

Division	Fellowship and Standards	Ref. No.	POL-3044
Department	Policy and Advocacy		
Title	Clinical Standards Review		

## 1. PURPOSE AND SCOPE

This policy establishes a mechanism for clinical standards reviews as a valuable means of maintaining standards for both individuals and surgical units. Such reviews may identify activities and outcomes that are below acceptable levels and can recommend to the surgeon and/or institution where corrective measures are appropriate.

## 2. KEYWORDS

Standards, Reviews, Professional, Competencies

## 3. BODY OF POLICY

### 3.1. Background

Whilst Clinical Standards Reviews can be a valuable means of maintaining standards for both individuals and surgical units, hospitals/health authorities are encouraged to manage internally issues where the competence of a surgeon is in question either because of illness or poor performance.

If there is an obvious health issue the surgeon should seek appropriate advice from his/her treating doctor or the *Doctors' Health Advisory Service*. Surgeons can expect that questioning of personal professional competence should not be used for reasons other than issues of professional standards.

For drug and alcohol abuse, mental illness or sexual misconduct, practitioners are referred to the Medical Board of Australia, or the Medical Council of New Zealand, as is required by law, and where these regulatory bodies may exercise their powers.

### 3.2. Objectives

The College strongly believes that surgeons need to maintain appropriate standards across the nine key competencies of a surgeon -

- 1) Medical expertise
- 2) Judgment – clinical decision making
- 3) Technical expertise
- 4) Professionalism
- 5) Scholar/teacher
- 6) Health advocacy
- 7) Management and leadership
- 8) Collaboration
- 9) Communication

If as a result of a clinical review facilitated or undertaken by RACS on behalf of a hospital/health authority deficiencies are identified, recommendations concerning remediation are made.

The College approach is usually to recommend upskilling as required, robust audit and peer review on an ongoing basis, as well as professional mentoring. However it is recognised that performance significantly below normal standards requires high levels of counselling and referral to registration authorities.

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### 3.3 Composition/Duties and Responsibilities

#### 3.3.1 Personnel

- Reviews ideally should be conducted by two surgeons from another geographical region to eliminate conflicts of interest, or perceived conflicts of interest, either positive or negative.
- The Executive Director for Surgical Affairs may request advice from a regional committee or a specialist society to select appropriate surgeons to conduct the review. Examiners in that specialty, either current or recently retired from the Court of Examiners, would be considered favourably in this process.
- Payment to conduct the review is costed at an hourly rate equivalent to a senior partner of a law firm in the state/territory where the review will be conducted. This cost will be borne by the authority requesting the review and paid directly to the reviewers

#### 3.3.2 The College's Role

- To provide the names of the reviewers. (These need to be accepted by the surgeon whose practice is under review and the hospital/health authority involved).
- To ensure agreed and reasonable terms of reference.
- To ensure that payment for the conduct of the review and travel and accommodation (if necessary) is paid directly from the requesting body to the reviewers and not through the RACS.
- To ensure satisfactory legal indemnities are obtained from the hospital/health authority for the College and the reviewers. (Deed of Indemnity template attached).
- To obtain legal advice on the review findings, conclusions and recommendations to ensure that all information is pertinent to the terms of reference.
- To facilitate the process to ensure minimal delays.

#### 3.3.3 The Hospital/Health Authority's Role

- Problems related to performance and behaviour are expected to be resolved internally. Importantly they should be reviewed initially by the hospital/health authority's own Medical Advisory or Credentialing Committee.
- If the situation is not resolved the Chief Executive Officer of the hospital/health authority may contact the College (EDSA) to facilitate the availability of an external review.

#### Key points

- This is the hospital/health authority's review, not a College review.
- When the report is delivered, the hospital/health authority is able to use it for internal processes and if appropriate provide it to the Medical Board of Australia or the Medical Council of New Zealand.
- To arrange appropriate facilities, times and accommodation for the reviewing surgeons.
- To provide access to all patients' notes/records and committee minutes/deliberations that are pertinent.

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- To facilitate access to appropriate staff including other surgeons, anaesthetists, operating room and ward staff, and management.

### 3.3.4 The Reviewing Team

- The reviewing team must be assured that the surgeon under review is afforded natural justice including:
  - Agreement to the terms of reference.
  - Agreement that there is no conflict of interest from the reviewers.
  - Adequate notice of review.
  - Opportunity to prepare material relevant to the issues of the review.
  - Opportunity to hear and respond to unfavourable issues raised.
- The reviewing team needs to direct their report to:
  - The agreed terms of reference for the review.
  - Issues of fact.
  - Systemic issues if they are identified.
  - Cover all the community's expectations of a competent surgeon.
  - Complete the report promptly and provide the final report to the Executive Director for Surgical Affairs within one month of the review date.

### 3.3.5 The Report

- The Draft Report  
Is reviewed by the College legal adviser to ensure issues are pertinent to the agreed terms of reference. This is achieved via the Office of the CEO.
- The Final Report
  - Is the property of the hospital/health authority.
  - May be used by the hospital/health authority at its discretion for remediation or removal of privileges.
  - May be utilised by the EDSA, CEO, Chair Professional Development and Standards Board and the President for formal College review of Fellowship if required.

## 3.4 Outcome

The outcome of the review is determined by the hospital/health authority requesting it. If retraining or other remediation is recommended, the College will endeavour to organise this through the Department of Professional Standards in conjunction with the appropriate specialist society.

## 4. ASSOCIATED DOCUMENTS

Deed of Indemnity template

**Approver** Chief Executive Officer  
**Authoriser** Professional Development and Standards Board