



Performance Management Guidelines for Medical Staff Members

Introduction

Performance Management involves the process of defining performance expectations and assessing an individual continuously through feedback sessions and appraisal at least annually. The purpose of performance management is to link individual performance to the organizational goals, objectives and values. Health care organizations must ensure that medical staff performance is appraised as they are accountable to the patients and the community they serve and must ensure that the care delivered meets defined standards and improves quality. This accountability is further delegated to Department Heads/Leaders as they are responsible for monitoring the quality of Medical care provided to patients by members of the Department through the processes outlined in the PHSA Medical Staff Rules and Agency Bylaws.

The purpose of these Guidelines is to assist Department Heads/Leaders in managing the performance of Medical Staff Members. Overall, the goal is to address concerns as soon as possible, before they become formal complaints or concerns under the Rules and Bylaws. Once a performance issue becomes a formal complaint or concern, Department Heads/Leaders must strictly adhere to the processes outlined in the Rules and Bylaws. These processes are complicated, resource intensive and often become adversarial. Regular coaching and feedback and addressing issues as they arise can help to avoid this outcome. The Guidelines below provide the following information and tools for performance management:

1. Roles/Departments involved in the Performance Management Process of Medical Staff;
2. Culpable and Non-Culpable Behavior;
3. Goals and Steps of Informal and Formal Performance Management Processes;
4. Frequently Asked Questions regarding the Performance Management Process of Medical Staff;
5. Checklist for Department Heads/Leaders for both Informal and Formal Performance Management.

NOTE: These Guidelines are intended primarily for physicians who are Medical Staff Members with privileges under the Rules and Bylaws. However, the Informal Performance Management Process may also be applied to physicians outside the Rules and Bylaws.

Roles in the Performance Management Process

Department/Role	When to Engage?
<p>Department Head/Leader – Identifies, coordinates and leads response to performance management issues.</p>	<ul style="list-style-type: none"> • Performance concerns should be addressed as soon as they are identified.
<p>Vice President Medical Affairs – Provides guidance, direction and support to Department Heads/Leaders engaged in performance management.</p>	<ul style="list-style-type: none"> • Any stage. • Must be consulted during Formal Performance Management Process.
<p>Human Resources - provides support and direction through the early stages of the Informal Performance Management Process.</p>	<ul style="list-style-type: none"> • Any stage but ideally early on in performance management process and; • If a complaint or concern proceeds under the PHSA Respectful Workplace Policy.
<p>Medical Affairs - Deals with privileges and any stages under the Rules and Bylaws</p>	<ul style="list-style-type: none"> • Any stage. • Must be engaged immediately prior to commencing the Formal Performance Management Process including any discussions regarding changes in employment status and/or changes in privileges.
<p>Legal Services – Provides legal support and advice on any issues arising with Members, service, sessional and salary contracts, as well as privileges.</p>	<ul style="list-style-type: none"> • Any stage. • Typically consulted when discussing termination of contract and/or privileges.
<p>Physician Compensation – Provides expertise, advice, leadership, direction on physician contract, employment relationships as well as physician compensation issues.</p>	<ul style="list-style-type: none"> • If the issue involves compensation or contract/issues, concerning compensation of medical staff or contract issues.

Culpable v. Non-culpable Behavior

It can be useful to understand the distinction between behavior that is “culpable” and that which is “non-culpable”.

“**Non-culpable**” behavior describes situations where the individual is unable to meet performance expectations through no fault of their own. Non-culpable performance concerns are most often addressed through coaching and feedback, as described in the Informal Performance Management Process outlined below.

“**Culpable**” behavior describes conduct that is in some way blameworthy, such as dishonesty, insubordination, tardiness, or refusal to meet or maintain performance standards. Culpable behavior is addressed through a disciplinary response, which may engage the Formal Performance Management Process outlined below.

It can often be difficult to determine whether behavior is culpable or non-culpable, or a mix of the two. When in doubt, Department Heads/Leaders should seek assistance from HR in making this assessment.

