but a small percentage of doctors will occasionally underperform. The use of the *Partnering for performance* policy supports the process of regular review of a doctor's performance throughout the credentialling cycle and provides guidance to organisations and senior doctors to assist in enhancing performance.

A series of scenario based case studies are provided to highlight how the *guide* to performance development and the tools in the *Understanding clinical practice toolkit* can assist in the implementation of *Partnering for performance*.

Partnering for performance emphasises the importance of the partnership between senior doctors and health services. Health services have obligations to their senior doctors, just as senior doctors have responsibilities and accountabilities to the health services which employ or engage them.

Policy context

All senior doctors in Victorian public hospitals are required to undergo a formal credentialling and scope of practice process on appointment to a health service as outlined in the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007). The policy also stipulates that re-credentialling should occur at least once every five years. Thus all senior doctors remain in a 'credentialling cycle', at the completion of which they should undergo a formal re-credentialling process.

The ongoing monitoring of performance by doctors with their organisations is a critical element of the credentialling cycle. Over the course of the credentialling cycle, and with the appropriate use of *Partnering for performance*, senior doctors working with their organisations should be able to develop an ongoing, clear and comprehensive picture of clinical and professional performance. The ongoing nature of this relationship will mean that re-credentialling processes should operate on a 'no surprises' basis.

Partnering for performance is not only embedded within the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007), but also supports the *Clinical governance policy framework* (Department of Human Services 2008). Clinical governance is the system by which organisations and clinicians share responsibility and accountability for the quality of care. An effective system of clinical governance is essential to ensure continuous improvement in the safety and quality of health care.

The department's *Clinical governance policy framework* (Department of Human Services, 2008) has four domains: *consumer participation, clinical effectiveness, effective workforce* and *risk management.* One of the key principles of this framework is the measurement of performance. The *clinical effectiveness* domain identifies the use of tools such as peer review and clinical audit as a key strategy to evaluate and improve clinical performance. The *risk management* domain requires organisations to have strategies in place for reporting and investigation of clinical incidents, as well as systems for managing complaints.

Senior doctor participation in *Partnering for performance* provides an opportunity to inform and support organisational clinical governance processes. Performance development processes should also link with existing peer review and clinical audit processes, confirming participation and appropriateness of outcomes.

Performance development and support processes for senior doctors should not be established in isolation from other health service, college and statutory policies and programs. These processes should be integrated with existing policies to maximise benefits and minimise duplication.

The credentialling cycle should thus provide opportunities for senior doctors and organisations to highlight potential areas for clinical improvement and service development. In addition, ongoing support for the elements of the credentialling cycle should assist organisations in their attempts to meet regulatory requirements (for example, accreditation) and for doctors to meet their continuing professional development (CPD) requirements.

Partnering for performance is compatible with the *Victorian Charter of Human Rights and Responsibilities Act 2006.*

The following diagram illustrates the links between *Partnering for performance*, the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) and clinical governance processes.

