

Working with the National Clinical Assessment Authority (NCAA)

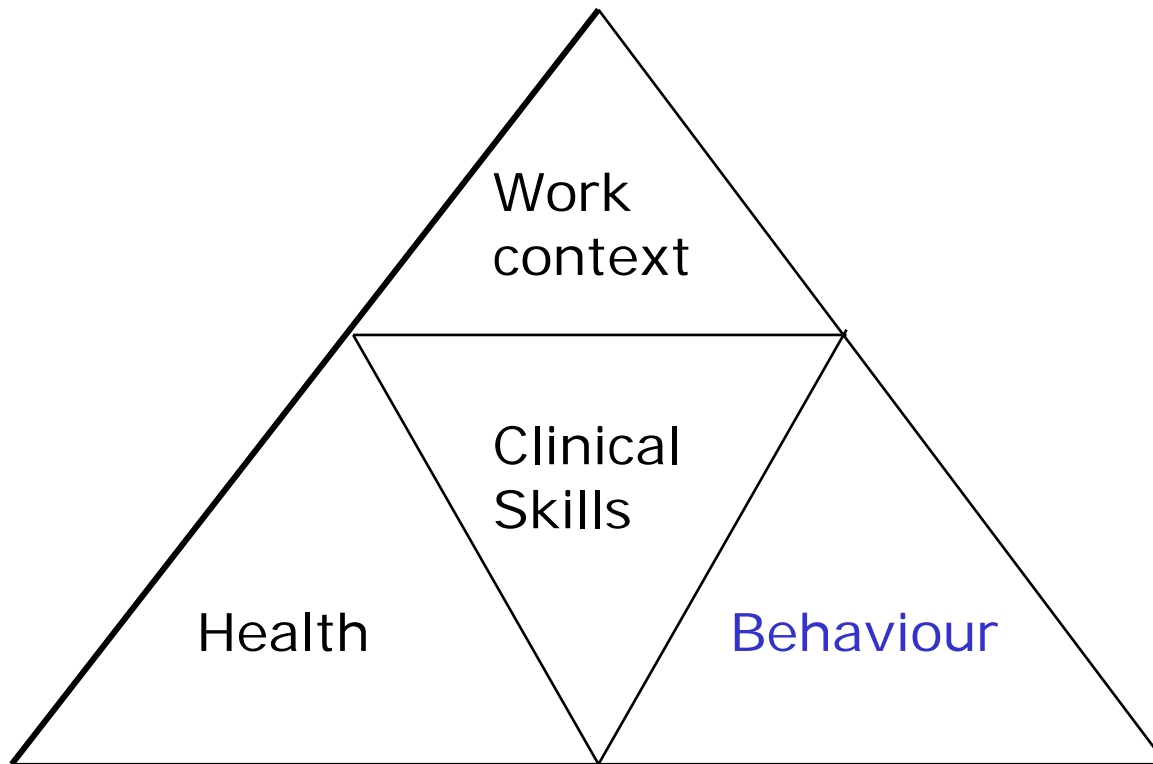
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The National Clinical Assessment Authority

- A special health authority set up in 2001 to help doctors and their respective Trusts to deal with issues of poor performance.
- Supportive and developmental approach
- Differs from GMC's performance procedures which aim to determine fitness to practice
- Supports doctors and now dentists

The Performance Triangle



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Examples of concerns leading to referral to NCAA

- GPs:
 - Consulting skills
 - Attitude to patients
 - Use of guidelines
 - Prescribing
- Hospital doctors
 - Technical skills
 - Decision-making
 - Judgment
 - Behavioural/interpersonal problems

Why include a behavioural assessment?

When complaints occur they are almost all to do with :

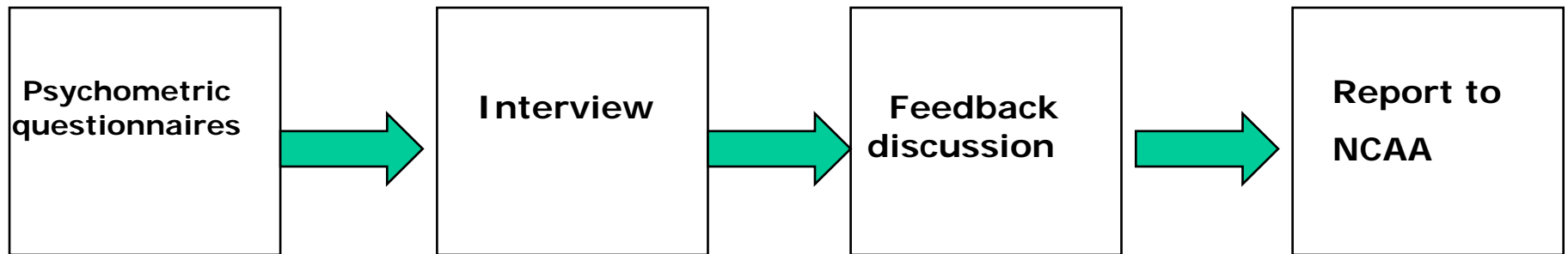
- ✓ Attitudes and behaviour
- ✓ Administration
- ✓ Accessibility
- ✓ Interpersonal skills
- ✓ Time management
- ✓ Team working

