



Federation of  
Medical Regulatory  
Authorities of Canada

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## Physician Practice Improvement

### **I. VISION**

*Canadians assured of the competence of physicians  
Physicians supported in their continuous commitment to improve*

*Les Canadiens sont assurés de la compétence des médecins  
Les médecins sont appuyés dans leur engagement continu pour  
s'améliorer*

### **II. INTRODUCTION**

Canadians deserve and expect the best possible care from their physicians, and all licensed physicians in Canada must be able to demonstrate that they are sustaining and enhancing their competence throughout their careers. Historically, this was known as “physician revalidation.” In every aspect of health care, however, emphasis is shifting to quality improvement. This paper lays out a plan for a new approach to assessing and enhancing competence – it is called Physician Practice Improvement (PPI).

This new approach begins, as revalidation did, with the understanding that each physician has unique learning needs which are largely determined by the nature of his or her individual practice. But it also recognizes that, until now, there has been no effort to ensure the continuing education physicians undertake is based on the needs they have identified (that flow from their patients and their communities, the competencies they are trying to sustain and the outcomes they are attempting to achieve). Under PPI, that will change. Individual physicians will use the principles of continuous quality improvement to assess their own practices, as shown here:

## The Physician Practice Improvement System



By moving through these five steps, physicians will be able to demonstrate how their continuing education choices align with their learning needs and measure whether what they learn leads to improved care. If not, they know to begin the cycle again, to try to ensure their practice is meeting the needs of their patients as well as the requirements of the CanMEDS 2015 and CanMEDS-FM 2015 frameworks. (More detail on the PPI process follows later in this report.)

The intention is that PPI will cover every dimension of physicians' practices – clinical, administrative, educational or research-oriented – because all activities physicians undertake should be assessed for their value and effectiveness, and all of them should be eligible to benefit from quality improvement. It is important to note, however, that practice improvement is distinct from regulatory complaint and disciplinary processes.

### SIDEBAR

Canada is not unique in adapting a new approach to assessing professional competence – the United Kingdom, New Zealand, Australia and the United States are all redesigning their revalidation programs.

### **III. BACKGROUND**

Physician Practice Improvement evolved from the Position Statement on Physician Revalidation adopted by Federation of Medical Regulatory Authorities of Canada (FMRAC) in 2007, which says: *“All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable and formative.”*

Physicians’ practices and performance require assessment for a variety of reasons. These include ensuring good care and patient safety, and promoting best practices in response to changes in scientific knowledge and approaches to treatment. Physicians will appreciate that constructive assessment of their practices, whether by themselves or by an external agency, is an important component of life-long learning that helps them identify learning needs.

Physicians are not, however, on their own in the PPI process. Clearly, tools and guidelines must be available to assist them in measuring performance against established professional practice standards, and resources must be available to assist them to pursue their learning goals. Stakeholder organizations should work collaboratively with physicians and medical regulatory authorities to help meet the learning needs of both individual physicians and the physician population at large, and they must also be willing partners with physicians in trying different types of assessment to foster practice improvement.

For the medical profession and other stakeholders, the successful creation of a PPI System will result in a culture where physicians embrace practice-relevant improvement throughout their professional lives.

### **IV. COLLABORATIVE PROCESS**

The shift to Physician Practice Improvement is a priority for the Board of the Federation of Medical Regulatory Authorities of Canada, one it expects to be achieved within five to 10 years. However, FMRAC is working closely with a wide range of stakeholders to develop a pan-Canadian strategy that will help medical regulatory authorities, physicians and stakeholder groups implement the PPI System. In addition to FMRAC and medical regulatory authorities, the working group is made up of representatives of seven organizations that will be key to successfully implementing the PPI System. These are:

- Association of Faculties of Medicine of Canada
- Canadian Medical Association
- Canadian Medical Protective Association
- College of Family Physicians of Canada
- HealthCareCAN (merger of the former Association of Canadian Academic Healthcare Organizations and the Canadian Healthcare Association)
- Medical Council of Canada
- Royal College of Physicians and Surgeons of Canada

Hearing from those who will be affected by practice improvement is essential for developing a valid system that serves patients and resonates with stakeholders. Consultations will be initiated both in writing (with feedback solicited) and in person through presentations and discussions.

