



The Royal Australasian  
College of Physicians  
*New Zealand*

# Regular Practice Review: the Service Review Form

## PURPOSE

The Royal Australasian College of Physicians (RACP), encourages all Fellows to participate in a Regular Practice Review activity. Regular Practice Reviews are not a mandatory requirement of an accredited CPD programme; however, they are a desirable component of continuous learning and professional development programmes.

Completing a Service Review, which is a component of the Regular Practice Review, will assist you in meeting your Continuous Professional Development (CPD) requirements in relation to peer review / Regular Practice Review (RPR).

If you are not in a clinical role, but one which entails case or file review, this is still a clinical service requiring clinical competence.

## THE KEY PRINCIPLES OF THE SERVICE REVIEW

- The Service Review outlines in broad terms the key elements of health or service delivery for a particular organisation. It does not propose to set standards; however, it does provide links to other documents that may inform the Service Review process.
- Based on methodology, the Service Review could be used by a single practitioner, applied to a single service, a department, or an entire hospital. It will provide insight into the health care or service delivery across a service area and the infrastructure that supports it and the Senior Medical Officers or senior physicians involved.
- The Professional Development Review is felt to be an integral part of maintaining an individual's skillset and ongoing learning. As such it is an integral part of the Service Review.
- It is envisaged that the Service Review process will also provide a method of disseminating information regarding commonality in practice in other services, clinics and hospitals.
- The benefit in completing a Service Review is that it provides rich information on a macro level e.g. identifies the department's future requirements and on a micro level e.g. identifies how satisfied the physician may be with his / her current role. The information collected in this process would contribute to credentialing and CPD requirements.

## THE APPROACH TO THE SERVICE REVIEW

- There are nine components to the Service Review. The initial review would examine if you are meeting these components and ensure that some or all of these components are maintained on a regular basis e.g. on an annual basis. Any potential gaps in the Service Review need to be addressed in a planned manner: most likely through a Professional Development Plan.
- The Service Review could be used as part of your credentialing process. A Regular Practice Review does not replace the credentialing process, as the objective of a Service Review is to support you in progressing your own practice and identifying individual learning needs.
- The process is primarily formative. The Service Review's outcomes remain with the service: that is, the information remains with you and your Reviewer.
- Any significant shortcomings identified relating to you or the practice environment systems remain the responsibility of the service reviewed. Records relating to the Service Review will not be retained by College staff apart from an acknowledgement that a Service Review has been undertaken. These data are required to provide the Medical Council of New Zealand with broad statistics on RPR participation rates.

## THE SERVICE REVIEW

<b>Name of Person Hospital or Organisation being Reviewed</b>	
<b>Name of Person(s) Reviewing</b>	
<b>Meeting Place</b>	
<b>Time &amp; Date</b>	

Please provide some background material relating to your service to assist the Reviewers. If a solo practitioner, this should include what professional and administrative support that you have. If part of a service, provide the number of senior staff, trainees and number of clinical staff employed in your department. The number of clinical staff employed in the entire organisation would provide the Reviewers with some context relating to your department or service.

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**THIS PAGE CAN BE RETAINED AS EVIDENCE WHEN COMPLETING YOUR CPD RETURN.**

You can gain CPD credits for participating in a Service Review. As a Reviewer or Reviewee you are engaging in a peer review activity that may be recorded under Category Five in RACP's [MyCPD](#) programme.

# THE SERVICE REVIEW FORM

## **Instructions to the Reviewee**

Prior to meeting the Reviewer(s) please complete sections 1-9 below as part of your preparation. Send the completed document to your Reviewer(s) two to three days prior to your interview.

To assist you in completing this form, please refer to *Supporting information for Regular Practice Review* below.

## **Instructions to the Reviewer(s)**

Prior to the interview, familiarise yourself with the document and bring the document with you to the interview.

Read the information provided by the Reviewee relating to his / her service as this will provide you with some context

## THE KEY COMPONENTS OF A SERVICE REVIEW

### **1. Peer Review Groups**

Minutes of meetings should be kept with clinical details and the decision-making process to form part of the medical record. These materials should validate your attendance and record your decision-making. Ideally, a brief anonymised patient record should also be retained and be available for CPD recording purposes.

- Mortality & Morbidity meetings
- Complex / Difficult case conferences
- Multidisciplinary meetings
- Reflect on the cultural dimensions of a difficult case. Think about any whānau meetings / interactions that may involve cultural issues. Analyse Mortality & Morbidity data and identify any trends regarding differences across ethnic groups.

*Record relevant Peer Review activities*

### **2. Individual Doctors' Professional Development / Support**

Examine the individual **Professional Development Reviews** (PDR) from your direct reports. RACP's PDR document has been designed to collect the relevant information to support activities in this category.

Ensure that individuals are enrolled in a Medical Council of New Zealand-accredited recertification / CPD programme.

