

Article

Prevention of and dealing with poor performance: an interview study about how professional associations aim to support healthcare professionals

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Abstract

Objective: To explore how professional associations of nine healthcare professions aim to support professionals to prevent and deal with poor performance.

Design: Qualitative interview study.

Setting: The Netherlands.

Participants: Representatives of professional associations for dentists, general practitioners, medical specialists, midwives, nurses, pharmacists, physiotherapists, psychologists and psychotherapists.

Interventions: During nine face-to-face semi-structured interviews we asked how associations aim to support professionals in prevention of and dealing with poor performance. Following the first interview, we monitored new initiatives in support over a 2.5-year period, after which we conducted a second interview. Interviews were analysed using thematic analysis.

Main outcome measures: Available policy and support regarding poor performance.

Results: Three themes emerged from our data (i.e. elaborating on professional performance, performance insight and dealing with poor performance) for which we identified a total of 10 categories of support. Support concerned professional codes, guidelines and codes of conduct, quality registers, individual performance assessment, peer consultation, practice evaluation, helpdesk and expert counselling, a protocol for dealing with poor performance, a place for support and to report poor performance, and internal disciplinary procedures.

Conclusions: This study provides an overview of support given to nine healthcare professions by their associations regarding poor performance, and identifies gaps that associations could follow up on, such as clarifying what to do when confronted with a poorly performing colleague, supporting professionals that poorly perform, and developing methods for individual performance assessment to gain performance insight. A next step would be to evaluate the use and effect of different types of support.

Key words: professional practice, professional impairment, professional misconduct

Introduction

It is important that healthcare professionals develop and maintain a high standard of professional performance to ensure high quality care and minimize hazards for patient safety. Professional performance involves all actions or processes in performing work tasks, while adhering to the values and behaviours of the profession [1, 2]. The changing environment healthcare professionals work in challenges the development and maintenance of professional performance [3, 4]. Determining how many healthcare professionals fail to do this is not easy. Previous studies conducted in the Netherlands, the United Kingdom and the United States report prevalence rates of poor performance varying from 0.5% to 12%, depending on definitions and identification methods used [5–7]. Since poor performance can have serious consequences for patients, the professional concerned, their colleagues, the healthcare organization and trust in the healthcare system in general, it is important that it is adequately dealt with [7, 8].

Self-regulation is an important aspect of the Dutch healthcare system [9], and professional associations have an important role in professional governance [10]. They are responsible for re-registration schemes, aim to defend the interests of their members and promote quality in the profession [10, 11]. Most healthcare professionals are members of their professional association. Professional associations, therefore, can play an important role in supporting healthcare professionals to prevent and address poor performance, both of themselves and their peers. The objective of this study was to explore how Dutch professional associations aim to support healthcare professionals in prevention of and dealing with poor performance. Additionally, we explored notable differences between healthcare professions.

Methods

This study was part of a research project about dealing with poor performance of Dutch healthcare professionals conducted between 2012 and 2015. In the project, healthcare professionals were defined as the eight legally regulated healthcare professions in the Netherlands: dentists, midwives, nurses, pharmacists, physicians, physiotherapists, psychologists and psychotherapists. Physicians were divided into general practitioners (GPs) and medical specialists, resulting in a total of nine professions included in this study. Prevalence rates of poor performance for the specific professions are unknown, though one of the project's studies suggests it is an issue across all nine professions [12].

Study design

We chose to interview association representatives because we expected existing policy and supporting structures were not always documented by professional associations or publicly inaccessible. We did not conduct a survey as this would limit the opportunity to inquire in depth about policy and structures that representatives might not immediately relate to performance. We deviated from traditional qualitative methods and reporting due to the nature of our research objective, insofar as we quantified our findings to compare available policy and supporting structures between professions. As far as applicable, we reported our study in accordance to the Standards for Reporting Qualitative Research (SRQR) [13]. The ethics committee of the Radboud University Medical Center waived the study as it does not fall under the Medical Research Involving Human Subjects Act in the Netherlands.

