### Practice Review

### Form 2: Service Development Survey (SDS)

### Part A: Service Information

|  |  |
| --- | --- |
| **Name of unit/service being reviewed** | Click here to enter text. |
| **SDS Reviewers** |  |
| **Meeting Place** |  |
| **Time & Date of Meeting** |  |

Please provide an overview of your service for the SDS Reviewers. Please include the number of senior staff, trainees and number of clinical staff employed in the service. The number of clinical staff employed in the entire organisation would provide the Reviewers with some context relating to your service.

|  |
| --- |
|  |

**This page can be retained as evidence when completing your CPD return as long as you have not included any information that identifies other individuals.**

**Instructions to the SDS Reviewee**

Prior to meeting the SDS Reviewer(s) please complete sections 1-9 below as part of your preparation. Send the completed document to your Reviewer(s) two to three days prior to your interview. **Do not include any identifiable information directly from PDRs unless you have discussed this with the clinician/s involved.**

The supporting documents for Regular Practice Review listed at the end of this document may assist you in completing it.

**Instructions to the SDS Reviewer(s)**

Prior to the interview, familiarise yourself with the document and bring the document with you to the interview.

Read the information provided by the SDS Reviewee relating to his / her service as this will provide you with some context

**SECTION 1: PEER REVIEW GROUPS**

Outline the peer review framework that is in place by listing details (how often etc) of any peer review activities involving all or most clinicians. Include activities hosted by the unit or by other units/the health service. For example:

* Mortality & Morbidity meetings
* Complex / Difficult case conferences
* Multidisciplinary meetings
* Systematic on going specific peer review (eg monthly case or procedure review amongst colleagues – local and regional)
* Meetings that involve reflection on the cultural dimensions of a difficult case. Think about any whanau meetings/interactions (family/extended family) that may involve cultural issues. (eg. analysis of Mortality & Morbidity data to identify any trends regarding differences across ethnic groups.)

**Please Note:**

Minutes of meetings/activities should be kept with clinical details and the decision-making process to form part of the medical record. These minutes should validate staff attendance and record decision-making. Ideally brief anonymised patient records should also be retained:

* To be available if requested for SDS purposes.
* To be available for individuals who participated to use for CPD recording purposes.

|  |
| --- |
| **Record relevant Peer Review activities** |
|  |

**SECTION 2: INDIVIDUAL CLINICIAN PROFESSIONAL DEVELOPMENT / SUPPORT**

Review the individual **Professional Development Reviews** (PDRs) from your direct reports. The extent of the information you provide below will depend in part on how you are using the SDS process (please see notes on page 11)

**All individuals are enrolled in a Medical Council of New Zealand accredited recertification programme or have an appropriate Medical Board of Australia accredited CPD ‘Home’ and regularly meet the requirements of those programs (ie have been able to provide some proof of completion)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

|  |
| --- |
| **If No – give details of follow up action planned** |
|  |

**All individuals have completed a PDR interview in the last 12 months**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

|  |
| --- |
| **If No – give details and if appropriate any follow up action planned** |
|  |

How many PDR interviews included a reviewer external to the health service/unit.

|  |  |
| --- | --- |
| **Number of PDRs involving external reviews** |  |

|  |
| --- |
| **Please describe the external review for PDRs** |
| *Eg. reviewer was from another physician department of the health service; reviewer was from neighbouring health service.* |

|  |
| --- |
| **Record any mechanisms in place, designed to identify individual clinician professional development / support needs** |
| *Eg. annual review meetings, annual PDRs, individual Professional Development Plans (as part of or separate to other reviews), reviews of job size, support mechanisms in place for individuals.* |

|  |
| --- |
| **Record themes or commonalities of professional development across the unit that were identified in PDR meetings (or equivalent).** |
| *Eg. need for input on cultural competence, desire for resources on self-care,* |

|  |
| --- |
| **Briefly describe the overall response of the service (this year and over time) to data derived from PDRs or from other mechanisms** |
| *Eg. what changes have been made; what proposals for staff development are being considered. Provide examples at the individual and service level.* |

**SECTION 3: SYSTEMATIC ONGOING AUDIT / AUDIT OF MEDICAL PRACTICE.**

Outline the audit framework in place. Examples would include**:**

* Ongoing complication database with regular reviews.
* Individual audits
* Please see [audit ideas for RACP Fellows](https://elearning.racp.edu.au/mod/page/view.php?id=13999.) that is one section of the [RACP curated collection on audit](https://elearning.racp.edu.au/course/view.php?id=162).

