Peer Review File

Article information: https://dx.doi.org/10.21037/aes-23-21

Reviewer A

Comment 1: There are no details on the methodology which makes me difficult to comment on the validity of the study.

Reply: Thank you, agree the introduction needs to cover methodology

Please note the template required by AES has the aim and methodology in section 1.3, later than one might otherwise write, but I am compelled to use the template.

Changes in the text: Revised section 1.3 objectives

Characteristics of performance assessment and monitoring systems widely between countries. This brief review covers an historical overview, discussion on the need for performance assessment of practicing ophthalmologists, overview of commonest current practices (revalidation and recertification), knowledge of stakeholders, and reviews some future trends of performance assessment and monitoring systems for ophthalmologists. It is not intended to cover detailed requirements of all jurisdictions. Where possible studies pertaining to ophthalmology are cited, but much of the reviewed material relates to practicing physicians and surgeons rather than ophthalmologists.

Comment 2: Revalidation and recertification are different terms used in UK and US, and they are not comparable in the assessment required for renewal of license. It is not appropriate in put them together as a broad term named as “revalidation”. Author should better use “performance assessment and monitoring system” instead.

Reply: Thank you for clarifying the difference between revalidation and recertification.

Changes in the text:

1) Changed title to Update of performance assessment and monitoring systems for ophthalmologists, and similarly changed text throughout.

2) Revised section 1.1 to clarify differences between revalidation, recertification and CPD.

Comment 3: Revalidation is a process far more difference than CPD since it also involves other stakeholders e.g. employers and patients to provide feedback on their performance. The author should give more details. The mechanisms used in performance assessment and monitoring process are different among countries due to the history and context, which author needs to discuss.

Reply: The article is not intended as a catalogue of different practices worldwide, it focuses more on concepts for practicing ophthalmologists (and not medical educators).

Changes in the text: Added sentence to paragraph on CPD in 1.1 Background
CPD does not involve external stakeholders such as employers and patients.

Comment 4: There are also other stakeholders that the author hasn't mentioned e.g. service providers, other healthcare professionals, policymakers.
Reply: Thank you.
Changes in the text: Stakeholders expanded in definition of revalidation and throughout the document.
Section of manuscript previously titled 2 stakeholders in revalidation has been renumbered, retitled stakeholders in performance assessment, and additional stakeholders considered

Comment 5: For 2.2 Patients, UK revalidation involves patients' feedback which is worth mentioning!
Reply: Thank you.
Changes in the text: This has been done throughout.

Comment 6: For 2.3 Health systems, please elaborate the impact of revalidation on the health systems e.g. quality of care, standard of care etc.
Reply: None
Changes in the text: Added sentence
Hospitals and service providers are best served by competent doctors are performing at their peak, delivering standard of care, in a cost-effective manner, with minimized variations in service quality.

Comment 7: Author should draw a policy implication on what is proposed to make the "revalidation" successful instead of proposing new models. The author should discuss using the "command and control" type of influences (e.g. revalidation) to ensure the quality and standards of care, other forms of influence which are incentive-based have been developed to complement the punitive approaches.
Reply: The short section on new models has been kept, retitled 6 Assuring the public by detecting performance outliers as this is an important method under review by regulators.
Changes in the text: Revised final paragraph in arguments against revalidation to
Lastly external performance assessment can be considered at odds with the concept of professional self-regulation with life-long self-directed learning though CPD programs. Revalidation in particular can be considered as a "command and control" system, with conflict between the perspectives of doctors and regulators. There is limited ability to personal assessment, which is summative rather than formative. The stakes are high, and failure results in punitive actions such as forced retirement, rather than supportive remediation., Revalidation does not work with episodic learning where practitioners can have intense and quiet years of professional learning, and

instead requires a uniformly paced process of learning that fits with externally mandated time periods.

Reviewer B

I would expect an update to include factually correct historical information, an overview of current practice, and an informative view of future prospects.

Comment 1: The historical information was from my knowledge incorrect, the overview of current practice ignored peer review, and I did not get any sense of the way forward.
Reply: Thank you
Changes in the text: I have corrected all errors, added peer review and added newer methods of assessing competency (performance metrics, simulation and work-based assessment).

