Guide

Contents

Credentialling cycle timeline for individual doctors

Activity	Timeframe
Credentialling, define scope of clinical practice Appointment to health service – confirm participation in performance development and support process Confirm college CPD requirements	Pre-appointment and at appointment
Establish initial performance goals	At appointment
Informal performance conversations	Commencing month 1 and ongoing
Participation in clinical audit, peer review, other quality activities; use *Understanding clinical practice toolkit*	Continuous in accordance with organisational policy and good professional practice
Formal performance development and support conversation scheduled and preparation completed	Year 1, month 11
Formal performance conversation held; goals set for coming 12 months	Year 1, month 12
Doctor to renew registration and comply with college CPD requirements	Commencement of years 2–3 (or up to year 5 if agreed)
Participation in clinical audit, peer review, other quality activities; use *Understanding clinical practice toolkit*	Continuous throughout years 2–3 (or up to year 5 if agreed) in accordance with organisational policy and good professional practice
Informal performance conversations	Ongoing
Formal performance conversation held; set goals for coming 12 months	Months 11–12 each year unless otherwise agreed
Undertake re-credentialling; re-define scope of clinical practice	End of year 3 (or up to year 5 if agreed)

Performance development and support cycle

The *Guide* provides information to help senior doctors and their medical lead (medical director, unit head or equivalent) to prepare for and undertake performance development meetings.

Schedule	Action
At the introduction of the program	All senior doctors are provided with a copy of the relevant sections of the *Guide.*
1 month before meeting – schedule meeting	The medical lead schedules a meeting with the senior doctor (of at least one hour).
	The medical lead confirms the time and place of the meeting with the senior doctor.
	The medical lead sends the senior doctor the agreed documentation from the last performance cycle, the *pro forma* documentation for the coming meeting with the identification information completed, a copy of the three competency tables (senior doctor, management team and organisation) and *Tips and checklists for senior doctors.*
2 – 3 weeks before meeting – preparation for the meeting	The senior doctor reads the documentation, including the competency tables, which can provide guidance with goal setting. The senior doctor reviews any performance development plans from the previous year.
	The senior doctor completes the form: • Part 1 – Period under review: achievements, challenges and actions. • Part 2 (a. to d.) – Goal setting for the coming period. • Part 3 – Creating the right environment.
	The senior doctor collates other agreed, relevant information including, for example, evidence of participation in CPD, clinical audit and peer review.
	The medical lead reviews performance development documentation for the senior doctor from previous years. The medical lead reflects on potential goals for the senior doctor for the coming year and on how the organisation is supporting the senior doctor's performance.
1 week before meeting – confirmation of performance development meeting	The medical lead confirms with the senior doctor the time and location for the meeting.
	The senior doctor and medical lead review respective checklists to ensure good preparation for the meeting.
	The senior doctor forwards a copy of draft completed pro forma to the medical lead.
	The medical lead reviews draft documentation in preparation for the meeting.

Schedule	Action
Performance development meeting	The medical lead and senior doctor bring the documentation from the previous performance cycle.
	The meeting is conducted in line with *Partnering for Performance* principles (refer to tips and checklists for effective performance conversations).
	The medical lead and senior doctor discuss the documentation and establish agreed actions.
	The medical lead and senior doctor each receive a copy of the completed forms.
Within 1 week of the meeting	The senior doctor provides a signed copy of the completed forms to the medical lead for their signature (Part 4). A copy is provided to the senior doctor. A copy is retained by the medical lead which is filed and secured in accordance with the protocol agreed with the SMS group and established by the health service.
At the conclusion of the annual performance development and support cycle	The medical lead and the health service management team review the aggregate de-identified feedback about health service performance, consider whether there are cross-unit or organisation-wide implications and develop actions to improve health service systems where appropriate.

Performance development and support *pro forma*

The following *pro forma* is for use by senior doctors and their medical leads (medical director, unit/department head or equivalent) in the annual, formal performance conversation. It facilitates:

- efficient and effective review of achievements against previously agreed goals
- mutual feedback about issues affecting the senior doctor's work and/or achievement of the organisation's goals
- establishment of goals for the forthcoming period
- agreement on any actions that need to be taken and how their achievement will be assessed.

Name of senior doctor

_____

Name of medical lead (medical director, unit head or equivalent)

_____

Role and classification

_____

Period under review

_____

Date of review

_____

Part 1: The period under review – achievements, challenges and actions

Part 2: Goal setting for the coming period

- Create and agree goals for the coming period for each of the four domains.
- There should be two to three goals for each which may be drawn from the senior doctor competency framework.
- The draft goals should be developed by the senior doctor before the performance development meeting and discussed, refined, agreed and incorporated in the final documentation of the meeting.

Part 3: Creating the right environment

- Consider how the organisational systems that support the senior doctor to provide clinical services have impacted on their performance during the period under review.
- Before the performance development meeting, the senior doctor should consider which systems are working well and which could be improved. These suggestions should be discussed, refined, agreed and incorporated in the final documentation of the meeting.

Part 1: The period under review – achievements, challenges and actions

Your achievements during the period under review	Outcomes arising from your achievements	Challenges you faced during the period	Actions to address the challenges

Part 2: Goal setting for the coming period – *(a) Work achievement domain*

Goal description	To be completed now		To be completed at next meeting	
	Action(s) – what needs to be done for you to achieve this goal?	Measure – how will it be determined if this goal has been achieved?	Has this goal been achieved?	Comments

Some possible *Work achievement* competencies include:
• Goal setting and leadership – contribute to the effective and efficient operation of your unit by undertaking agreed caseloads.
• Clinical expert – consistently provide high quality care.
• Review and evaluation – participate in unit audit activities to identify areas for improvements in clinical practice.
(The *Understanding clinical practice toolkit* provides detailed guidance about tools to use in review of clinical practice.)

Consider *Work achievement* goals which relate to:
• Doing your work as well as possible.
• Helping your colleagues to work effectively in a team.
• Helping the health service to meet patient care goals.

Part 2: Goal setting for the coming period – (b) Professional behaviours domain

	To be completed now		To be completed at next meeting	
Goal description	Action(s) – what needs to be done for you to achieve this goal?	Measure – how will it be determined if this goal has been achieved?	Has this goal been achieved?	Comments

Some possible *Professional behaviours* competencies include:
- Engage with and support the organisation.
- Lead and coach junior staff and medical students.

Consider *Professional behaviours* goals which relate to:
- Collaboration and support for colleagues.
- Improving your work satisfaction.
- Working with your colleagues to advocate for better health services for your community.
- Ensuring the work place is a safe environment.

Part 2: Goal setting for the coming period – (c) Learning and development domain

	To be completed now		To be completed at next meeting	
Goal description	Action(s) – what needs to be done for you to achieve this goal?	Measure – how will it be determined if this goal has been achieved?	Has this goal been achieved?	Comments

Some possible *Learning and development* competencies include:
- Undertake teaching, supervision and assessment.
- Identify and accept opportunities to participate in medical research.

Consider *Learning and development* goals which relate to:
- Maintaining your professional knowledge and competence.
- Supporting the professional development of your junior colleagues.
- Helping the health service to identify and integrate improvements in clinical practice.

Part 2: Goal setting for the coming period – (d) Career progression domain

Goal description	To be completed now	To be completed at next meeting	
	Action(s) – what needs to be done for you to achieve this goal?	Measure – how will it be determined if this goal has been achieved?	Has this goal been achieved?	Comments

Some possible *Career progression* goals which relate to:

Consider *Career progression* goals which relate to:
- Your career development and ambitions.
- Different stages of your career – for example, establishment and consolidation of a specialist clinical practice; undertaking academic and research initiatives; leadership ambitions in the health service, the College or the broader profession; transitioning from mixed private/public practice to full-time public work or from full-time clinical work to a mix of clinical, teaching and leadership roles.
- Promoting succession planning in your department.
- Improving your feedback and support for junior colleagues.

Some possible *Career progression* competencies include:
- Manage your career and practice.
- Accept opportunities to develop leadership skills.

Part 3: Creating the right environment

- Consider how the organisational systems that support the senior doctor to provide clinical services have impacted on their performance during the period under review.
- Before the performance development meeting, the senior doctor should consider which systems are working well and which could be improved. These suggestions should be discussed, refined, agreed and incorporated in the final documentation of the meeting.

Management and organisation system improvements which would support better quality clinical care	To be completed now	To be completed at next meeting	
	Action(s) – what needs to be done for this improvement to be achieved?	Measure – how will it be determined if this improvement has been achieved?	Has this improvement been achieved?	Comments

Part 4: Final comments, observations and agreed actions

Senior doctor

_____

_____

_____

_____

Medical lead (medical director, unit head or equivalent)

_____

_____

_____

The senior doctor and medical lead should agree on the goals, actions and ways in which achievement of the goals and system improvements will be evaluated when they are next reviewed. This _pro forma_ then establishes an agreed action plan for the forthcoming period.

I agree with the outcomes of this review including the proposed actions

Signature of senior doctor _____

Signature of medical lead _____

Tips and checklists for senior doctors

Tips and checklists are provided to assist senior doctors to participate in effective performance development and support.

Information for senior doctors

Credentialling and defining the scope of clinical practice is a foundation of high quality care, ensuring that senior doctors are supported to deliver care in a clinical environment where patient needs and doctor skill sets are matched.

