

INFORMATION SHEET FOR DENTISTS, DOCTORS AND EMPLOYING/CONTRACTING ORGANISATIONS ON CLINICAL PERFORMANCE ASSESSMENTS

Introduction

1. This document sets out information for dentists and doctors (practitioners) and employing/contracting organisations involved in the Practitioner Performance Advice service's clinical performance assessment. It describes:
 - the assessment process
 - what the practitioner and the employing/contracting organisation will need to do as part of the process
 - who will be involved; and
 - the practicalities of the process.

Agreement to Assessment

2. When the parties are informed of our decision to recommend an assessment, they are sent an *Agreement to Assessment* form to sign.
3. The *Agreement to Assessment* sets out the purpose of the assessment, and outlines the assessment methods to be used. It also sets out the responsibilities of Practitioner Performance Advice, the practitioner and the employing/contracting organisation with regard to the assessment.
4. We will not be able to proceed with the assessment until the *Agreement to Assessment* has been signed by both the practitioner and employing/contracting organisation to confirm their commitment to the process. We request that both parties sign and return the *Agreement to Assessment* within 10 working days of the decision to recommend an assessment, where possible. If the parties have any questions about the *Agreement to Assessment*, these can be addressed during the introductory meeting referred to below.

Introductory meeting

5. The first step in the assessment process is for a representative of Practitioner Performance Advice to meet the employing/contracting organisation, usually remotely by Teams. We will contact you to arrange the meeting shortly after we have written to the parties to offer the assessment. The purpose of the meeting is to:
 - introduce the Practitioner Performance Advice staff who are assigned to the case and explain their roles
 - obtain information to enable us to proceed with planning the assessment: for example, clarify/confirm the practitioner's scope of practice and understand any supervision arrangements in place

- understand if there are any health issues or reasonable adjustments (see paragraph 37) needed by the practitioner during the assessment, or other logistical factors for us to take into account
 - outline the assessment process, the proposed timeframes and timetable, and what action needs to be taken by the employing/contracting organisation and the practitioner
 - answer any questions the employing/contracting organisation may have about the assessment process and/or the *Agreement to Assessment* form
 - agree the next steps after the teleconference.
6. We will then arrange a meeting (via Teams) with the practitioner to explain the assessment process, discuss a potential timeframe and any actions that the practitioner needs to take. The practitioner will have the opportunity to ask any questions about the process.

The assessment process: an overview

7. The purpose of a clinical performance assessment is to:
- provide an independent view on the clinical performance of the practitioner, identifying both satisfactory practice and any areas of poor practice; and
 - provide information to assist the referring organisation in decisions about the next steps in their management of the case.
8. The assessment samples across a broad range of the practitioner's practice and is **not** an investigation of the incidents which may have led to the employing/contracting organisation contacting Practitioner Performance Advice. As such, while we will take into account the specific areas of concern raised by the employing/contracting organisation as part of the background information, these issues will not be the sole focus of the assessment. The assessment will cover the full scope of the practitioner's practice, where possible.
9. A clinical performance assessment includes the following components:
- a review of clinical records
 - direct observations of practice; and
 - a case based assessment.

The observations of practice and review of clinical records usually take place at the practitioner's workplace, although we may undertake the record review remotely in cases where this can be arranged. The case based assessment is normally conducted remotely a few days after the visit.

10. Each part of the assessment contributes to an understanding of the practitioner's performance. All parts of the assessment will be completed before we report on the assessment findings and conclusions. Conclusions regarding the practitioner's performance in different areas of practice are reached following consideration of the sources of evidence, collated throughout the assessment process. The areas of practice are based on those in the General Medical Council's *Good Medical Practice*, and the

assessors consider whether the practitioner is performing at the standard reasonably expected of one in the same specialty and grade.

11. The practitioner is expected to ensure their availability for the assessment on the dates set by us. We will, as far as possible, take into account any pre-arranged annual leave or study leave when arranging the assessment visit.
12. We will notify the parties involved if there are any additional components of the assessment which are appropriate to undertake and will provide information on any additional assessment components, such as a simulation of patient consultations.
13. We are committed to ensuring that the assessment process runs smoothly and in a timely fashion. In view of this, we will seek to engage with both the practitioner and the employing/contracting organisation frequently throughout the duration of the entire assessment process in order to obtain all the required information prior to the clinical assessment visit.
14. There may be some circumstances where it is necessary to defer the assessment. This may include, for example, situations where at short notice the practitioner is no longer available to undertake an assessment for a period of time (for example, due to unplanned leave or as a result of unexpected circumstances). This situation may also arise where a practitioner needs to undertake a period of clinical practice in a suitable placement, prior to us being able to organise the clinical assessment visit. In such cases, we will work with the parties to agree a way forward and confirm arrangements to recommence the assessment process.