Steps in Managing Performance

Note: In the event of a serious problem or potential problem affecting the safety and security of patients and/or staff, the Member may be immediately restricted in his/her practice or suspended. Seek advice from Medical Affairs before proceeding any further.

INFORMAL PERFORMANCE MANAGEMENT

Goals

The goals of informal performance management are as follows:

1. Define and communicate the expected standard of job performance to the Member.
Identify performance deficiencies and establish an action plan to address them.
2. Provide supervision, instruction and feedback to the Member and afford him/her a reasonable opportunity to meet the standard.
3. Where performance concerns continue, communicate to the Member that a failure to meet the standard places their appointment in jeopardy.
4. If expected standards are not met on a consistent and sustained basis, discuss with HR and Medical Affairs to ensure that all potentially relevant factors have been considered.

All stages of the performance management process must be documented and placed in the Member's file, in the event of a subsequent dispute regarding the performance management process is later required.

Process

If a complaint or concern is identified that does not raise a serious problem or potential problem affecting the safety and security of patients and/or staff, the following steps should be taken:

1. Consult with HR as needed for advice in approaching Member.
2. Where interpersonal conduct is involved, discuss with HR whether the concern meets the criteria under the PHSA Respectful Workplace Policy. If yes, follow the process established in the Policy in collaboration with HR. If it does not, proceed as set out below.
3. Gather relevant details and documentation pertaining to the concerns or complaints.
4. Meet with the Member and discuss the concerns that have been raised.
5. Provide the Member with an opportunity to respond and discuss.
6. ***Identify and document*** an action plan that includes goals, timelines and next steps.
7. ***Document*** all discussions with the Member in the event concerns arise in the future.
8. If the Member disputes the concern or objects to a proposed action, consult with Medical Affairs regarding the need to proceed with a formal performance management process.

FORMAL PERFORMANCE MANAGEMENT PROCESS

If a complaint or concern cannot be resolved informally, or there is a serious problem affecting the safety and security of patients and/or staff, a formal process is engaged under the PHSA Medical Staff Rules.

Process

The key elements of a formal performance management process are outlined below. **See Appendix A** for a flowchart.

Please consult with Medical Affairs before proceeding and throughout the entire process.

- As Department Head/Leader, provide the details of the complaint or concern in writing to the Member.

- If the complaint or concern is directed against a Department Head/Leader, the VP Medical Affairs appoints another Department Head/Leader to investigate.
- Request that the Member respond within ten (10) days of receipt of notice of the complaint.
- Within thirty (30) days of receipt of the complaint, interview the Member and consult with key identified individuals and obtain an external review where necessary.
- If the matter is unresolved within 30 days of the Member interview, prepare a report with recommendations and provide to key identified individuals.
- If the complaints or concerns about the Member warrant a change in the status or privileges, then the recommendation will be reviewed by MAC.
- A MAC Subcommittee will then conduct a hearing and reach a conclusion and formulate a recommendation to submit for consideration by MAC.
- Within one (1) month of the Subcommittee hearing, the full MAC will conduct a hearing to review the Subcommittee report and recommendation and develop recommendations for the Board of Directors.
- The Board of Directors holds an in-camera meeting, at which the Member may attend and be heard, to consider the MAC recommendation, providing at least seven (7) days' advance notice of the meeting to the Member.
- If the MAC recommendation is for revocation, refusal, suspension, restriction, or non-renewal or privileges, the Board of Directors must consider the recommendations of MAC within 60 days.
- The Board of Directors will communicate its decision in writing within seven (7) days to the Member.
- The Member has a right to appeal the decision to either the Board of Directors or directly to the Hospital Appeal Board.

References

BC Cancer Agency, Children and Women's Health Centre of BC, Medical Staff Bylaws

Lemieux-Charles, Louise (1994) CMAJ; 150(4) . *Physicians in Health Care Management: 2. Managing Performance: Who, What, How and When?*

Ontario Hospital Association (2008) Guidebook for Managing Disruptive Physician Behaviour.