The Department of Health's (the department) *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (2007) provides guidance to hospitals in relation to the appointment and ongoing employment of senior medical staff.

The ongoing monitoring of clinical practice by doctors with the support of their organisations is a critical element of the credentialling cycle – the three to five year process that all doctors undertake between formal re-credentialling processes.

Partnering for performance is a performance development and support process (incorporating the *Understanding clinical practice toolkit*) which has been developed to assist organisations and doctors. The department recognises that the vast majority of doctors are providing exemplary services and sees *Partnering for performance* as a mechanism to support and encourage outstanding clinical care, through ensuring an organisational focus on patient care.

As doctors undertake the credentialling cycle, they should expect to:

- engage in ongoing formal and informal dialogue with their organisation about their clinical practice, with opportunities to provide and receive feedback
- undertake a formal performance development and support meeting with their medical lead (medical director, unit head or equivalent) on at least an annual basis
- establish and be supported in achievement of goals in each of the four performance development domains (*work achievement, professional behaviours, career progression* and *learning and development*)
- undertake some form of episodic or preferably ongoing clinical audit throughout the credentialling cycle
- have their clinical care reviewed by their peers in a structured and consistent fashion (for example, through the use of appropriately structured targeted case note review and mortality and morbidity review meetings).

In addition, organisations will need to appropriately support the engagement of senior doctors by:
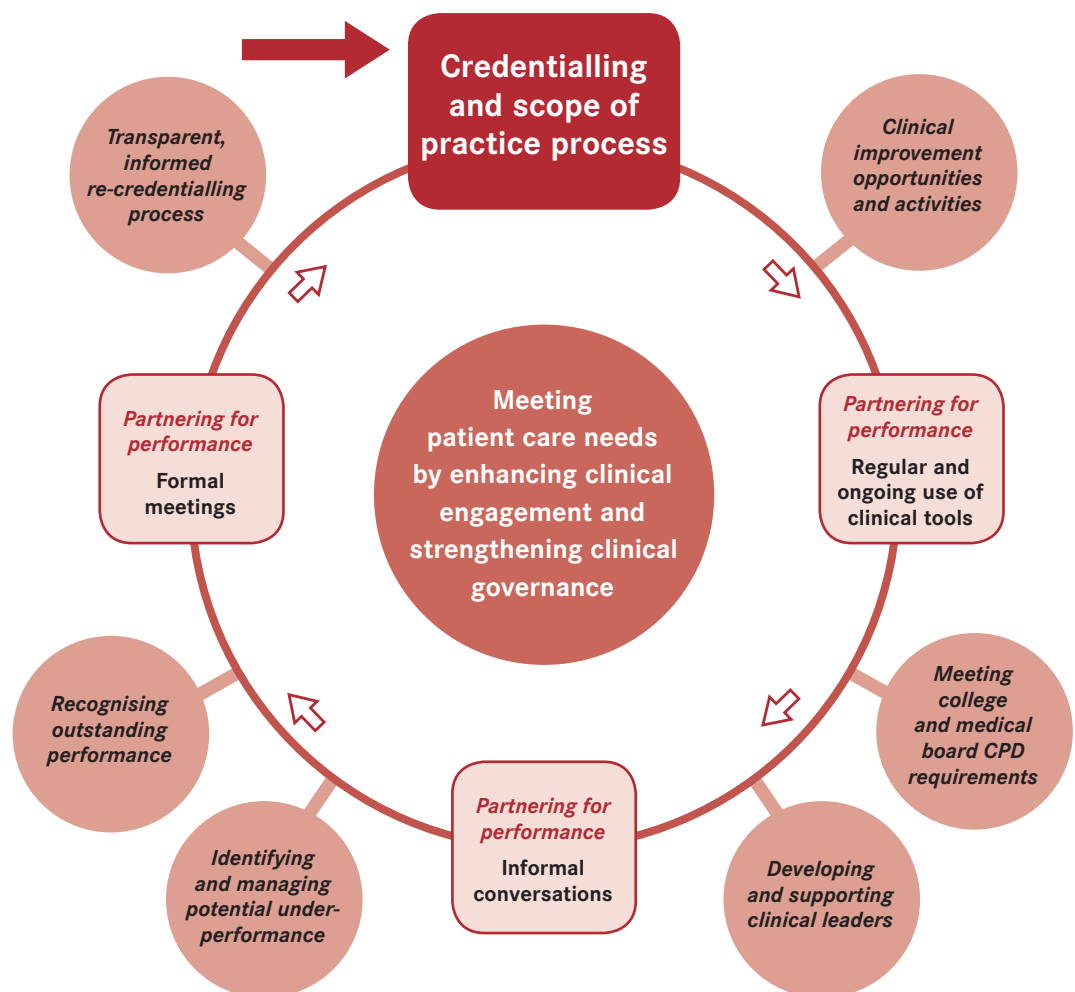
- supporting clinical leadership of the performance development process
- providing appropriate opportunities for doctors to feed back information about the organisation's strategy and processes
- assisting doctors with clinical audit and clinical review through the provision of appropriate resources
- ensuring that any data provided for the purposes of understanding clinical practice is appropriately managed and interpreted
- seeking doctors' active involvement in clinical improvement initiatives
- appropriately and sensitively managing patient complaints and patient feedback.

Senior doctors should also expect that participation in *Partnering for performance* during the credentialling cycle will assist in meeting their college and national registration continuing professional development (CPD) requirements.

In addition, the department recognises that for a variety of reasons some doctors will occasionally experience issues with their clinical performance. Usually these are able to be managed with their medical lead (medical director, unit head or equivalent). From time to time, however, significant concerns about performance may arise. These should be managed within the organisation's credentialling and scope of practice processes. A formal peer review may rarely be required – the *Understanding clinical practice toolkit* provides guidance on the use of formal peer review to assist with this process.

The following diagram illustrates the links between *Partnering for performance* (including the *Understanding clinical practice toolkit*), the *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* policy (2007) and clinical governance processes.

Credentialling cycle

Figure 1. Credentialling cycle

The credentialling cycle assists doctors and organisations to meet professional and organisational needs, whilst supporting and promoting clinical leadership, and identifying and supporting clinical improvement opportunities.

Checklist for senior doctors to prepare for a performance conversation

Do I understand the organisational policy and procedures for performance development and support? ☐

Have I undergone appropriate learning to ensure I understand the purpose of and my role in the performance development and support process? ☐

Have I planned the performance development meeting appropriately, to make the most of the available time? ☐

Am I familiar with the organisation's strategies and objectives? ☐

Do I know where the performance development and support meeting is being held? ☐

Have I allowed sufficient time to participate in the meeting? ☐

Can I turn my pager or phone off for the duration of the meeting? ☐

Have I reviewed the documentation from the previous meeting? ☐

Have I done what I committed to do following the previous meeting? ☐

Have I considered potential positive feedback about the environment and the organisation that I can discuss with my medical lead? ☐

Have I completed and submitted the necessary pre-meeting documentation? ☐

Am I clear what information and data will be reviewed at the performance development meeting? ☐

Have I considered potential performance goals for the upcoming period that I can discuss with my medical lead? ☐

Have I considered whether there are actions that I or the organisation can take, to help me improve the way I provide services? ☐

Am I clear how the outcomes of the meeting will be documented and used? ☐

Checklist for understanding organisational strategy

A strategy is a plan of action designed to achieve a particular goal.

All Victorian public health services are required, at the direction of the Minister for Health, to prepare and submit to the Minister for approval a strategic plan for the operation of the public health service.

While they vary in form, most strategic plans will identify a vision, mission, values, strategic priorities/objectives and actions necessary to achieve those strategic priorities/objectives.

A strategic plan may cover a five to ten year timeframe.

The following is an example of a vision, mission, values and strategic priorities/objectives of a public health care service:

Vision	A healthier community through quality care, prompt access and effective partnerships
Mission	To apply our resources to work with our staff and partners, offering our diverse community excellence in health care
Values	A person-centred approach Excellence Compassion Integrity
Strategic objectives	Quality – to develop systems, processes and procedures to ensure consistently high quality
	Workforce – to maintain an environment that respects diversity, ensures equal opportunity and fosters excellent performance
	Governance – to demonstrate strong leadership, transparency and accountability for our stewardship of public resources
	Research and education – to be a learning institution in which education and research support and complement patient care

Each year, the health service will undertake a planning process to agree on how resources will be allocated in order to best progress achievement of its strategic objectives. Each unit may be asked to develop a plan that supports and is integrated into this annual business planning process. In addition, many health services will develop clinical quality plans that have a similar format. *Partnering for performance* is an opportunity for senior doctors to be made aware of and contribute to organisational strategy.

The senior doctor should consider the following questions about the organisation's strategic plan:

Am I broadly familiar with the vision, mission, strategic objectives and priorities of the organisation?	☐
Is it clear how my work contributes to achievement of the organisation's strategic objectives and priorities?	☐
Will the goals I am hoping to establish for the coming year be compatible with the organisation's strategic objectives and priorities?	☐
What could I or my unit do to help the organisation achieve its strategic objectives or priorities?	☐
Is there anything the organisation can do to make it easier for me to work towards achieving its strategic objectives or priorities?	☐

Important considerations in career planning

At the annual performance development meeting and at regular intervals throughout the year, it is important for the medical lead (medical director, unit head or equivalent) and senior doctor to discuss career planning and progression.

