Malatest International

Interim Report:

Evaluation of the Regular Practice Review Programme

November 2014

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Abbreviations

Bpac^{nz}	Bpac^{nz} is an independent not for profit organisation whose role is to deliver educational and continuing professional development programmes to medical practitioners and other health professional groups throughout New Zealand.
Council	Medical Council of New Zealand
CPD	Continuing professional development
CRP	Collegial relationship provider
GP	General practitioner
MI	Malatest International
MCNZ	Medical Council of New Zealand
PDP	Professional Development Plan
RPR	Regular practice review

Executive Summary

Regular Practice Review (RPR) is a quality improvement process. Its primary purpose is to help maintain and improve the standards of the profession. Council has introduced RPR as a mandatory requirement of the recertification programme for doctors registered in a general scope of practice.

This interim evaluation report of the RPR programme is based on the experiences of 56 of the general practice cohort of doctors who completed RPR between mid-July and mid-October 2014 and the 19 doctors who reviewed them. Information was collected through online surveys and interviews. The evaluation is ongoing and will continue until 2019.

Doctors participating in RPR were mainly trained in New Zealand and the United Kingdom with years in practice ranging from under five to fifty two years.

RPR Doctors

Under one-third (30%) of doctors agreed that prior to taking part in RPR they thought it would be useful. However, after completing their review more than half (52%) would recommend RPR to their colleagues.

Those who anticipated the visit would be useful welcomed the opportunity to discuss and receive feedback on their practice. Those who thought RPR would not be useful were concerned about the process, doubtful of the value for them or thought their practice did not need reviewing.

Reviewers

All reviewers reported that being a RPR reviewer was a positive experience for them and one that had personal benefits as well as contributing to their own professional development. Some commented on learning from the skills of the doctors they reviewed and being prompted to re-examine how they managed aspects of their own practice.

The practice visit

The practice visit was central to the RPR process. For the general practice cohort, the practice visit and the opportunities it provided for discussion and feedback underpinned much of the positive feedback about RPR from both the RPR doctors and the RPR reviewers.

Both participating RPR doctors and RPR reviewers thought the practice visit provided the opportunity to learn from each other and for conversations about aspects of practice.

RPR doctors' comments about the most valuable aspects of practice visits focused on appreciation of the opportunity to receive feedback on their practice and to have a discussion with the reviewer, and the effect of positive reinforcement in increasing the doctor's confidence in their practice.

Changes following review

RPR doctors were most positive about the RPR report when the report included information that they could use as a basis for either professional development changes or changes to their practice. While positive reinforcement was valued, doctors who felt the RPR report identified both areas of strength and opportunities were more likely to recommend RPR to their colleagues.

Just over half of the RPR doctors said they had already made changes to their professional development plans (PDP) as a result of RPR. Forty-five percent of doctors participating in RPR said they had made some changes to their practice, and a further 11% that they intended to make changes. Slightly fewer than half of the RPR doctors agreed that participating in RPR had helped improve the care they deliver to patients and/or to improve their practice on other ways.

Examples of changes doctors said they had made included specific improvements in consultation style and interaction with patients, improvements to note taking and prescribing habits and better use of resources.

Overview

The results of the interim evaluation suggest that for the general practice cohort:

- Taking part in RPR is a positive experience for most doctors and all reviewers
- RPR has helped 38% of participating doctors to identify new areas of strength and 45% to identify areas of their practice that could be improved
- Nearly 50% of the participating doctors say they have acted on the RPR report and made changes to aspects of their practice
- Forty-six percent of participating doctors agree that patient care has improved as a result of RPR.

The credibility of reviewers and the emphasis on collegiality and quality improvement have been reported as factors contributing to the effectiveness of RPR. The next step in developing the RPR process could be to strengthen the supports and sources of advice that are available to doctors in making changes to their practice. This might include providing further training to the reviewers about how to provide feedback that supports change and examining the effectiveness of the collegial relationship provider role.

1. Background to RPR

One of the key roles of the Medical Council of New Zealand (Council) is to ensure that recertification programmes for all doctors are robust, help assure the public that the doctor is competent and fit to practise, and improve the current high standards of practice of doctors in New Zealand.[1]

Continuing professional development programmes are one of the mechanisms professional organisations use to ensure the competencies of their members are maintained. For doctors, Council's aim is that all doctors (except those in vocational training) will have the opportunity to undertake a form of regular practice review that is a formative assessment. RPR has been implemented through the bpac^{nz} *inpractice* programme from July 2013. The programme design has been developed over the past two years by Council based on evidence from the literature, New Zealand experiences and discussions with stakeholders such as professional organisations.

RPR is a quality improvement process. Its primary purpose is to help maintain and improve the standards of the profession. The goal of RPR is to help individual doctors identify areas where aspects of their performance could be improved, benefiting not only their own professional development but also the quality of care that their patients receive. RPR may also assist in the identification of poor performance which may adversely affect patient care.

Council has introduced RPR as a mandatory requirement of the recertification programme for doctors registered in a general scope of practice. The majority of doctors registered in a general scope of practice tend to work in general practice with the remainder working in a range of specialties.

Council expects that there will be approximately 750 doctors taking part in the programme over a three year period – 250 per year. The funding for the RPR component of the Inpractice recertification programme comes from the annual fee general registrants pay to be part of the Inpractice programme.

This interim report is based on feedback from both the doctors in the general practice cohort who received their RPR reports between mid-July and mid-October and all 19 reviewers. The evaluation is ongoing and will continue until 2019.

[1] http://www.mcnz.org.nz/assets/Policies/Policy-on-regular-practice-review.pdf

2. Evaluation of RPR

As with any programme, it is important to assess the RPR programme to determine if it is working as intended and what the outcomes are for participating doctors. Council has commissioned an evaluation of the RPR programme to determine whether:

- RPR helps individual doctors identify areas of strength and areas of their practice that could be improved such as assisting in the planning of CPD?
- Doctors act on the RPR report and make changes?
- RPR helps assure Council that competence is being maintained?
- RPR has any impact on the quality of care being delivered to patients?
- RPR has any impact on indicators that suggest improved clinical outcomes?

The focus of the evaluation is on what is being achieved by RPR. Responsibility for monitoring the effectiveness of the implementation sits with bpac[nz].

2.1 The evaluation design

The RPR evaluation is based on the development of a logic model and evaluation framework that sets out the evaluation questions, the indicators and information sources (Appendix One). The evaluation framework was agreed with the Medical Council and provided the basis for the survey questionnaires and interview guides.

2.2 Information sources

Information included in this report was sourced from:

- Online survey responses were received from 56 of the 76 (74%) RPR doctors who received their RPR reports between July and October 2014
- Interviews with four RPR doctors
- Online survey responses from all 19 reviewers (100%)
- Interviews with six reviewers.

The number of doctors available to be interviewed has been limited by lack of access to telephone numbers to schedule interviews. This has been addressed by the addition of questions to the online survey asking for consent to participate in an interview and the best contact details to reach the doctors.

2.3 Strengths and limitations of the evaluation

The evaluation findings are based on the reviewed doctors' self-reported changes. At this initial stage of the evaluation there is no objective information about the extent changes have been made. At a later stage of the evaluation it will be possible to look at changes that are made to e-portfolios and data may be available to validate reported changes such as changes to prescribing and changes in multi-source feedback results.

The evaluation is based on surveys and interviews. Although the response rate from participating doctors was very good there is no information available about how non-responding doctors may differ to responding doctors. At a later stage of the evaluation it will be possible to compare the demographic profile of responding and non-responding doctors based on data provided by bpac[nz].

This interim evaluation is of the general practice cohort of doctors only. Other professional groups may respond differently to RPR. Exploring any identified differences in findings across the different professional groups participating in RPR will be a focus of evaluation as the pool of participating doctors expands.

3. Participating Doctors

This interim report is about experiences of 56 of the general practice cohort of doctors. Participating doctors were mainly trained in New Zealand and the United Kingdom (Figure 1).