Data collection

We held face-to-face semi-structured interviews with employees of nine professional associations in January and February 2013. The size of associations varied from a few thousand members (psychotherapists and midwives) to over 15 000 (medical specialists, physiotherapists and nurses). Each association nominated their internal expert on the theme of performance to be an advisor on the project. We contacted each employee by telephone or e-mail and explained the objective of the interview. Upon request of the employee, additional employees participated in the interviews on psychologists ($n = 3$) and dentists ($n = 2$) to adequately represent the associations' policy. Interviewees were asked what support the association offers to professionals to address poor performance. Poor performance was defined as an ongoing situation of irresponsible healthcare delivery that is potentially hazardous to the patient, and in which the professional is not able or willing to recover by him/herself [14]. Interview topics were based on a framework we established for the project on different aspects of dealing with poor performance. Topics concerned support regarding: (1) maintaining performance/preventing poor performance; (2) signalling poor performance; (3) assessment of poor performance; (4) taking measures against poor performance and (5) remediation to adequate performance. In the following 2.5 years, we monitored new support initiatives using a digital form completed by each employee. The form was administered three times (July 2013, February and October 2014) and was discussed for clarification with one researcher (JWW or RBK).

In June and July 2015, near the end of the research project, we held a second round of interviews with representatives of the nine professional associations to update the overview of support and to discuss initiatives implemented after the first interview round. In preparation of the interview, we sent them the approved transcript of the 2013 interview and an overview of all completed forms. Again, for psychologists ($n = 3$) and dentists ($n = 2$) more than one person was present. All but one interviewee (for medical specialists) were the same person(s) as in the first round of interviews.

All interviews were audio recorded and transcribed verbatim. All interviewees gave their consent prior to the start of each interview and were given the possibility to reflect and comment on the accuracy and validity of the obtained information. Interviews lasted between 27 and 71 min, and were conducted by researchers with a health sciences background, trained in conducting interviews.

Analysis

The data were analysed through thematic analysis, with the unit of analysis being the recorded interviews. In thematic analysis, researchers get familiar with the data by reading and re-reading the data, generate initial codes, search for overarching themes and review these themes [15]. Two researchers (JWW and RBK) analysed all interviews independently. The researchers had a different background to ensure different reflexive positions (JWW = healthcare scientist, RBK = trained medical doctor and economist). First, transcripts were read and relevant words, sentences or paragraphs related to support for poor performance were marked and coded. Coding is the interpretative process in which conceptual labels are given to data [16]. Second, coded text fragments were manually abstracted and codes concerning the same type of support were grouped together into a category. Finally, categories were copied in a separate document and studied for patterns to create overarching themes. JWW and RBK discussed each step and consensus was

reached between both researchers. A third researcher (GPW = professor in health services research) was consulted when needed. Categories and themes were formed with unanimous agreement of the researchers.

Results

Ten categories and three overarching themes emerged from the data. Table 1 and Appendix 1 provide an overview of available support for each profession.

Elaborating on professional performance

The first theme concerned support aimed at clarifying or demonstrating professional performance (Box 1). Almost all associations have published a professional code or profile that outlines competencies and other requirements for practising in that profession. Additionally, guidelines or codes of conduct specifically address both professional behaviour and rules of conduct. For medical specialists, there is a document describing responsibilities regarding (poor) performance of individual specialists, as well as available instruments for taking responsibility. Lastly, a quality register is available for dentists, midwives, nurses, physiotherapists and psychotherapists. It gives the opportunity for the professional to show that one meets certain quality criteria set by the profession (e.g. full license to practice, participation in continuing education and development, practicing according to current guidelines).

Performance insight

The second theme concerned methods in which performance insight could be gained (Box 2). Individual performance assessment through 360-degree feedback (patients, peers, other professionals) is available for general practitioners and medical specialists. Feedback is discussed with an independent mentor and serves as input for personal development plans. Participation has become mandatory for re-registration. For psychologists, there is a self-evaluation questionnaire, the results of which are discussed with peers and, if desired, with a mentor. The associations publish the assessment methods, though healthcare providers and professionals themselves are responsible for conducting the

assessment. Peer consultation/evaluation is facilitated for dentists, general practitioners, midwives, physiotherapists and psychologists. Peer consultation consists of periodic discussion of professional or personal questions and issues with peers. This could include, but is not limited to, performance. Individual evaluation by peers specifically focuses on performance. During group or practice evaluation, which is available for dentists and medical specialists, individual performance might be addressed as well. It focuses on the performance of the practice or team as a whole.