Credentialling cycle

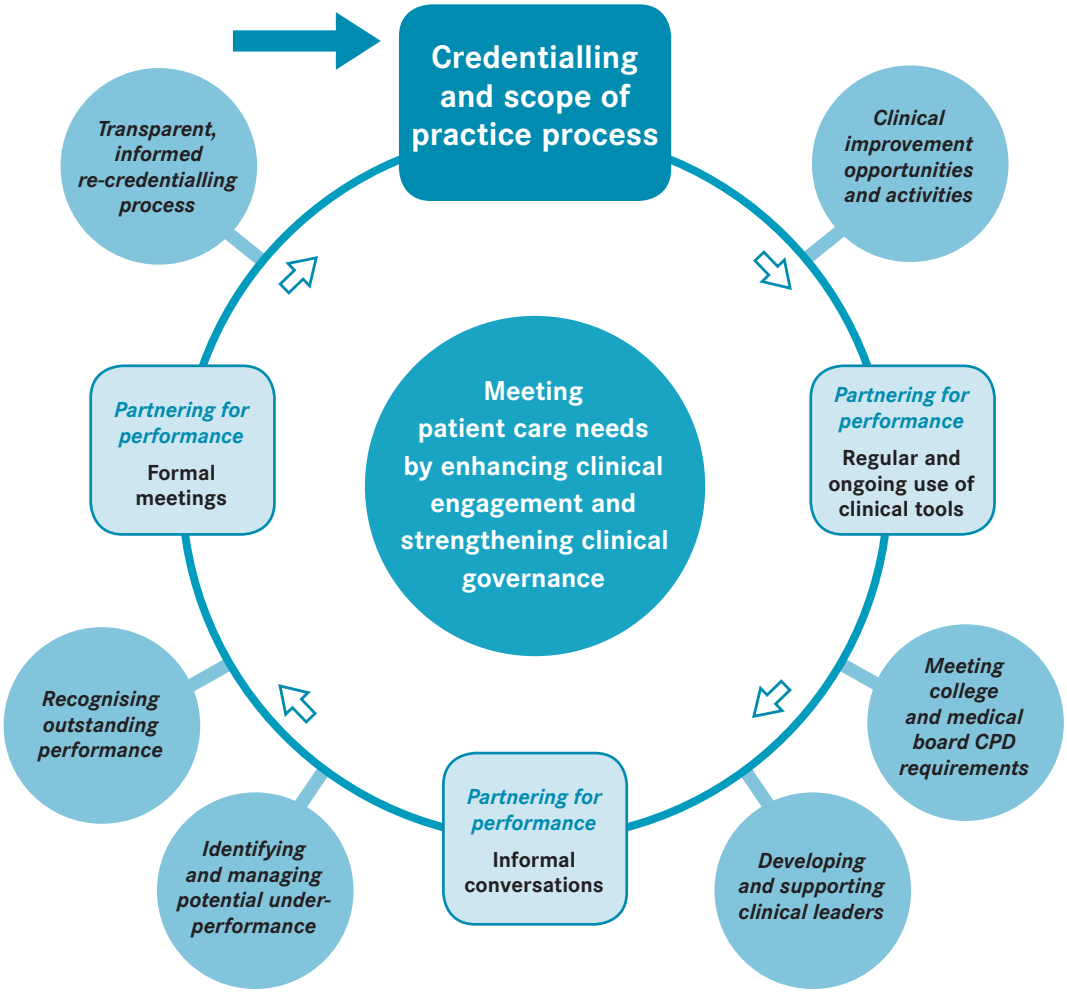

Figure 1. Credentialling cycle

The credentialling cycle integrates multiple processes, becoming a continuous cycle of re-credentialling and review of scope of clinical practice (every three to five years). The cycle is interspersed with regular informal and formal performance development conversations and routine participation in clinical review activities.

The following table provides a timeline for individual doctor's participation in the credentialling cycle.

Table 1. Credentialling cycle timeline for individual doctors

Activity	Timeframe
Credentialling, define scope of clinical practice Appointment to health service – confirm participation in performance development and support process Confirm college CPD requirements	Pre-appointment and at appointment
Establish initial performance goals	At appointment
Informal performance conversations	Commencing month 1 and ongoing
Participation in clinical audit, peer review and other quality activities; use *Understanding clinical practice toolkit*	Continuous in accordance with organisational policy and good professional practice
Formal performance development and support conversation scheduled and preparation completed	Year 1, month 11
Formal performance conversation held; goals set for coming 12 months	Year 1, month 12
Doctor to renew registration and comply with college CPD requirements	Commencement of years 2–3 (or up to year 5 if agreed)
Participation in clinical audit, peer review and other quality activities; use *Understanding clinical practice toolkit*	Continuous throughout years 2–3 (or up to year 5 if agreed) in accordance with organisational policy and good professional practice
Informal performance conversations	Ongoing
Formal performance conversation held; set goals for coming 12 months	Months 11–12 each year unless otherwise agreed
Undertake re-credentialling; re-define scope of clinical practice	End of year 3 (or up to year 5 if agreed)

Purpose

The aim in developing *Partnering for performance* is to build on the clinical engagement achieved through 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) and to assist in the ongoing development of the critical relationship between senior medical staff and their organisation.

