

Practitioner Performance Advice – Assessment Frequently asked questions

1. What is Practitioner Performance Advice?

We are part of NHS Resolution. Formerly known as the National Clinical Assessment Service (NCAS), we support the resolution of performance concerns about individual doctors, dentists and pharmacists.

2. What is an assessment of a practitioner?

Our assessment services are aimed at clarifying and understanding the performance of individual practitioners and providing healthcare organisations and practitioners with a sound basis upon which to bring the case towards a resolution. Assessments are not an end point in themselves, but are a valuable tool to support the effective management of cases locally.

Assessments are **not** an investigation of the incidents which may have led to the referral to us.

3. How is an assessment requested?

The employing/contracting organisation will normally have asked for, and received, advice from us on how to manage the concern with the practitioner. As part of that process they will have been told about the assessments and other interventions available and will have then decided to request an assessment.

Requests for assessment are considered by our Assessment Consideration Group in line with our published [policy](#) and a formal decision to approve or decline the request will then be issued. We need the agreement of both the employing/contracting organisation and the practitioner before we can consider such a request.

4. What assessment services are offered?

Clinical Performance Assessment

To provide an independent view on the clinical performance of the practitioner, identifying both satisfactory practice and any areas of poor practice.

The assessment is intended to provide information to assist the referring organisation in decisions about the next steps in their management of the case.

Behavioural Assessment

To provide an independent view on the behavioural characteristics of the practitioner, including any areas which require consideration.

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5. What do the assessments consist of?

Clinical Performance Assessment

The assessment is carried out through a clinical assessment visit by a trained team of two clinical assessors and an Assessment and Intervention Manager. It includes:

- Clinical record review: of a sample of patient records.
- Direct observation of practice: the practitioner's normal clinical work.
- Case-based assessment: exploring clinical reasoning and decision-making about the practitioner's own cases.

Clinical assessors will have relevant clinical experience in the practitioner's speciality, be familiar with the standards relating to their clinical speciality and be able to apply them to assess the performance of a peer. We also ensure that they are in good standing with the relevant professional bodies and regulators.

Behavioural Assessment

The assessment includes:

- The practitioner completing two online psychometric questionnaires (the Revised NEO Personality Inventory and the Hogan Development Survey).
- The practitioner attending an all-day appointment with a behavioural assessor (an occupational psychologist). This includes an interview, during which the assessor asks a range of questions about the practitioner's work, including: what they do in their job, which aspects they enjoy most and least, how they approach the different aspects and demands of their role etc. This typically lasts three to four hours. There is then a break (during which the psychologist reflects on the interview) and then gives initial feedback to the practitioner.

6. What is an 'agreement to assessment'?

If the request for an assessment is approved then we draw up an 'agreement to assessment' which sets out the purpose of the assessment and explains how the assessment will be carried out. It also sets out the responsibilities of Practitioner Performance Advice, the practitioner and the employing/contracting organisation with regard to the assessment.

We will not be able to proceed with the assessment until the agreement to assessment has been signed by both the practitioner and employing/contracting organisation to confirm their commitment to the process.

7. Why have you changed the format of your assessments?

We carried out a review of our assessments, supported by customer feedback. We found that we were adding unnecessary time and administrative process to the assessment to provide information that was not always directly relevant to the reason for the referral.

We will no longer be duplicating procedures that are carried out locally. For example, occupational health assessments will not be included routinely as part of every assessment, but we will use them where appropriate. In addition, patient feedback will no longer be used and we are reviewing the use of multi-source feedback.

We still offer a separate behavioural assessment, but we do not see it necessary to include it routinely within an assessment that is focused on clinical practice.

We have also changed our assessment process and have removed and streamlined parts of the process (for example, by removing the need for face-to-face case conferences in every case) to make our work quicker and less of an administrative burden for all parties.

The removal of the routine occupational health part from our assessments does, however, mean that we require both employing/contracting organisations and practitioners to confirm that the practitioner is fit to undergo the assessment.

8. How is the assessment completed?

Practitioner Performance Advice produces an assessment report which will provide the employing/contracting organisation with clear findings and conclusions about the practitioner's level of performance (for clinical practice assessments) and with an independent view on the behavioural characteristics of the practitioner, including any areas which require consideration (behavioural assessments).

9. What happens after the assessment?

We are available to offer advice and recommendations to employing/contracting organisations on next steps after the assessment. This can include asking our Professional Support and Remediation team to prepare an action plan to support a practitioner's return to safe and effective practice (for clinical practice assessments) and to help consideration of behavioural issues (for behavioural assessments).

10. Support for practitioners

We recognise that where questions have been raised about a practitioner's work, this can be a very stressful experience for the individual concerned. We are committed to ensuring the services we offer and the way we deliver our services are sensitive to the impact on the individual about whom questions have been raised.

We always recommend that practitioners access appropriate and timely professional support through their defence organisation or other representative body. We would also encourage practitioners to draw on personal support that is available to them, for example, through friends or family.

The practitioner's General Practitioner can also be an important source of support.

It also worth remembering that support is available through the healthcare organisation, for example, through its local occupational health and counselling services. More avenues of support may be available locally or accessed through the relevant Royal College.

11. Any other questions

If you have any other questions please contact us on 020 7811 2600 or at advice@resolution.nhs.uk