Assessment in an Age of Austerity

Dr Nick Brown
Senior Assessment Adviser
Dr Alison Budd
Lead Adviser
National Clinical Assessment Service
IPAC, September, 2014

NHS
National Clinical Assessment Service

Outline

- Apologies this may not be free from managerial cliché or jargon!
- Background – austerity and UK response
- NCAS
  - Future
  - Horizon scanning
  - External consultancy
- NCAS
  - proposals
- Discussion

Austerity

- There was a rough stone age and then the smooth stone age and a bronze age and many years afterward a cut glass age (F. Scott Fitzgerald, 1920, The Cut Glass Bowl)
- Boom to bust
- “The only surprise about the economic crisis of 2008 was that it came as a surprise to so many."

  Joseph Stiglitz : *Freefall: America, Free Markets and the Sinking of the World Economy* (2010)
- Northern Rock, UK – queues of savers outside Bank trying to withdraw savings on 14 September, 2007
  - “funeral procession marking the death of the old world” Cohen, 2014
- Lehman Brothers Bank, the fourth largest investment bank in the USA, filed for Bankruptcy at 01.45 on September 15th, 2008
- The largest bankruptcy in US history

UK Response

- Austerity
  - Austere – harsh
  - “difficult economic conditions created by government measures to reduce public expenditure” (OED)
  - “expansionary fiscal contraction” (Osborne), general equilibrium model from neo-liberal economics (Hayek)
  - “the boom not the slump is the time for austerity” (Keynes)
- Public Sector
  - Public service spending per head cut by 2.4% per year 2010-2018
  - Cuts in “unprotected” public service budgets of more than 30%
- Health Sector
  - Real-age adjusted health spending will be 9% lower in 2018/9 than in 2010/11
- NCAS
  - @ 25% reduction implemented April 2011
  - “paying our way” – reduction in grant

Austerity and Public Expectation?

- “everybody is always in favour of general economy and particular expenditure” Eden

Recent UK politicians

- “we put patient care ahead of finances” Cameron, 2013
- However “pay should be linked to quality of care rather than just time served at a hospital.” Cameron, 2013
- “We expect professional regulators to strike off doctors and nurses who seriously breach their professional codes.” Cameron, 2013

- Demand?
  - Rising

NCAS Horizon Scanning

- Input – number of calls increasing; number of requests for assessment increasing
- Impact of revalidation procedures, particularly potential cultural impact
- Demand increasing from secondary care often driven by statutory requirements
- Full performance assessments not always feasible
- Long detailed complex reports not always welcomed
- Timescales not acceptable to employers or practitioners

NCAS External Consultant Report

- Deloittes (December 2013)
- Additional demand for service (advice and assessment) for lower threshold cases
- Demand for new services including team reviews

NCAS External Consultant Report 2

- Assessment
- Users – very satisfied BUT
  - Lengthy
  - Complex
  - Expensive
  - Available only for high complexity cases
- Suggested improvements
  - Modular
    - Capability, behavioural and occupational health in a more responsive manner
  - Expand clinical simulation
  - Add summative assessments
  - Retain full performance assessments for a smaller number of cases

NCAS External Consultant Report 3

- So what might this mean?
- A decision to stop providing assessment would require changing the current regulatory framework in UK
- Streamlined
- Using mostly a “modular approach”
- Consider offering both summative and formative assessments

NCAS Proposals re Assessment

- Flexibility
- Range of interventions
  - Timely
  - Proportionate
- Continued value and robustness!

What are we considering?

- 3 levels plus regulatory or professional support services

What are we proposing

Type or level	Product	Key features	Criteria
1	Targeted clinical record screen	Capability to support: - Early screening for concerns - Revalidation - BoT programme	<u>At this stage most suited to primary care setting</u> Question around specific area of clinical practice e.g. management of diabetes, dental extractions May be based on one or a small number of concerns – unlikely to be wider concerns
1	Occupational health assessment		
1	Communicative competence assessment		
1	Enhanced MSF and facilitation	All as above	
2	Clinical record-based assessment (can include structured interview)	Appropriate intervention where known concerns Diagnostic approach Capability to support BoT programme	<u>At this stage most suited to primary care setting</u> Question more generalised concerns about clinical practice but currently not clarified across core domains e.g. Assessment, diagnosis
2	Assessment of behavioural concerns	As above	
3	Full performance assessment	Global view of performance Diagnostic approach Highly robust and defensible capable of being used in formal processes	Appropriate intervention where widespread and/or significant concerns, normally already some attempt to address issues e.g. With PDP