Senior doctors are key contributors to health care organisations. They have a critical influence on:

- the safety and quality of patient care
- the development of patient focused organisational cultures
- the overall success of the organisations in which they provide services.

Effective performance development and support processes are based on and underpin an understanding of shared priorities. By creating an environment in which feedback can be provided and goals set, performance development assists senior doctors and organisations to support each other to optimise performance.

Performance development processes facilitate the development of a collaborative workplace culture and ongoing communication between each senior doctor and the organisation (usually represented by the medical lead such as the medical director, unit head or equivalent). They optimise individual and organisational performance through the following processes:

- recognising achievement and encouraging continuous improvement
- giving and receiving feedback about performance
- establishing clarity about performance expectations and direction
- developing realistic, mutually agreed, appropriate goals and relating them to the objectives and plans of the health service
- providing a structure to support staff, irrespective of levels of achievement
- planning education and professional development opportunities to maintain, improve or develop a senior doctor's performance
- determining opportunities and suitability for career progression.

Elements of effective performance development and support processes

Effective processes involve:

- clarification of performance objectives and expectations (for example, tasks, outcomes, behaviours, values based systems)
- formal periodic performance appraisal of individuals or teams against the achievement of set objectives
- ongoing informal feedback on what is going well and what can be improved
- recognition and/or reward for performance
- capability building at the team and individual level
- coaching or other action to deal with developmental areas
- development of particular capabilities linked with organisational need. (Australian Public Service 2001)

Benefits of performance development and support processes

Research demonstrates that managers have significant power to improve the performance of people who report directly to them by:

- emphasising performance strengths during formal reviews
- providing fair and accurate informal feedback
- being knowledgeable about employee performance
- providing feedback that helps employees do their jobs better
- providing opportunities to give feedback about the organisation.

There is strong evidence that good performance development and support processes:

- increase attraction and retention
- increase career optimisation
- increase discretionary effort
- increase productivity.

Conversely, there is also strong evidence that poor performance development processes are worse than no processes, because they can convey negative messages or can be perceived as simply paying 'lip service'.

In developing *Partnering for performance*, the department has been conscious of the need to ensure that its use, in the manner described, will:

- further assure the community of the high quality of care being delivered in our hospitals
- provide guidance to organisations as they actively support senior medical staff in their clinical work
- assist organisations and senior medical staff to achieve shared goals around patient care
- assist senior doctors to meet their CPD requirements
- assist organisations to identify areas for clinical improvement
- assist organisations in ensuring they have effective systems of clinical governance in place
- assist in the early identification and support of doctors experiencing performance issues.

Continuing professional development

The department is aware of the requirement for senior medical staff to undertake CPD, both as a condition of the new National registration and accreditation scheme (from 1 July 2010) and increasingly, of the specialist colleges. A number of colleges have been consulted to ensure that the elements of *Partnering for performance* meet CPD needs. Participation in *Partnering for performance* activities should assist senior doctors in meeting their college CPD requirements, although doctors should clarify this with their college. In meeting college requirements, senior doctors will also be meeting the CPD requirements of the new Australian medical board (from 1 July 2010).

Development of *Partnering for performance*

In 2008, DLA Phillips Fox, in conjunction with the Royal Australasian College of Medical Administrators (RACMA) and SACS Consulting were appointed by the department to develop a performance development framework.

The process undertaken included a literature review and the development of an issues paper which informed workshops with health service representatives (these documents are available at www.health.vic.gov.au/clinicalengagement). Key stakeholders were consulted during the framework development and a number of health services and senior doctors reviewed the final document. The process was overseen by a steering committee (a sub-committee of the department's CEAG).

Partnering for performance is based on roles and competencies from the Royal College of Physicians and Surgeons of Canada CanMEDS competency framework currently used by many of the Australian specialist colleges in their curriculum and CPD programs (Frank 2005).

The seven CanMEDS roles have been adapted for the Victorian system and incorporated into four domains for *Partnering for performance*, as illustrated in the following table.