PHSA Medical Staff Rules

PHSA Resolution of Respectful Workplace and Human Rights Complaints Policy

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Frequently Asked Questions: Performance Management of Medical Staff

1) *When should performance issues be addressed?*

It is always best to address any performance concerns that arise as soon as possible, and revisit them as necessary, to monitor progress and improvement. The annual review is an opportunity to discuss overall performance and should not be used as a venue for raising performance concerns for the first time.

2) *Do I need to document the conversation in their file?*

A record of any conversations related to performance, whether formal or informal, should always be made. Records relating to an Informal Performance Management Process should be retained in your own permanent file may need to be provided copies of these records to Medical Affairs and/or HR in the event a Formal Performance Management Process is required.

3) *Do I follow the same formal Performance Management Guidelines for salaried physicians and physicians under service contract?*

Yes. While there may be some minor differences (e.g. role of HR), the essential elements of performance management are the same for both groups.

4) *If a member of medical staff is a service contractor and their contract is terminated or expires, what happens to their privileges?*

If the service contract ends either through expiring or termination, physician privileges may continue until the next reappointment cycle, at which point they would not be renewed as the physician is no longer providing services. As termination of privileges is a complex issue, please contact Medical Affairs and Legal Services for further advice before proceeding.

5) *What happens if a Medical Staff Member applies for privileges but through reference checking it is discovered that there are concerns regarding their reference?*

The Member's privileges should not proceed and advice should immediately be sought from Medical Affairs. Depending on the concerns that have been raised, it may be still possible to proceed with the application; however, that decision will be made by the VP, Medical Affairs in conjunction with Medical Affairs. HR may be involved if the physician is an employee.

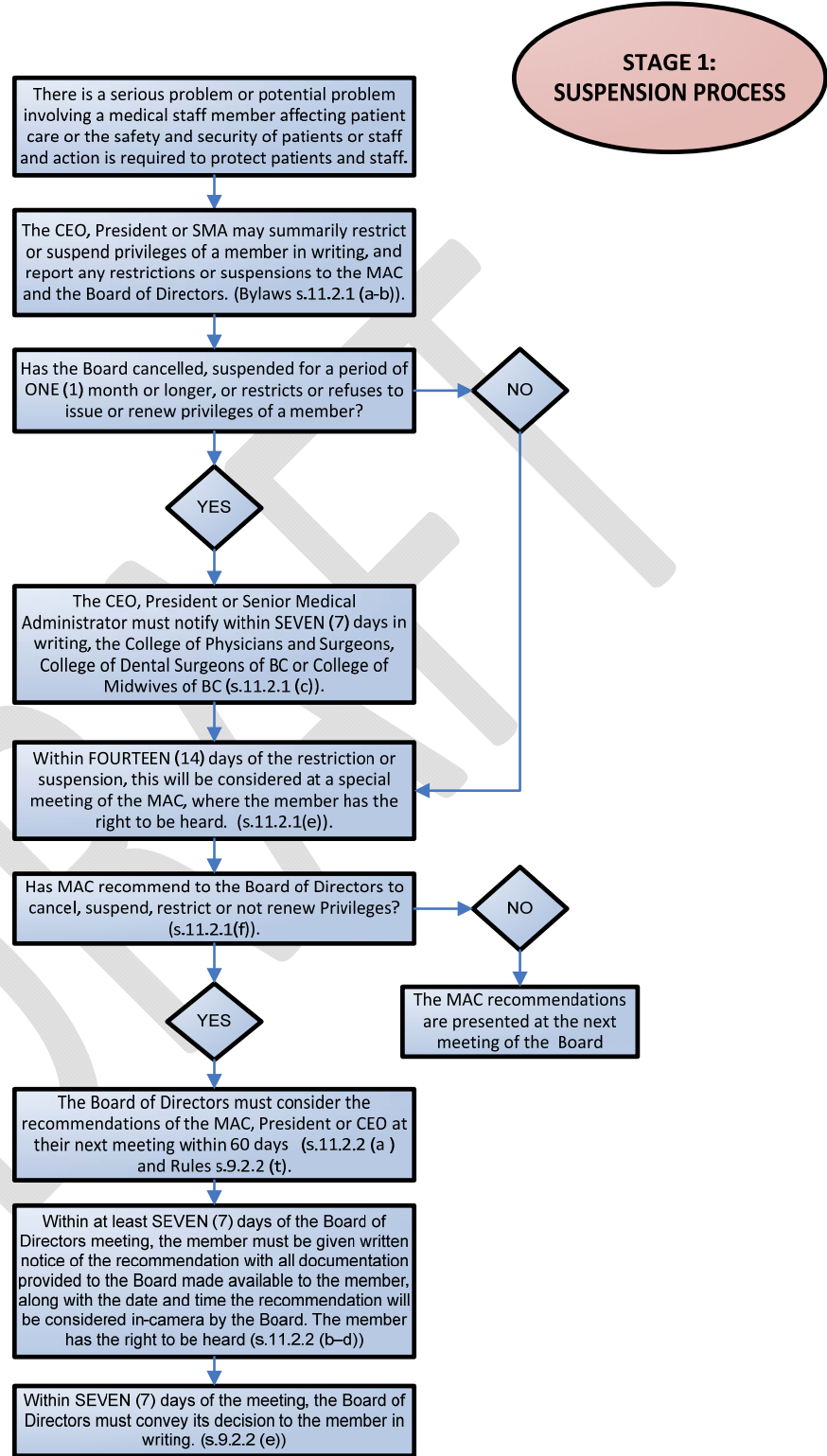
6) *I have serious concerns regarding a Medical Staff Member's performance which adversely affects or may adversely affect the care of patients and immediate action is required, what do I do?*

