



29 January 2018

Professor David A. Scott
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Dear David

Re: Draft - PS65 Guidelines for the Performance Assessment of a Peer

The New Zealand Society of Anaesthetists (NZSA) welcomes the opportunity to provide feedback on the above position statement and background paper.

Overview

The document is a specific and comprehensive guide. We believe that it accurately reflects the process and provides a format which appears identical to that of the Medical Council of New Zealand. We would like to point out however, that the document should include the acknowledgement that nominees can also be forwarded by the NZSA Executive, rather than solely by the ANZCA NZNC.

Key points relating to PS65

Please find attached the position paper with some tracked suggested changes. In addition to this we make the following comments:

- Will the review be undertaken within the institution of the specialist under review i.e. public or private? We are not certain that a half day of observation is sufficient but appreciate that these reviews will be costly in terms of time and resources.
- We note that in the background document the HDC is referred to as our regulatory authority, but a source of complaint will be referred to the Medical Council or the HPDC.
- We believe there should be some form of training for reviewers to establish standards for this. It is all very well saying that they will review based on College documents, but the question remains of who establishes the standard of reviewers.
- Feedback should be sought from patients as the consumers and receivers of care. There are well validated patient satisfaction questionnaires which could be applied during these reviews.

5.3.4 Clinical Observation

There is no mention made of obtaining patient consent to be in theatre. This would be a fraught area, but our understanding is that the patient must consent for people not directly involved in their care to be present.

Appendix 1: Observation of Clinical Practice Working Sheet

This is very much aimed at observing an Anaesthetist in theatre, and of no use if observing a Pain Specialist in clinic. An additional working sheet should be provided for this.

Appendix 2: Multisource Feedback Working Sheet

This is poorly laid out, and has only a binary pass/fail assessment. The MSF form in appendix 4 of the ANZCA CPD is considerably better, and would serve as a good template.

Thank you again for the opportunity to comment. If you have any questions regarding our submission, please contact me at president@anaesthesia.nz

Yours sincerely



David Kibblewhite
President