The assessment process in detail

The clinical assessment visit

15. The clinical assessment visit normally lasts between two and four days, depending on the circumstances of the case. The assessment itself is carried out by two clinical assessors who are of the same clinical specialty as the practitioner. The assessors use workbooks to record the information collected and their judgements during the assessment contemporaneously.
16. A Senior Assessment and Remediation Manager is also present to make sure the assessment visit runs to plan.
17. The aim of a clinical assessment is to observe the practitioner working in a way that is as close to their normal working practice as possible. The clinical assessment visit enables the assessors to observe the practitioner in their normal work environment, with (wherever possible) familiar colleagues, staff and equipment.
18. Sometimes this will not be possible, for example, in cases where a locum is being assessed who does not have a fixed place of work, or in cases where the practitioner is suspended/excluded or has had restrictions placed on their practice. If there are practical issues of this kind, we will plan a clinical assessment visit that matches as closely as reasonably possible the normal clinical situation in which the practitioner works. This may, for example, include simulations of patient consultations or other forms of simulation.
19. In anaesthetic cases, a simulation will routinely take place (regardless of whether there are any restrictions on the practitioner's practice) to supplement the observation of

practice, which covers unusual events and emergencies that are unlikely to occur during a clinical assessment visit.

20. If the practitioner has not undertaken any clinical practice, or certain aspects of their practice, for what we consider to be a significant period of time, they will need a period of reintegration/familiarisation before being assessed. In other cases, the practitioner may not be able to be assessed in their usual work environment so will need to familiarise themselves with the clinical environment in which they are to be assessed. In these circumstances, it will be the employing/contracting organisation's responsibility to:
 - determine the period of reintegration/familiarisation the practitioner will require and make appropriate arrangements for this;
 - determine the supervision arrangements needed (where applicable);
 - discuss with us an appropriate environment in which the clinical assessment can take place; and
 - arrange a placement in consultation with the practitioner (if required).

Planning the clinical assessment visit

21. Before the clinical assessment visit is undertaken, we will carry out preparatory work to ensure that the assessment runs smoothly and efficiently. This work will be handled by named staff members appointed to the case, in conjunction with other senior officers, and will include:
 - understanding the practitioner's work, work-based routines and the workplace itself;
 - making arrangements to ensure that the assessors observe an appropriate range of the practitioner's work;
 - making arrangements to ensure that clinical records are available for the assessors to review (either during the visit or remotely); and
 - arranging the case based assessment to be held remotely with the practitioner.
22. We will ask the employing/contracting organisation to nominate a local co-ordinator to assist us with both the planning of the clinical assessment visit and to provide any necessary assistance during the course of the clinical assessment visit. In primary care cases the local co-ordinator is usually the practice manager. Our officers will liaise with the local co-ordinator during the planning stage to discuss how best to ensure the assessment is delivered effectively.
23. We will need to work closely with the local co-ordinator, who will play a significant role in supporting the planning and carrying out of the assessment process to ensure that it runs in a smooth and timely manner. It is important therefore that this individual has the necessary time and authority to carry out this role. It is also helpful if this person has knowledge of the practitioner's timetable and work commitments, as well as operational knowledge of the service/department within which the practitioner works.
24. Some aspects of the role of local co-ordinator may be delegated, but they should ensure that they are kept up to date on progress at all times. Where they will be unavailable for a period of time during any part of the assessment process, they should provide us with an alternative contact.
25. As the main point of contact before and during the assessment, the local co-ordinator will be responsible for:

- assisting in drawing together the timetable for the clinical assessment visit;
- ensuring that the assessment team has all the information that they need;
- arranging for access to the clinical records (paper and electronic), including obtaining consent from patients, where needed, and ensuring that the assessors have the necessary log-in permissions;
- checking that the practitioner knows when and where they should be during the clinical assessment visit; and
- ensuring that appropriate rooms and any other facilities are available.

26. Further details of the responsibilities of the local co-ordinator can be found in the relevant sections below.

Information required prior to the clinical assessment visit

27. We will ask for specific information to ensure the effective conduct of the assessment. This includes the following:

- **Practitioner and workplace information**

The employing/contracting organisation and practitioner will be asked to provide information about their practice and working environment. This information is particularly important in assisting in the planning of the assessment.

- **Consent to access records**

We will liaise with the employing/contracting organisation about the assessors having access to patient records. Normally, it is sufficient for the employing/contracting organisation's Caldicott Guardian to approve this access.