Dealing with poor performance

The final theme concerned support aimed at dealing with a professional's own poor performance, or that of peers (Box 3). Several associations have a helpdesk or expert counselling where professionals can discuss their own performance issues or seek advice on what to do when observing poorly performing peers. These helpdesks are not limited to discussing performance issues. For both medical specialists and general practitioners, a protocol exists that can be adapted to their own healthcare setting or organization. The protocol focuses on how to act when performance issues arise and describes which steps to take and when. Both protocols emphasize the importance of first discussing performance doubts with the professional concerned before notifying head of staff. For three professions, there is a place to report and for support of poorly performing professionals. For pharmacists and dentists, professionals can report a peer with performance issues. The website for pharmacists offers pharmacists and other healthcare professionals a place to report performance concerns. A committee evaluates if reported concerns justify further investigation, and supports poorly performing pharmacists to achieve an adequate performance level. For dentists, the service is similar, although everyone who is involved as a colleague or (representative of) a patient of the specific dentist can report. Additionally, dentists who have concerns about their own performance can report themselves. The federation of physicians (of which the associations of GPs and medical specialists are members) has a rehabilitation programme specifically aimed at addicted physicians. Several associations have an internal disciplinary procedure, in which measures against poorly performing professionals can be taken. Measures impact membership of the

Table 1 Support in prevention of and dealing with poor performance by profession

	DT	GP	MW	MS	NU	PHA	PHY	PSL	PST
Elaborating on performance									
Professional code/profile	x	(1)	x	x	x	x	x	x	x
Guidelines/codes of conduct	x	(1)		x	x	x	x	x	
Quality register	x		x		x	(2)	x		x
Performance insight									
Individual performance assessment		x		x				x	
Peer consultation	x	x	x				x	x	(3)
Group/practice evaluation	x			x					
Dealing with poor performance									
Helpdesk/counselling		x	x	x			x	x	
Protocol		x	(4)	x					
Place to report/for support	x	(1)		(1)		x			
Internal disciplinary procedure	x						x	x	

DT = dentists; GP = general practitioners; MW = midwives; MS = medical specialists; NU = nurses; PHA = pharmacists; PHY = physiotherapists; PSL = psychologists; PST = psychotherapists.

1 = for physicians in general; 2=quality register is on a practice level; 3 = the association has published requirements for peer consultation and evaluation but does not provide these services; 4 = no protocol, but journal article addressing what to do when confronted with a poorly performing colleague.

Box 1. Elaborating on professional performance

So as a [professional] you have to stick to your own professional code; that is a very important part of your own professional standard (professional code/profile)

And yes, in the professional code it says that you have to be transparent, but also vulnerable. And that you have to be able to receive feedback and that you know what to do with that feedback (professional code/profile)

We have professional ethics and rules of conduct. These things are present. And poor performance is a part of that; though not only poor performance, it contains other aspects of the profession as well (guidelines/rules of conduct)

On top of the professional code, we have a charter on professionalism. It describes what it's like to be a [professional] in today's society, and what the core values of the profession are (guidelines/rules of conduct)

So you enrol in the quality register, and with that you say that you love your profession and that you will stick to the norms of the profession (quality register)

We have increased the requirements of our quality register. We have requirements on continuing professional development, so for education; and we have requirements when it comes to peer consultation and evaluation (quality register)

Box 2. Performance insight

So there is the individual performance assessment, which is a relatively new method. We see that a lot of providers have adopted it. Although you do see differences between providers in how they use these methods (individual performance assessment)

That is peer consultation. During these meetings you can address performance issues. That happens. Problems that people run into in their practice. They can discuss these problems during peer consultation (peer consultation)

Between [professionals] there is peer evaluation. Peer evaluation could also cover poor performance; that could be an option (peer consultation)