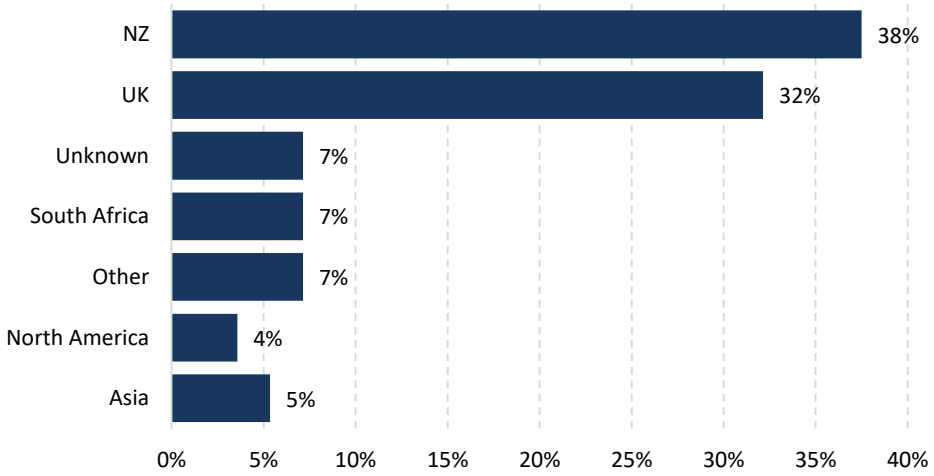


Figure 1. Responding RPR doctors' place of training (n = 56).

Their years in practice in New Zealand ranged from under five to fifty-two years (Figure 2). Two of the three doctors who had fewer than five years of practice in New Zealand were overseas trained.

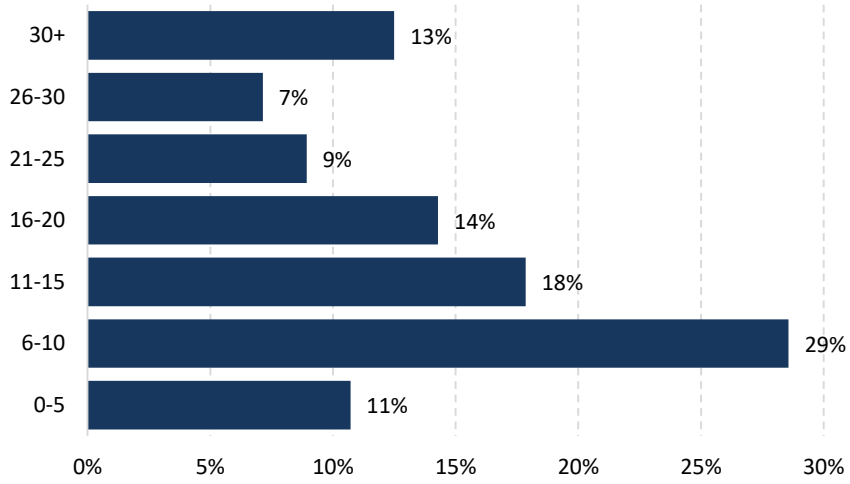


Figure 2. Responding RPR doctors' years in practice (n = 56).

4. Attitudes to RPR

Under one-third (30%) of doctors agreed that prior to taking part in RPR they thought it would be useful. However, after completing their review more than half (52%) would recommend RPR to their colleagues.

All reviewers reported that being a RPR reviewer was a positive experience for them and one that had personal benefits as well as contributing to their own professional development.

4.1 RPR Doctors' attitudes to RPR

In the survey participating doctors were asked to think back and rate on a five-point scale how useful they thought RPR would be prior to the practice visit. Seventeen (30%) expected the visit to be very useful or useful but approximately the same number (38%) expected it not to be useful (Figure 3).

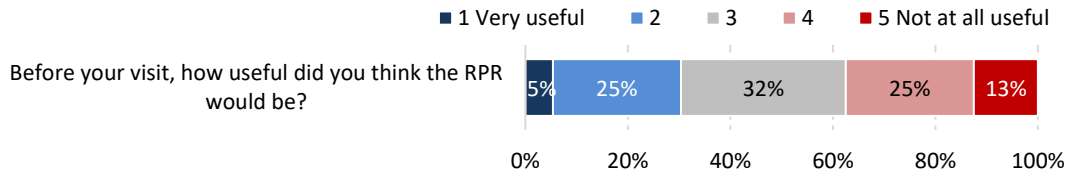


Figure 3. Responding RPR doctors' views on the usefulness of the RPR prior to their visit (n = 56).

Examples of why doctors thought the visit would be useful or not useful are provided on the following page. Those who anticipated the visit would be useful welcomed the opportunity to discuss and receive feedback on their practice. Those who thought RPR would not be useful were concerned about the process, doubtful of the value for them or thought their practice did not need reviewing.

Similarly when asked what they hoped to get out of participating in RPR, some doctors hoped for constructive feedback as a result of the review process whereas others were taking part in RPR only because they had to and referred to it as a 'tick box' exercise.

Very useful

I work in isolation so having a trained assessor observe and feedback on my patient interactions, record keeping and clinical/surgical procedures was likely to be very beneficial.

I felt this way as I understood this process to be supportive and objective. I strive for excellence and safety in my practice, therefore it was an exercise that I looked forward to and enjoyed.

To have some objective perspective on how I practice medicine.

I was unsure if anxiety may give a wrong appearance of my practicing.

Good to have someone come into the practice to review our systems ....somewhat tedious as we have three practice visits this year for fellowship, RPR, and cornerstone. Costly ...

Uncertain of the perspective of reviewer.

I find oral examinations threatening and stressful.

I'm an experienced, conscientious GP.... I'm confident that my methods of practice are safe and patient focused and I am medically up to date ....

The written info on the in practice website made it sound as if the visit would be about finding incompetent doctors and what the procedure would be depending on the degree of incompetence. I felt that this would be a very judgmental visit and of little 'use' to me other than ticking a box.

Not at all useful

When asked about whether now they had completed RPR they would recommend RPR to a colleague 29 (52%) said they would (Figure 4).

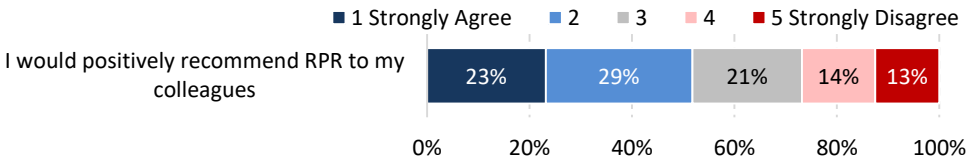


Figure 4. Percentage of responding RPR doctors who would positively recommend RPR to their colleagues (n = 56).

There was no difference between the proportion of doctors trained in New Zealand and those trained elsewhere who would positively recommend RPR. However, initial data indicates that doctors who had practised in New Zealand for fewer years may be less likely to recommend RPR than their colleagues who had practised for longer although numbers are still small (**Figure 5**).

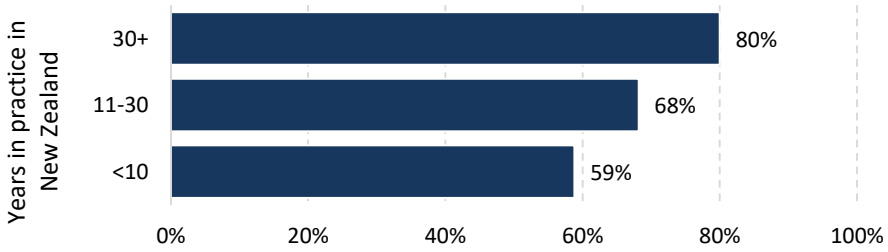


Figure 5. Percentage of responding doctors who would positively recommend RPR to their colleagues broken down by the doctor's years in practice (n = 44).

4.2 Reviewers' attitudes

Reviewers reported that their role as a reviewer was a positive experience for them, and one which most felt was respected by other doctors and valued by their profession (Figure 6).