If all the records are electronic, we will discuss the option of the assessors accessing these remotely from their laptops, usually a week or two prior to the visit taking place.

The clinical performance assessment

28. The clinical performance assessment normally includes:

- **Clinical records review**

This part of the assessment involves a review of a selection of patient records, usually 20, although the number can vary depending on the specialty and nature of the practitioner's work. These records are normally drawn from a larger group of records, against a specification which is representative of the practitioner's clinical practice. The assessors will normally review the care provided by the practitioner in the two-year period prior to the assessment.

- **Direct observations of practice**

The practitioner will be observed wherever possible during normal clinical work, for example, an outpatient clinic, GP/dental surgery or operating in theatre. Assessors will normally aim to observe consultations with around 14 patients (although this will vary depending on the specialty and nature of the practitioner's work). Consent from patients to observe consultations is normally sought at the time of the assessment.

- **Case based assessment**

The assessors will explore with the practitioner their clinical reasoning and decision making about their own cases under the domains of the relevant professional standards. This part of the assessment is expected to last for around 3 to 4 hours and will normally involve 12 of the practitioner's reviewed cases (from either the review of clinical records or observed practice), selected to reflect the full scope of their practice and taking into account the concerns that led to the request for consideration of assessment. Following an introductory sentence summarising the case, examples of questions that may be asked include:

- ...why did you consider [name of investigation] was the most appropriate for this patient?
- ...how did you arrive at the decision to prescribe [name of drug] for this patient?
- ...what did you take into consideration when discussing with this patient the implications of her operative findings?

29. At the end of the assessment, the Senior Assessment and Remediation Manager will explain the next steps of the process in relation to the production of the assessment report and the expected timeframes. The practitioner will also have the opportunity to ask any final questions about the process.

Identification of significant concerns

30. No feedback on the assessment will be given to either the practitioner or employing/contracting organisation during or immediately after the clinical assessment visit.
31. If significant concerns are raised during the clinical assessment visit that could affect the safety of patients, staff, the practitioner and/or the interests of the service, Practitioner Performance Advice and/or its assessors may need to take action. This could, for example, involve the immediate recall of a patient, requesting the direct input of the supervising consultant or asking the practitioner to pause a procedure whilst assistance is urgently sought. The judgement made about the concern, including its urgency, will help to inform what action is required and when. The details of the significant concern will be confirmed in writing to the employing/contracting organisation and/or other relevant parties, in accordance with our procedures.
32. There may be occasions where the assessors identify cases of patients who, in their professional judgement, require early follow up but where the circumstances do not amount to a significant concern. In these cases, we will notify the employing/contracting organisation

Reporting the assessment findings to the practitioner and employing/contracting organisation

33. We will provide the practitioner and employing/contracting organisation with a report that brings together the assessment findings and conclusions.
34. The report can take up to nine weeks to produce following completion of the final component of the assessment. We will advise if there are likely to be any changes to the proposed timescale.
35. We will ask the practitioner and employing/contracting organisation to notify us if there are any substantial factual inaccuracies in the report, which we will consider and correct if

appropriate. Please note that it is not our practice to respond to comments received on the opinions and judgements of the assessors contained in the report.

Next steps

36. Following the assessment and issue of the assessment report, we will offer to work with the parties to advise and recommend on next steps, which may include remediation in some cases. We are able to prepare an action plan if required, at the request of the employing/contracting organisation.
37. The employing/contracting organisation and the practitioner remain responsible for considering any advice provided by us and taking appropriate action.

Support for the practitioner

38. Our staff and assessors offer a supportive approach and recognise that some practitioners can find it stressful to participate in an assessment of their performance. We strongly advise that a practitioner undergoing the assessment process identifies a colleague or other person who can provide personal support. The employing/contracting organisation should also help to ensure that the practitioner has appropriate access to support.

Reasonable adjustments

39. Practitioner Performance Advice is committed to meeting the requirements of those practitioners who have a disability. If a practitioner undergoing the assessment has any particular requirements that they wish us to take into consideration so that we can make reasonable adjustments, they should let us know as soon as possible.

Media interest

40. Practitioners and employing/contracting organisations are asked to treat their contact with us as confidential. We will not comment on a specific case if contacted by the media. In the unlikely event that a practitioner is contacted by the media about an assessment, we advise that they discuss this with the employing/contracting organisation.
41. If it is likely that there will be media interest relating to an assessment, we would like to be notified at the earliest opportunity and we are happy to offer advice on responding to any media enquiries.

Further information

42. If you require any further information about assessments, please contact Practitioner Performance Advice on 020 7811 2600 or visit our website at:
<https://resolution.nhs.uk/services/practitioner-performance-advice/>