Career objectives and planning should reflect the seniority and interests of the senior doctor as well as the opportunities available to them. The following factors need to be taken into consideration:

- Practice establishment – in the early post-fellowship years career goals may be focussed on the development and consolidation of clinical practice.
- Academia and research – these may be relevant at any stage in a senior doctor's career.
- Professional leadership – every senior doctor should be encouraged to explore and take up opportunities for clinical leadership throughout their career – in the health service, the College or the profession more broadly.
- Transitional planning – at different stages in their career, senior doctors may consider transition from mixed private / public practice to full-time public work or from full-time clinical work to a mix of clinical, teaching and leadership roles.

The following points are important considerations for the career planning conversations between senior doctors and medical lead (medical director, unit head or equivalent).

- Senior doctors should assume responsibility for their career planning. The medical lead can assist and support them.
- Be prepared for the performance development and support meeting. Senior doctors should reflect on their work and career planning before they attend the meeting. If possible, arrive with a written plan or at least some key points about their aims and goals.
- Senior doctors should clearly articulate their career expectations to their medical lead and ask for the medical lead's comments or support.
- Ensure there is a mutual understanding between the senior doctor and medical lead as to the senior doctor's likes, dislikes, interests, ambitions and other relevant factors. It needs to be realistic – there will always be some aspects of work people won't find enjoyable. It is rare for people to enjoy every aspect of their job and some tasks might simply just need to be done.
- The senior doctor should offer their personal assessment of their own skills, abilities and potential and ask for their medical lead's assessment.
- At the same time, senior doctors can discuss growth and advancement and ask how further development would be possible in their current position.
- They should request ideas and support for overcoming any barriers to their career plan.
- Senior doctors need to be open to considering alternative goals and strategies. The medical lead might suggest options the staff member had not previously considered and they should allow themselves to explore a variety of ideas and suggestions.
- The focus of attention should be primarily on the next two to three years.
- The senior doctor and the medical lead need to work together to translate ideas into concrete steps within the scope of the senior doctor's present role.

Important considerations in setting goals

Research suggests that most people can cope comfortably with around five to seven goals, including measures. If you have more than this you end up with goals which do not change people's behaviour.

Good goals contain:

- a description of the goal so it is clear what it means
- an agreed measure to assess whether the goal has been reached.

They are:

- **S**pecific – clear as to what they mean and relate to
- **M**easurable – can be assessed
- **A**chievable – not too easy or too hard to be reached
- **R**ealistic – relate in a concrete way to what needs to be done
- **T**rackable – it should be clear in the course of the year as to how likely it is that the goal is going to be reached.

This does not mean that the goals necessarily need to be capable of objective measurement by a third party. Providing that the right level of trust exists between the two people setting the goals, they could be a mutually agreed rating, or even the supervisor rating, as long as they are mutually agreed and committed to. The test is whether the two people involved in the review can picture themselves sitting down one year later and agreeing whether the goal has been reached or not.

Generally, more specific and practical goals are best. It is harder to write goals in apparently abstract areas, such as 'professional behaviours'. This can be best done by building the goal around practical examples of how the characteristic is lived out at work. For instance if the behaviour sought is to be supportive of the professional development of less senior colleagues the examples might include:

- putting time aside each week to be available to answer questions from colleagues
- being welcoming and approachable for colleagues when they seek assistance
- following up on less senior colleagues' enquiries to ensure that the issue was resolved.

Whatever else, the goal must be mutually agreed in order for it to have any beneficial contribution to the behaviour of the staff member – imposed goals are notoriously ineffective in changing behaviour.

Performance development and support processes in environments where medical leads and senior doctors may have limited contact

It is not uncommon in some health care organisations for senior doctors and their medical leads to have little direct contact with each other. For example, senior doctors may have small fractional appointments, flexible working conditions or work in a different facility from their medical lead. The medical lead may then depend on feedback from others about how a senior doctor is performing across the various roles and competencies, and the medical lead and senior doctor may not have a strong underlying relationship because they do not have frequent direct contact.

Medical leads will need to consider how to overcome these obstacles to achieve successful performance development and support processes.

Problem/difficulty for medical leads	Actions which medical leads may utilise to overcome problem/difficulty
Medical lead is not a witness and it is hard to know how a person is performing.	• Build a network of trusted and impartial observers. • Set clear goals and focus on evidence rather than hearsay.
Underperformance requires special care and the employee may not be aware they are underperforming.	• Investigate the reason for underperformance. • Use their network to investigate the reason for underperformance. • Reallocate resources. • Approach human resources specialists for assistance. • Personally intervene and set goals and measures.
Trusted observers may just see the negatives and not feed back the positives and third parties tend to just give bad news.	• Communicate with their trusted observers the type of feedback they want to receive. • Recognise and reward good performance.
People have more opportunity to evade performance expectations.	• Establish clear and simple reporting lines.
Other team members can be very divisive if managing underperformance of one of their colleagues.	• Inform people higher up in the organisation what the medical lead is doing. • Encourage other team members to be part of the solution. • Network and consult with their colleagues.
Third parties may wish to remain confidential.	• Personally intervene in situation. • Ask third parties if they are prepared to go on 'record' (if required).
People are embedded in a peer group that is 'not aligned'.	• Undertake team building exercises, articulating what the team stands for the purpose of the exercise and ground rules about how you will interact with each other.

Tips and checklists for medical leads (medical director, unit head or equivalent)

Tips and checklists are provided to assist medical leads (medical director, unit head or equivalent) to undertake effective performance development and support.

Checklist for medical leads to prepare for a formal performance conversation

Is there an organisational policy and procedure for performance development and support which is clear, accessible and understood by senior doctors and management?	☐
Has the senior doctor been made aware of the purpose of and their role in the performance development process?	☐
Have I undergone appropriate training in performance development and support?	☐
Have I planned the performance development meeting appropriately, so the senior doctor has had sufficient notice of the meeting's time and purpose?	☐
Have I booked a private room for the meeting with the senior doctor?	☐
Have I allowed sufficient time for the meeting with the senior doctor?	☐
Does the senior doctor know how much time is scheduled for the meeting?	☐
Have I reviewed the documentation from the previous meeting?	☐
Have I done what I committed to do following the previous meeting?	☐
Has the senior doctor been provided with documentation from the previous meeting which defines agreed goals?	☐
Has the senior doctor been asked to complete pre-meeting documentation, has it been submitted and have I reviewed it?	☐
Is there a suite of agreed information to support the performance development meeting, and is it available to both me and the senior doctor?	☐
Do I and the senior doctor have access to agreed information about his or her participation in clinical audit, informal peer review and other clinical toolkit activities to inform the performance development process?	☐
Am I confident that I will not be initiating any 'surprises' at the meeting, for which the senior doctor will be unprepared?	☐

Have I considered potential positive feedback that I can discuss with the senior doctor?	☐
Have I considered potential performance goals for the upcoming period that I can discuss with the senior doctor?	☐
Have I considered whether there are actions that I or the organisation can take, to improve the working environment for the senior doctor, which I can discuss with him or her?	☐
Have I considered the senior doctor career and professional aspirations, and how I or the organisation could support their achievement?	☐
Is the appropriate paperwork available to me so I can document the meeting in accordance with the performance development and support policy?	☐
Do I have a clear understanding of the organisational policy that defines how and where documentation will be stored?	☐

Tips on how to have an effective performance conversation

To improve performance the medical lead (medical director, unit head or equivalent) must help senior doctors to find tangible solutions to specific work challenges. Medical leads must provide needed information, resources and technology. Medical leads can be 'performance killers' by creating unclear or inconsistent expectations.

Maximise the impact:

- Focus on the positive – emphasising the positive in performance development meetings can have a substantial impact on employee performance. An emphasis on personal strengths has a positive impact on individual performance. Be knowledgeable about employee performance.
- Emphasise the future – looking to the longer-term during the formal review is a positive influence.
- An emphasis on weaknesses to the exclusion of other types of feedback can reduce individual performance substantially. 'Tough' feedback needs to be supported by specific suggestions for doing the job better.

Performance conversations should encompass the following:

Informal performance conversations	Formal performance conversations
Approach • Ongoing opportunities • Two way partnership • One on one	**Approach** • At least one documented performance development conversation per year, with form filed in accordance with organisational policy • Two way partnership • One on one
Content • Giving and receiving feedback • Evidence based • Opportunity to discuss progress • Opportunity to give good news or reinforce strengths • Opportunity to provide constructive advice, or alert to areas of development in performance or behaviours • Fair and accurate informal feedback on performance from knowledgeable sources is the most effective performance management tool available to the organisation • Feedback should be voluntary, detailed, immediate and positive • Ensures no surprises at the formal performance conversation	**Content** • Giving and receiving feedback • Evidence based • No surprises • Identify strengths and capitalise on them; emphasise the positives • Conversations about weaknesses must be focused on suggestions for improvement or development • Reviewing performance or looking back • Planning or looking forward and determining goals for the future that are specific, measurable, achievable, realistic and trackable (SMART) • Discussing how goals are achieved – values are important • Training and development plan – personal and professional
Documentation • A contemporaneous record of any agreed actions resulting from informal conversations. For example, email or letter from medical lead to senior doctor.	**Documentation** • Formal record of conversation including issues discussed, goal setting and actions arising. For example, *Partnering for performance* forms (or equivalent).

