

Helping 'underperforming' doctors get back up to scratch – review to explore medical remediation

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Estimates suggest that 6% of doctors in the hospital workforce may be performing below the standard that is expected of them at any time.



While serious cases will see <u>doctors</u> struck off, there are others where a doctor could benefit from help via a process called remediation.

Dr. Nicola Brennan from the University of Plymouth is leading a review to explore if and how remediation programmes work for practicing doctors and – as training a doctor costs around £500,000 to the UK taxpayer – how these processes might be improved in order to retain talent, save money for the NHS and restore patient safety.

The study, which is funded by the National Institute for Health Research (NIHR) and supported by the NIHR Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC), will take the form of a realist review; building a model, known as a 'programme theory', that will show how remediation should work and why in some situations it does not.

This model will then be tested and retested using data from studies already available so that the final product is a best-fit theory that can be used to guide policy and practice.

"Remediation covers a range of interventions aimed at improving doctor performance, from a 'quiet word in the ear' to more formalised training programmes," Dr. Brennan said. "But it is widely recognised that we do not know enough about if and how these remediation programmes work.

"It could be that a doctor has behavioural problems or poor knowledge/skills in a certain area or perhaps has underlying physical or mental health problems that need to be addressed. The aim of this study is, therefore, to identify not just which kinds of remediation programme work, but also why, how and for whom they work."

Dr. Brennan is leading the research with a team from the Collaboration for the Advancement of Medical Education Research and Assessment



(CAMERA) at the University of Plymouth, with collaboration from the University of Oxford and the University of Aberdeen.

Throughout the process of the review, the research team will involve a stakeholder group made up of those professionals involved in delivering remediation for doctors, as well as representatives from patient groups.

Dr. Brennan added:

"It's great that the research is being conducted in collaboration with a variety of stakeholders who design and deliver remediation programmes in the NHS including the Practitioners Performance Advice service (an NHS body that assesses doctor performance and assists with remediation planning)."

This study follows previous research in related areas of medical regulation. The University of Plymouth led the first UK-wide investigation into medical revalidation last year. Revalidation is the process whereby all UK doctors demonstrate to their regulator (the General Medical Council) that they are fit to practice by submitting evidence every five years from their annual performance appraisal.

Early evidence suggests that revalidation is helping to identify poor performance, so a logical next step is researching how best to remedy underperformance.

Provided by University of Plymouth

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