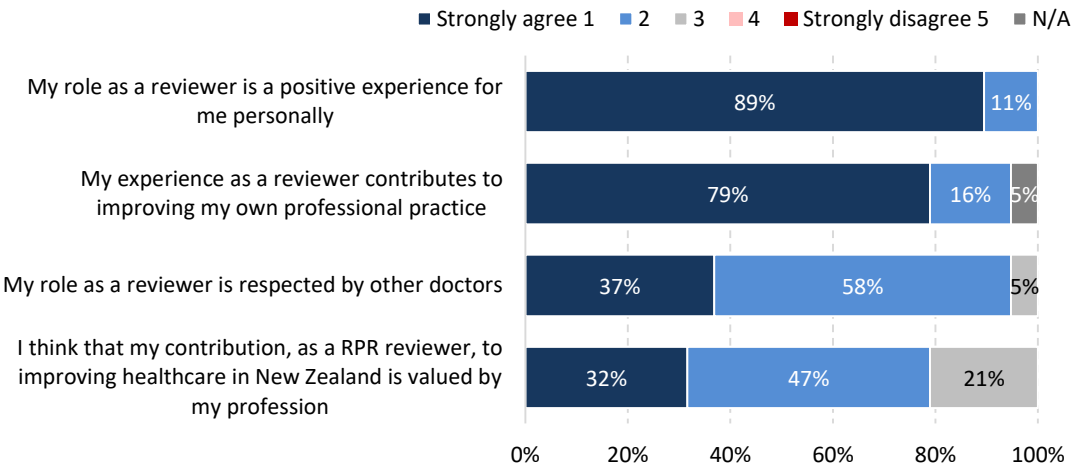


Figure 6. RPR reviewers' views on their role as a reviewer (n = 19).

Over three-quarters of reviewers strongly agreed that their experience as a reviewer had contributed to improving their own professional practice. Reviewers' comments are shown in the diagram below. Some commented on learning from the skills of the GPs they reviewed and being prompted to re-examine how they managed areas of their own practice.

Personal benefits	Professional benefits
Seeing a variety of different GPs in their practices and consulting has been extremely interesting.	I learn from the positives I observe in sitting through consults of my colleagues and use it in my own practice.
All the assessments to date have been a very pleasant experience.	Watching how other colleges manage conditions and which phrases that they use to explain conditions is always informative.
It has also been an opportunity to chew the fat over both ordinary and contentious issues and to hear fresh and diverse perspectives.	I too feel under the looking glass by those I review so it puts pressure on me to ensure I am really up to date so I appear credible.
It is inspiring to watch good doctors at work.	It gave me an opportunity to compare my practice with that of others and to hone my skills and make me a more efficient doctor.
I have also developed an increased positivity and optimism for General Practice.	Through my discussions, with doctors visited, about their Professional Development Plans, I have improved my own. More relevant, more specific. I have become aware of useful resources eg the Pegasus Treatment Guidelines and on-line resources to develop Cultural Competence.

5. Participating in RPR

The practice visit was central to the RPR process. For the general practice cohort, the practice visit and the opportunities it provided for discussion and feedback underpinned much of the positive feedback about RPR from both the participating doctors and their reviewers.

Both participating RPR doctors and RPR reviewers thought the practice visit provided the opportunity to learn from each other and for conversations about aspects of practice.

RPR doctors' comments about the most valuable aspects of practice visits focused on appreciation of the opportunity to receive feedback on their practice and to have a discussion with the reviewer, and the effect of positive reinforcement in increasing the doctor's confidence in their practice.

Although the focus of the evaluation was not on the review process, some questions about the RPR components were asked to provide context to understand participating doctors' experiences and the context of their responses to RPR.

Participating doctors were asked their agreement with statements about the different aspects of the RPR experience (Figure 7). Approximately half of those who used them agreed that the patient feedback and the multi-source feedback provided useful information on their practice, though a smaller proportion of those who completed the survey had used the patient feedback tool before their review.

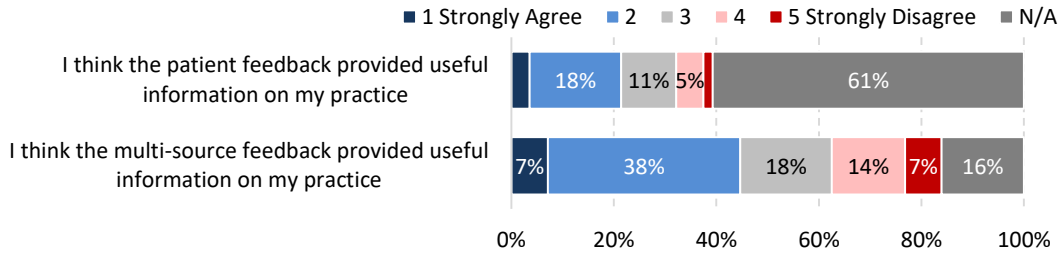


Figure 7. Responding RPR doctors' opinions on different aspects of their RPR experience (n = 56).

5.1 RPR doctors' views on the practice visit

RPR doctors were generally positive about the reviewer's visit to their practice. Approximately one-third strongly agreed the practice visit was a positive experience, the reviewer had the appropriate skills and the visit was sufficiently long to be accurate and it allowed the doctor to reflect on their practice (Figure 8).

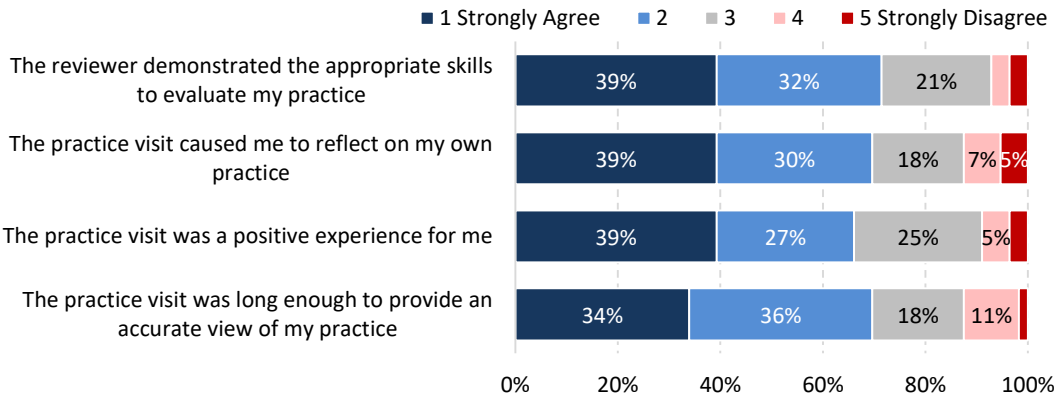
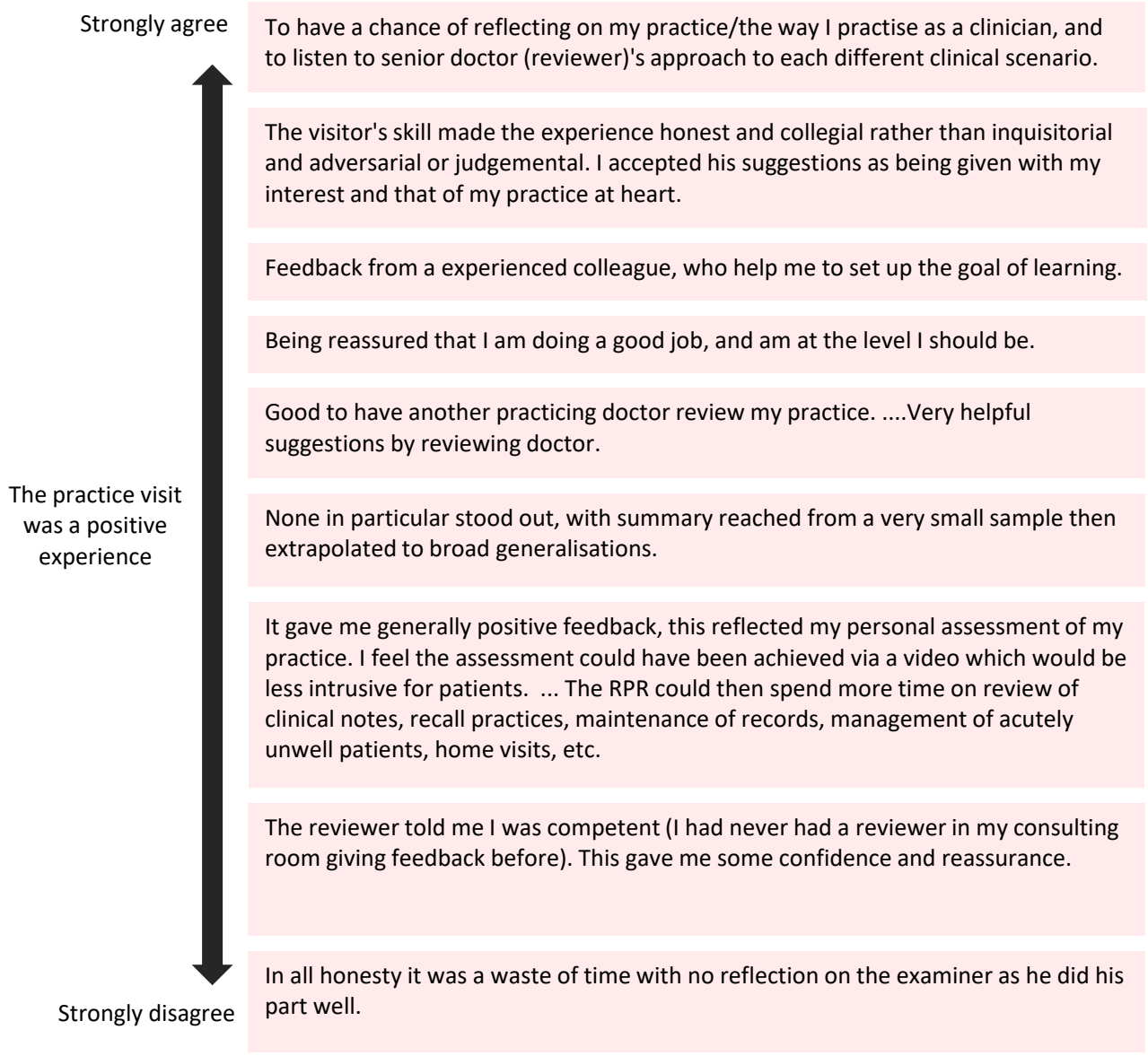


