

# Identifying Biographical and Biopsychosocial Risk Factors amongst Under Performing Doctors. *Dr Debbie Cohen et al.*

## Rationale

The assessment of doctors with performance issues is well established. Behavioural and communication issues are commonly cited as reason for concern about performance and impact on patient safety and care. Identifying factors that may be associated with work performance would enable earlier recognition and more effective management of individuals. This in turn would benefit both the doctors' health and wellbeing and patient care. Research findings emphasise the biopsychosocial influences on wellbeing and performance at work and there is strong evidence to suggest that rehabilitation should follow a biopsychosocial model (see Table below for examples).

This project aimed to explore the biopsychosocial factors that may be associated with performance problems in medical students and qualified doctors referred for remediation to a performance support unit.

The study explored:

- The range of biopsychosocial factors present in a selected set of cases.
- The interrelationships between these factors.

### The biopsychosocial model and factors

Theme	Factor
Biological	Physical health, Mental health (e.g. clinical depression, physical disability)
Personal	Work behaviour, Personal qualities, Motivation
Social	Life events, Isolation, Cultural difference, Organisational factors

## Methodology

The Individual Support Programme (ISP) is a specialist unit in Cardiff University that provides remediation for doctors and medical students with performance issues. It receives referrals from both primary and secondary care across the UK. This was a hypothesis generating two stage study using qualitative methodology based on the findings of a pilot study conducted in 2006. Stage one extracted data from the case notes of a sample of 30 doctors and medical students. Biopsychosocial themes were identified and developed using framework analysis. Stage two reviewed the themes for face and content validity with senior postgraduate trainers in Wales. .

## Results

- 57 items were identified from the experiences and perceptions of the 30 cases analysed. Three were related to health, 20 to personality and 34 to organisational issues.
- When the 57 items were condensed, 13 factors were found.
- Items related to psychosocial issues were more common than those related to health.
- However, 40 per cent of the cases reported one or more items related to mental wellbeing.

## Implications/conclusions drawn for the GMC

**Key Finding:** Though the sample size is small, the results suggest that relationships between factors across health, personal and social factors do indeed exist and that participants in the study displayed multiple factors. This suggests that remediation for performance issues should follow a similar biopsychosocial or holistic model to rehabilitation.

In addition although the postgraduate trainers recognised the broader context in which performance might present and the importance of psychosocial factors, their interpretation and management of performance issues followed a more reductionist and medical model.

These findings have implications for both remediation pathways and training. There is a need for the development and evaluation of effective pathways for evidence based remediation alongside appropriate outcome measures. This should be coupled with the development of evidence based teaching and training to support remediation through the revalidation process. This will in turn go some way to addressing the perceived tension between remediation and regulation.

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