



# Medical Staff Performance Appraisal

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# Disclosure

I have nothing to disclose.

# Session objectives

## Objective 1

- **Develop a framework** to support a standardized approach to medical staff performance appraisal.

## Objective 2

- **Provide clarity** about medical staff performance appraisal and its contribution to performance enhancement.

## Objective 3

- **Identify requirements and recommend processes** to support medical staff performance appraisal activities.

# Defining “performance appraisal”

For the purposes of this framework, **performance appraisal** is understood to encompass both **assessment** and **review** and is defined as:

*“A physician assessee-centred process that includes the formal assessment of competencies and outcomes, a review of performance feedback and reflection to identify areas for learning.”*

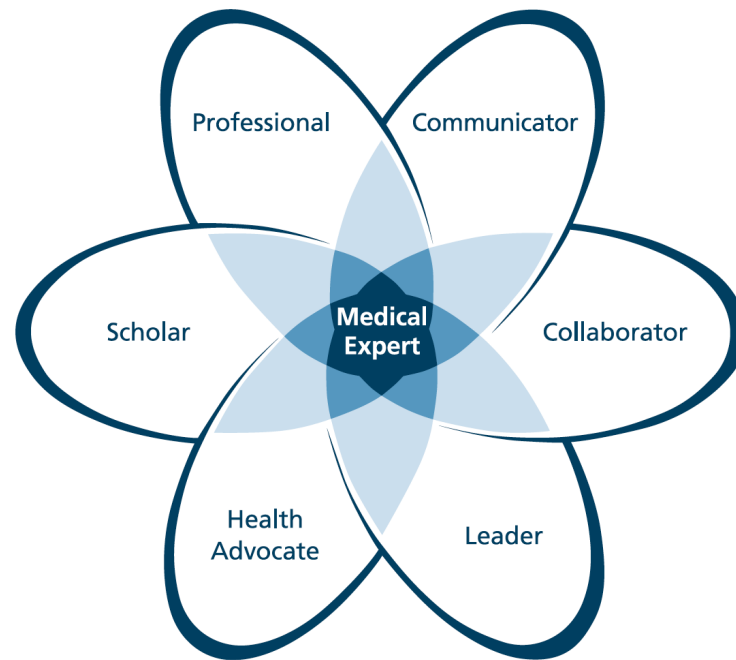
# What performance appraisal should do



# Framework principles

<b>Balanced</b>	Appraisals use multiple assessment strategies and data sources over time with the understanding that each tool has its place but none should be used in isolation.
<b>Efficient and integrated</b>	Consideration is given to cost, time investment and administrative burden to medical staff and assessors. Appraisals should be embedded in work and aim to minimize duplication across organizations, while seeking to align and support parallel activities.
<b>Transparent</b>	Appraisal standards and processes should be clear and understandable to all stakeholders.
<b>Relevant</b>	Assessment strategies are appropriate to an individual's scope of practice.
<b>Consistent</b>	Assessment strategies measure performance in a fair and consistent fashion across individuals, jurisdictions and time periods.
<b>Formative</b>	Appraisals are meaningful, constructive and educational, to assist medical staff to understand and reflect on their practice.
<b>Iterative</b>	The framework is open to change and improvement in response to feedback from medical staff and assessors; there is a periodic review of the framework by users and stakeholder organizations.

# The CanMEDS framework



CANMEDS

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# Proposed frequency

Appraisal process	Frequency	Includes
Periodic review	At least every <b>two years</b>	Assessment primarily for quality, safety and professionalism
Comprehensive review	At least every <b>six years</b>	Clinical assessment for quality, safety and professionalism as well as assessments for communication, collaboration, professional development and, where applicable, scholarship and leadership



Table 1. A framework for Medical Staff Performance Appraisals (MSPAs) in BC

Review type	Assessment Strategy or Components	Core competencies							Process or Output	
		Medical expert	Communicator	Collaborator	Leader	Health Advocate	Scholar	Professional		
Comprehensive review (every 6 years*)	Periodic Review (every 2 years)	Achievement review (administrative and/or QI involvement, leadership)	X	X	X	X	X	X	X	Process <ul style="list-style-type: none"> <li>• Chart or case reviews (optional)</li> <li>• Current experience discussion</li> <li>• Direct observation or simulation (optional)</li> <li>• Guided feedback</li> </ul> Output <ul style="list-style-type: none"> <li>• Professional development plan and timeline</li> </ul>
		Compliance with rules, bylaws and policies	X	X	X				X	
		Complications	X	X	X					
		Compliments and complaints	X	X	X	X			X	
		Discipline specific indicators (e.g. operative and other clinical interventions—and their outcomes)	X							
		Legal reviews	X	X	X		X		X	
		Morbidity and mortality data	X	X						
		Patient-safety incidents (e.g. critical incidents)	X	X	X	X	X		X	
		Procedural privilege evaluation	X	X	X					
		Quality and safety indicators	X		X	X	X			
	Utilization patterns (e.g. LOS; readmissions; adverse or sentinel events; requests for tests and procedures; blood and pharmaceutical usage etc.)	X		X	X	X		X		
		Patient reported outcomes and experience (PROMS and PREMS)	X	X		X	X		X	Process <ul style="list-style-type: none"> <li>• Chart or case reviews (optional)</li> <li>• Direct observation or simulation (optional)</li> <li>• Guided feedback</li> <li>• Mentorship (optional)</li> <li>• Peer feedback report review</li> </ul> Output <ul style="list-style-type: none"> <li>• Professional development plan and timeline</li> </ul>
		Peer reviews and feedback (e.g. Medical Council of Canada-MCC tool; Pulse multi-source feedback tool)	X	X	X	X	X	X	X	
		Ongoing training and education (Needs based-from patient experiences, to sustain competency, to achieve desired outcomes, learning plan, working with a coach/mentor, administrative involvement)	X	X	X	X	X	X	X	
		Research participation			X			X	X	
		Self-assessment and self-reflection			X				X	
		Teaching (teaching outcomes, positive learner assessment)				X		X	X	

\* A comprehensive review will always be conducted when a practitioner applies to move from provisional to active status.