Figure 8. Responding RPR doctors' views on their practice visit (n = 56).

Examples of doctors' comments about the most valuable aspects of the practice visits are provided alongside their rating of whether they agreed practice visit was a positive experience for them.



Comments about the most valuable aspects of practice visits focused on appreciation of the opportunity to receive feedback on their practice and to have a discussion with the reviewer, and the effect of positive reinforcement in increasing the doctor's confidence in their practice. Practical tips were also noted as helpful. Many of the doctors who felt the practice visit was a positive experience commented on the collegiality, understanding and provision of constructive criticism by the reviewer.

Participating doctors who were less positive about the practice visit made comments about the day not being typical, or the difficulty in arranging patients for the practice visit. Some commented about their lack of agreement on points made by the reviewer. A few noted that practice visits were time consuming especially where they had multiple visits to a practice in a short time period e.g. as part of Cornerstone.

Most of the small number of RPR doctors who commented on whether the RPR process was how they expected it would be, said that the process was less onerous and less judgemental than they had expected.

5.2 RPR reviewers' views on the practice visit

RPR reviewers agreed the practice visit was a positive experience for the RPR doctors and that doctors were receptive to their visits and the feedback they offered (Figure 9).

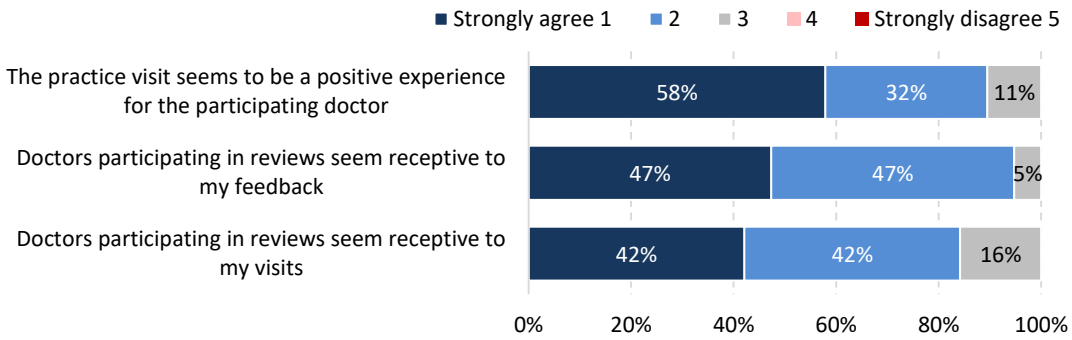


Figure 9. RPR reviewers' views on attitudes to the practice visit (n = 19).

Reviewers also considered the practice visit to be an effective tool for the RPR review (Figure 10).

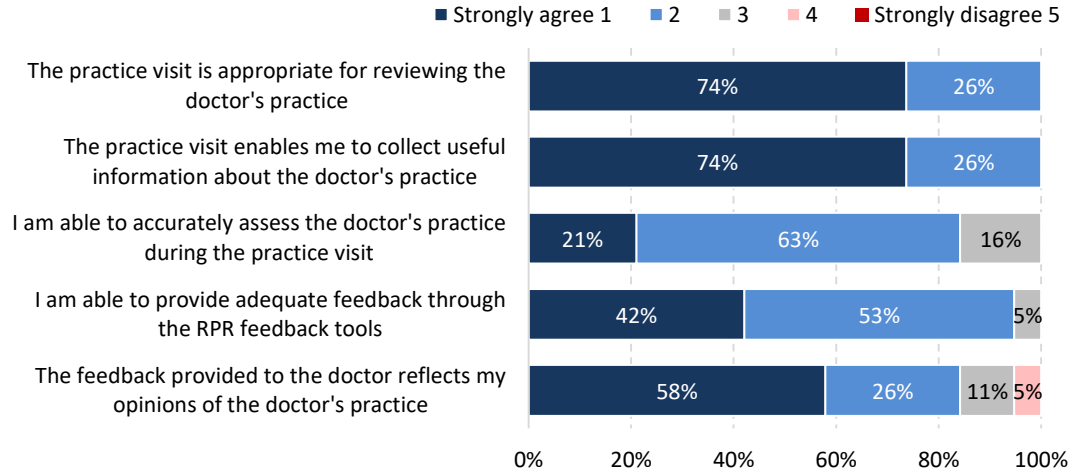


Figure 10. RPR reviewers' views on the effectiveness of the practice visit (n = 19).

Comments from reviewers indicated that in some cases the participating RPR doctors had not adequately prepared for the review with some noting RPR doctors' lack of self-review of their prescribing and laboratory reports.

> *My experience has been that many doctors are not taking the level of responsibility themselves that I would have expected around understanding what the visit involves, what is expected and being prepared for it. Quite a few have been "winging it".*

Some reviewers suggested changes to the booklet they used to record information about the practice visit such as adopting an electronic template for report back to bpac^{nz} (though this was available to reviewers) and having more room in the booklet to record information.

6. Changes Following RPR

RPR doctors were most positive about the RPR report when the report included information that they could use as a basis for either professional development changes or changes to their practice.

Just over half of the RPR doctors said they had made changes to their PDP as a result of RPR. Forty-five percent of doctors participating in RPR said they had made some changes to their practice, and a further 11% that they intended to make changes.

While positive reinforcement was valued, doctors who felt the RPR report identified both areas of strength and opportunities were more likely to recommend RPR to their colleagues.

Slightly fewer than half of the RPR doctors agreed that participating in RPR had helped improve the care they deliver to patients and/or to improve their practice on other ways.

Examples of changes included specific improvements in consultation style and interaction with patients, improvements to note taking and prescribing habits and better use of resources.

6.1 The RPR Report

The RPR report is the main review tool for providing information back to participating doctors. RPR doctors were invited to take part in the survey approximately two-weeks after their RPR report was sent to them, so all had been emailed their report by the time they were invited to participate in the survey. Sixty-one percent agreed the RPR report was useful overall.

Slightly more agreed the report identified areas of strength (75%) than areas of development (53%) they were already aware of in their practice. However, more participating doctors agreed that new areas of development (45%) were identified than new strengths (38%) (Figure 11).

An important aspect of RPR for encouraging development in the participating doctors' practice is that doctors need to know what steps to take to develop any opportunities for development identified by reviewers. Most of the doctors who agreed the RPR report helped them identify **new** opportunities to develop in their practice strongly agreed (28%) or agreed (52%) that it was clear what action they needed to take to address the new development opportunities identified by the RPR report.