(Corporate Leadership Council 2002)

Checklist for medical leads to undertake performance conversations

A medical lead should consider the following before and during a performance development and support conversation:

Am I well prepared for the meeting? ☐

Have I identified the goals of the meeting, at the beginning? ☐

Am I encouraging participation by asking open questions? ☐

Am I cognisant of the fact that individuals differ? ☐

Am I separating the person from their performance? ☐

Am I managing the 'tone' of the meeting effectively? ☐

Am I coaching rather than judging? ☐

Did I start with the positives? ☐

Am I being specific about behaviours (not personality traits)? ☐

Am I addressing the negatives with the aim of improving performance? ☐

Am I giving the senior doctor a chance to have their say? ☐

Am I looking to the future and linking it with development? ☐

Have I asked how I or the organisation can assist? ☐

Do I have a positive to end with? ☐

Tips on delivering effective performance feedback

- Put the individual first – build trust; lead with the positive. How medical leads communicate is more important that what they communicate.
- Aim for self-evaluation – ensure ongoing, year round dialogue in relation to performance; aim for employee to already know if/when performance lapses. Ensure that during formal performance conversations there are 'no surprises'.
- Tolerate discord but be specific – focus on specific behaviours and their consequences. Performance dialogue is meant to provide a platform for improvement, not to highlight inadequacies.
- Set and reinforce objectives and make accountability explicit – employees should come away from a performance conversation knowing how behaviours need to be adjusted and what they should do differently. Effective dialogue involves agreeing specific objectives and follow-up dates. (Hay Group 2002)

Tips and techniques for difficult performance conversations

- Prepare in advance.
- Write down the words you will use.
- Rehearse.
- Be in control of yourself – keep your emotions under control.
- Give the person a chance to have their say.
- Avoid comments about the person.
- Focus on the behaviour and be specific.
- Stick to the facts – performance goals, measurements and progression criteria.
- Point the way ahead.

Checklist for understanding organisational strategy

A strategy is a plan of action designed to achieve a particular goal.

All Victorian public health services are required, at the direction of the Minister for Health, to prepare and submit to the Minister for approval a strategic plan for the operation of the public health service.

While they vary in form, most strategic plans will identify a vision, mission, values, strategic priorities/objectives and actions necessary to achieve those strategic priorities/objectives.

A strategic plan may cover a five to ten year timeframe.

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	Governance – to demonstrate strong leadership, transparency and accountability for our stewardship of public resources
	Research and education – to be a learning institution in which education and research support and complement patient care

Each year, the health service will undertake a planning process to agree on how resources will be allocated in order to best progress achievement of its strategic objectives. Each unit may be asked to develop a plan that supports and is integrated into this annual business planning process. In addition, many health services will develop clinical quality plans that have a similar format. *Partnering for performance* is an opportunity for senior doctors to be made aware of and contribute to organisational strategy.

Before each performance conversation, the medical lead should consider the following questions about the organisation's strategic plan:

Have I recently reviewed a copy of the organisation's strategic plan? ☐

Do I have a clear understanding of the strategic plan and how my unit's work supports it? ☐

Have I considered how the work of each senior doctor in my unit contributes to achievement of the organisation's strategic plan? ☐

Am I demonstrating strong leadership with respect to the organisation's values? ☐

Important considerations in career planning

At the annual performance development meeting and at regular intervals throughout the year, it is important for the medical lead (medical director, unit head or equivalent) and senior doctor to discuss career planning and progression.

Career objectives and planning should reflect the seniority and interests of the senior doctor as well as the opportunities available to them. The following factors need to be taken into consideration:

- Practice establishment – in the early post-fellowship years career goals may be focussed on the development and consolidation of clinical practice.
- Academia and research – these may be relevant at any stage in a senior doctor's career.
- Professional leadership – every senior doctor should be encouraged to explore and take up opportunities for clinical leadership throughout their career – in the health service, the College or the profession more broadly.
- Transitional planning – at different stages in their career, senior doctors may consider transition from mixed private/public practice to full-time public work or from full-time clinical work to a mix of clinical, teaching and leadership roles.

The following points are important considerations for the career planning conversations between senior doctors and medical lead (medical director, unit head or equivalent).

- Senior doctors should assume responsibility for their career planning. The medical lead can assist and support them.
- Be prepared for the performance development and support meeting. Senior doctors should reflect on their work and career planning before they attend the meeting. If possible, arrive with a written plan or at least some key points about their aims and goals.
- Senior doctors should clearly articulate their career expectations to their medical lead and ask for the medical lead's comments or support.
- Ensure there is a mutual understanding between the senior doctor and medical lead as to the senior doctor's likes, dislikes, interests, ambitions and other relevant factors. It needs to be realistic – there will always be some aspects of work people won't find enjoyable. It is rare for people to enjoy every aspect of their job and some tasks might simply just need to be done.
- The senior doctor should offer their personal assessment of their own skills, abilities and potential and ask for their medical lead's assessment.
- At the same time, senior doctors can discuss growth and advancement and ask how further development would be possible in their current position.
- They should request ideas and support for overcoming any barriers to their career plan.
- Senior doctors need to be open to considering alternative goals and strategies. The medical lead might suggest options the staff member had not previously considered and they should allow themselves to explore a variety of ideas and suggestions.
- The focus of attention should be primarily on the next two to three years.
- The senior doctor and the medical lead need to work together to translate ideas into concrete steps within the scope of the senior doctor's present role.

Important considerations in setting goals

Research suggests that most people can cope comfortably with around five to seven goals, including measures. If you have more than this you end up with goals which do not change people's behaviour.

Good goals contain:

- a description of the goal so it is clear what it means
- an agreed measure to assess whether the goal has been reached.

They are:

- **S**pecific – clear as to what they mean and relate to
- **M**easurable – can be assessed
- **A**chievable – not too easy or too hard to be reached
- **R**ealistic – relate in a concrete way to what needs to be done
- **T**rackable – it should be clear in the course of the year as to how likely it is that the goal is going to be reached.

This does not mean that the goals necessarily need to be capable of objective measurement by a third party. Providing that the right level of trust exists between the two people setting the goals, they could be a mutually agreed rating, or even the supervisor rating, as long as they are mutually agreed and committed to. The test is whether the two people involved in the review can picture themselves sitting down one year later and agreeing whether the goal has been reached or not.

Generally, more specific and practical goals are best. It is harder to write goals in apparently abstract areas, such as 'professional behaviours'. This can be best done by building the goal around practical examples of how the characteristic is lived out at work. For instance if the behaviour sought is to be supportive of the professional development of less senior colleagues the examples might include:

- putting time aside each week to be available to answer questions from colleagues
- being welcoming and approachable for colleagues when they seek assistance
- following up on less senior colleagues' enquiries to ensure that the issue was resolved.

Whatever else, the goal must be mutually agreed in order for it to have any beneficial contribution to the behaviour of the staff member – imposed goals are notoriously ineffective in changing behaviour.

Performance development and support processes in environments where medical leads and senior doctors may have limited contact

It is not uncommon in the health care organisational environment for senior doctors and their medical leads to have little direct contact with each other. For example, senior doctors may have small fractional appointments, flexible working conditions or work in a different facility from their medical lead. The medical lead may then depend on feedback from others about how a senior doctor is performing across the various roles and competencies, and the medical lead and senior doctor may not have a strong underlying relationship because they do not have frequent direct contact.

Medical leads need to consider how to overcome these obstacles to achieve successful performance development and support processes.

Problem/difficulty	Actions to overcome problem/difficulty
You are not a witness and it is hard to know how a person is performing.	• Build a network of trusted and impartial observers. • Set clear goals and focus on evidence rather than hearsay
Underperformance requires special care and the employee may not be aware they are underperforming.	• Investigate the reason for underperformance. • Use your network to investigate the reason for underperformance. • Reallocate resources. • Approach human resources specialists for assistance. • Personally intervene and set goals and measures.
Trusted observers may just see the negatives and not feed back to you the positives and third parties tend to just give bad news.	• Communicate with your trusted observers the type of feedback you want to receive. • Recognise and reward good performance.
People have more opportunity to evade performance expectations.	• Establish clear and simple reporting lines.
Other team members can be very divisive if you are managing underperformance of one of their colleagues.	• Inform people higher up in the organisation what you are doing. • Encourage other team members to be part of the solution. • Network and consult with your colleagues.
Third parties may wish to remain confidential.	• Personally intervene in situation. • Ask third parties if they are prepared to go on 'record' (if required).
People are embedded in a peer group that is 'not aligned'.	• Undertake team building exercises, articulating what you stand for as a team, your purpose and ground rules about how you will interact with each other.

Leadership checklist for medical leads

Leaders drive performance through impact on morale and the stress levels of their colleagues. Medical leads can increase senior doctor well-being and motivation, loyalty, retention and performance through a number of strategies. Concern about people as individuals and ensuring people understand your values and expectations are both important. Clarity builds morale and lessens workplace stress.

