

Managing Medical Performance: A Pilot Study to Investigate the Impact of Surgical Performance Upon Clinicians and Managers. *Mark Exworthy et al.*

Rationale

Reporting of hospital death rates has been adopted in several jurisdictions in recent years, and in England they have been published on the internet since 2008 as a means to improve performance. Surgeons themselves have long resisted disclosure of mortality rates on the grounds that it would encourage colleagues to avoid clinically difficult cases to make the numbers look better. But, does transparent reporting of performance data really improve the performance of public service professionals and if not, what are the actual effects of such disclosure?

Methodology

This project undertook an in depth qualitative analysis based in the cardio-thoracic unit of a London hospital. Findings incorporate observation of ten mortality meetings and two surgeons' practice, along with 12 interviews with surgeons and other key actors at three levels of the health-care system. The analysis revealed areas of consensus and difference, and highlighted the consequences of differing clinical and managerial strategies to performance management

Implications/conclusions drawn for the GMC

Key Finding: Since the inception of more transparent practice at the Trust level, mortality rates fell with no evidence of defensive practice. However, disclosure is not a universal remedy for performance improvement. It causes anxiety and is a perceived threat to clinician autonomy.

Summary of findings:

- Disclosure of individual mortality rates is more accepted by new surgeons. There is some resistance by senior surgeons. This may create tensions with national policy (which strongly advocates disclosure)
- Disclosed performance data are still not widely used by patients, GPs or PCTs. Trusts are beginning to use these data to enhance organisational reputation. Disclosure is not a panacea for quality improvement.
- Disclosure is changing the training experience and shaping the competence of junior surgeons. As named surgeons in the disclosed data, consultants seek to retain control over the practice ascribed to them,

Recommendations for the GMC:

1. Enhance the awareness of the uses and limitations of disclosed performance data
2. Recognise the impact of disclosure on junior surgeons
3. Promote a range of performance improvement techniques and strategies

Conclusions:

- Clinical performance data will become increasingly transparent through increasingly varied forms of disclosure
- More rounded assessments of clinical performance will become more prevalent but will remain contested
- Disclosure will perform many objectives but, in the short-term, it is unlikely to improve services dramatically