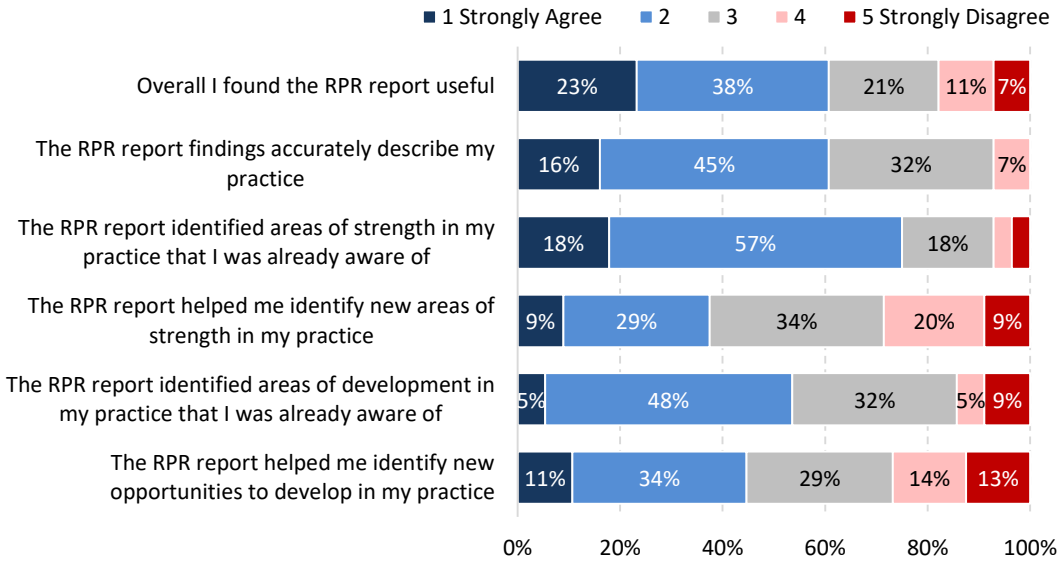


Figure 11. Responding RPR doctors' views on their RPR report (n = 56).

Doctors were asked about the 'most' and 'least useful' aspects of the RPR report. Fourteen of the 56 specifically commented that there was no 'least useful' aspect. The most useful aspects tended to relate to the identification of strengths and areas of development and the opportunity to reflect on those. Correspondingly, many comments about the least useful aspects related to perceived lack of accuracy, detail and advice on actions they could take to improve their practice.

Most useful aspects of the RPR report	Least useful aspects of the RPR report
Confirmed my standard of practice is acceptable although as the reviewer works in a very different setting from general practice I am not entirely confident of his awareness of GP challenges.	Superficial and unchallenging.
Honest caring feedback both good and some not so good that I will reflect on.	I only had three medications prescribed ... It seems artificial that an assessment of my practice can be based on a bit of a conversation and then seeing my assessment of a few patients.
The survey of my colleagues and work mates with the quite wonderful assessments that had universally all made of me.	The report did not identify any thing for me to improve or work on - on the immediate reflection this was very flattering and very validating. However as I continued to think on it I was left disappointed that I didn't have anything to put in to my next Plan.
Both the multi-source and RPR reports rated my clinical knowledge/practice higher than my own assessment of it which while I still don't really believe it, is at least reassuring.	Some things were criticized which the reviewer did not mention to me on the day. I felt upset that I had no chance to discuss these with the reviewer and that the criticisms were stated without describing the context of the consultation.
It was reassuring. Help me identify some areas that I feel I can improve upon.	

While positive reinforcement was valued, doctors who felt the RPR report identified both areas of strength and opportunities (20 of the 56 participating doctors) were more likely to recommend RPR to their colleagues with 16 of the 20 saying they would do so (80%, compared to 52% overall).

6.2 Changes to professional development

RPR doctors were asked about aspects of their professional development (Figure 12). Approximately half agreed that their PDP is a useful tool to improve their practice and planned to adjust their PDP to target the development opportunities identified in their RPR.

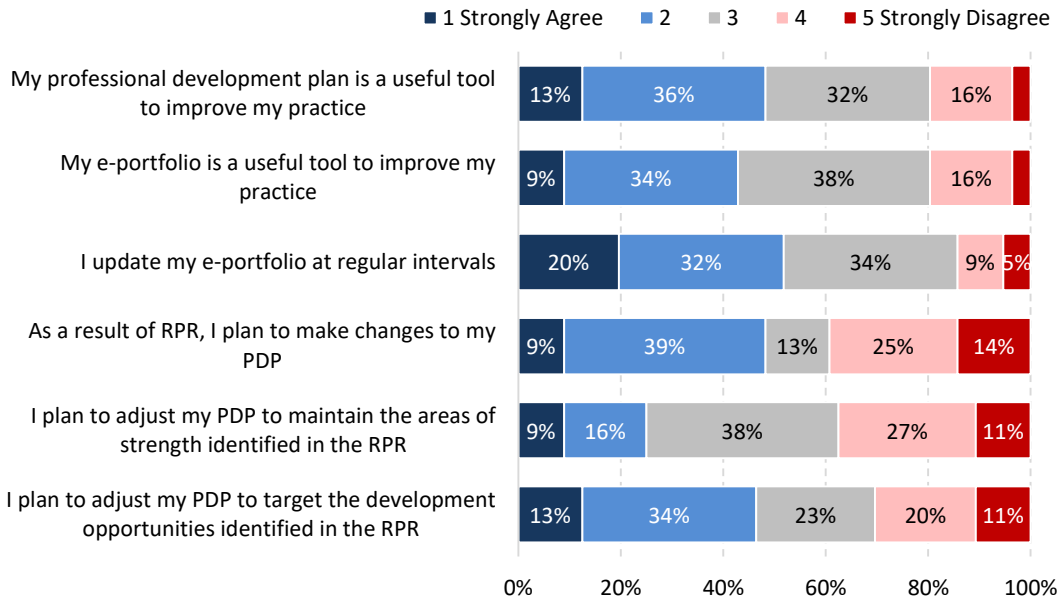


Figure 12. Responding RPR doctors' changes or planned changes following the RPR (n = 56).

The main source of advice for the RPR participants about their professional development was the collegial relationship provider (CRP) (Figure 13). High proportions also identified other colleagues and the RPR reviewer as sources of advice.

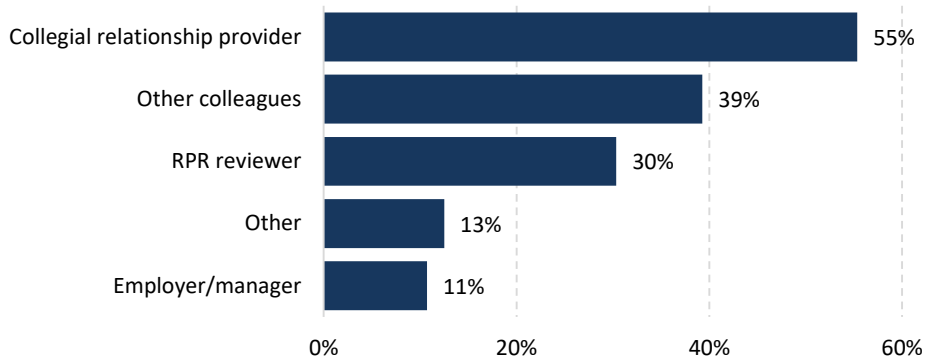


Figure 13. Responding RPR doctors' sources of advice on the professional development plans. Note that doctors were able to select more than one response (n = 56).

While the CRP appears to be serving an important role in supporting the development of doctors' professional development plans, the RPR reviewers held mixed views about the effectiveness of the CRP role. Many found that the RPR doctor and the CRP had a less structured relationship than expected and some suggested contact with the CRP before and/or after the practice visit.

> *The doctors who are providing their collegial relationship have usually not even been using the Inpractice site at all or even know how to log in. I have found it often difficult to contact them.*

The proportion of doctors who said that they had made changes their PDP was higher than the proportion that cited the RPR review as a source of advice on their PDP.