Under the Agency Medical Staff Bylaws, where the CEO, President or VP, Medical Affairs becomes aware of a serious problem or potential problem which adversely affects or may adversely affect the care of patients, or the safety and security of patients or staff and action is required to protect the

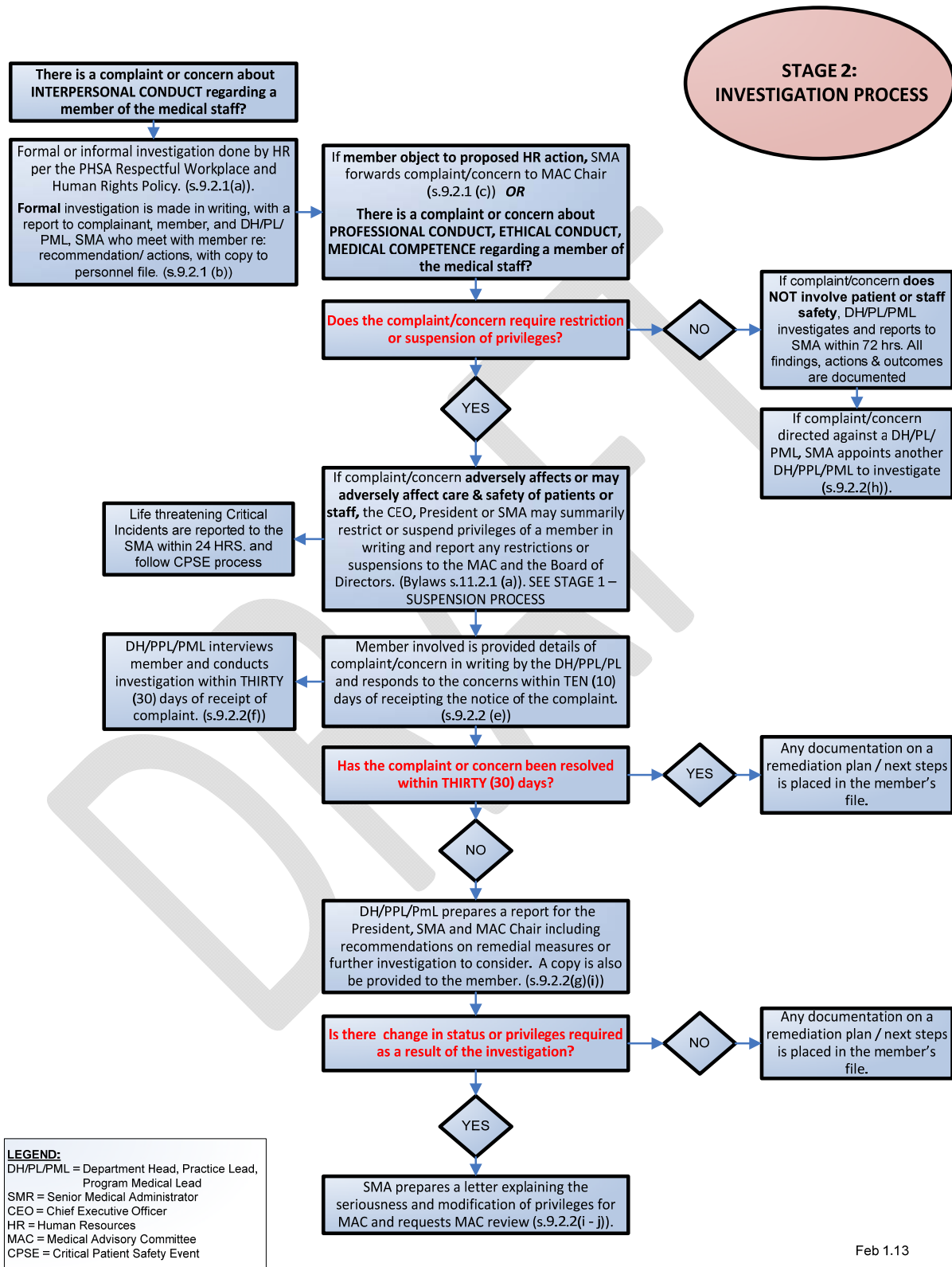
safety and best interests of patients or staff, he or she may summarily restrict or suspend the Member's privileges. Prior to considering such action, advice should be sought from Medical Affairs.