Medical leads should consider the following:

Do I demonstrate that I care about the future of the senior doctors who report to me?	☐
Do I show personal concern for the senior doctors who report to me?	☐
Do I demonstrate that I value (as individuals) the senior doctors who report to me?	☐
Do I demonstrate respect for the opinions of the senior doctors who report to me?	☐
Do I seek the views of the senior doctors who report to me, about issues that affect them?	☐
Do the senior doctors who report to me know what I stand for?	☐
Do the senior doctors who report to me know how their jobs contribute to achievement of the overall vision, mission and strategic objectives of the health service?	☐
Do the senior doctors who report to me know what standards of performance are expected of them?	☐
Are the senior doctors who report to me given the authority they need to deliver the outcomes they are responsible for – are they empowered?	☐
Are the senior doctors who report to me aligned with their colleagues – is there a feeling that we are all heading towards achieving the same goals?	☐
Are the senior doctors who report to me prepared to take on the goals of the health service – do they take ownership?	☐
Are the senior doctors who report to me developing their skills?	☐
Are the senior doctors who report to me developing their experience?	☐
Are the senior doctors who report to me developing their attitudes and values?	☐
Are the senior doctors who report to me optimistic that they will continue to learn?	☐

Effective goal setting and performance conversations can provide an opportunity to help achieve these outcomes.

Checklist for following up on agreed actions

Keeping commitments made to colleagues during performance development and support processes is essential to maintaining trust and confidence in the processes. This is important for both medical leads and senior doctors.

Documentation of agreed actions incorporating timeframes and reminders is a useful strategy to facilitate reliable follow up of agreed actions. The *pro forma* for the performance development meetings creates a complete record of the agreed actions. It can also be helpful, however, to maintain a record of any agreed outcomes of conversations that occur in between regular, planned meetings.

Medical leads and senior doctors should consider establishing a reliable system of documentation of agreed actions, to support follow up. A system may consist of an electronic or paper-based recording and reminder system which incorporates a number of elements. Medical leads and senior doctors should consider the following:

Do I have a system for recording the outcomes of informal performance development conversations including agreed actions arising from those conversations? ☐

Does my system create a written record of:

- the key aspects of each conversation? ☐

- what I agreed to do? ☐

- what the other party agreed to do? ☐

- the resources that would be made available to achieve the action? ☐

- the outcomes we were both anticipating? ☐

- the agreed timeframe for action? ☐

Does my system remind me to send a brief communication (for example, email) to the other party confirming the outcomes of the conversation and the agreed actions? ☐

Does my system remind me when due dates are pending? ☐

Does my system remind me to follow up with the other party to confirm that the agreed actions have been completed and the expected outcomes have been achieved? ☐

Using information gained during performance development and support processes

The performance development and support processes recommended in this framework create a formal opportunity for senior doctors to comment on the extent to which organisational systems support their delivery of services.

Individually identifying information should never be released from performance development processes, but information which does not identify individuals should be aggregated and assessed to identify opportunities to improve organisational systems.

Following each annual cycle of performance development meetings, medical leads should consider whether there are any recurring themes emerging from performance development and support conversations with senior doctors which should alert them to a systemic issue. At the end of each performance development and support cycle, medical leads and members of the health service management team should specifically consider the following:

Have I collated all of the agreed actions arising from Part 3: Creating the right environment? ☐

Are there any themes emerging from these agreed actions? ☐

If there are recurrent themes:

- are there additional actions I need to take within my unit to address the issue of concern? ☐
- are there additional actions that need to be taken by other areas of the health service to address the issue of concern? ☐

Is there a process for me to consult with my medical lead colleagues to determine if there are recurrent themes across units and agree actions? ☐

Is there a process for medical leads to collectively meet with management to present/discuss the outcomes of the performance development cycle and agree on organisation-wide actions? ☐

Is there a process for senior management to be informed of the outcomes of senior doctor performance development processes and the proposed organisational response? ☐

Coaching skills for leaders

In helping staff to develop performance goals and focus on their development plans, coaching may be useful. Coaches may be internal or external to the organisation.

Key characteristics of coaching:

- Coaching is best suited to situations where the learning is conceptual, abstract, or interpersonal.
- It is focussed on learning, so it should enshrine adult learning principals and formulate goals that promote learning.
- It is focussed on making people more self-managing. The ultimate goal of coaching is for the coached to be able to self-coach; that is, to be self-managing and self-regulating. As well as ensuring that the coached has learned new skills and techniques, the coach and coached need to establish maintenance strategies so that the coached does not revert to earlier behaviours. There also needs to be ongoing support.
- It should be built on competencies. This means ascertaining the key result areas that need to be delivered and using coaching to develop these requisite competencies. Competencies may be specific to the key result areas, but could include:
  - skills
  - knowledge, qualifications and experience
  - style, attitudes and values.

Key adult learning principles

- Assessment – pre, post, and progress – it should be possible to evaluate the coached individual's progress at all the aforementioned stages. In developing learning goals, it is important to consider how the learning can and will be measured.
- The coached develops the plans, the objectives, and the evaluation process. It is crucial that the destination is theirs. Ideally they should develop the destination. If they own it, they will pursue it which will maximise change and learning.
- Clear objectives – what are we trying to achieve? In attempting to coach a staff member, it is important to set clear objectives for the coaching relationship that articulate what the coached individual is trying to achieve.
- Psychological contracts between all parties – clarity about roles. In addition to having clarity about the objectives, it is important to clarify the roles of all people involved. This may include the coach, the coached and anyone who is sponsoring the coaching (for example, the medical lead of the coached). This will avoid confusion and ensure that there is no ambiguity about the process and the anticipated outcome of the coaching process.
- Methods for enduring learning – reflection. Ensure that the coached individual reflects on their own progress. Learning occurs through insights which take place whilst in a stage of reflection. Reflection generates a feedback loop that helps the learner to learn, that is learning to learn. As a coach, you may wish to:
  - Coach people to spend say ten minutes each day in reflection. This may include considerations such as:
    - What did I do differently? What worked? What didn't?
    - What will I do tomorrow?
    - Every six months, an hour of reflection – a more insightful and reflective review – maybe with the sponsor.
    - Get them to run an event diary – reflecting on the day's key events as they are diarised.
  - Aim for doing rather than learning.
  - Use spaced practice – ensure the coached has time to apply their learning in between coaching sessions.
  - Get really specific – ensure that the goals are precise and specific.
  - Increase interference – challenge their learning by increasing the interference in order to ensure that the coached is able to perform the desired behaviours in a variety of conditions.

The two core skills of cognitive coaching are ***questioning*** and ***listening***… but it is the right forms of questioning and listening that are key.

Questioning

Questioning can be framed in several ways. Two examples are:

- Why did you do it that way?
- What would you do differently next time if you could?

The first implies judgment, no matter how carefully it is articulated. The thinking response of the coached is likely to be reinforcement of the existing conditions.

The second question will most likely cause some pondering or reflection, and this is the most productive thinking a coached can engage in for learning, stretch and growth.

A framework for coaching

A framework for coaching can include a four-step process:

- goal
- reality
- options
- what's next?

Potential questions for this framework:

Goal:

- What are you trying to achieve in this situation?
- What does success look like?
- Imagine you have achieved the best possible outcome for this challenge. You are standing at your destination, please describe it.

Reality:

- How big an issue is this? Is it in your top 5? Top 10? Top 15?
- Rate the problem out of ten, where one is no problem at all and ten is as big as possible.
- How often each day does this issue come up?
- If you rate yourself a five currently, what rating would you be happy with after you have worked on this issue?
- Rate your commitment to making this change, where one is not interested and ten is passionately committed.

Options:

- What are the options for responding to this challenge?
- Who could you get to help you?
- What resources do you have at your disposal?
- Who are the key stakeholders in putting together a good solution?
- You are standing at your destination, you have succeeded. Looking back on your journey, how did you get there?

What next?

- Now the options have been identified, rate them in terms of ease of implementation (low – medium – high) and effectiveness in helping you reach your goal (low – medium – high).
- I am going to ask you to put together an action plan for the next two weeks. We will review when next we meet.
- Let's agree on some progress assessment measures so we can be clear on how we are moving toward the destination.

Assessing coaching success

- Coaching success is often assessed through satisfaction ratings. However, the true success measure should be how much the person changed pre and post the coaching.
- Good coaches are often the ones who push learning and take the person out of his or her comfort zone.

Senior doctor, management and organisational competencies

Competencies for senior doctors, the management team and the organisation in relation to each of the senior doctor roles are listed below. These can be used in goal setting in the domains of *work achievement, professional behaviours, career progression* and *learning and development* for senior doctors, and for managerial and organisational responses to feedback received through performance development processes.

Table 1: Senior doctor roles and competencies

Senior doctor roles	Senior doctor competencies	Management team competencies	Organisational competencies
Goal setting, leadership, review, planning and evaluation	• Participate in activities that contribute to the effectiveness of your health service. • Participate in performance development and support in the health service. • Participate in health service risk management and quality improvement programs. • Work with others to monitor the effectiveness of patient care and organisational processes. • Play an active role in agreed change.	• Ensure goal congruency among individual, organisational and process goals. • Set work goals and ensure their attainment. • Link senior doctor behaviour with the goals of the organisation. • Review senior doctor performance through a formal development and support system. • Recognise when patient services review is needed to support organisational goals and processes. • Determine when team performance development and support is more appropriate than individual performance development and support. • Form teams (selection and size) which define individual roles and accountabilities.	• Ensure goal alignment across the organisation, between teams, among individuals within teams, and with organisational goals. • Set organisational goals and priorities and facilitate their attainment. • Link organisational goals to senior doctor behaviours and contributions. • Review senior doctor engagement in decision making about organisational goals. • Recognise when medical services review is needed to support organisational goals and patient outcomes. • Consult with senior doctors about medical services when services changes will impact on organisation and team more than individual senior doctors. • Use organisational change management to introduce changes to patient care services and/or integrate with existing medical services design, processes and structures.