Other examples would include:

- Annual review meetings

- Individual Professional Development Plan
- Job size
- Support mechanisms in place for individuals

*Record information relevant to the individual clinician's professional development / support*

### 3. Systematic Ongoing Audit / Audit of Medical Practice

Examples would include:

- Ongoing complication database with regular reviews e.g. monthly review meetings.
- Individual audits
- Review by consumers

The Medical Council of New Zealand (MCNZ) has produced guidelines relating to Audit of Medical Practice. MCNZ's information can be accessed here: [Audit of medical practice](#).

RACP's document *Supporting Physicians' Professionalism and Performance (SPPP)* provides further guidance under the 'Quality and Safety' domain. The document is available from RACP's website here: [SPPP Guide](#).

*Record information relevant to systematic ongoing audit*

### 4. Service Performance Indicators

Examples would include:

- First Specialist Appointment (FSA) waiting times.
- Follow-up waiting times.
- Procedural waiting times.
- You may wish to analyse waiting times non-attendance data to identify any significant trends across ethnic groups and reflect upon how change may be implemented.
- This may also include global clinical performance indicators as appropriate to the service, e.g. percentage achievement of target door-to-needle times for ST elevation MI.

*Record information relating to clinical performance indicators*

## 5. Risk Register

Key areas of interest are:

- Identify areas of potential clinical risk
- Potential risks in service structure e.g. workforce size and resources available
- Any potential interaction with the Health and Disability Commissioner / ACC.

*Record information relating to the risk register*

## 6. Service Development

- Immediate, intermediate and long-term plans that impact on the individual clinician
- Awareness or likely changes in demand such as funding, demography (ethnic populations within your catchment area), policy and technology
- Regular meetings of clinicians to review the service and its development – regular working meetings (e.g. monthly business meetings) and less frequent high-level, overall reviews (e.g. retreats).
- Service developments should be viewed through a cultural lens. For example, a transplant service would have particular issues relating to cultural practices around donors.

*Record information relating to service development*

## 7. Performance / Satisfaction Feedback Tool

- Patients – particular attention should be given to patients from different ethnic backgrounds and their feedback
- Primary care providers
- Other secondary clinician groups – internal and external
- Non-medical providers (such as nursing, physiotherapy)

*Record feedback from other sources*

## 8. Cultural Competence

Cultural competence should be incorporated into each of the other components. Please refer to the examples provided under specific headings. You may wish to record general observations below.

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## 9. Professional Requirements and Documentation

**For each staff member in the service / department review the following:**

- Annual Practising Certificate (APC) – a current APC is held
  - APC – any conditions on APC
- Professional indemnity is up-to-date
- Resuscitation certification is up-to-date, as appropriate to clinical practice
- Adherence to organisational policies – e.g. emergency procedures, email policy, privacy policy
- Familiarisation with Professional Codes of Conduct – e.g. Medical Council of New Zealand's *Good Medical Practice*. It may be accessed from the Medical Council of New Zealand's website [here](#).
- The College's document *Supporting Physicians' Professionalism and Performance* (SPPP) provides further guidance in relation to professional qualities. Information about SPPP is available [here](#).
- Having regard to section 118 (i) of the [Health Practitioners Competence Assurance Act 2003](#): being a culturally, ethically and clinically competent health professional.
- Having regard to the organisation's policies on conflict of interests. For more information relating to probity go to the section on "Acting honestly and ethically" in the Medical Council of New Zealand's *Good Medical Practice* (see link above).

Item	Comments
APC	
Professional indemnity	
Resuscitation certification	
Organisational policies <i>You may wish to note relevant policies</i>	
Professional Codes of Conduct <i>You may wish to note relevant policies</i>	

## Supporting Documents to Inform the Service Review

### a. Supporting Physicians' Professionalism and Performance (SPPP)

The relevant domains of the SPPP should be incorporated into the Service Review.

The *SPPP Guide* is primarily a self-reflection tool for use by individuals to help them understand their own performance. Although there may be many ways to use this framework, we anticipate most will use it proactively to plan their CPD activities.

Fellows and Trainees may also utilise the *SPPP Guide* to improve their relationships with patients, colleagues and / or organisations. In some situations, the SPPP framework may form the basis of discussions between colleagues or be used to contribute to an organisational performance development conversation.

The SPPP is designed to assist physicians in identifying good and poor Behavioural Makers in relation to a key set of professional domains.

[Click here](#) to download the *SPPP Guide*.

### b. Credentialing Framework

The Ministry of Health has produced several documents outlining the place of credentialing within the New Zealand health sector. The key document is *Toward Clinical Excellence: A Framework for the Credentialing of Senior Medical Officers in New Zealand*. This document may be accessed following the link below.

[Towards Clinical Excellence: a Framework for Credentialling Senior Medical Officers in New Zealand](#)

This document provides practical advice on credentialing:

[Credentialling Framework for Senior Medical Officers in New Zealand - Self-Assessment Tool](#)