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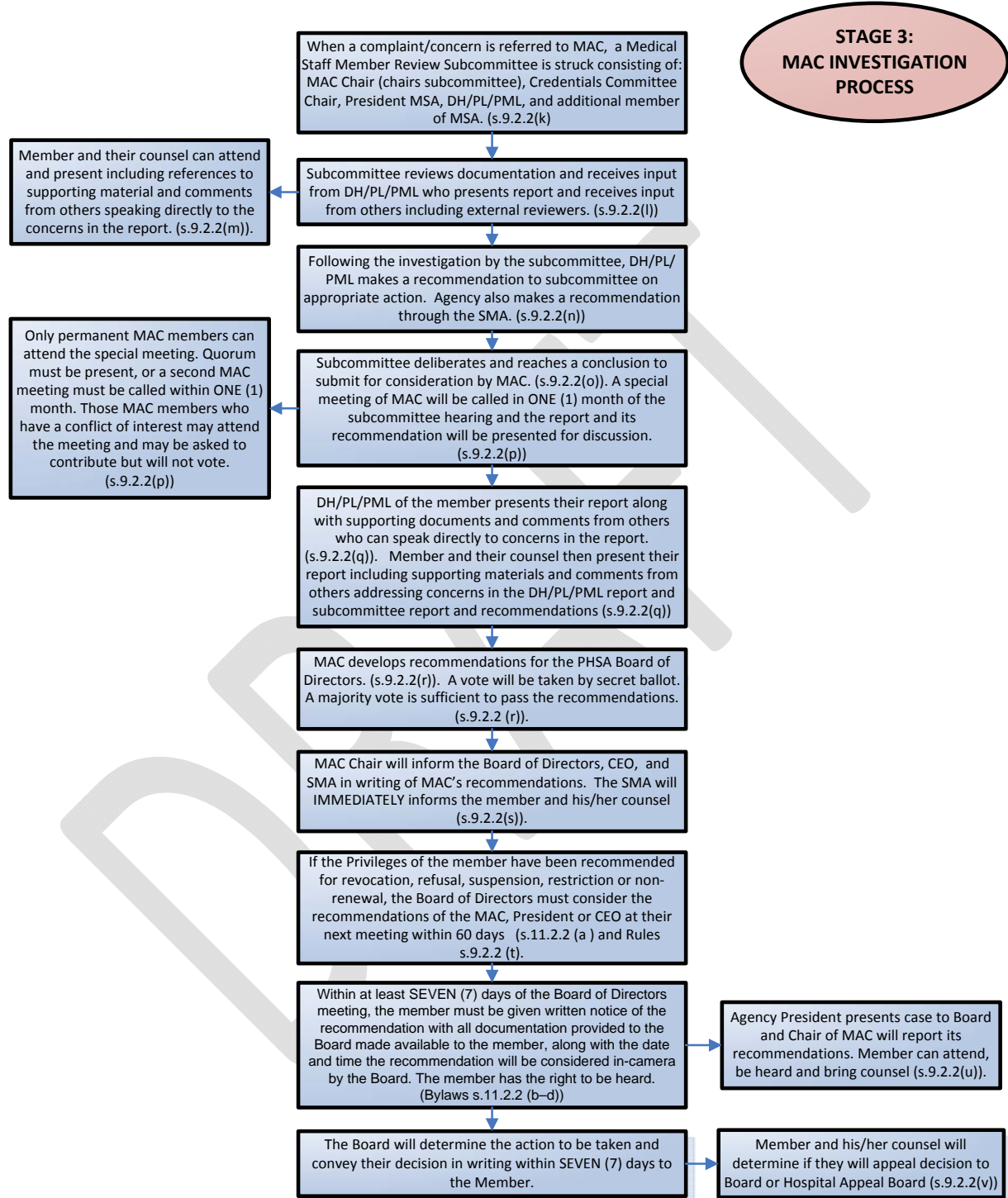
APPENDIX A: FLOWCHART FOR FORMAL PERFORMANCE MANAGEMENT PROCESS