Senior doctor roles	Senior doctor competencies	Management team competencies	Organisational competencies
Clinical expertise	• Perform the role and undertake the responsibilities of a senior doctor. • Demonstrate clinical skill and expertise. • Monitor, review and evaluate your own performance in accordance with good professional practice and organisational policies and participate in audit and peer review (see *Understanding clinical practice toolkit*).	• Support senior doctor participation in audit, peer review and other processes to monitor and improve the quality of care. • Ensure senior doctors have access to appropriate opportunities to maintain and develop clinical skills and expertise.	• Implement effective systems for credentialling and defining scope of clinical practice. • Develop and monitor compliance with policies regarding senior doctor participation in audit, peer review and other processes to monitor and improve the quality of care.
Supportive environment	• Develop effective therapeutic relationships with patients and their families. • Communicate effectively with team members and colleagues. • Work to ensure a safe working environment.	• Manage resources of unit to meet agreed quality of care goals. • Provide a safe work environment. • Eliminate barriers to performance.	• Provide resources (time, money, data, equipment and workforce) to meet organisational medical services goals. • Provide a safe work environment. • Eliminate barriers to performance.
Motivation and engagement	• Improve your satisfaction with your work. • Participate and work effectively with colleagues and other team members.	• Design meaningful position responsibilities that improve senior doctor satisfaction and ensure achievement of organisational goals. • Employ participative/ collaborative management strategies aimed at improving job satisfaction. • Use motivational theories to strengthen senior doctor commitment to the organisation.	• Construct a culture of accountable care in which senior doctors collaborate to improve illness prevention and the quality of care. • Match senior doctor credentials with organisational requirements to provide senior doctors with satisfying roles. • Ensure achievement of patient outcomes are incorporated into organisational strategies. • Employ participative decision making strategies aimed at engaging senior doctors.

Senior doctor roles	Senior doctor competencies	Management team competencies	Organisational competencies
Professionalism	• Act ethically • Comply with your legal obligations • Maintain your health and well-being • Engage with and support the organisation • Manage your career and practice • Accept opportunities to develop leadership skills • Lead and coach junior staff and medical students	• Develop career management program • Create effective recognition and reward systems • Provide relevant, immediate, frequent feedback • Recognise good performance and support performance development • Adhere to policies, procedures and regulations of federal, state, and local governments, taking into account policies and procedures of specialist medical college • Optimise job satisfaction through recruitment, selection, and placement of senior doctors • Enhance performance through coaching	• Optimise organisational performance through appropriate engagement and credentialling of senior doctors • Adhere to policies, procedures and regulations of federal, state and local governments and professional standards of specialist colleges • Create effective recognition and reward systems • Enhance senior doctor wellbeing through programs and activities • Support career management opportunities • Provide relevant and regular feedback on organisation/operation activity • Resource processes, systems and structures that enhance team contribution to organisation performance.
Health advocacy	• Advocate for your patients. • Advocate for your health service and community. • Advocate for the health of the population.	• Work with senior doctors to ensure resources are allocated appropriately in accordance with clinical need.	• Understand the needs of the community and work to develop services to meet community need.
Scholarship	• Maintain a commitment to life-long professional learning. • Undertake teaching, supervision and assessment. • Identify and accept opportunities to participate in medical research. • Contribute to the identification and promulgation of improvements in clinical practice.	• Provide opportunity for continual learning. • Enhance senior doctor wellbeing through work programs and education experiences. • Develop senior doctor knowledge, skills, and attitudes through education and training initiatives.	• Provide opportunity for ongoing professional development of senior doctors. • Monitor senior doctor knowledge, skills, and attitudes through credentialling processes, peer review/audit and systems.

Table 2: Examples of senior doctor competencies

No.	Competency	Example	Useful instruments available
1	**Goal setting, leadership review, planning and evaluation competencies (*Work achievement* domain)**		
1.1	Participate in activities that contribute to the effectiveness of your health service	**1.1a** Work with the health service and medical lead to develop an understanding of the main objectives of the health service. **1.1b** Contribute to the effective and efficient operation of your unit. **1.1c** Identify barriers that impede your work performance and communicate these to team leaders.	RACMA courses; College courses
1.2	Participate in performance development and support in the health service	**1.2a** Constructively participate in performance development and support processes. **1.2b** Work with medical lead to set goals. **1.2c** Work to achieve agreed goals.	*Partnering for performance*
1.3	Participate in health service risk management and quality improvement programs	**1.3a** Provide relevant information to clinical risk management and quality improvement programs. **1.3b** Incorporate performance results into work.	*Understanding clinical practice toolkit;* College audit processes
1.4	Work with others to monitor the effectiveness of patient care and organisational processes	**1.4a** Understand the link between the unit's and health service's objectives, so that opportunities for strategic change can be identified. **1.4b** Work with continuous improvement activities.	*Understanding clinical practice toolkit;* College audit processes
1.5	Play an active role in agreed change	**1.5a** Work with others to evaluate possible work and quality improvements. **1.5b** Encourage colleagues and other team members to be active participants in agreed change processes	

No.	Competency	Example	Useful instruments available
2	**Clinical expertise competencies (*Work achievement* domain)**		
2.1	Perform the role and undertake the responsibilities of a senior doctor	**2.1a** Understand the responsibilities and expectations of senior doctors at the health service	*Understanding clinical practice toolkit;* College audit processes
2.2	Demonstrate clinical skill and expertise	**2.2a** Consistently provide high quality care. **2.2b** Implement a management plan in consultation with the patient, family and appropriate team members. **2.2c** Use resources in an effective and ethical way.	*Understanding clinical practice toolkit;* College audit processes
2.3	Monitor, review and evaluate your own performance in accordance with good professional practice and organisational policies and participate in audit and peer review.	**2.3a** Participate in individual, team and organisational programs to monitor, review and evaluate care. **2.3b** Contribute to the improvement of quality of care and patient safety by integrating best available techniques and evidence.	*Understanding clinical practice toolkit;* College audit processes; other Victorian data collections

No.	Competency	Example		Useful instruments available
3	**Supportive environment competencies (*Professional behaviours* and *Career progression* domains)**			
3.1	Develop effective therapeutic relationships with patients and their families	**3.1a**	Recognise the benefits of good communication with patients and families in improving clinical outcomes.	College communication courses;
		3.1b	Develop a common understanding about issues, problems and plans with patients and their families and convey information in an understandable and humane way.	Multi-source feedback;
		3.1c	Respect patient confidentiality, privacy and autonomy.	Patient satisfaction and complaints;
3.2	Communicate effectively with team members and colleagues	**3.2a**	Elicit relevant information about patients from team members and colleagues.	
		3.2b	Encourage discussion with team members and colleagues about therapeutic plans.	
		3.2c	Be decisive and clear about management goals.	
		3.2d	Maintain clear and accurate records.	
3.3	Work to ensure a safe working environment	**3.3a**	Ensure that those who work under your supervision and authority are free from harassment and bullying.	OHS and HR policies; AMA Safe hours policy
		3.3b	Facilitate safe working hours for those who work under your supervision or authority.	

No.	Competency	Example	Useful instruments available
4	**Motivation and engagement competencies (*Professional behaviours* and *Career progression* domains)**		
4.1	Improve your satisfaction with your work	**4.1a** Work with your medical lead to ensure that your responsibilities reflect your knowledge, skills and ability. **4.1b** Identify factors that will improve your work satisfaction. **4.1c** Identify opportunities for increased involvement in unit or organisational development.	
4.2	Participate and work effectively with colleagues and other team members	**4.2a** Be respectful to colleagues and other team members in your interdisciplinary team. **4.2b** Work collaboratively with other team members to provide safe and effective care for patients. **4.2c** Where appropriate provide leadership in an interdisciplinary team.	Relevant College documents

No.	Competency	Example	Useful instruments available
5	**Professionalism competencies (*Professional behaviours* and *Career progression* domains)**		
5.1	Act ethically	**5.1a** Accept your duty of care to your patients and practice safely and effectively. **5.1b** Exhibit appropriate professional behaviours. **5.1c** Respect professional and personal boundaries. **5.1d** Recognise and manage ethical issues and potential conflicts of interest.	AMC Good Medical Practice; AMA Code of practice
5.2	Comply with your legal obligations	**5.2a** Understand and comply with legislative and regulatory requirements.	National registration legislation; AMC Good Medical Practice
5.3	Maintain your health and well-being	**5.3a** Balance your personal and professional responsibilities to ensure your own health and well-being. **5.3b** Seek independent, objective advice when you need medical care.	Victorian Doctors health program
5.4	Provide guidance and assistance to your colleagues when needed	**5.4a** Encourage your colleagues to seek appropriate help if you believe they are ill or impaired.	Victorian Doctors health program
5.5	Engage with and support the organisation	**5.5a** Recognise your key role in assisting the organisation to achieve its objectives and in influencing other staff **5.5b** Familiarise yourself with the organisation's vision, mission, strategies and goals **5.5c** Contribute positively to organisational strategic activities **5.5d** Be respectful to the organisation and its medical leads	NHS Institute for Innovation and Improvement – Engaging doctors; Reinersten et al, 2007 *Engaging physicians in a shared quality agenda*, www.IHI.org

