Letter to The Editor

# At Doctor Level

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Patients, even who are enrolled in clinical trials, need good doctors. Good medical practice (GMP) refers to what is expected of all doctors practicing medicine, while good clinical practice (GCP) provides international quality standards for clinical trials involving human subjects [1]. It's noteworthy to point out that GMP and GCP rules are not always superimposable, neither meet the same objectives.

There is a growing acceptance that clinical trials should acknowledge the unique characteristics of each patient and seek to individualize patient care [2]. Those purposes may also be extended to the evaluation of individual doctor performance, in order to assess quality of physician behavior and its impact on patient outcome [3,4]. However, analyzing doctor performance is challenging, and no single, valid, reliable, and practical measure of performance exists [5]. A prototype of a patient-reported grading scale for individual doctor performance is suggested in Table 1.

**Table 1.** Doctor performance status

| 0 | Performs medical examination at each visit, empathic, good communication skills. |
|---|---|
| 1 | Performs medical examination at almost every visit, partially empathic, average communication skills. |
| 2 | Performs medical examination occasionally, poor-empathic, substandard communication skills. Attending more than 50% of scheduled appointments. |
| 3 | Performs medical examination occasionally, poor-empathic, substandard communication skills. Attending less than 50% of scheduled appointments. |
| 4 | Never performs medical examination. Attending scheduled appointments occasionally. |
| 5 | Always absent. |

Intra-study variability of doctor performance should be addressed and no longer underestimated, to avoid unexpected regressions to mediocrity of doctor-patient interactions during clinical trial conduct.

## Compliance with ethical standards

## References

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