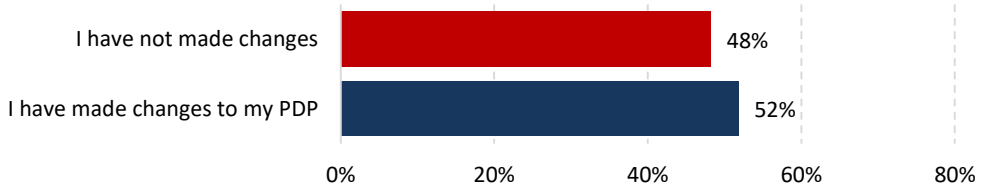


Figure 14. Responding RPR doctors who said they have made changes to their practice as a result of the RPR (n = 56).

When asked about changes made as a result of RPR some doctors noted aspects of professional development.

Linking development goals to PDP	Doing some CME, but not linking it properly to my PDP, so I've put that in place now.
	I record my CFO activities more frequently and link them to PDP goals. This is purely an administrative improvement. It has no other useful function.
	I was told what sorts of goals are expected so have adjusted them accordingly even though I don't think that this is the right way for me to learn and am likely in practice to continue doing things the way that works for me.
Attending courses	I have already attended further cultural and interpreter educational courses.

6.3 Changes to practice

Forty-five percent of doctors participating in RPR said they had made some changes to their practice and a further 11% that they intended to make changes but had not yet made any (Figure 15). There was no significant relationship between reported changes and/or intention to make changes and years in practice.[2]

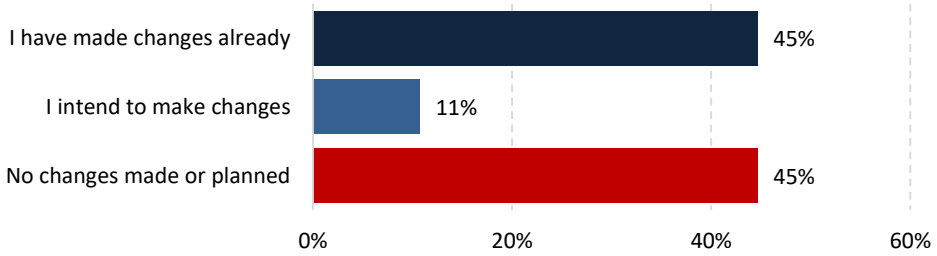


Figure 15. Responding RPR doctors who said they plan to make or have made changes to their practice (n = 56).

Slightly fewer than half of the RPR doctors agreed that participating in RPR had helped improve the care they deliver to patients and/or to improve their practice on other ways (Figure 16).

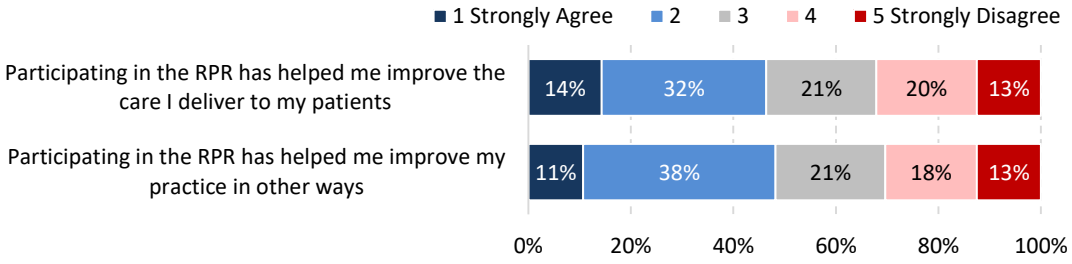


Figure 16. Responding RPR doctors' views on changes as a result of RPR (n = 56).

Examples of changes included specific improvements in consultation style and interaction with patients, improvements to note taking and prescribing habits and better use of resources. Some comments from participating doctors are provided on the following page.

[2] ANOVA f = 0.689, p = 0.507

Improved consultation	A better ending to consultations with a clear plan of what the patient should do regards follow up and continued care. I have attempted to remember not to write while patient is talking, but I still talk while I am writing...difficult to change this habit, but this known fault was not mentioned by reviewer.
Improved records and note taking	Consult notes are completely different and try to reflect content of consult and more accurately report findings as well as future intentions for better follow-up by colleagues. Annotation in each consultation of the next assessment recommended for the patient. Starting audit my clinic record and make a protocol to avoid the chance of missing document. Better documentation of treatment plans.
Review of prescribing/ lab tests	Reviewed my prescribing of augmentin and have looked for other appropriate antibiotic alternatives. I thought this a most valid critique, and when discussed with our continuing education group of some 16 doctors we all accepted we all needed to do this. I am a bit more critical about which lab tests I order.
Increased use of resources	To utilise educational pamphlet/resource when giving patients health advice. Make better use of patient information resources within Med Tech 32 & other sites such as patient.co.uk & DHB site.
Practice management	I've also increased the amount that I'm charging for my services.
Improved self-care	I have done a routine annual personal health check!

6.4 RPR Reviewers' perspectives of change

The majority of RPR reviewers thought that the RPR process will enable doctors to make changes to their practice and that RPR will contribute to improving the care delivered to patients (Figure 17). In interviews reviewers commented that it would be good to have some follow-up with the doctors they reviewed to see what changes had been made.

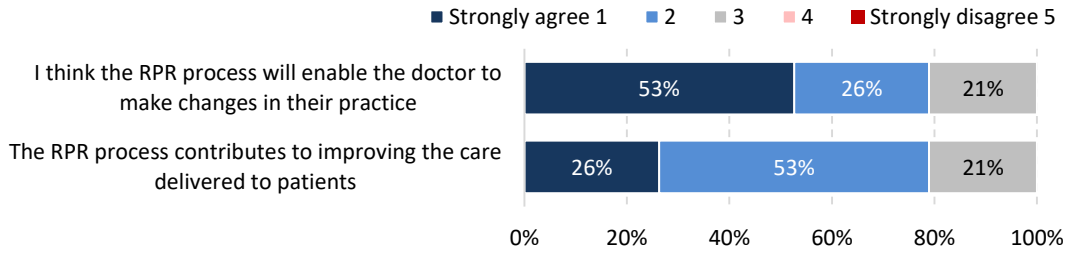


Figure 17. Reviewers' views about changes following the RPR process (n = 19).

7. The RPR Reviewer Role

While some reviewers were new to the role, others had previously worked as reviewers in New Zealand or overseas. Almost all reviewers felt they had the necessary training, support and information about the doctor to be effective reviewers.

Many reviewers were still developing in their roles. Most wanted about one review a month to provide them with confidence and to be able to benchmark the doctors they reviewed. Aspects of reviewer development suggested by the evaluation are:

- Confirming the effectiveness of their collegial approach to RPR as a quality improvement process
- Confirming that they are effective as reviewers even when the doctor being reviewed has a different scope of practice to their own
- How to provide feedback and advice that would assist RPR doctors to use information from the review to make changes.

The expertise of the reviewers underpins the effectiveness of the RPR process. Reviewers were recruited through advertising and provided with training and workshops to develop their skills as reviewers.

7.1 Reviewer training and preparation

At the time of the interviews, RPR reviewers generally felt they had the necessary support and training to carry out effective reviews and had sufficient information about the doctor being reviewed (Figure 17).

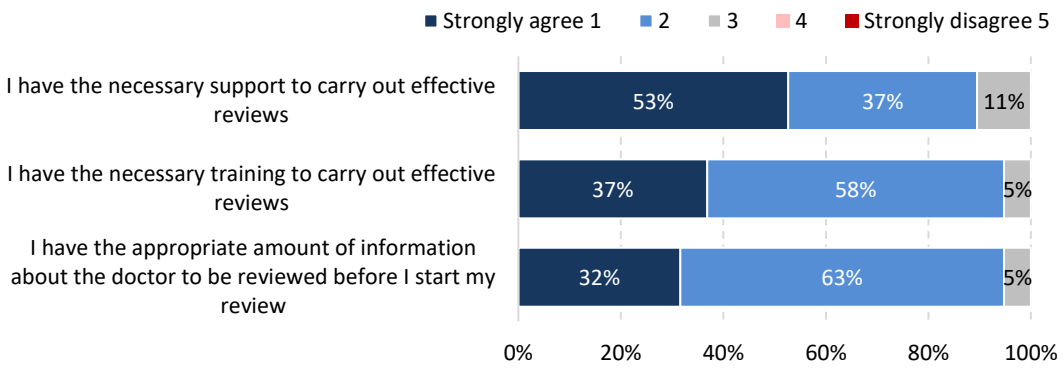


Figure 18. Reviewers' views on their preparation for the reviewer role (n = 19).