|  |
| --- |
| **Record information that outlines the framework for systematic ongoing audit** |
|  |

**SECTION 4: SERVICE PERFORMANCE INDICATORS**

Examples would include:

* First Specialist Appointment (FSA) waiting times
* Follow up waiting times
* Procedural waiting times
* You may wish to analyse waiting times, non-attendance data to identify any significant trends across ethnic groups and reflect upon how change may be implemented
* This may also include global clinical performance indicators as appropriate to the service, eg. percentage achievement of target door-to-needle times for ST elevation MI

|  |
| --- |
| **Record information relating to service clinical performance indicators** |
|  |

**SECTION 5: RISK REGISTER**

Please identify:

* Areas of potential clinical risk
* Potential risks in service structure e.g. workforce size and resources available
* Any potential interaction with relevant Patient Safety or Quality and Safety organisations

|  |  |
| --- | --- |
| **Risk** | **Risk mitigation strategies** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 6: PERFORMANCE / SATISFACTION FEEDBACK.**

Record Feedback (if it is available) from:

* Patients – particular attention should be given to patients from different ethnic backgrounds and their feedback
* Primary care providers
* Other secondary clinician groups – internal and external
* Non-medical providers (such as nursing, physiotherapy)

|  |  |  |
| --- | --- | --- |
| **Source of Feedback** | **Feedback provided** | **Comment / Action** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 7: CULTURAL COMPETENCE**

Cultural competence should be incorporated into each of the other components.

|  |
| --- |
| **Provide an overview of any activities relating to the building of cultural competence not already mentioned.** |
|  |

**SECTION 8: PROFESSIONAL REQUIREMENTS AND DOCUMENTATION**

These requirements will vary depending on whether the service is located in New Zealand or Australia.

For each staff member in the service/department review the following and list comments as necessary in the table below (eg. all clinicians documents sighted, follow up required of Drs XX)

* Annual Practising Certificate (APC)
  + a current APC is held
  + any conditions on APC
* Professional indemnity is up-to-date
* Resuscitation certification is up-to-date, as appropriate to clinical practice
* Adherence to organisational policies – e.g. fire training, email policy, privacy policy
* Familiarization with Professional Codes of Conduct – eg:
  + Medical Council of New Zealand “Good Medical Practice” It may be accessed from the Medical Council of New Zealand’s website [here](https://www.mcnz.org.nz/news-and-publications/good-medical-practice/)
  + Australian Medical Council’s [‘Good Medical Practice: A Code of Conduct for Doctors in Australia’](https://ama.com.au/sites/default/files/documents/AMC_Code_of_Conduct_July_2009.pdf)
  + [The College’s Professional Practice Framework](https://www.racp.edu.au/fellows/professionalism).
* For those in New Zealand, having regard to section 118 (i) of [Health Practitioners Competence Assurance Act](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html) 2003: being a culturally, ethically and clinically competent health professional.
* Having regard to the organisation’s policies on conflict of interests.

|  |  |
| --- | --- |
| **Item** | **Comments (or mark N/A)** |
| **Annual Practising Certificate (NZ)** |  |
| **Professional indemnity** |  |
| **Resuscitation certification** |  |
| **Organisational policies**  ***You may wish to note relevant policies*** |  |
| **Professional Codes of Conduct**  ***You may wish to note relevant policies*** |  |

**SECTION 9: SERVICE DEVELOPMENT PLAN**

Outline the major drivers of the service over the coming cycle (3-5 years). Key areas of interest are:

* Immediate, intermediate and long- term plans that impact on the individual clinician.
* Immediate, intermediate and long-term plans that impact on the overall service.
* Awareness or likely changes in demand such as funding, demography (ethnic populations within your catchment area), policy and technology
* Regular meetings of clinicians to review the service and its development – Regular working meetings (e.g. monthly business meetings) and less frequent high level overall reviews (e.g. Retreats)
* Service developments should be viewed through a cultural lens. For example, a transplant service would have particular issues relating to cultural practices around donors.

|  |  |  |
| --- | --- | --- |
| **Service Goals and planned or likely changes** | **Implementation strategies** | **Date for completion** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART B: SUMMARY OF THE SDS**

**Reviewers to note key recommendations emerging from the review. These recommendations should be incorporated into a revised Service Development Plan.**

|  |  |
| --- | --- |
| **Issue** | **Recommendation** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **General Comments/Reflections** |
|  |

|  |  |
| --- | --- |
| **Final sign-off on completion of process** | |
| **Reviewer(s)** | **Candidate** |
|  |  |
| **Date** | **Date** |
|  |  |
| **Signatures**  Add electronic signature or print and sign | **Signature**  Add electronic signature or print and sign |
|  |  |

### The Service Development Survey (SDS) – Notes

**INTRODUCTION**

The Royal Australasian College of Physicians (RACP) encourages all Fellows to participate in review of their individual practice and the practice of the unit they work in.

