

Information sheet

Performance assessments



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Australian Health Practitioner Regulation Agency

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What to expect from a performance assessment

A National Board may require a practitioner to undergo a performance assessment if it believes that the way they practise the profession is, or may be, unsatisfactory. The National Law¹ (Part 1, section 5) defines this as follows:

unsatisfactory professional performance, of a registered health practitioner, means the knowledge, skill or judgment possessed, or care exercised by, the practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected of a health practitioner of an equivalent level of training or experience.

A performance assessment aims to identify any gaps or deficits in a practitioner's performance, so a plan can be developed to make sure the practitioner meets the expected standards and to protect public safety.

It is conducted by two experienced practitioners in the same profession as the practitioner being assessed. They are not National Board members, are independent from AHPRA and have the expertise to assess someone in a particular field of practice. The following process applies:

- The assessment takes place and the assessors write a report. The practitioner who was assessed is given a copy of the report unless it contains information that may prejudice their health or wellbeing.
- After the practitioner who was assessed receives the report, a person nominated by the National Board must discuss the report with them. If there are any proposals for upskilling, education, mentoring or supervision, or any adverse findings, this provides an opportunity to discuss ways of dealing with them.
- After this discussion, the National Board receives the assessment report and a summary of the interview with the practitioner. It then makes a decision about what (if anything) happens next.

As a result of a performance assessment a National Board can decide to:

- take no further action
- refer the matter to a performance and professional standards panel
- impose conditions on/accept an undertaking from the practitioner
- caution the practitioner
- refer the matter to a tribunal, or
- refer the matter to another entity (such as a health complaints organisation).

See below for more detailed answers to frequently asked questions about performance assessments.

What is a performance assessment?

A performance assessment is an assessment of the knowledge, skill or judgment possessed, or care exercised by, a registered health practitioner in the practice of their profession.

Performance assessment is:

- a way to identify strengths as well as deficiencies
- tailored to the individual practitioner and practice setting
- a collaborative process that aims to find ways to make the practitioner safe to practise
- an assessment of the application of the practitioner's knowledge and skill, not an assessment of how much knowledge and skill (competence) the practitioner possesses
- designed to address patterns of practice rather than one-off incidents or errors, unless the single incident is demonstrative of a broader problem
- designed to lead to education and retraining when deficiencies are identified, while ensuring that the public is properly protected
- broad-based and not limited to the concerns raised in the particular notification that triggered the assessment, and

¹ The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

- a snapshot of where a practitioner is now, not where they were when the behaviour that resulted in a notification occurred.

Performance assessment is not:

- a punishment
- an appropriate method for dealing with one-off incidents or errors
- an alternative to a thorough investigation of a notification. Before requiring a practitioner to undergo performance assessment, the National Board will have assessed and analysed the available information to make an informed decision, or
- appropriate for dealing with practitioners whose behaviour may amount to professional misconduct or unprofessional conduct as defined under the National Law.

When performance assessment is not appropriate

A performance assessment is not appropriate if any of the following matters are identified in an investigation:

- recklessness (either by inclusion or omission)
- unethical behaviour
- wilful conduct (either by inclusion or omission), or
- criminality.

These issues are likely to be managed through the conduct pathway.

How does a National Board decide that a performance assessment is needed?

The National Board considers the information contained in the notification, the practitioner's response, clinical records, an expert opinion (if any) and the relevant professional standards before deciding whether a performance assessment would help the Board decide whether any change to the practitioner's registration is necessary to keep the public safe.

What happens next?

When a National Board requests a performance assessment, an AHPRA staff member with experience in organising performance assessments will make all of the arrangements for the assessment to take place. The practitioner being assessed is advised of the proposed assessors and the date, time and location of the assessment.

How does the National Board select the performance assessor?

The National Board selects an assessors whose scope of practice is similar to that of the practitioner being assessed. For example, a rural practitioner would usually be assessed by a colleague familiar with the particular challenges of rural practice.

How is a conflict of interest between the assessor and practitioner managed?

If the practitioner or the assessors identifies a conflict of interest then another assessor is selected. In specialised areas of practice it may be necessary to obtain an assessor from another state or territory.

What information is the assessor given before the assessment?

The practitioner being assessed is asked to complete a pre-assessment questionnaire, which forms part of the information provided to the assessor. The questionnaire describes the scope and type of practice and this informs the specific assessment to be carried out. The assessor is also given the information which led the National Board to decide that a performance assessment was needed.

Are there different types of performance assessment?

Performance assessments are tailored to each practitioner. Depending on the reason for the assessment, the focus might be on assessment of patients, clinical reasoning and decision-making, response to emergency situations, documentation, procedural work or prescribing/dispensing/ administration of drugs.

Some assessments are conducted by directly observing the practitioner in their normal practice/ procedural activities. Other assessment methods include:

- Objective Structured Clinical Examination (OSCE)
- Objective Structured Long Case Examination Record (OSLER)
- Workplace Based Assessment (WPBA)
- Mini Clinical Evaluation Exercise (Mini-CEX)
- Case-based Discussion (CbD)
- Chart Simulated Recall (CSR), and
- Mini Peers Assessment Tool (Min-PAT).

Not all of these tools are suitable for all practitioners and professions.

Do my practice staff/colleagues need to know I am being assessed?

If the assessment includes direct observation of practice (a consultation or procedure), it is usually necessary for someone in the practice to be aware that a performance assessment is being carried out. It is important to obtain the patient's consent to the presence of an assessor before the patient enters the consulting room/treatment area. This may be best done by the receptionist or practice manager ahead of time.

What if a patient does not wish to have the assessor in the room during the consultation?

This is not an issue if consent has been sought ahead of time. Otherwise, the patient can be offered a consultation with another practitioner in the practice (if available) or asked to return on another occasion.

Will the assessor comment on my management plan in front of the patient?

The assessors will observe and make notes but will only discuss patient management when the patient has left the room. The only exception to this would be if the assessor observed a dangerous clinical situation, in which case the assessor would take steps to minimise the risk to the patient.

What else does the assessor do other than observe my performance?

The assessors may also review clinical records (if documentation or creation of management plans is an apparent issue), speak to other staff in the practice (if communication is an apparent issue) or inspect infection control practices (if infection control has been identified as an issue).

Performance assessments are never recorded. This is strictly against AHPRA's performance assessment guidelines.

Why do I need to discuss the performance assessment report with a nominee of the National Board?

The purpose of the meeting with a nominee of the National Board is to give the practitioner an opportunity to explain or clarify any issues which arose during the assessment and to discuss the assessors' recommendations before they are considered by the National Board.

If the practitioner agrees with the assessment report, the Board member will report this to the National Board. If the practitioner does not agree with the assessor's findings, the Board member will relay any concerns to the National Board, potentially with alternative suggestions for correction of any deficiencies.

Support

The National Board recognises that it can be difficult for practitioners to be assessed in this way, and practitioner feedback has shown that performance assessments can be stressful experiences. Practitioners are encouraged to consider taking a support person along with them on the day of the assessment, however they will not be allowed into the room when the assessment is taking place.

Practitioners may also wish to seek advice or support from their professional association, professional indemnity insurer, an independent legal adviser, general practitioner or another healthcare provider.