# Assessing performance – a personal view

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Recently we sold our house. This meant sorting through over twenty years of RNZCGP papers bundled into boxes and filing cabinets. There was a lot of history in those files relating to College professional development and assessment.

The papers included my essay written for College Membership. A snapshot of my city-based practice which was centred on pregnancy, contraception and young children. How different my practice is today with its central focus being the demanding juggle of the medical and social needs of the chronically ill and elderly, mixed with the excitement of managing acute medical and trauma emergencies in a rural practice. Who would want to practise anywhere else providing family needs are met as well!

Many of us thought that graduating as a young doctor was the end of the grind and the beginning of the brave new world. Assessment by examination was over, we just had to work hard to ensure our bright futures. My real world, in common with other GPs, however, has been tempered by gaining vocational registration, maintaining and expanding professional skills and knowledge, collecting MOPS points and ensuring a current annual practising certificate. And alongside this has been the running of a small business, caring for a practice population, practising safely and legally and working as part of a practice team. Let alone the challenges of practice review and audit, patient complaints and review of critical events and near misses. All of these are measures of performance assessment, albeit some of them loose, some of them uncomfortable but some with a sharper focus where measurement is possible.

Reviewing this slice of personal and professional history, my thoughts went back to when I first arrived in Katikati all those years ago. I moved from the security of an established city practice to a new and growing rural area. There was almost an avalanche of other new arrivals, growers, developers, entrepreneurs and others anxious to capitalise on the new gold – kiwifruit. In those days we went with the ambulance to all their calls from the trivial to those involving major trauma of all kinds. I quickly found that I was ill prepared for the professional isolation and for providing major trauma care.

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My problems abated somewhat with monthly meetings of an established rural peer group, which has provided valued education and professional support over many years. Extra trauma training helped too. Professional isolation can have a devastating effect on our performances as doctors. We need the support of others along with critical appraisal, supportive review and audit of our practice performance. Networking and peer groups can have a very positive effect on performance, but this is hard to measure from an assessment point of view.

Harking back to trauma training and professional support and networking, nothing has been quite so successful to my way of thinking, as PRIME. The initial training was comprehensive and practical and involved all the nurses and doctors in our practice. Update sessions and two day refresher courses have maintained our skill levels. PRIME has been responsible for enhanced networking and cooperation both between our practice members collectively and the local ambulance service. It has all the positive hallmarks of good professional development, i.e. excellent and ongoing training, assessment with real life scenarios and encouragement and support from trained paramedics.

Among the papers that I unearthed in our house move were those relating to early MOPS development. Our stalwart committee reflected long and hard and bravely set forward the principles on which MOPS was to be based, i.e. we bypassed minimum standards in favour of those of continuing quality improvement. Not so easy to measure in performance terms but the hope was to shift both personal and group performance in general practice upwards. Recording MOPS credits used to be a pain before recent online changes, but it is the effort behind the points that counts.

Over the years, the RNZCGP has been at the forefront of general practice professional development. This has been at many levels, i.e. in the provision of education such as the training programme, the College conference and journal and the Quality Workshops. The College has developed criteria which encourages a multitude of other providers to provide high quality education and professional support – for these programmes to gain MOPS points they must conform to well established education principles. It has encouraged research through its earlier research committee and later research and development officers based at the College and in conjunction with university departments and others. And it has a vital role in providing professional support for GPs in the requirements laid down by the Medical Council for the annual practising certificate.

Assessment has been a College focus too. Minimum standards are measured in the College examinations and in the requirements that lead to vocational registration. There has been considerable work put into validation of these processes. There is tension between minimum standards and CQI but not irreconcilable differences. It seems that politicians speak easily about the benefits of quality assurance but in drawing up legislation opt for minimum standards.

Practice accreditation is a shining star. Developed by a catholic group of general practice players, i.e. GPs, practice nurses and practice managers assisted by Maori and consumer representatives, practice accreditation built on early work done by the Goodfellow Unit. The work progressed from sampling to a small field trial and then validation using a much larger group of representative general practices. It has ended in an innovative tool backed by assessor training and the development of all the processes of practice accreditation. Practice accreditation is likely to be contracted out to an independent accrediting organisation but the tool and the processes will be overseen by the College and other interested parties. The important principle of validation will be applied to any future development.

And the fate of Katikati? The kiwifruit dream turned to dust for many people but the town got together and reinvented itself as a tourist mecca through murals. The kiwifruit did indeed turn gold and other horticultural initiatives are now thriving.