Table 2. CanMEDS roles and *Partnering for performance* roles and domains

CanMEDS roles	*Partnering for performance* roles	*Partnering for performance* domains
Medical expert	Clinical expertise	Work achievement
Manager	Goal setting, leadership, review, planning and evaluation	
Communicator	Supportive environment	Professional behaviours Career progression
Collaborator	Motivation and engagement	
Professional	Professionalism	
Health advocate	Health advocacy	
Scholar	Scholarship	Learning and development

Using the language of competency based models, similar to that which has already been adopted by many of the Australian specialist colleges, is expected to aid senior doctors' understanding and support for the process. It will also enable linking of performance development and CPD outcomes.

The critical components of the performance development and support process for individual doctors are:

- regular, ongoing, informal communication with their medical lead (medical director, unit head or equivalent)
- regular participation in clinical *toolkit* activities to aid greater understanding of their clinical practice
- a regular formal performance conversation with their medical lead (medical director, unit head or equivalent), at least annually, which creates an opportunity to provide mutual feedback and set goals for the future
- follow up of the actions and goals agreed during that conversation.

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.

Consistent with the wide variety of senior doctor appointment arrangements in health services across the state, *Partnering for performance* is intended to be flexible and adaptive. It suggests approaches and processes and offers supportive tools. The department recognises that some organisations are already undertaking similar processes. Organisations should ensure that their current approach to understanding performance aligns with the principles of *Partnering for performance.*

Guide overview

The *guide* outlines the performance development and support process and provides guidance as to how to prepare for and conduct regular performance development meetings. Tips and checklists and pro forma documentation are also included. The aim of the *guide* is to assist organisations to implement the policy and to support effective performance conversations.

A core element of the performance development and support process is the opportunity for goal setting. The *guide* outlines goal setting in each of the four domains; *work achievement, professional behaviours, career progression* and *learning and development*.

A key objective is to align each senior doctor's goals with the strategic goals of the organisation. For this to occur each senior doctor must:

- understand the health service's goals
- trust health service management
- be willing to engage with management in identifying and acting upon strategic opportunities.

However, in Australia there have been some expressions of disengagement of senior medical staff and a corresponding low level of congruence between the personal goals of individual senior doctors and health service goals. For these reasons garnering clinician support may require health services to actively seek to redress these issues.

In the *guide*, examples of competencies for senior doctors, the management team and the organisation are proposed for each of the performance development roles.

Information to support performance development and support meetings

Performance development processes may be informed by relevant agreed data or other information or lead to agreed actions that require analysis of data. Confirmation of a senior doctor's satisfactory participation in *toolkit* activities such as peer review and clinical audit, should be a key element of a performance development meeting. The process should not be based primarily on analysis of organisational or system level 'performance indicators'.

Data that will be used to inform performance development processes should be agreed in advance and there should be 'no surprises' stemming from the unplanned production of data at a performance development meeting.

It is important to ensure that information and data is able to be linked to college CPD and organisational clinical governance processes.

Multisource (360°) feedback

Multisource (360°) feedback is a tool for performance development which enables a senior doctor to receive structured feedback from their medical lead (medical director, unit head or equivalent) and a small number of peers, colleagues and patients. Multisource (360°) feedback is not, in itself, a performance development and support system, although it can be a useful tool in appropriate circumstances. Implemented effectively, with appropriate resourcing, support and training, it can assist senior doctors and organisations to gain valuable insights into performance across a range of roles and competencies.

Organisations need to exercise caution, however, if they are considering implementing a 360° feedback system for senior doctors. Significant disruption and harm can result from implementation that is inadequately resourced or that occurs in an environment in which people have not had positive experiences of performance development processes or where trust is lacking.

An organisation experienced in the successful implementation of performance development processes may consider if 360° feedback would enhance its processes, however, consideration needs to be given to:

- allocating sufficient resources to the process to facilitate its success
- selecting and/or developing the feedback tool, ensuring it is linked to organisational strategies and goals
- supporting implementation of the process through education of all participants (including those providing feedback) and other change management techniques
- processes for selecting the participants
- using the feedback
- integrating the process into the performance development and support system.

It is essential to the success of 360° feedback systems that people are assisted to understand the feedback they receive. This requires skilled facilitators to be available to support participants.

Management and organisational roles

Performance development and support processes for senior doctors create an opportunity to provide meaningful feedback to management and the organisation about the effectiveness of organisational support to enable senior doctors to undertake their work effectively.