No.	Competency	Example		Useful instruments available
5	**Professionalism competencies (*Professional behaviours* and *Career progression* domains)**			
5.6	Manage your career and practice	**5.6a**	Work with your medical lead to establish your career progression in the health service.	For example, Early specialist career – establish and consolidate practice; additional academic and research activity. Mid-career – pursue leadership opportunities. Later career – consider a change in mix of work.
		5.6b	Identify opportunities for your career development.	
		5.6c	Identify opportunities to build your practice to the benefit of you and the health service.	
5.7	Accept opportunities to develop leadership skills	**5.7a**	Recognise and support the importance of teamwork.	NHS Institute for Innovation and Improvement – Engaging doctors
		5.7b	Support your colleagues and juniors in achieving team goals.	
		5.7c	Support juniors to achieve individual performance objectives and provide informed and timely feedback to your juniors.	
5.8	Lead and coach junior staff and medical students	**5.8a**	Act as role model in clinical and non-clinical aspects of work.	Postgraduate Medical Council of Victoria; Train the trainers programs
		5.8b	Provide leadership in critical situations.	
		5.8c	Provide constructive criticism to team members and medical students.	
		5.8d	Give credit for work well done.	

No.	Competency	Example	Useful instruments available
6	**Health advocate competencies (*Professional behaviours* and *Career progression* domains)**		
6.1	Advocate for your patients	**6.1a** Seek the best possible care options for your patients. **6.1b** Support patients if they seek alternative opinions.	AMA Code of practice; College codes of practice
6.2	Advocate for your health service and community	**6.2a** Be well-informed about the health needs of your community and the opportunity for service development. **6.2b** Understand barriers to health care for your community. **6.2c** Understand mechanisms available to influence on behalf of your health service and community.	AMA Code of practice; College codes of practice; Consumers health forum
6.3	Advocate for the health of the population	**6.3a** Understand the role of the medical profession in advocating for health and patient safety. **6.3b** Understand the importance of altruism, social justice, autonomy and integrity in advocating for the health of the population.	AMA Code of practice; College codes of practice

No.	Competency	Example		Useful instruments available
7	**Scholarship competencies (*Learning and development* domain)**			
7.1	Maintain a commitment to life-long professional learning	**7.1a**	Understand the principles of maintaining professional competence.	Specialist medical college
		7.1b	Undertake continuing education.	
		7.1c	Document continuing learning program.	
7.2	Undertake teaching, supervision and assessment	**7.2a**	Develop competencies and skills as a teacher.	Postgraduate Medical Council of Victoria; Train the trainers programs
		7.2b	Determine the learning needs of prospective medical students and junior doctors.	
		7.2c	Provide appropriate supervision to medical students or junior doctors.	
		7.2d	Provide worthwhile feedback.	
7.3	Identify and accept opportunities to participate in medical research	**7.3a**	Understand the legislation and guidelines that governs medical research in Victoria.	NHMRC research guidelines
		7.3b	Submit grant applications.	
		7.3c	Comply with approved protocols for research.	
		7.3d	Submit manuscripts to peer-reviewed journals.	
		7.3e	Submit presentations to conference organisers.	
7.4	Contribute to the identification and promulgation of improvements in clinical practice	**7.4a**	Accept opportunities to work alone or with colleagues to identify opportunities for improvements in clinical practice.	Specialist medical colleges
		7.4b	Integrate new learning into your practice.	
		7.4c	Identify opportunities to disseminate worthwhile findings to others.	

Table 3: Examples of management team competencies

No.	Competency	Example
1	**Goal setting, leadership, review, planning and evaluation competencies**	
1.1	Ensure goal congruency among individual, organisational and process goals.	**1.1a** Integrate senior doctor motives, drives, and needs with team and organisational goals. **1.1b** Link team and organisational goals with individual performance. **1.1c** Create clear picture of performance expectations. **1.1d** Communicate organisational/team goals to gain senior doctor commitment.
1.2	Set work goals and ensure their attainment.	**1.2a** Motivate senior doctors through the use of team goals. **1.2b** Teach senior doctors how to set individual performance goals. **1.2c** Involve senior doctors and team in goal-setting process. **1.2d** Integrate work goals into human resource management practice. **1.2e** Eliminate barriers to work goal attainment.
1.3	Link senior doctor behaviour with goals of the organisation	**1.3a** Evaluate individual, work process, and organisational results. **1.3b** Determine if role and scope of clinical practice maximises outcomes. **1.3c** Assess senior doctor/team knowledge, skills and attitudes.
1.4	Review senior doctor performance through a formal development and support system.	**1.4a** Review senior doctor work performance. **1.4b** Provide appropriate performance intervention to support improvement. **1.4c** Incorporate performance results into a continuous improvement program **1.4d** Ensure fairness and objectivity in assessments and advice.
1.5	Recognise when patient services review is needed to support organisational goals and processes.	**1.5a** Determine whether role performance can benefit from redesign. **1.5b** Assess need and/or feasibility of service role. **1.5c** Consider the effects of role redesign on patient care and the organisation. **1.5d** Align senior doctor credentialling with process requirements and organisational goals.
1.6	Determine when team performance development and support is more appropriate than individual performance development and support.	**1.6a** Assess organisational climate. **1.6b** Evaluate team processes so as to accommodate individual senior doctors. **1.6c** Determine the feasibility of creating changes to the team to accommodate organisational needs. **1.6d** Determine whether individuals can be managed and supported.
1.7	Form teams (selection and size) which define individual roles and accountabilities	**1.7a** Apply group dynamic and interpersonal processes to manage work teams. **1.7b** Provide a supportive organisational context. **1.7c** Monitor the design of the group. **1.7d** Provide training, technical consultation, and role clarification.

No.	Competency	Example
2	**Clinical expertise competencies**	
2.1	Support senior doctor participation in audit, peer review and other processes to monitor and improve the quality of care.	**2.1a** Develop a positive environment for participation in audit, peer review and clinical practice improvement. **2.1b** Work with health service to provide administrative support for audit and other quality of care programs. **2.1c** Support senior doctors to improve performance if problems are identified.
2.2	Ensure senior doctors have access to appropriate opportunities to maintain and develop clinical skills and expertise.	**2.2a** Work with senior doctors to identify areas of clinical practice for future development. **2.2b** Work with health service to ensure resources are available for senior doctors to maintain and develop clinical skills and expertise.
3	**Supportive environment competencies**	
3.1	Manager of unit / department to meet agreed quality of care goals.	**3.1a** Determine which resources optimise performance. **3.1b** Manage resources within limits imposed by organisation.
3.2	Provide a safe work environment.	**3.2a** Design work environment to minimise risk of injury. **3.2b** Apply ergonomic principles to the work area. **3.2c** Evaluate the cost of workplace injury on quality and productivity.
3.3	Eliminate barriers to performance.	**3.3a** Remove performance constraints in the workplace. **3.3b** Provide supportive organisational context **3.3c** Evaluate organisational systems (technology, personnel, and control) effect on job performance.

No.	Competency	Example
4	**Motivation and engagement competencies**	
4.1	Design meaningful position responsibilities and scope of practice that improve senior doctor satisfaction and ensure achievement of organisational goals.	**4.1a** Design position responsibilities and scope of practice that ensure the best fit between the senior doctor's knowledge, skills and abilities and their need for autonomy, feedback, personal growth and meaningful work. **4.1b** Design service responsibilities to fit individual need for growth.
4.2	Employ participative/collaborative management strategies aimed at improving job satisfaction.	**4.2a** Provide senior doctors with opportunities to participate in the medical lead process. **4.2b** Gain commitment throughout the organisation for senior doctor involvement. **4.2c** Align participative management with human resource policies.
4.3	Use motivational theories to strengthen senior doctor commitment to the organisation.	**4.3a** Select the appropriate method to motivate senior doctors. **4.3b** Integrate motivational theory into daily performance management. **4.3c** Acknowledge effect of workforce on senior doctor commitment to the organisation.
5	**Professionalism competencies**	
5.1	Develop career management program.	**5.1a** Assist senior doctors to identify skills, interests, and motivations for career growth. **5.1b** Prepare senior doctors for job of the future with organisation's services development needs. **5.1c** Implement career progression support programs. **5.1d** Solicit senior doctor input into his or her career planning process **5.1e** Identify and communicate opportunities and standards for promotion.
5.2	Create effective recognition and reward systems.	**5.2a** Identify incentives and rewards that have value for senior doctors. **5.2b** Link effort, performance, and valued rewards. **5.2c** Administer timely recognition and reward system fairly and equitably. **5.2d** Ensure that compensation program provides the best fit for the organisation, team and senior doctor goals.
5.3	Provide relevant, immediate, frequent feedback.	**5.3a** Assess senior doctor performance against goals and patient outcomes. **5.3b** Communicate to senior doctors about their level of performance. **5.3c** Provide climate for constructive communication.