We have developed peer consultation because a lot of [professionals] work alone. And it is important to stay in touch with peers; you see things of each other which may prevent that you go down the wrong track when it comes to performance (peer consultation)

And then we've got trained inspectors, trained and appointed by us, certified and professionalized. They visit and look around on the basis of the questionnaire the professional filled in; and they have conversations with the [professional] and with other employees to feel and experience how things are done (group/practice evaluation)

Box 3 Dealing with poor performance

We've got specific persons that can be consulted. [Professionals] who experience that they are not well can go there with questions and ask what they can do about their problems (helpdesk/expert counselling)

So you get a signal at the helpdesk. And then you'll advice the [professional], for example 'go explore if the specific colleague works according to our professional standard' (helpdesk/expert counselling)

We've got the exemplary protocol. It says which measures can be taken. It describes what should be done (protocol)

Exactly, that's why we've got [a place to report and for support]. So you prevent that someone's performance goes downhill that much that someone will end up at the Health Care Inspectorate. It is a beautiful thing that you try to help someone perform well again (place to report or for support)

We want to be consulted at an early stage so we can intervene, and with conversations and coaching we try to prevent poor performance. So we really want to intervene at an early stage (place to report or for support)

You can also kick someone out of the association, but that does not have any consequences for their license to practice.

It is more that we say: 'Well, we don't want these kind of professionals in our association, we revoke his/her membership' (internal disciplinary procedure)

association (e.g. temporary suspension, membership revocation) and do not impact license to practice, although some associations choose to inform the Health Care Inspectorate about serious performance concerns.

Initiatives since 2013

Since the first interview in 2013, associations issued a series of supporting documents and initiated new services. These mainly focused

on defining professional performance and on performance insight. It concerned guidelines for dentists, medical specialists, pharmacists, and psychologists ($n = 5$), performance assessment methods for dentists, general practitioners and psychologists ($n = 3$) and a quality register for psychotherapists ($n = 1$). Two initiatives specifically focused on dealing with poor performance, namely a place to report performance concerns of pharmacists, and the internal disciplinary procedure for dentists.

Discussion

This study identified how professional associations of nine Dutch healthcare professions aim to support their members in prevention of and dealing with poor performance. From our findings, we have identified some important areas that professional associations could follow up on.

Performance insight

Performance assessment can be used for different purposes. It may give professionals insight into gaps in their knowledge, skills and competences, provide direction for continuous professional development, and may also support decisions for remediation for poorly performing professionals [17]. With regards to the first purpose, individual performance assessment is available for GPs, medical specialists and psychologists. These assessment methods consist of standardized questionnaires addressing predefined competencies. Although evidence is limited, previous studies showed that multi-source feedback can positively influence professional performance [18]. Other professions offer peer consultation, which is highly dependent on what issues professionals address themselves and seems especially helpful for professionals actively seeking feedback on their performance. We know, however, that poorly performing professionals often isolate themselves from constructive criticism [19, 20].

The patient is increasingly seen as a safety expert that can identify inconsistencies, errors and harms in care [21]. They can also be used to gain performance insight, and individual assessment methods for GPs and medical specialists already include evaluation questionnaires for patients. Additionally, physician rating sites (PRs) offer patients a novel way to provide feedback about professional performance [22]. Little information is available to whether professionals use these websites to gain performance insight and there is debate about the quality of these ratings [23].

Knowledge on dealing with poorly performing colleagues

In a previous study, almost a third of medical specialists did not feel prepared to deal with impaired or incompetent colleagues [24]. A study we conducted recently confirmed that not all healthcare professionals know what to do when confronted with a poorly performing colleague [12]. The associations for GPs and medical specialists provide a protocol that describes what steps to follow when confronted with a poorly performing colleague, although in our previous study both GPs and medical specialists indicated, like other professions, to have limited knowledge as well. This could mean further attention needs to be given to implementing these protocols. Other associations should clarify what is expected of professionals when confronted with a poorly performing colleague. Since procedures are often adapted to specific working environments, healthcare organizations also have an important role in informing their employees.