7.2 Reviewer workload

Two-thirds of the reviewers ideally wanted to complete more reviews in the next 12 months than in the past 12 months (Figure 19). None of the reviewers wanted fewer reviews.

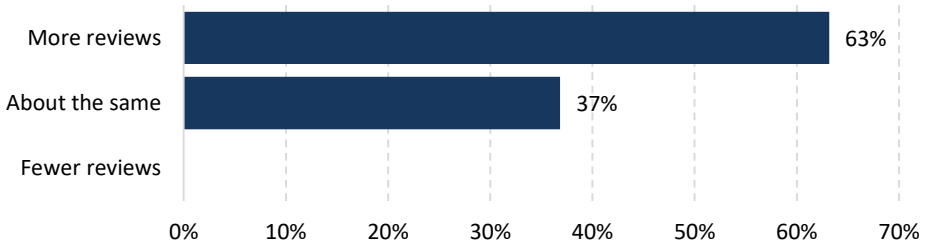


Figure 19. RPR reviewers views on if they would like to do more reviews in the next 12 months (n = 19).

The ideal number of reviews seemed to be between nine and 12 each year (Figure 20). Four reviewers had completed 13 or more reviews over the past 12 months. A reviewer explained that this number of reviews gave reviewers the opportunity to stay current and to benchmark the reviews they completed against each other.

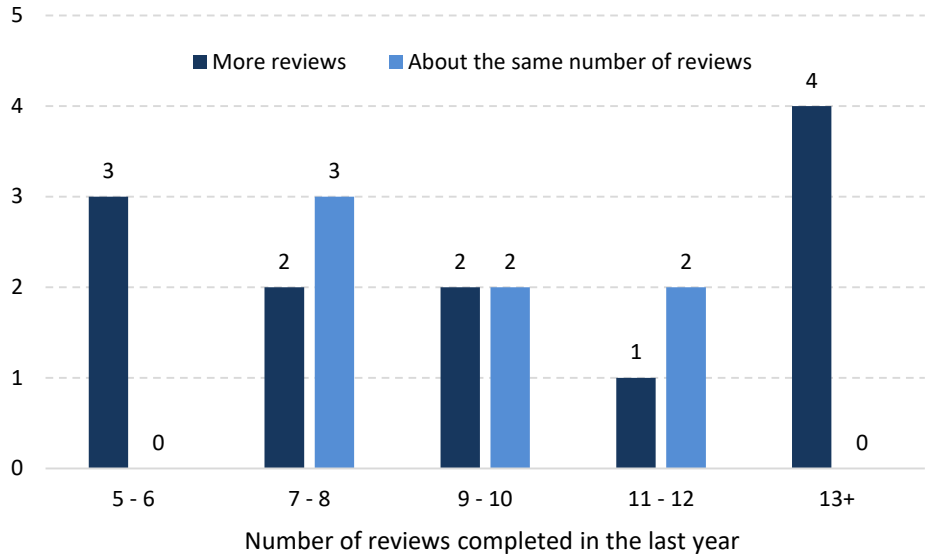


Figure 20. RPR reviewers' views on if they would like to do more reviews in the next 12 months broken down by the number of reviews done in the last 12 months (n = 19).

7.3 RPR reviewer suggestions about changes and the development of their roles

Reviewers were still developing in their role as reviewers but had completed a sufficient number of reviews to comment on what was working well and what they found difficult.

A common request was for feedback about how they were doing as reviewers, how the feedback they provided compared with that from other reviewers and what RPR doctors thought of the review experience. Reviewers noted the responsibility they felt to be effective as reviewers and the importance of the reviewers having credibility with the reviewed doctors. In this context some reviewers noted that they found it difficult to review doctors when:

- They did not see a range of consultations
- They were reviewing doctors who were practicing in specialty areas

  I have found it more difficult to satisfactorily assess doctor's competence in specialty areas of practice, in which I have little experience.

- Doctors who consulted in a language other than the reviewer's language

Suggestions by reviewers to improve the review process included:

- Contact with the collegial relationship provider prior to the review visit.
- A pre-visit discussion with the doctor being reviewed to provide an outline of what would be discussed and encourage self-reflection by the doctor prior to the visit.
- An opportunity to follow through on the discussions they had as part of the review to see if the participating doctors had made changes as a result.

  I have tried to make helpful suggestions at all visits which could improve practice, but have no idea whether the doctor will act on any of them. Some have asked if they will be reviewed by the same

person in the next round. It would be most beneficial to at least have access to the previous report if we are making the next visit so that some monitoring of action on previous recommendations could be made. Or the collegial relationship provider could formally become involved in ensuring action on any points raised following the visit.

One of the restrictions on the activity of reviewers, imposed by the Medical Council, was that reviewers were not to review doctors from the same area. This limitation means that reviewers must all travel to complete each review, which is an increased cost in terms of reviewer time and travel. Some reviewers wanted to do reviews in their own area, however, allowing that could increase the risk of conflicts of interest which could reduce the ability of RPR to achieve the Medical Council's objectives.

The skills of the reviewers continue to be developed by bpac^{nz} through investment in training sessions and the reviewers identified some other opportunities for improving their expertise. Examples included:

- Review of reviewers, including feedback on their reporting and the reviews they had completed
- The need to be reviewing regularly to maintain consistency over time
- More understanding of what happens when a problem is identified, how that is followed up with the doctors and what actions are taken to address the problem
- Ensuring the professional credibility of other reviewers
- Quick links to resources that reviewers could use in discussions with RPR doctors during practice visits, for example guides on professional development opportunities and tools doctors can access.

8. Overview

The table below provides an overview of the evaluation findings to date and suggests next steps for discussion.

Issues and discussion points	Comments and next steps
Views on RPR	A minority of doctors expected the RPR process to be useful. However, doctors were more positive about RPR after their review with more than half saying they would recommend RPR to colleagues. Reviewers were all positive about the RPR process. There is the potential to review the material available to doctors who are to be reviewed to emphasise the quality improvement aspects of the review and perhaps to include testimonials from doctors who have completed a review.
Participating in RPR	The usefulness of the different aspects of RPR was explored and few RPR doctors disagreed that the patient feedback or the multisource feedback tool provided useful information. There were some comments made by participating doctors and reviewers about the RPR process. These included: • Considering the advantages and disadvantages of reviewers living in the same locality as the doctors they were reviewing • Minor changes to the document reviewers used to report the practice visit.
Views on practice visit	Attitudes to the practice visit were explored as the visit is central to the RPR process. RPR doctors were generally positive about the reviewer's visit to their practice. The majority of RPR doctors and reviewers considered the tools were in place to support an effective review. In the few instances where this was not the case, examples were provided of atypical days, specialty areas of practice, consultations in languages that the reviewer did not speak, or that the doctor did not think the reviewer had the right experience. Looking forward it may be valuable to further explore with reviewers the information they would like about the RPR doctor prior to the practice visit.
The RPR report	RPR doctors were most positive about the RPR report when the report included information that they could use as a basis for either professional development planning or changes to their practice. RPR doctors appreciated both positive feedback as well as advice on areas of development. Most of the doctors who agreed the RPR report helped them identify **new** opportunities to develop in their practice thought that it was clear what action they needed to take to address the new development opportunities identified by the RPR report.

