**CAME Voice/Voix**

**Physician performance: one size fits all?**
**Elizabeth Wenghofer, Sophia Kam, Laurentian University**

Continuing professional development (CPD) forms an ever-growing part of medical education practice, typically to maintain and develop physician performance. However, although 'physician performance' is a term that we use frequently, there are many different interpretations as to what it actually means. The lack of clarity surrounding this concept does little to provide direction to the practicing physician trying to maintain good performance. Moreover, the terms 'performance' and 'competence' are often used interchangeably. The scholarly literature defines 'competence' as having the appropriate knowledge, skills, and attitudes (i.e., what one knows), whereas 'performance' is the application of that competence in practice (i.e., what one actually does); for performance, context matters.

Physician performance is not the simple product of the characteristics of the individual physician. Often, the actions and choices of physicians are influenced by external factors beyond their control such as their practice setting, community needs, and resource availability. To answer the question "what are the biggest influences on physician performance?" we must first ask "performance of what?" The more specific we can be, the more we can establish effective mechanisms to help physicians reflect on and maintain their performance in practice. When we look at the competencies required of physicians, such as those outlined in the CanMEDS framework, individual performance in any given competency can vary significantly according to the context in which it is taking place. Even if we only focus on clinical activity, physicians providing different types of care and with different scopes of practice, even within the same specialty area, will have differing indicators of good performance. Physicians do not practice in a vacuum; their performance is not exclusively a product of their credentials, education or personal characteristics. As much as CPD is a critical component of lifelong learning, it will tend to have less impact on those aspects of physician performance that are asymmetrically influenced by different practice settings.

Rather than thinking about CPD as having a causal and uniform impact of physician performance, we should seek to reorient it as an opportunity for physicians in different practice contexts to reflect on their particular environmental challenges and idiosyncrasies, which in turn should help them to better plan and prepare to perform more effectively on a day-to-day basis. This has implications for the design of CPD programs, as well as for the ways in which they are delivered and evaluated. One size really doesn't fit all performance needs.

Klass, D. (2007). A performance-based conception of competence is changing the regulation of physicians' professional behaviour. Academic Medicine, 82(6): 529-535. http://www.ncbi.nlm.nih.gov/pubmed/17525533

Wenghofer E, Williams AP, Klass D. Factors affecting Physician Performance: Implications for Performance Improvement and Governance. Healthcare Policy- Politiques de Santé. 2009; 5(2)141e-160e. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805145/