Supporting professionals with performance concerns

Internationally, there has been discussion about the balance between punitive measures and a blame-free systems approach when dealing with medical errors [25]. A punitive environment could discourage professionals from addressing and being open about errors. The same could apply for addressing performance issues of themselves and peers. The associations for dentists and pharmacists offer a service on their website through which concerns can be reported and professionals with performance issues receive support. For physicians, there is a service specifically aimed at substance abuse problems, comparable to the physician health programmes in the United States [26]. These services are not developed from a punitive perspective, but from a supportive perspective aimed at remediating or rehabilitating the professional. Remediation/rehabilitation not only benefits the professional, but also future patients. Nonetheless, there will always remain cases where punishment may be warranted and/or rehabilitation might not be feasible (e.g. when there are immediate risks for patient safety).

Differences between professions

Differences in available support were observed between professions. For midwives, nurses, pharmacists and psychotherapists, four or less of the 10 categories were identified, whereas for dentists, general practitioners and medical specialists seven or more categories were identified. These differences may partly be explained by differences in context and characteristics of professions, such as the degree of personal autonomy. Nurses, for example, are often subordinate to doctors [27] and might get their support through hierarchical structures instead. Additionally, for general practitioners and medical specialists there have been cases of poorly performing professionals that gained widespread attention in Dutch media and politics [28]. These cases might have motivated these professions to develop support and structures, perhaps feeling pressure from public opinion and healthcare authorities.

Our findings in an international perspective

To the best of our knowledge, this study is the first to provide a countrywide overview of support offered to healthcare professions for prevention of and dealing with poor performance. This makes it hard to put our findings in an international perspective without thorough literature review. Nonetheless, our informal literature review identified several international examples of similar support. These examples include, but are not limited to, a guidance for physicians on raising and acting on concerns about patient safety (including poorly performing colleagues) in the United Kingdom [29]; remediation programmes for healthcare professionals with performance concerns in Canada, Norway, Spain, the United Kingdom and the United States [30–34]; and emotional support for physicians in the United Kingdom [35]. Our analysis of the Dutch experience could provide other countries insight in how to organize support for prevention of and dealing with poor performance, though usefulness might be influenced by the degree of self-regulation of healthcare professions and the type of healthcare system in the specific country.

Strengths and weaknesses

The study has several limitations. First, the included associations in this study are not necessarily the only professional association for the profession. For example, more than one association exists for dentists, psychologists and psychotherapists, though the associations in our

study concerned the main association with most members. Additionally, there are 32 separate professional organizations for medical specialists. These organizations are members of the professional association for medical specialists and support professionals of specific medical specialties. Second, support can be provided to professionals through sources other than the professional association, for example through the healthcare organization or regional collaborative networks. The current study therefore does not necessarily give a complete overview of all available support in the Netherlands. Third, poor performance is a broad concept that can vary in its severity and form, and variations in poor performance might necessitate different types of support. Finally, we interviewed one employee of each association that had been put forward by the association. Interviewees' lack of knowledge about the available support within the association or biased answers as a result of coercion may have negatively affected our study outcomes. Since we spoke to employees that were nominated by the association as being the expert on professional performance and we focused on existing policy and support (and not on experiences and opinions), we believe we minimized these risks. Overall, we believe that our systematic approach in collecting (i.e. sampling association's representative in the field of performance and policy, use of a topic guide, member check, multiple interview rounds) and analysing the data (i.e. independent coding by two researchers) ensures the plausibility, credibility and face validity of findings.

Conclusion

We identified several gaps in support that associations could follow up on, such as clarifying to professionals what to do when they are confronted with a poorly performing colleague, supporting professionals that poorly perform and developing methods for individual performance assessment to gain performance insight. A next step would be to evaluate the use and effectiveness of these initiatives. Furthermore, the study gives insight in the support given to other professions, which could help professional associations to learn from each other in supporting their profession, and gives authorities insight in the ways professions try to ensure and improve self-regulation. Finally, the findings of this study can be used in other countries where professional associations have an important role in professional governance.

Supplementary material

Supplementary material is available at *International Journal for Quality in Health Care* online.

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