Comment 2: I added some specific issues below

Line 55 Revalidation began in the 1970s when the ABO.
My comments: revalidation started in Canada in 1969 when the College of family Physicians started certification of its members and required recertification every 5 years. In the US the American Board of Medical Specialities (ABMS) suggested time limited certification in 1940 and in 1969 the American Board of Family Practice (ABFP) decided that all its certificates would be valid for only 7 years. After that most of the other ABMS speciality boards introduced time limited certification and a recertification process
Reply: Thank you for this correction.
Changes in the text: Corrected this series of errors as you recommend.

Comment 3: Line 111 Likely the decrease in life expectancy will continue due to the COVID-19 pandemic.
My comments: It is not accepted that the decrease in life expectancy in the US (and the UK) is due to the COVID-19 pandemic.
Reply: Thank you
Changes in the text: This was deleted.

Comment 4: Line 137 A portfolio is a purposeful collection of information
and Line 229 One method is identifying underperforming doctors is through reporting mechanisms used by patients and peers

and Line 273 Figure 1
My comments: There is no mention of peer review or little about patient feedback in the portfolio process. Many revalidation processes include peer reviews and patient

feedback. Possibly the most useful contribution is peer group review. Mostly your peers know if you are a good or bad doctor. It is like the saying in poker…if you look around the table and you can't see the mug then it is probably you. Similarly if you are a professional and you can't see any 'bad' doctors around you then its probably you.

Reply: None

Changes in the text: Added final sentence to section on portfolios

Portfolios can include patient surveys, but typically do not include peer review.

Added a section 3.2 peer doctors and other health professionals

In the UK peer assessment is a component of revalidation for medical practitioners and nurses.i Probably peers can identify 'good' or 'bad' doctors. This might be the most useful component in revalidation, but it can be difficult to obtain accurate written feedback and to quantitate. A recent review concluded that evidence supports the introduction and use of peer review processes as a quality improvement tool, noting the cost is a barrier to implementation.

Comment 5: Line 148 The medico-legal concern is possible use of her reflective notes on her practice as evidence against her.

My comments: While Bawa-Garba's reflections after the death of 6 year old Jack Adcock played no part in her trial, a note of her reflections, written up in a training encounter form by a consultant who then gave evidence for the prosecution, was added to the consultant's witness statement. That doctors may be required to hand over their reflective documents to a court or the GMC prompted widespread concern in the profession, with some threatening to stop putting their reflections in writing until adequate safeguards were put in place.1The GMC has since called for reflective statements to be legally privileged so that courts will not be able to compel doctors to produce them.2 Ref https://doi.org/10.1136/bmj.k2225

Reply: Thank you for the correction.

Changes in the text: Revised under section on portfolios to read (with appropriate references)

Comment 6: Dr Hadiza Bawa-Garba, was a paediatric registrar in the UK who was found guilty of manslaughter and struck off medical register following death of one of her patients after training encounter notes by one of her consultants was used by the prosecution. This was subsequently overturned on appeal and the GMC has since called for reflective statements to be legally privileged so that courts will not be able to compel doctors to produce them.

Line 230 Vexatious complaints in this setting are rare, although lead to considerable distress for practitioners, and processes must be established to allow speedy dismissal of these vexatious claims.

My comments: the increasing number of vexatious complaints is causing concern in the

UK

Reply: None

Changes in the text: Revised to:

Vexatious complaints in this setting are increasing, and lead to considerable distress for practitioners. Processes must be established to allow speedy dismissal of vexatious claims.

Comment 7: Line 258 Revalidation processes are gradually extending world-wide. While well-intentioned, and occurring with external assessment to reduce the risks associated with a purely self-directed approach, evidence regarding the various stakeholders and supporting the value of current revalidation mechanisms is weak. Alternative methods to reduce the burden to practicing doctors require consideration. Future rigorous studies demonstrating the value, and cost-benefit analysis of current revalidation mechanisms are required.
My comments: This is an opinion piece and I expected a clearer conclusion.

Reply: None

Changes in the text: I added material on performance indicators, simulation and workplace assessment.

Final conclusion reads

Performance assessment and monitoring systems of practicing ophthalmologists are being adopted and revised world-wide, although evidence regarding the various stakeholders and supporting the value of current mechanisms is weak. Current processes are high stakes summative assessments, and results of failure are punitive. Accordingly performance indicators, simulation and workplace-based assessments are emerging as tools to assist in demonstrating competency. Alternative methods to reduce the burden to practicing doctors require consideration. Future rigorous studies demonstrating the value, and cost-benefit analysis of current revalidation mechanisms are required.