**To be completed by the reviewers**

**On completion of Level 2 Performance Review, the manager/head of department MUST forward all forms to Senior Medical Appointment Unit** **via the following e-mail** [HNEMedSysAdmin@hnehealth.nsw.gov.au](mailto:HNEMedSysAdmin@hnehealth.nsw.gov.au) **and enter into HETI online**

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| **Surname of VMO** | Mantilla |
| **Given name(s)** | Anecito Jr. Sagrado |
| **Date** | type in grey area - box will expand as you type |
| **Primary qualifications** | Doctor of Medicine |
| **Fellowships (if applicable)** | type in grey area - box will expand as you type |
| **MPO number** | type in grey area - box will expand as you type |
| **Hospital(s)** | Cessnock District Hospital |
| **Scope of Clinical Practice** | General Practice |
| **Department (if appropriate)** | type in grey area - box will expand as you type |
| **Review conducted by:** | type in grey area - box will expand as you type |
| type in grey area - box will expand as you type |

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| The VMO should be assessed in terms of the categories set out in the following pages. The review should be undertaken within a month of the receipt of a Level 1 assessment form completed by the VMO, and be finalised after an interview with the VMO. At least two reviewers must undertake the review and participate in an initial interview – they should include the supervisor/manager of the VMO (usually the relevant Head of Department) and, as appropriate, the relevant hospital Director of Medical Services, Divisional Director, or a medical administrator. The attached form should be finalised after the interview.  As part of the Level 2 process, the VMO should nominate 3 referees from whom comments can be obtained by the reviewers on the matters dealt with in this form, using the separate form available for this purpose. The referees should include another medical practitioner from a different speciality, a non-medical person with whom the VMO works, and any other person able to comment on the work of the VMO. The reviewers should obtain written reports, or oral reports with the comments then recorded in writing, about those topics dealt with in this form on which they are in a position to comment.  Where applicable and possible, the reviewers should also obtain aggregated data on feedback from medical students and junior medical staff concerning the teaching and supervision provided by the VMO, to inform them concerning the issues to be covered under Section 3 “Teaching” in this form.  The review process as recorded in this form may be used in reaching decisions about reappointment of VMOs, and by selection panels in assessing comparative merit between applicants for VMO appointments. |

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| **Manager Primer: Discussion Points** | **Discussed** | |
| Job description and scope of practice |  | |
| Are there any changes required to scope of clinical practice? |  | |
| Hospital +/- divisional organisational structure |  | |
| Units governance structure (management structure, committee structure and reporting lines to divisional / hospital committees) |  | |
| Performance development and review process and expectations |  | |
| Supervision |  | |
| Training / education – expectations and availability |  | |
| Expectations of HNEH staff with regard to:   * Excellence * Accreditation * Partnering with consumers * Staff participation in projects, audits, etc. * State or district programmes e.g. BTF, QSA, sepsis, etc. * Incidents and complaint – reporting and management |  | |
| Quality Improvement:   * units quality plan * SmartViewer (show how to access) * quality reports / documentation of activities * quality meetings – unit meeting → (JHH divisional meetings) → hospital Patient Safety and Quality committee * expectations for staff in this unit with regard to quality improvement |  | |
| Risk management (clinical and corporate) – process for identification, reporting and management of risks |  | |
| **Please assess these criteria prior to PDR** | | |
| **Criteria** | **Yes** | **No** |
| Excessive Leave Taken? |  |  |
| Excessive Sick Leave Taken? |  |  |
| Mandatory Training Attended? |  |  |
| Staff Health Compliant? |  |  |
| Reduction in Permanent FTE ***(if so attach agreed end date)*** |  |  |

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| **SUMMARY OF REVIEW OUTCOMES** |

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| **1. Services Provided** |