What are we proposing - 2

Type or level	Product	Key features
Regulatory or professional support services	Expert consultancy and training	Bespoke to individual requirements Highly robust and defensible capably of being used as part of FtP procedures
	Expert clinical advice	
	Regulatory clinical record review	
	Regulatory performance assessment	

Utility index – a reminder

- Validity
- Reliability
- Educational impact
- Acceptability
- Cost
- Feasibility

And the ability to withstand legal challenge

van der Vleuten C. The assessment of professional competence: developments, research and practical implications.

Advances in Health Sciences Education. 1996;1:41-67.

Utility index – what does it mean in practice?

- Validity
  - Testing the right thing
- Reliability
  - Is result safe? Will it repeat?
- Educational impact
  - Does it make a difference?
- Acceptability
  - Not too disruptive, no compromise to patient safety in process
- Cost
  - Reasonable!
- Feasibility
  - Can testing be done in a timely fashion that is acceptable
- Ability to withstand legal challenge
  - !!

What are we proposing

Type or level	Product	Key features	Criteria
1	Targeted clinical record screen	Capability to support: - Early screening for concerns - Revalidation - BoT programme	<u>At this stage most suited to primary care setting</u> Question around specific area of clinical practice e.g. management of diabetes, dental extractions May be based on one or a small number of concerns – unlikely to be wider concerns
1	Occupational health assessment		
1	Communicative competence assessment		
1	Enhanced MSF and facilitation	All as above	
2	Clinical record-based assessment (can include structured interview)	Appropriate intervention where known concerns Diagnostic approach Capability to support BoT programme	<u>At this stage most suited to primary care setting</u> Question more generalised concerns about clinical practice but currently not clarified across core domains e.g. Assessment, diagnosis
2	Assessment of behavioural concerns	As above	
3	Full performance assessment	Global view of performance Diagnostic approach Highly robust and defensible capable of being used in formal processes	Appropriate intervention where widespread and/or significant concerns, normally already some attempt to address issues e.g. With PDP

Record Review (targeted record screen)

- Validity
  - Records show what doctor does
  - Primary construct is record keeping though
  - What is recorded is not always what actually happens
- Reliability
  - More records, more reviewers more judgements will increase reliability
  - One reviewer will need at least 30 records but…
- Educational impact
  - Can construct improvement plan
- Acceptability
  - Not too disruptive, no compromise to patient safety in process
- Cost
  - Reasonable
- Feasibility
  - Can be undertaken in a timely fashion that is acceptable
- Ability to withstand legal challenge
  - Will never be enough for FTP!!

Record Review with interview

- Validity
  - Records show what doctor does but can ask further particularly about judgement, reasoning
- Reliability
  - More records, more reviewers more judgements will increase reliability
  - Two reviewers automatically hugely improves reliability
- Educational impact
  - Can construct improvement plan
- Acceptability
  - Not too disruptive, no compromise to patient safety in process
- Cost
  - Increasing!
- Feasibility
  - Can be undertaken in a timely fashion that is acceptable
- Ability to withstand legal challenge
  - Will never be enough for FTP!! But sufficiently robust for other local processes

Assessment of Behavioural Concerns

- Validity
  - Not clinical diagnostic, not performance diagnostic e.g. no “insight index”
- Reliability
  - Psychometrics plus interview – both capable of manipulation
  - One opinion
- Educational impact
  - Can aid construct improvement plan when combined with other information
- Acceptability
  - Not too disruptive, no compromise to patient safety in process
- Cost
  - A few thousand
- Feasibility
  - Can be undertaken in a timely fashion that is acceptable
- Ability to withstand legal challenge
  - Must be used with care and caution!

What does all this mean?

- Be clear about the question from the outset
- This will inform validity
- Always trade-off particularly between validity and reliability
- Make sure everyone knows what they are and are not getting

Does all this mean anything?

- Is it actually any cheaper?
- Does all this amount to anything?
- Is it just fiddling about at the edges?
- What is the future for performance assessment in an age of austerity?

Questions?
Discussion?

Thank you