It is not intended that this will result in a ‘performance review’ of the medical lead (medical director, unit head or equivalent) – that should occur in other settings and involve different participants. Rather, it is intended to enable structured discussion with the medical lead about how the management team and/or the organisation can work collaboratively with the senior doctor to support their effective performance.

Organisations should ensure that they have a process for collating and responding to feedback received from senior doctors through performance development processes. Existing organisational clinical governance policies and human resource processes may assist.

Understanding clinical practice toolkit overview

The *Understanding clinical practice toolkit* was developed in conjunction with the *guide*, by senior doctors with considerable clinical, management and policy experience. Support and guidance was provided by CEAG along with input from other key stakeholders.

A formal literature review was undertaken, to understand the evidence base for the use of the tools as a means of understanding clinical practice (this document is available at www.health.vic.gov.au/clinicalengagement). The literature has been used to guide the development of the *toolkit* and in particular, the recommendations around the utility and implementation of the various tools.

The *toolkit* is a practical outline of a suite of common tools for use by senior doctors and managers in Victorian public hospitals. The tools can be used to enhance the understanding of clinical practice at the individual senior doctor level and thus to support the process of regular review of a doctor's clinical practice throughout the credentialling cycle. In particular, these tools can assist in the assessment of a senior doctor as *clinical expert*, a component of the *work achievement* domain of the performance development process. The maximum benefit from these tools will be obtained when performance is regularly monitored over time.

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.

A separate module is provided for each tool, including a description of the tool, a short summary of the literature relating to the tool, a 'how to' guide and recommendations regarding its use for the purpose of understanding an individual's clinical practice. Where necessary, the *toolkit* provides specific guidelines (the 'Victorian approach') in recognition of the need for standardised processes in order to maximise their value as an aid to understanding individual performance and to support clinical governance responsibilities.

In some situations, the *toolkit* provides cautionary advice about the use of particular tools, as there is potential for unintended consequences if the tool is not used in a consistent and appropriate way. Organisations and doctors should recognise the inherent limitations of a single tool being used in isolation.

The *toolkit* provides an approach to assist organisations in their efforts to understand and support clinical practice at the individual senior doctor level. The department recognises that there are a range of approaches and that many organisations are already undertaking elements of these activities. The *toolkit* is designed to support and encourage the further development and adaptation of these tools in the local context, using the provided description of the tool as a minimum expectation. Organisations currently using sophisticated approaches to understanding clinical practice such as cumulative sum (CUSUM) analysis should continue to do so where these approaches meet minimum criteria including:

- a clearly defined purpose
- consistent collection and management of data
- medical leadership of the process
- engagement of senior medical staff and peer input in the process.

Peer review

Oversight of professional practice by a peer is an important part of the maintenance and enhancement of a practitioner's clinical and professional skills and is an important technique in health care quality assurance and improvement. The processes of credentialling and defining scope of practice rely on doctors' willingness to participate in peer review activities. *Partnering for performance* further embeds formal peer review as a critical element of the re-credentialling process. In addition, formal peer review provides a means of formally and expertly assessing potential underperformance, where it becomes apparent that this is unable to be managed at the level of the doctor's medical lead (medical director, unit head or equivalent). The *toolkit* describes structured processes to support formal peer review. The peer review tool should be used in conjunction with the Australian Commission on Safety and Quality in Healthcare's *Peer review guide* (due for release in 2010).

Informal peer review involves peers providing ongoing oversight of each other's clinical care delivery. Informal peer review or peer support is a necessary element of all processes used to understand clinical practice. Examples include: peers informally discussing a case; the inter-specialist referral process; and participation in unit based pathology and radiology meetings where an individual clinician's cases are discussed in an open fashion. The *toolkit* provides structured opportunities for informal peer review through the use of morbidity and mortality meetings and adverse occurrence screening/ targeted case note review. Ongoing informal peer review is critical because a doctor's clinical performance should be interpreted and understood in the context of local health care needs, structures and processes.