APPENDIX A: FLOWCHART FOR FORMAL PERFORMANCE MANAGEMENT PROCESS (CONT.)



APPENDIX A: FLOWCHART FOR FORMAL PERFORMANCE MANAGEMENT PROCESS (CONT.)



LEGEND:
 DH/PL/PML = Department Head / Practice Lead / Program Medical Lead
 SMR = Senior Medical Administrator
 CEO = Chief Executive Officer
 MAC = Medical Advisory Committee
 MSA = Medical Staff Association

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APPENDIX B: CHECKLIST FOR MANAGING PERFORMANCE

INFORMAL RESOLUTION

- Consult with HR as needed for advice in approaching Medical Staff Member.
- Consider whether this is a complaint or concern meeting the PHSA Respectful Workplace Policy.
- Gather relevant details and documentation pertaining to the concerns or complaints.
- Meet with the Member and discuss the concerns that have been raised.
- Provide the Member with an opportunity to respond and discuss.
- Identify and document** an action plan with next steps.
- Document** all discussions with the Member in the event concerns arise in the future.
- If the Member objects to the action plan or the concerns raised, consult with Medical Affairs regarding next steps as this may need to proceed to formal resolution.
- If the Member disputes the concern or objects to a proposed action, consult with Medical Affairs regarding the need to proceed with a formal performance management process.
- Consider the following strategies to avoid proceeding further to a formal resolution stage.

Strategies to Avoid Formal Resolution

- Ongoing dialogue with the Member through regular meetings.
- Set out clear and reasonable job expectations and ensure understanding of health authority policies.
- Focus on relevant performance, behaviour or outcomes, not on the individual as a person.
- Keep facts and perceptions distinct.
- Ensure regular discussions on expectations and performance; lack of dialogue is the root cause of performance concerns.
- For feedback that is evaluative rather than descriptive, focus on established criteria, probable outcomes or possible improvement. Issues may have informational value and be perceived as relevant.
- Avoid loaded terms that produce an emotional reaction or raise defenses.
- When encountering defensive reactions, deal with the reactions rather than trying to convince, reason or supply other information.
- Bring unacceptable work, performance or behavior to the attention of the Member promptly and clearly define acceptable standards.
- Provide ongoing training, mentoring and supervision.
- Maintain up to date record keeping on discussions so that trends can be identified and corrected before performance or behavior requires more formal action.