

Associate Director of the PACE Program

Peter grew up in a small town in idyllic Sonoma County. In 1997 he moved to San Diego to attend college at the University of California, San Diego. Peter began his career with the UC San Diego PACE Program as a student worker in early 1998. After graduating with a Bachelor of Science degree in Animal Physiology and Neuroscience in 2001, he worked primarily as a case manager until 2006, when he became the Administrative Director of the 2-Phase Assessment Program. In June of 2008, Peter became the Associate Director of the PACE Program. When he's not at work, Peter enjoys traveling, playing golf and tennis, bowling, camping, and spending time with his friends and family.

Director, UC San Diego PACE Program

William A. Norcross, M.D. - Dr. William Norcross was born in 1948 and raised in Toms River, New Jersey. He attended college at tiny Ursinus College in Pennsylvania, and graduated from the Duke University School of Medicine in 1974. He did his residency in Family Medicine at the UCSD Medical Center and never looked back, having now been at UCSD for over 30 years. Dr. Norcross holds the rank of Clinical Professor of Family Medicine, and was Residency Director from 1986 through 1999. He founded the UCSD PACE Program in 1996 and has been the Director ever since. His purpose in creating the PACE Program was to help doctors be the best they could be. He has found that working with the physicians who attend the various PACE offerings to be a very uplifting and enjoyable experience.

Administrative Director of the Assessment Program

Kate Seippel, M.P.H. – Kate grew up in Minneapolis, Minnesota and graduated with a B.A. in Psychology and Spanish from the University of Minnesota in 1999. She relocated to San Diego, California in September, 2004 and began working with PACE in February 2006. She received a Masters of Public Health (MPH) degree from San Diego State University (SDSU) in December of 2010. Kate currently works as a case manager and as the Administrative Director of the PACE 2-Phase Assessment Program.

Physician Assessment and Clinical Education Program (PACE)

Existing Language for Condition #18 Clinical Training Program

- The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Physician Assessment - Phase I



Phase I of the program is a two-day assessment that uses a variety of evaluation methods to provide an overall picture of the physician's skills, knowledge, and physical health. Components of the assessment program include (Click each to expand for further description.):

- [Practice Profile](#)
- [Chart Review](#)
- [360° Evaluation](#)
- [Oral \(or Written\) Clinical Examination](#)
- [Written Exams](#)
- [Computer Based Case Simulation](#)
- [History and Physical Skills Exam](#)
- [Comprehensive Physical and Mental Health Screening](#)
- [Exit Interview](#)

After the completion of the assessment, we hold a multidisciplinary staff meeting to discuss the participant's results and generate recommendations for further evaluation, education and remediation as necessary. Some physicians may return for Phase II of the assessment program. For more information on Phase II click [here](#).

Physician Assessment - Phase II

Phase II of the assessment program is a minimum one-week clinical education program provided at the UCSD Medical Center or one of its satellite clinics. It is a formative assessment of the participant's clinical skills, knowledge and judgment.

The results of the Phase I Assessment are used to help inform the scope and design of Phase II. Each program will be individually tailored to the participant's specialty and Phase I findings to the extent possible. As a result, Phase II programs will vary widely by specialty and from participant to participant.

The following list represents elements that are common to many Phase II programs (please note that this list is neither all-inclusive, nor are the items on the list necessarily common to all Phase II programs):

- [Clinical Observation](#)
- [Departmental Conferences & Lectures](#)
- [Evidence-Based Medicine Project](#)
- [Further Evaluation](#)



At the conclusion of Phase II, a multidisciplinary staff meeting is held to determine if the physician has completed the program satisfactorily or if more evaluation, education, or remediation is necessary.

The University of California, San Diego School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of California, San Diego School of Medicine designates this educational activity for a maximum of 40 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Revised Language for Condition #18 Clinical Training Program

- The Program shall consist of a Comprehensive Assessment program comprised of an assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's current or intended area of practice which takes into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require respondent's on-site participation for a minimum of 3 to 5 days as determined by the Program for the assessment and clinical education

Medical Board of California PACE Redesign Assessment October 23, 2014

William Norcross, M.D.

Peter Boal

Kate Seippel, M.P.H.



Why Are We Changing?

- Because more experienced faculty and staff and better tools allow us to more efficiently and effectively assess competence than in years past
- We have found the strongest assessment is one that is tailored to the physician's practice environment, while also taking into consideration the factors and reasons for his/her discipline

How Is It Still The Same?

Core values remain unchanged

- **Mission Statement:** *The UCSD Physician Assessment and Clinical Education Program is dedicated to the education of physicians and other health care professionals; the detection, evaluation, and remediation of deficiencies in medical practice; and assisting the medical profession in its quest to deliver the highest quality of health care to the citizens of the United States.*

How Is It Still The Same?

- Evaluation
 - Screening of mental, physical, **cognitive** health and wellbeing
 - Clinical competence and performance in all 6 of the core domains of physician competence (as defined by the ACGME/ABMS)
- Final Outcomes
 - Category 1 (Clear Pass)
 - Categories 2-3 (Pass with Recommendations)
 - Category 4 (Fail)
- Remedial Education

How Will It Be Different?

- One phase instead of two
 - Previously 7 days total
 - Now minimum of 3 days (most will complete within 5)
- More tailored to the physician's current or intended area of practice and reason for referral
- Greater use of simulation

How Is It Better?

- Better for the MBC
 - Easier to track Respondent's participation
 - Confirm competence of safe physicians and identify unsafe physicians faster and with greater confidence
 - Less time needed to complete entire process
- Better for the participants
 - Assessment more specific to his/her practice
 - Less time away from practice
 - Less travel (one trip to PACE)

Questions?



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