Utility of the tools

For the purpose of understanding an individual doctor's clinical practice, some tools are more useful than others. Table 3. summarises the utility of these tools and provides guidance when deciding how much emphasis doctors and organisations should place on the information derived from use of the tool.

Table 3. Utility of tools in understanding an individual senior doctor's clinical performance

Tool	Utility of tool to assist in understanding clinical practice	Weighting
Formal peer review	• Strong evidence when organisations are using a properly designed and managed process • Major role in understanding possible underperformance and for re-credentialling	Strongly supported when structured and performed appropriately
Adverse occurrence screening/ Targeted case note review	• Good evidence when organisations are using a properly designed and managed ongoing process	Supported when structured and performed appropriately
Mortality and morbidity reviews	• Good evidence when organisations are using a properly designed and managed process	Supported when structured and performed appropriately
Clinical audit	• Good evidence when organisations are using a properly designed and managed process	Supported when structured and performed appropriately
Clinical indicators	• Limited ability to understand an individual doctor's practice	Should not be used in isolation to understand an individual doctor's practice
Patient satisfaction and complaints	• Limited ability to understand an individual doctor's practice • Repeated complaints or dissatisfaction which appear directly attributable to an individual senior doctor may imply underperformance and should initially be reviewed by the doctor's medical lead	Should not be used in isolation to understand an individual doctor's practice

The following tools have not been assessed as part of the *toolkit*, but the department provides the following recommendations for their use for the purpose of understanding an individual's clinical practice.

Table 4. Use of tools not included in the toolkit for the purpose of understanding clinical practice

Tool	Utility of tool	Weighting
Incident reporting	• Incident reporting currently lacks widespread uptake by doctors • Limited ability to assist in understanding an individual doctor's practice • Repeated incidents which appear directly attributable to an individual senior doctor may imply underperformance and should initially be reviewed by the doctor's medical lead	Should not be used in isolation to understand an individual doctor's practice
Root cause analysis (RCA)	• Process designed in the Victorian context for investigation of reported sentinel events • Sentinel events are relatively infrequent, clear cut events that occur independently of a patient's condition, commonly reflect hospital system and process deficiencies; and result in unnecessary outcomes for patients • RCA is designed to understand system level issues, not individual performance • Individual doctor performance issues detected in an RCA should be investigated separately from the RCA process	Should not be used in isolation to understand an individual doctor's practice

Organisational culture

In some health care organisations there is a dynamic and positive culture characterised by highly effective, continuous communication and feedback between management and senior doctors. In others, relationships are less well developed. The character of relationships may be influenced by a number of factors including:

- the existing organisational culture of the health service
- the nature of communication between management and medical staff
- the amount of time senior doctors are present at the health service
- whether senior doctors have full-time, part-time or contractor based appointments.

It is critical that health care organisations establish vital and positive relationships between management and senior doctors which are characterised by:

- a commitment to creating a culture which is focused on the delivery of high quality care
- transparency of communication and decision making
- mutual respect and trust
- an understanding of shared goals and objectives and a commitment to work together to achieve them.

Performance development and support processes represent one element of a complex set of relationships between senior doctors and their organisations. Performance development processes are necessary but not sufficient to support positive organisational cultures and relationships. Introducing these processes in isolation is unlikely to lead to sustainable culture change and may exacerbate existing tensions.

In such circumstances, performance development processes should be introduced carefully and in conjunction with other approaches to achieve sustainable improvement in relationships. For this reason, *Partnering for performance* is flexible and adaptive and can be implemented progressively depending on local circumstances.

The success of performance development and support processes are dependent upon the health service establishing a just culture, in which responsibility for patient care is shared. A just culture recognises that individual practitioners should not be held accountable for system failings over which they have no control. However, a just culture recognises that professionals are accountable for their individual actions and thus does not tolerate conscious disregard of clear risks to patients or gross misconduct (Marx 2001).

Critical to a successful process is a respectful and trusting relationship between senior doctors and their employing or contracting organisations, based on a mutual commitment to outstanding patient care. Organisations are encouraged to work with and support their senior medical staff to ensure the required level of engagement with and by medical staff. Organisations should ensure appropriate administrative and leadership support to allow the successful use of *Partnering for performance*.