The RACP has developed a review framework that has two components:

* The individual annual practice review component called the Professional Development Review (PDR) designed to meet most or all the requirements of an employer’s annual performance review and to meet the MCNZ’s principles of Regular Practice Review.
* The health service review component called the Service Development Survey (SDS) that focuses on the broader elements of health delivery and **may** meet many or all of a health service’s credentialing requirements.

The SDS is primarily a formative process designed to assist the Service and the individual/s in that Service to meet its current and future health service requirements. The information gathered remains with you/the service and your Reviewers. Any shortcomings identified relating to you or the practice environment systems remain the responsibility of the service reviewed. Records relating the SDS will not be retained by College staff apart from an acknowledgement that a SDS has been undertaken.

**PURPOSE**

The SDS is designed:

* To review the key elements of health delivery for a particular service including in situations where the service is an individual practitioner.
* To assist in service planning by providing rich information:
  + on a macro level e.g. it identifies the department’s future requirements.
  + on a micro level e.g. identifies the development and support needs of individual physicians.

**OUTCOMES**

The SDS will:

* Provide insight into the health care, services delivered, and the infrastructure that supports the service, including review of the Senior Medical Officers or senior physicians involved.
* Provide a basis for a service development plan.
* Provide a framework for disseminating/sharing information regarding commonality in practice in other services, clinics and hospitals.
* Facilitate collection of information that can contribute to credentialing.
* Contribute towards ensuring the work of individuals is focussed on meeting the requirements of the service.

**HOW PDRs INTERACT WITH THE SDS (Section 2)**

The way in which PDRs are used, including how much information from PDRs is included, for an SDS can vary depending on the overall goal of the SDS:

**The SDS is being used purely as an internal governance tool/audit of the health service**. For example, an SDS may be used in this way mid-credentialing cycle to ensure the service is operating effectively. In this case, the information from PDRs that you add in section 2 should clarify how the professional development of individual clinicians is supported and administered, and what changes are planned to ensure development needs are met.

When the SDS is used in this way two or three PDRs should also be completed on the same day as the SDS review meeting is held and with the same reviewers.

**In New Zealand the SDS may be used as part of a Credentialing process.** Where the SDS covers all or most of the requirements of a Health Service’s credentialing process the SDS could be used. In this case each SMO will be interviewed briefly as part of credentialing. This will not be a full PDR meeting. Both clinicians and external reviewers should have a copy of section 2 of the SDS form (with deidentified data from the previous round of PDRs) and can raise issues in the interviews based on that data. (If the SDS is being used in this way it is unlikely there will be a need for a full PDR for each clinician in the year the SDS is completed).

**SUPPORTING DOCUMENTS TO INFORM THE SDS**

* 1. **The RACP Professional Practice Framework**

The relevant domains of [the College’s Professional Practice Framework](https://www.racp.edu.au/fellows/professionalism) should be incorporated into the SDS. The framework is designed to assist physicians in identifying key professional domains.

In some situations the framework may form the basis of discussions between colleagues or be used to contribute to an organisational performance development conversation.

* 1. **Credentialing Framework in New Zealand**

The Ministry of Health has produced several documents outlining the place of credentialing within the New Zealand health sector. The key document is “Toward Clinical Excellence: A Framework for the Credentialing of Senior Medical Officers in New Zealand”.

[https://www.health.govt.nz/system/files/documents/publications/clinical.pdf](https://www.health.govt.nz/system/files/documents/publications/clinical.pdf%20)

This following document provides practical advice on credentialing.

[http://www.health.govt.nz/publication/credentialling-framework-senior-medical-officers-new-zealand-self-assessment-form](http://www.health.govt.nz/publication/credentialling-framework-senior-medical-officers-new-zealand-self-assessment-tool)