



Performance Review

INTRODUCTION

The impact of a surgeon's performance beyond technical or surgical expertise is an important aspect of a well-rounded professional development program. Self-reflection or evaluation of performance at an individual or systemic level supports a cycle of on-going quality improvement that can deliver a more cohesive and patient-centred healthcare environment.

DEFINITION

Performance can be defined as 'the extent to which a health practitioner provides healthcare services in a manner which is consistent with known good practice and results in expected patient benefits'¹.

Performance review for the purposes of CPD is an activity where a surgeon critically reviews practice, skills and behaviours – either of themselves, their peers/teams or the broader professional environment – to identify strengths, weaknesses and areas of improvement.

Performance review activities can be formal or informal and should include either self or shared reflection on how participation in the activity will improve patient care at an individual, team and/or system level.

MINIMUM STANDARD

- All surgeons must complete at a minimum:
 - One activity - 'Performance Review of Self'
 - One activity - 'Performance Review of Others'
- Participation in performance review activities should be reflective of a surgeon's area of practice (scope of practice)
- Surgeons should be able to demonstrate regular participation in performance reviews and reflect on whether these activities have resulted in change and/or performance improvement

TYPES OF PERFORMANCE REVIEW

Performance Review of Self

By taking an active, considered and transparent approach to reviewing their own performance across clinical and non-clinical roles, surgeons can play a leading role in contributing to a culture of continuous and sustainable quality improvement.

Performance review activities should involve an analytical and critical analysis of your practice and performance. Surgeons should participate in frequent performance review activities in keeping with a continuous improvement cycle and include a feedback or improvement loop.

When planning performance review activities, factors that can improve the quality of the performance review include using structured assessment methods; using an increased number of reviewers and basing the assessment on evidence-based guidelines¹.

¹ <https://www.safetyandquality.gov.au/sites/default/files/migrated/37358-Review-by-Peers1.pdf>

Examples of performance review of self can include individual performance reviews/appraisals, student evaluations, patient feedback surveys or a surgical attachment with a peer.

Performance Review of Others

Surgeons have an important role in leading activities that improve performance across clinical, training and teaching settings. Most surgeons will have professional interactions across a broad network of peers including surgical colleagues, trainees and allied health teams. Participation in activities that support performance improvement across this network are recognised for this CPD requirement.

When participating in activities that review performance of others, surgeons should provide specific and constructive feedback. By providing feedback to others, surgeons demonstrate professionalism and leadership and can gain greater insight into their influence on surgical teams and the broader clinical environment (i.e. teaching/training)

Hospitals, area health services or medical indemnity insurers may offer courses or resources that help in undertaking performance review activities. RACS can also offer support on how to participate in a performance review (i.e. Multisource Feedback) and how to provide and how to participate in performance review

Examples of performance review of others can include peer review of reports / case studies, active participation in hospital meetings, participating in a structured mentoring program, acting as an examiner, supervision of trainees.

A full list of activities recognised as Performance Review can be found in Appendix 1 – Examples of Performance Review activities recognised in the RACS CPD Program.

ASSOCIATED DOCUMENTS

- [Australian Commission on Safety and Quality in healthcare: Review by Peers Guide](#)
- [Medical Board of Australia: Registration Standard \(CPD\)](#)
- [Medical Board of Australia: Good Medical Practice](#)
- [Medical Council of New Zealand: Good Medical Practice](#)
- [Medical Council of New Zealand: Professional Development](#)
- [General Medical Council: The Reflective Practitioner, guidance for doctors and medical](#)

Appendix 1 – Examples of Performance Review activities recognised in the RACS CPD Program

ACTIVITY	REVIEW OF SELF	REVIEW OF OTHERS
Organisation review of surgical services		X
Patient feedback including action plan	X	
Peer review of reports	X	X
Peer review of cases / charts with feedback	X	X
Structured conversation with a peer	X	X
ANZASM first line assessment		X
ANZASM second line assessment		X
Committee meetings with educational content, such as guideline development		X
Mortality and Morbidity meetings	X	X
Participation in a structured mentoring program - mentor		X
Participation in a structured mentoring program - mentee	X	
Practice visitor		X
Recipient of a structured practice visit by a peer	X	
CPD Coach (being coached)		X
CPD Coach (as coach)	X	
Meetings with administrators / management	X	X
Meetings reviewing adverse events	X	X
Participation in an annual individual or department performance review	X	X
Reviewer – Trauma verification		X
Peer discussions of critical incidents, safety and quality reviews	X	X
Referring doctor's satisfaction survey	X	
Examiner – RACS, AMC, university		X
Surgical attachment with peer	X	X
Patient care satisfaction survey	X	
Multisource feedback using a structured framework	X	X
Comprehensive health assessment with your GP	X	
Post-operative satisfaction questionnaire	X	
Supervision of surgical trainees		X
Participation in ASERNIP-S review, a clinical trial or organised clinical research	X	X
Acting as a referee for a journal article		X
Publication of a surgical / medical book	X	X
Publication in a refereed journal / chapter in surgical/medical book	X	X
Hospital clinical meeting	X	X

Presentation to surgical / medical peers at a scientific meeting	X	X
Structured and approved small group learning e.g. Journal Club	X	X
Participation in volunteer services	X	X
Surgical Meetings including M&M, Multidisciplinary etc	X	X
Teaching to trainees / undergraduates		X