(Sanger, 2000)

The purpose of behavioural assessment

- To understand the extent to which behaviour and personality may be contributing to the performance of the doctor
- To make an appropriate diagnosis about how behaviour or personality is affecting performance
- To use this diagnosis to tailor appropriate recommendations

Behavioural assessment process



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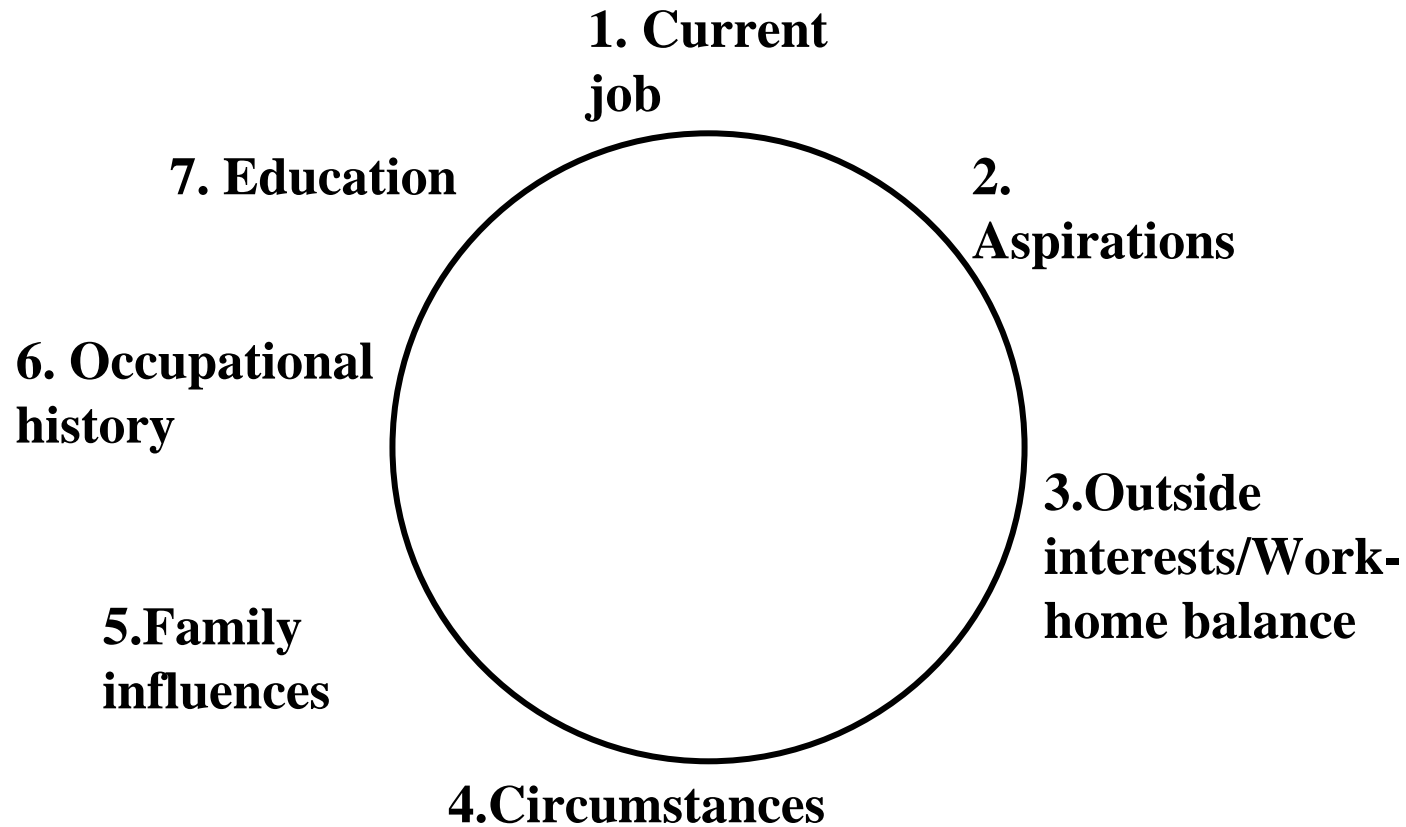
Personal qualities assessed

- Energy, motivation and values
- Personal organisation
- Emotional stability and maturity
- Interpersonal relationships and communication
- Flexibility
- Decision making and judgement
- Leadership and influencing skills

Behavioural interviewing

- Designed to 'get behind' the presenting problem by exploring specific examples of behaviours and events in detail
- Is wide ranging and encompasses areas outside immediate job
- Requires skills drawn from counselling, coaching and mentoring but is diagnostic in emphasis
- Requires similar skills to the consultation but is not a medical interview
- Draws from 'appreciative enquiry' – focussing on strengths and achievements as much as difficulties.