In order to create a PPI System that works, all participants involved in practice improvement must assume specific responsibilities (defined in Section VII of this document). The participants include practising physicians, medical regulatory authorities, certifying colleges, health-care institutions, faculties of medicine, federal, provincial and territorial governments, specialty societies, medical associations and others.

## ***V. THE PHYSICIAN PRACTICE IMPROVEMENT SYSTEM***

There are many options for physicians looking for professional development, including conferences, on-line courses, reading, simulation and others. What is lacking, however, are comprehensive requirements to ensure the knowledge, skills, competencies and attitudes acquired through professional development contribute to continuous practice improvement. The intention of the PPI system is that physicians, having assessed their personal learning needs, will be able to demonstrate that their professional development activities improved their practices.



*Physician Practice Improvement (PPI) assessment processes are aimed at helping practising physicians identify learning needs that can be addressed through professional development and education programs.*

- This approach aims to provide more clarity for practising physicians; it does not represent a significant change from current practice.
- Physicians are expected to collaborate with colleagues throughout all phases of the cycle.
- The system includes all the roles described in the CanMEDS and CanMEDS-FM competency frameworks.

#	Description	What it means for the practicing physician (each step must be documented)
1	Understand your practice	Review and describe all the aspects of your practice, including: <ol style="list-style-type: none"> <li>a) your roles and responsibilities (as a clinician, administrator, teacher and researcher, as applicable)</li> <li>b) your roles in the health care system</li> <li>c) the population you serve</li> <li>d) the setting in which you practise</li> </ol>
2	Assess your practice	<ol style="list-style-type: none"> <li>a) Assess your practice by using multiple data sources, including a formal third party assessment                             <ul style="list-style-type: none"> <li>- ask for assistance from peers, colleagues or your medical regulatory authority</li> <li>- ask your patients if you are meeting their health care needs</li> </ul> </li> <li>b) Review the feedback received</li> <li>c) Reflect on what is working and what could be improved                             <ul style="list-style-type: none"> <li>- ask your colleagues for feedback on your observations and interpretation</li> </ul> </li> <li>d) Use these processes to identify your learning needs</li> </ol>
3	Create your learning plan	<ol style="list-style-type: none"> <li>a) Identify manageable and measurable goals based on your learning needs.                             <ul style="list-style-type: none"> <li>- Begin with the most important (you do not have to achieve everything at once).</li> </ul> </li> </ol>

		<ul style="list-style-type: none"> <li>b) Identify the learning activities required to achieve your goal(s).</li> <li>c) Select outcomes to help you measure achievement of your goal(s).</li> </ul>
4	Implement your plan	<ul style="list-style-type: none"> <li>a) Initiate the learning activities identified in your plan</li> <li>b) Track your progress to completing each element of your plan</li> </ul>
5	Evaluate the outcomes	<ul style="list-style-type: none"> <li>a) Assess whether you achieved your goal(s) and completed your plan</li> <li>b) Determine how you will demonstrate this achievement to yourself, your peers, your medical regulatory authority</li> <li>c) Assess the impact of your learning activities on your practice</li> <li>d) Begin another cycle by understanding the changes made to your practice and doing another assessment</li> </ul>

## **VI. THE SEVEN PRINCIPLES OF PHYSICIAN PRACTICE IMPROVEMENT**

### **1. Transparent**

*The standards and processes of Physician Practice Improvement are clear and understandable to all stakeholders and the public.*

### **2. Relevant**

*Physician Practice Improvement applies to a physician's competence within the scope of his or her practice, using fair and consistent tools and processes.*

### **3. Inclusive**

*Physician Practice Improvement applies to all licensed physicians. Participation is mandatory.*

### **4. Transferable**

*Participation in Physician Practice Improvement will be mutually recognized by all the medical regulatory authorities in Canada and will not inhibit mobility within Canada.*

### **5. Formative**

*Physician Practice Improvement is meant to be constructive and educational.*

### **6. Efficient**

*Physician Practice Improvement considers cost and administrative burden to the physician, and minimizes redundancy among stakeholder organizations.*

### **7. Integrated**

*Physician Practice Improvement relies on collaboration by and among the stakeholders.*

## ***VII. Accountabilities and Responsibilities***

1. Physician Practice Improvement is a collective responsibility shared by physicians, medical regulatory authorities, certifying colleges, health-care institutions, faculties of medicine, governments and other stakeholders.