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| **(i) Effective management/treatment of patients, including efficient discharge**  **planning:** | |
| **Poor** | **Outstanding** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1** **2** **3** **4** **5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(ii) Maintenance of clinical skills and expertise:** | |
| **Not being maintained** | **Being maintained** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(iii) Participation in clinical governance activities, such as departmental meetings, hospital committees:** | |
| **No participation** | **Extensive participation** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(iv) Clinical outcomes (including any issues arising from IIMS reports):** | |
| **Poor** | **Excellent** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(v) Maintenance of patient records:** | |
| **Poor** | **Ensures accurate and comprehensive patient records, countersigns ward round entries and ensures quality of discharge summaries.** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(vi) Effective communication with patients:** | |
| **Does not exhibit relevant skills** | **Develops excellent rapport with patients** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(vii) Collegiate and cooperative relations with other medical and non-medical staff:** | |
| **Does not exhibit relevant skills** | **Enjoys effective and harmonious relations with other staff** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(viii) Clinical supervision of junior medical staff** | |
| **Provides poor support and assistance** | **Provides excellent support and assistance** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(ix) Participation in quality improvement activities:** | |
| **No participation** | **Extensive participation** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **2. CME/Professional Development** |

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| **(x) Professional development activities:** | |
| **Unsatisfactory** | **Satisfactory** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **3. Teaching** |

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| **(xi) Contribution to the training and education of undergraduate medical or other health professional staff:** | |
| **No involvement** | **Significant contribution** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **(xii) Contribution to post graduate medical education (including as shown by junior medical staff training reports):** | |
| **No involvement** | **Significant contribution** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **4. Managerial/Administrative responsibilities** |

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| **(xiii) Managerial/Administrative responsibilities:** | |
| **Limited effectiveness** | **Demonstrates excellent skills** |
| **Ranked by assessor** [insert a **✓** next to the number]**:** | |
| **N/A 1 2 3 4 5** | |
| **Comment:**  type in grey area - box will expand as you type | |
| **Any action required:**  type in grey area - box will expand as you type | |

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| **5. Practicing in accordance with accepted professional**  **standards** |

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| **(xiv) Matters concerning professional standing (it is the responsibility of the VMO to advise of any current orders or conditions on registration or any unresolved matters currently before the medical board or the HCCC. Any such matters must be recorded here):** |
| **Comment:**  type in grey area - box will expand as you type |
| **Any action required:**  type in grey area - box will expand as you type |

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| **(xv) Policy Acknowledgement** | |
| ***I have noted and understood the patient safety implications of the following policies, and I know how to access further training as required in this regard*** | **Tick to indicate yes** |
| VTE prophylaxis |  |
| Hand Hygiene |  |
| Sepsis Pathway |  |
| Anti-microbial Stewardship including AIMED |  |
| Blood Transfusion and Consent |  |
| Correct Patient/Procedure/Site |  |
| Safe prescribing |  |
| Deteriorating Patient (“Between The Flags”) |  |
| Clinical Handover |  |
| Code of Conduct |  |

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| **6. Relationship with the Hospital/Organisation** |

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| **(xvi) Relationship with the hospital/organisation, and agreed assistance/resources to facilitate the provision of services by the VMO:** |
| **Comment:**  type in grey area - box will expand as you type |
| **Any action required:**  type in grey area - box will expand as you type |

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| **(xvii) List any changes required to clinical privileges** |
| **Comment:**  type in grey area - box will expand as you type |
| **Any action required:**  type in grey area - box will expand as you type |

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| **7. Overall Conclusion** |

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| **(xviii) Any significant issues not already covered, major areas of identified further action and overall conclusion:** |
| **Comment:**  type in grey area - box will expand as you type |
| **Signature of Reviewer and Date:** |
| **Name and Title of Reviewer:**  type in grey area - box will expand as you type |
| **Signature of Second Reviewer and Date:** |
| **Name and Title of Second Reviewer:**  type in grey area - box will expand as you type |

***Feedback should be provided to the VMO as soon as possible and preferably within 30 days of date of review***

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| **Note** |

A VMO who wishes to query or challenge any of the comments made by the reviewer is able, by applying in writing to the reviewer within one month of the date of receipt of this review, to request that a further review of those comments be undertaken by the relevant facility General Manager and Chair of the Medical Staff Council or their nominees.