Assessment interview structure



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Making sense of interview data

- Patterns
- Trends
- Influences

The personality measures

- General measure based on the Five Factor Model
 - Emotional resilience
 - Extraversion
 - Openness to experience
 - Behaviour towards others
 - Conscientiousness
- Measure of behaviour under pressure
 - Strengths that turn into dysfunctional behaviour under extreme stress

Strengths that become 'derailers'

- Diligent – Perfectionist
- Charming – Manipulative
- Confident – Arrogant
- Shrewd – Mistrustful
- Focussed – Passive aggressive
- Careful-Cautious
- Independent – Detached
- Imaginative – Eccentric

(Hogan Development Survey)

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Examples of behavioural themes: prototype phase (GPs)

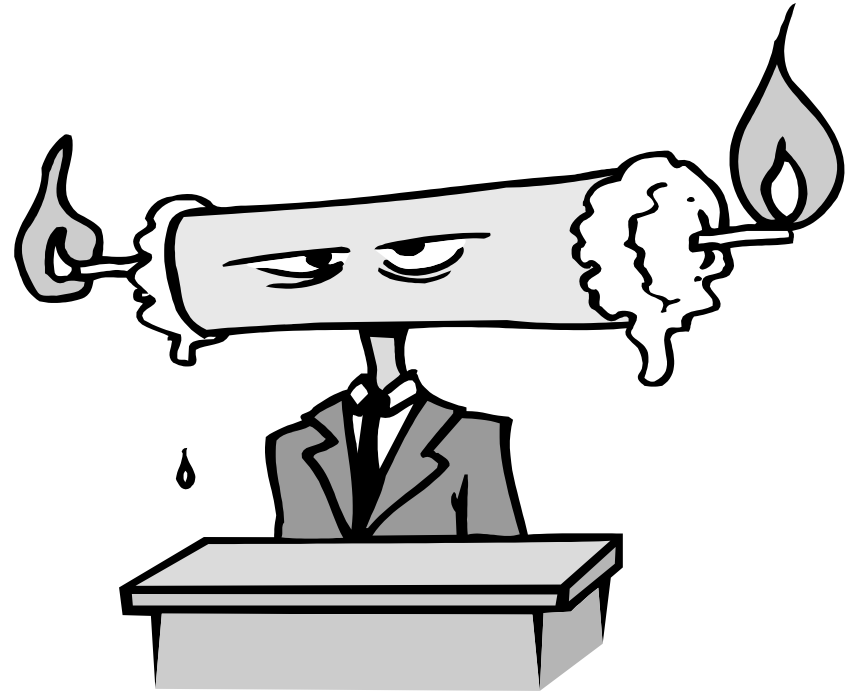
- Demotivated with routine, administration
- Values about doing 'what is best for the patient' overrides considerations about prescribing guidelines
- Preference for consultative decision making, sharing responsibility rather than take the lead
- Taking on too much, overly flexible and accommodating, loss of energy and focus

Main behavioural themes (Consultants)

- Very high and uncompromising standards
- Creative and curious – seen as ‘maverick’/eccentric/unfocussed
- Inflexibility when faced with uncertainty (retreat to what they know)
- Poor negotiating and influencing skills
- Over cautious decision making to the point of procrastination
- Antagonistic style
- Lack of self-awareness and self-reflection
- Not attuned to the emotional aspects of situations

A differential diagnosis

- Capacity
- Learning
- Motivation
- Distraction
- Alienation
- Organisation



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The feedback discussion

- Highlights strengths as well as areas of difficulty
- Aims to develop self awareness and commitment to addressing the problem
- Discusses possible ways for the doctor to address the areas of difficulty

Example recommendations

- Leadership or management issues (12)
- Time management (6)
- Review job plan (5)
- Communication or behaviour (10)
- Support (3)
 - Occupational health
 - Behavioural or psychological therapy
- Further assessment
 - Cognitive function (2)
 - Psychology (1)

What happens after the behavioural assessment?

- The behavioural report integrated with reports from occupational health and the clinical assessors
- Report goes to doctor and referring body
- Feedback meeting between doctor and NCAA
- Negotiations with referring body to agree how to help the doctor and the Trust remedy the difficulties

In conclusion...

- There is a real need for help out there! and a range of skills including personal coaching, mentoring and other forms of specialist psychological help.
- Deaneries, Trusts, PCTs, SHAs should all have access to skilled personnel to provide these services.
- Suspensions already reduced – positive feedback from the Trusts and PCTs.
- This is tough work – so keep talking to each other! Support is important.