1.1 Collectively, the stakeholders are responsible for:

- 1.1.1 coordinating, advocating for, supporting and implementing Physician Practice Improvement;
- 1.1.2 ensuring physicians have access to appropriate assessment and practice-improvement tools;
- 1.1.3 contributing some of the required resources (human, logistical, financial and other); and
- 1.1.4 validating and subjecting the PPI system to continuous improvement.

1.2 Each stakeholder, where appropriate, is responsible for ensuring physicians receive timely and relevant feedback and data on their practice.

1.3 Individual groups of stakeholders have these responsibilities:

- 1.3.1 Physicians are responsible for enhancing their practices by going through the five steps in the PPI cycle:
  - (a) understanding their practice;
  - (b) assessing their practice;
  - (c) creating a plan;
  - (d) implementing the plan; and
  - (e) evaluating the outcomes.
- 1.3.2 Medical regulatory authorities are responsible for:
  - (a) monitoring the overall professional practice and quality of the care provided by physicians;
  - (b) ensuring physicians engage in physician practice improvement;
  - (c) completing in-depth performance assessments on physicians when significant patient care issues have been identified; and
  - (d) liaising with other stakeholders for advice about engaging and supporting physicians.

- 1.3.3 Certifying colleges are responsible for:
- (a) guiding and supporting physicians as they engage in the five steps of the PPI cycle;
  - (b) providing and coordinating learning opportunities for practising physicians; and
  - (c) liaising with other stakeholders for advice about engaging and supporting physicians.
- 1.3.4 Health-care institutions are responsible for:
- (a) ensuring the privileges granted to each physician are based on the physician's training and scope of practice;
  - (b) monitoring and ensuring the quality of medical care in their facilities and programs; and
  - (c) liaising with other stakeholders for advice about engaging and supporting physicians.
- 1.3.5 Faculties of medicine are responsible for:
- (a) providing and coordinating learning opportunities for practising physicians;
  - (b) working with medical regulatory authorities to provide specific enhancement activities, including remediation, for physicians with identified learning needs; and
  - (c) liaising with other stakeholders for advice about engaging and supporting physicians.
- 1.3.6 Federal, provincial and territorial governments are responsible for enabling and facilitating the implementation of Physician Practice Improvement by:
- (a) adopting enabling legislation, regulations and policies; and
  - (b) developing and ensuring appropriate access to databases relevant to practice improvement.
- 1.3.7 Other organizations, including specialty societies, medical associations, etc., are responsible for:
- (a) supporting the goals, principles and expectations of PPI outlined in this document; and
  - (b) providing assistance if required, in keeping with their mandates.

## **VIII. GLOSSARY**

### **Certifying colleges**

*The College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Collège des médecins du Québec.*

### **Competence**

*The habitual and judicious use of communication, knowledge, technical skill, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served. (RM Epstein and Hundert, E.M. (2002) *Defining and Assessment Professional Competence*, JAMA 287, 226-235.*

### **Health-care institutions**

*Hospitals, health care authorities, primary care networks, family health units and others.*

### **Monitoring**

*Monitoring for the medical regulatory authorities has several purposes: (a) confirming a physician's participation in continuous professional development; (b) helping physicians identify their own learning needs; and (c) identifying physicians who may need further assessment and/or support.*

### **Physician Practice Improvement**

*A quality improvement and assurance system focused on needs-based, life-long learning that has a demonstrable, positive impact on the quality of patient care, and is feasible and sustainable.*

### **Other stakeholders**

*Other assessment organizations, specialty societies, medical associations and possibly others.*

### **Quality of patient care**

*Includes the six dimensions of quality care described by the Institute of Medicine in its report *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001). They are safety, effectiveness, patient-centredness, timeliness, efficiency and equitability.*

### **Scope of practice**

*The range of services provided by an individual physician, which may or may not be synonymous with the physician's specialty.*

### **System**

*A system is a group of regularly interacting or interdependent items that form a unified whole through thoughtful, collective and joint approaches.*