



Royal College of  
General Practitioners

Annual National  
**Primary Care** Conference

**2-4 October 2008**

Bournemouth International Centre

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# *Evaluating the Context of Practice in an NCAS assessment*

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# NCAS

- Advises employers in the UK about doctors and dentists whose performance has given cause for concern but not to the level that the regulatory body needs to be involved
- Using a team of advisers, more than 90% cases dealt with by advice
- Others have a full performance assessment by a team of trained assessors:-
  - Occupational health assessment
  - Behavioural assessment
  - Clinical assessment
    - Workplace based
    - Conducted by a lay assessor and at least two clinical assessors – one of whom should match the exact specialty of the practitioner

# ***Achieving the aims of an NCAS assessment must involve an assessment of the context in which the practitioner works***

- provide an independent view on the performance of the practitioner, within the wider context of their practice
- identify satisfactory practice and any areas of concern
- identify factors that may be contributing to these concerns
- make recommendations for addressing any difficulties identified.

## *Evaluation of the 1<sup>st</sup> 50 performance assessments*

- The referring body identified the working environment to be an issue in 7 cases
- The performance assessment identified the working environment as an issue in 44 cases

# *Issues of context (taken from a limited case analysis and “Understanding Doctors’ Performance”)*

- Workload and job plan design
  - Too high, sleep loss and shift work
- Management and administrative support
  - Lack of management awareness, poor use of available staff
- Administrative systems
  - 2 IT systems in 1 GP, poor record structure
- Facilities and resources
  - Outdated

# *Issues of context (taken from a limited case analysis and “Understanding Doctors’ Performance”)*

- Organisational Culture
  - Discrimination on grounds of race, religion, gender, sexual orientation
  - Poor attitudes to safety, poor training opportunities, ‘Macho culture’
- Leadership
  - Pressure on staff, ‘laissez faire style, remote, authoritarian, arrogant strongly competitive, too centralised control, poor training of clinical leaders.

# *Issues of context (taken from a limited case analysis and “Understanding Doctors’ Performance”)*

- Team climate including team working and relationships
  - Discrimination on grounds of race, religion, gender, sexual orientation
  - Bullying
  - Lack of an identifiable team
  - Poor work group cooperation and lack of friendliness and warmth
  - Lack of clear team objectives
  - Difficult working relationships with individuals.

# *How context is currently evaluated*

- Checklists at site visit
- Occupational Health and Behavioral Assessment
- Information from referring body and the practitioner
- Case-based assessment
- SHEFFPAT and SPRAT
- Final interview
- Clinical record review and observation of practice

# *Work undertaken*

- Review of literature especially ‘Understanding Doctors’ Performance’
- Background paper with theoretical underpinning
- Mapping exercise
- Meetings with colleagues and with an organisational ethnographer
- Work leading to a proposal concerning team assessments
- Relationship analysis tool proposal
- NCAS experience with 1<sup>st</sup> 50 cases
- Discussion of draft of the report with internal stakeholders

# Issues

- Currently the instruments assess how the practitioner relates to the working environment – not much about how the working environment impacts on the practitioner
- Much data is lost or not recorded as being soft
- The practitioner has opportunities for claiming context as a cause without the referring body being able to respond
- The report template does not cover all the elements of context
- General agreement that more rigorous evaluation of context will strengthen report

# *Risks*

- Potential for alienating the referring body
- Much of the data is 'soft'; hard to verify
- However, if not evaluated report can be challenged as invalid by practitioner

# Ways to strengthen the evaluation of the Context of Practice

- Specific questions on the referral document and information from the practitioner
  - *'Are there any ways you believe that actions by your trust, employers or your working environment affects your performance as a clinician? Please explain'.*
- Relationship analysis tool to be used by behavioral assessor
- Additional data from observation of practice
- Information from team assessments
- Revision of site visit instruments to include more observation and recording of climate of the working environment
- Healthcare Commission staff survey and annual health check for organisational culture

# Ways to strengthen the evaluation of the Context of Practice:- Context of practice examples matrix

**CONTEXT OF PRACTICE EXAMPLES MATRIX**

Strength of evidence	RESOURCES	RELATIONSHIPS TEAMWORKING LEADERSHIP	STRUCTURES PROCESSES	CLIMATE	CULTURE
LEVEL 1 Undisputed fact	Has no secretary				
LEVEL 2 Multiple observations					
LEVEL 3 Single observation					
LEVEL 4 Report (including source)		Poor relationship with clinical director (medical director)			
LEVEL 5 Opinion (of who)					Medical Director hates GMC as was reported once (Adviser)



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