	The RPR report is useful in summarising the information from the review and it is important that the report continues to include both positive reinforcement of good practice as well as areas of improvement and how to make changes.
Changes following RPR	Although RPR doctors were surveyed two to four weeks after receiving their RPR report, just over half said they had already made changes to their PDP as a result of RPR. Forty-five percent of doctors participating in RPR said they had made some changes to their practice, and a further 11% that they intended to make changes. Reviewers also reported changes to their practice with over three-quarters of reviewers strongly agreeing that their experience as a reviewer had contributed to improving their own professional practice. The RPR process appears to have been effective in helping doctors to identify and make changes to their practice. The effectiveness of RPR in supporting change could potentially be increased through providing reviewers with more training about how to provide feedback linked to PDP and changes to practice.
Effectiveness of RPR	The RPR process worked best when reviewers were considered to be credible, the feedback broadly aligned with the reviewed doctor's overall opinions of their practice but provided constructive criticism to which doctors could respond.
The reviewer role	Reviewers felt that they were making a positive contribution to medical practice in New Zealand While some reviewers were new to the role, others had previously worked as reviewers in New Zealand or overseas. Almost all reviewers felt they had the necessary training, support and information about the doctor to be reviewed to be effective reviewers. Many reviewers were still developing in their roles. Most wanted about one review a month to provide them with confidence and to be able to benchmark the doctors they reviewed. Aspects of reviewer development suggested by the evaluation are: • Confirming the effectiveness of their collegial approach to RPR as a quality improvement process • Confirming that they are effective as reviewers even when the doctor being reviewed has a different scope of practice to their own • How to provide feedback and advice that would assist RPR doctors to use information from the review to make changes.
Quality improvement perspective	The effectiveness of the reviewer, their training and experience and their constructive approach to the review as a quality improvement activity has been effective and should continue to be emphasised.

The collegial relationship provider	The main source of advice for the RPR participants about their professional development was the collegial relationship provider (CRP). However, While the CRP appears to be serving an important role in supporting the development of doctors' professional development plans, the RPR reviewers held mixed views about the effectiveness of the CRP role.

The evaluation is ongoing and as the number of doctors included in the evaluation increases more information will become available about:

- Doctor characteristics and the effectiveness of the review process
- The sustainability of reported changes to PDP and practice
- Whether the experiences of the general practice cohort are different to doctors from other professional groups.

Appendix One: Logic Model and Evaluation Framework

Long-term outcomes

- Patients have confidence that they will be provided with effective clinical care
- RPR improves and assures the standards of New Zealand doctors

Medium-term outcomes

- Use of RPR becomes more widespread amongst medical professional organisations
- Changes made by doctors contribute to improved patient outcomes

Short-term outcomes

- Doctors select PDP activities that address identified learning areas and align with 'best practice'
- Participating doctors use information in RPR reports to inform PDP planning
- RPR is effective in identifying aspects of practice that can be improved
- Doctors recognise that RPR is a formative process and assess involvement as supportive and collegial
- Participating doctors engage with RPR

Outputs

- A continuous improvement process is in place for RPR
- General scope of practice doctors participate in RPR every three years
- Doctors maintain a CPD portfolio which includes a meaningful PDP

Activities (inputs)

- Processes are put in place to support doctors to develop CPD and to make positive changes
- Processes are put in place for remedial action if required
- RPR is implemented with general scope of practice doctors
- RPR is developed and pilot tested
- Reviewers are appointed and trained
- A RPR provider is commissioned

Logic model setting out the activities, outputs and aims of the RPR programme

Evaluation Framework

Evaluation question	Indicator	Data Source
RPR processes		
What is included in the RPR process?	• Description of RPR tools and processes	• Interviews with bpac[nz] • Review of RPR online processes
Participating doctors experiences of taking part in RPR		
How easy or difficult do doctors find completing the pre-review documents?	• Doctors understand the pre-review requirements • Doctors' opinions on obtaining multisource or patient feedback • Doctors' opinions about the ease or difficulty of preparing their e-portfolios in preparation for the review	• bpac[nz] data – numbers selecting different multi-source or patient feedback options and changes over time. • Online survey of doctors • Interviews with doctors
What do participating doctors think about the practice visit?	• Doctors report the practice visit was a positive experience • Doctor's views on working with one reviewer (compared with two reviewers for Colleges reviews) • Doctors report the practice visit provided them with opportunities to reflect on their practise -75% rate the visit as useful or very useful to them	• bpac[nz] data – numbers of visits on the planned date, changed dates (doctor or reviewer) • Online survey of doctors • Interviews with doctors
How useful did participating doctors find the RPR report?	• Doctor's assessments of the usefulness of the RPR reports -75% rate the report as useful or very useful to them • The extent doctors consider the RPR reports reflect their own views on their practise • Doctors consider the report provides them with 'new' insights into how they could improve their practise	• Online survey of doctors • Interviews with doctors
Do doctors respond to RPR information?	• Doctors report that the RPR helps them identify areas of strengths in their practice • Doctors report that the RPR helps them identify areas for improvement • Doctors provide examples of how they have developed a PDP in response to RPR feedback	• bpac[nz] data – e-portfolio completion rates at anniversary (a potential insensitive measure) • Interviews with doctors • Online survey of doctors

	• Doctor's description of changes they intend to make as a result of the RPR process and report • Doctor's description of how they will put changes into practice	
Do the doctors PDP address gaps identified in the RPR report?	• Doctor's PDP respond to gaps in their learning identified by the RPR report • Doctors plan PD activities that are consistent with 'best practice' approaches to learning e.g. comparison of activities that require participation versus those requiring more than participation e.g. quizzes, log of clinical encounters • Comparison of doctors planned and actual PD activities	• Expert advisors evidence about what works • bpac^{nz} records of PDP activities for RPR doctors • Interviews with collegial relationship providers
Reviewers' experiences of RPR		
What is included in the RPR process?	• Description of the reviewer's role • Description of how reviewers were recruited	• Interviews with bpac^{nz} • Interviews with reviewers
Do reviewers consider they are adequately prepared in their role as reviewers?	• 90% of reviewers rate preparedness for the role as prepared or very prepared • 90% of reviewers rate preparedness to use the RPR tools as prepared or very prepared	• Interviews with reviewers • Online survey of reviewers
Is the workload manageable for reviewers?	• 90% of reviewers report the workload is manageable	• Online survey of reviewers
Do the reviewers consider the RPR tools provide an accurate representation of the quality of the doctors they review?	• Reviewers report the RPR tools are effective – 90% of reviewers consider the tools provide an accurate or very accurate representation of doctors they review	• Review of RPR data for completeness • Interviews with reviewers • Online survey of reviewers
Are reviewers positive about the RPR process?	• Drop-out rates of reviewers is within expected limits • 80% of reviewers rate reviewing as a positive or very positive activity • Reviewers comments about changes to their own practise as a result of their role as reviewers	• Interviews with reviewers • Online survey of reviewers

What do reviewers think about the extent RPR doctors use the RPR report to change their practise?	• The extent reviewers engage with collegial relationship providers • The extent doctors discuss PDP with the reviewers • Reviewers' opinions on the impact of RPR on facilitating changes in practise	• Reviewer interviews • Reviewer survey • Collegial relationship provider interviews
Other stakeholders' experiences of RPR		
Is the RPR process meeting the expectation of the Medical Council?	• The Medical Council considers the RPR process is developing in a satisfactory manner	• Interviews with the Medical Council
What is the role of the collegial relationship provider in assisting RPR doctors to develop PDPs in response to RPR?	• Collegial relationship providers' descriptions of their roles and perceived effectiveness • Doctor's description of how they worked with their collegial relationship providers	• Interviews with RPR doctors • Interviews with collegial relationship providers • Survey of RPR doctors
RPR achievements		
Do participating doctors assess the RPR process as useful in developing their practise?	• 80% of doctors rate their understanding of the RPR process as good or very good	• Online survey with doctors • Interviews with doctors
What changes do doctors make/ or plan to make as a result of the RPR report?	• Doctors use RPR to plan PDP and participate in planned PD activities • Doctors report changes to their practice • Tracking of any 'measurable' changes identified by individual doctors	• 12 month online survey of doctors • 12 month interviews with doctors
What aspects of the tools are effective in predicting improvements in practice?	• Variables that are aligned to practice improvement	• Analysis of RPR tool data – factor analysis and multivariate analysis with outcome of practice improvement
Are there particular groups of doctors for whom RPR is more/less effective?	• Profiles of doctors with different outcomes	• Cluster analysis of data identifies clusters of doctors with different outcomes
Does the RPR programme represent value for money for the Council?	• Establish value for money criteria with the Council in the planning year • Monitor against value for money criteria	• Interviews with the Medical Council