Clinical leadership

Clinical leadership is critical to the delivery of high quality care. In *Developing the clinical leadership role in clinical governance* (2005) the Victorian Quality Council (VQC) describes clinical leadership as 'both a set of tasks required to lead improvements in the safety and quality of health care, and the attributes required to successfully carry this out' (VQC 2005, p.2).

VQC emphasises the importance of clinical leadership:

> Visible and active clinical leaders can assist in creating a safety and quality driven culture that achieves positive and sustainable improvements for patients, whilst driving processes that fulfil the clinical governance obligations of health services. Clinician input into safety and quality improvement is critical for maximising the 'bedside impact' of changes through acting as role models, and for promoting new ideas within and across clinical and professional boundaries. It is also vital for sustainability of change, as clinicians are often part of the health service over a longer period than managers, with medical consultants, in particular, often able to take a long term view (VQC, 2005, p.2).

The department acknowledges that the development of multidisciplinary based approaches to clinical improvement is important and indeed should be encouraged as local clinical systems develop. However, medical leadership of matters related to senior doctors remains appropriate and desirable, to ensure professional support and uptake. It is thus important for organisations to ensure that all elements of the credentialling cycle as outlined in the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) and the *Partnering for performance* policy are supported by appropriately resourced and capable medical leadership.

Understanding and managing potential underperformance

Partnering for performance provides guidance for assessing a senior doctor's performance. It has been developed recognising that the majority of senior doctors are providing outstanding clinical services whilst undertaking their work in a professional and proficient manner.

Performance development and support is a positive process – as opposed to 'performance management' which is sometimes negatively associated with a process that leads to employment termination. *Partnering for performance* is designed to recognise and reward good performance, establish mutual goals for the upcoming period and facilitate ongoing dialogue between doctors and their organisations.

Most senior doctors will progress through their credentialling cycle with no major issues or concerns, and the process will enhance engagement with and by their organisations through the ongoing and active support of their clinical practice. However, a small number of doctors will, for a range of reasons, develop performance issues. *Partnering for performance* may assist in identifying underperformance.

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).

Processes to address concerns about underperformance should be initiated at the time it is identified, rather than waiting for a scheduled performance development meeting or for re-credentialling. The principle of 'no surprises' should apply to re-credentialling and the formal performance development meetings.

If underperformance has been identified and raised with a senior doctor it should initially be managed by the doctor's medical lead (medical director, unit head or equivalent). In most cases investigation and remediation can occur at the local level when doctors work with their medical lead to understand the issues impacting on their performance (for example, personal issues or illness), and devise strategies to deal with those issues (such as referral to a general practitioner or time off work). There may be agreement for more frequent and closer monitoring of performance using the performance development and support processes.

In rare circumstances it may become apparent that there is underperformance which represents such a significant departure from professional practice, that escalation to an organisational level response is appropriate. This should occur under the guidance of the organisation's credentialling and scope of practice policy. The organisation will need to consider whether the case can be dealt with through formal peer review processes or whether notification to external agencies such as the medical board or the police is required.

The following diagram illustrates how *Partnering for performance* may assist in managing underperformance.