No.	Competency	Example
5	**Professionalism competencies**	
5.4	Recognise good performance and support performance development.	**5.4a** Implement mechanisms that can identify good performance.
5.5	Adhere to policies, procedures and regulations of federal, state, and local governments, taking into account policies and procedures of specialist medical college.	**5.5a** Interpret government policies as they relate to the workplace and facilitate/ensure compliance. **5.5b** Understand laws that affect the role and services delivery and ensures senior doctor/team compliance. **5.5c** Link policies and procedures with job activities and communicates to senior doctors/others. **5.5d** Evaluate the effect of policies and procedures on performance and communicate barriers to team.
5.6	Optimise job satisfaction through recruitment, selection, and placement of senior doctors.	**5.6a** Develop senior doctor commitment through recruitment practices. **5.6b** Choose senior doctors with values congruent with the organisation. **5.6c** Use selection and placement strategies to identify and develop future leaders. **5.6d** Place senior doctors based on fit between role and senior doctor competencies.
5.7	Enhance performance through coaching.	**5.7a** Develop and implement a process for coaching senior doctors. **5.7b** Guide (stewardship) senior doctors and team efforts to improve performance. **5.7c** Recognise performance improvement in others.

No.	Competency	Example
6	**Health advocate competencies**	
6.1	Work with senior doctors to ensure resources are allocated appropriately in accordance with clinical need.	**6.1a** Work with senior doctors to identify key health priorities for the local community and population catchment.
7	**Scholarship competencies**	
7.1	Provide an opportunity for continual learning.	**7.1a** Develop capacity of senior doctors to contribute to team. **7.2b** Provide an environment conducive to ongoing learning and professionalism.
7.2	Enhance senior doctor well-being through work programs and education experiences.	**7.2a** Recognise and respond to personal needs of senior doctors. **7.2b** Accommodate senior doctor work and lifestyle differences. **7.2c** Redesign role and work to reduce unnecessary work and workplace stress. **7.2d** Offer programs that address the quality of senior doctor work life.
7.3	Develop senior doctor knowledge, skills, and attitudes through education and training initiatives.	**7.3a** Identify competencies for successful role performance. **7.3b** Identify critical training needs. **7.3c** Develop and implement training interventions. **7.3d** Ensure transfer of training. **7.3e** Evaluate effectiveness of training.

Table 4: Examples of organisational competencies

No.	Competency	Example
1	**Goal setting, leadership, review, planning and evaluation competencies**	
1.1	Ensure goal alignment across the organisation, between teams, among individuals within teams, and with organisational goals.	**1.1a** Make the hospital an accountable-care organisation so that the patient is central to operations. **1.1b** Integrate organisational goals with divisional/unit responsibilities and accountabilities. **1.1c** Link organisational performance with divisional and individual motivation and goals.
1.2	Set organisational goals and priorities and facilitate their attainment.	**1.2a** Motivate senior doctors through the use of work goals. **1.2b** Involve senior doctors in health service goal-setting.
1.3	Link organisational goals to senior doctor behaviours and contributions.	**1.3a** Evaluate organisational results. **1.3b** Monitor medical services performance. **1.3c** Discuss development of service plans with medical services.
1.4	Review senior doctor engagement in decision-making about organisational goals.	**1.4a** Provide appropriate operational performance reports. **1.4b** Incorporate operational performance reports into service improvement programs. **1.4c** Seek senior doctor satisfaction with management and medical services supports, processes and engagement.
1.5	Recognise when medical services review is needed to support organisational goals and patient outcomes.	**1.5a** Determine whether medical services can benefit from review and redesign and/or re-prioritising. **1.5b** Consider the effects of patient care services redesign on medical services and the organisation. **1.5c** Align medical services with patient care requirements and organisational goals.
1.6	Consult with senior doctors about medical services when service changes impact on organisation and team more than individual doctors.	**1.6a** Evaluate organisational requirements to accommodate changes to medical services. **1.6b** Determine whether work groups can be managed and supported.
1.7	Use organisational change management to introduce changes to patient care services and/or integrate with existing medical services design, processes and structures.	**1.7a** Apply best practice change management and interpersonal process principles to the introduction of changes of patient care services. **1.7b** Provide a supportive organisational context. **1.7c** Monitor patient care services change in consultation with senior doctors and others as appropriate. **1.7d** Receive technical advice from senior doctors, and use appropriate human resources processes to support implementation of change.

No.	Competency	Example
2	**Clinical expertise competencies**	
2.1	Implement effective systems for credentialling and defining scope of clinical practice	**2.1a** Establish credentialling and scope of clinical practice programs which are compliant with Department of Health requirements.
2.2	Develop and monitor compliance with policies regarding senior doctor participation in audit, peer review and other processes to monitor and improve quality of care.	**2.2a** Develop policies about participation in peer review, audit and other quality programs. **2.2b** Provide resources to enable senior doctors to participate in effective and timely quality activities. **2.2c** Provide resources so that the *Understanding clinical practice toolkit* can be effectively applied in health service.
3	**Supporting environment competencies**	
3.1	Provide resources (time, money, data, equipment and workforce) to meet organisational medical services goals.	**3.1a** Determine which resources optimise performance. **3.1b** Manage resources within limits imposed by organisation governance and health system policy imperatives. **3.1c** Provide nursing, clinical and non-clinical support services to enable medical services to deliver high standard of medical services.
3.2	Provide a safe work environment.	**3.2a** Design work environment to minimise risk of injury and enhance delivery of patient care services.
3.3	Eliminate barriers to performance.	

No.	Competency	Example
4	**Motivation and engagement competencies**	
4.1	Construct a culture of accountable care in which senior doctors collaborate to improve illness prevention and the quality of care.	**4.1a** Select the appropriate incentives to motivate senior doctors. **4.1b** Integrate a patient focus into regular organisation and divisional performance discussions. **4.1c** Acknowledge the importance of clinical engagement on senior doctor commitment to the organisation.
4.2	Match senior doctor credentials with organisational requirements to provide senior doctors satisfying roles	**4.2a** Implement credentialling and scope of clinical practice systems that ensure the best fit between senior doctor competencies and their need for professional autonomy, feedback and professional development. **4.2b** Support opportunities for professional development of senior doctors.
4.3	Ensure achievement of patient outcomes are incorporated into organisational strategies	
4.4	Employ participative decision making strategies aimed at engaging senior doctors.	**4.4a** Support structures and processes to strengthen senior doctor involvement and collaboration in organisational decision forming process. **4.4b** Gain commitment throughout the health service for senior doctor involvement.

No.	Competency	Example
5	**Professionalism competencies**	
5.1	Optimise organisational performance through appropriate engagement and credentialling of senior doctors.	**5.1a** Develop senior doctor commitment through recruitment practices. **5.1b** Choose senior doctors with values consistent with those of the organisation. **5.1c** Credential senior doctors based on fit with the organisation's needs and best patient outcomes.
5.2	Create effective recognition and reward systems.	**5.2a** Design incentives and rewards that have value for all executive medical leads and senior doctors. **5.2b** Implement recognition and reward systems that are transparent and fair. **5.2c** Ensure the reward program fits both the organisation's and senior doctors' goals. **5.2d** Build environment of mutual trust.
5.3	Enhance senior doctor wellbeing through programs and activities.	**5.3a** Recognise and respond to personal needs of senior doctors. **5.3b** Create work environment that addresses the quality of senior doctor work life and workplace stress.
5.4	Support career management opportunities.	**5.4a** Be transparent about organisation's future directions and facilitate senior doctor career development and progression. **5.4b** Identify and communicate opportunities and standards for promotion
5.5	Provide relevant and regular feedback on organisation/ operations activity.	**5.5a** Relate divisional performance to organisational performance. **5.5b** Discuss organisational performance with senior doctors. **5.5c** Provide environment for safe and constructive communication. **5.5d** Expect leaders/medical leads to engage with senior doctors in discussions about organisation and patient outcomes. **5.5e** Seek feedback from senior doctors about organisation performance constraints/barriers.
5.6	Resource processes, systems and structures that enhance team contribution to organisation performance.	**5.6a** Resource a process for mentoring and peer review. **5.6b** Implement a framework for senior doctors to strengthen performance. **5.6c** Recognise education and training for performance improvement.

No.	Competency	Example
6	**Health advocate competencies**	
6.1	Understand the needs of the community and work to develop services to meet community need.	**6.1a** Establish key health planning and development priorities for the local community and population catchment.
7	**Scholarship competencies**	
7.1	Provide opportunity for ongoing professional development of senior doctors.	**7.1a** Provide maintenance of competency programs for senior doctors. **7.2b** Support opportunities for senior doctor learning, for example, peer review, professional, college training and retraining programs (CPD).
7.2	Monitor senior doctor knowledge, skills and attitudes through credentialling processes, peer review/audit and systems.	**7.2a** Identify senior doctor competencies for successful performance. **7.2b** Provide access to critical training needs. **7.2c** Liaise with senior doctor and college to support training interventions. **7.2d** Monitor senior doctor engagement in college professional development programs. **7.2e** Provide support for introduction and use of *Understanding clinical practice toolkit*. **7.2f** Respond appropriately to patient complaints and incidents in consultation with Medical Advisory Committee. **7.2g** Respect college/registration boards responsibilities for stewardship of professional standards and performance.