Identifying and managing potential underperformance

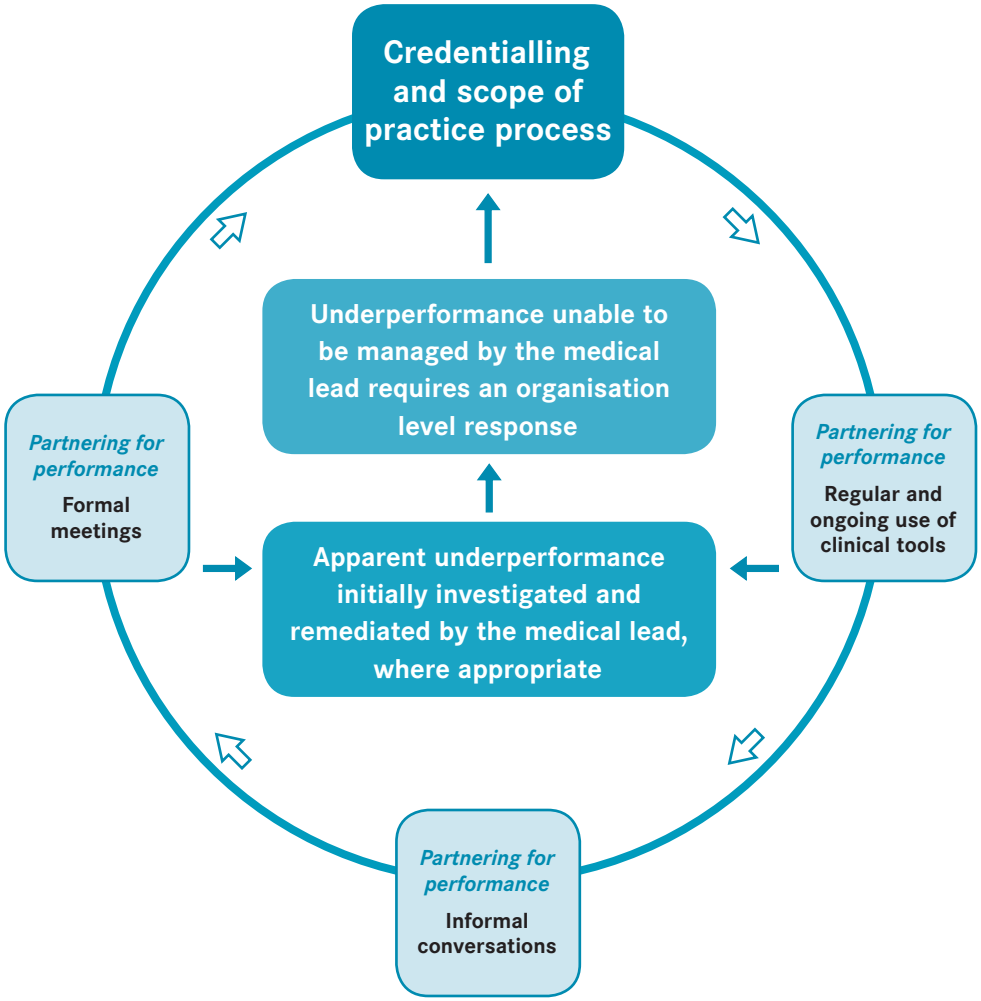

Figure 2. Identifying and managing potential underperformance

Partnering for performance may, through the use of clinical tools and ongoing performance conversations, suggest the possibility of underperformance. Where possible, apparent underperformance should be initially investigated and if necessary, remediated with the senior doctor's medical lead.

Records, confidentiality and privacy

Each health service should have a policy outlining how performance development documentation is to be managed. Agreement as to the arrangements for maintenance of records, confidentiality and privacy require a high level of trust. For this reason the policy should be developed with appropriate consultation with the senior medical staff group so that participants are aware of how the associated documentation will be managed and stored prior to the commencement of performance development processes.

The policy should address what documentation will be maintained, how and where it will be stored and who will have access to it. For example, documentation may be securely stored in the human resources department, in the medical management department or by the medical lead (medical director, unit head or equivalent) responsible for performance development processes.

The *Partnering for performance* documentation, which is signed off after a formal performance development meeting, must become part of the employment record of the senior doctor, as it is clearly of relevance for future re-credentialling and review of scope of clinical practice. If performance issues have been identified, a summary of the concerns and actions taken to address them should be included in performance development documentation.

The policy should also identify how de-identified, aggregated feedback from senior doctors will be collated and used to improve health service systems.

Future developments

A wide consultation process has been undertaken to ensure that *Partnering for performance* is appropriate and meets the needs of senior medical staff and their organisations, in supporting the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (Department of Human Services 2007) and the *Clinical governance policy framework* (Department of Human Services 2008).

It is intended that the *toolkit* modules will be updated and modified as new evidence emerges, or as clinical practices change. As organisational culture evolves and care delivery becomes increasingly multidisciplinary team based, performance development processes will need to be modified.

The department welcomes feedback about *Partnering for performance* and the broader clinical engagement program. Further information about the department's clinical engagement program is available from the website: www.health.vic.gov.au/clinicalengagement.