



Federation of
Medical Regulatory
Authorities of Canada

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Physician Practice Improvement System – Update 2022

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.

Physician Practice Improvement or PPI involves quality of improvement of a physician's behaviours that demonstrate competence. The assessment of a physician's true competence (knowing what to do in a particular situation) de facto requires the assessment of a physician's performance (doing what needs to be done in a particular situation). To be meaningful, this must occur on an ongoing basis, with the ensuing reflection and necessary adjustments or corrections.

This approach begins with the understanding that each physician has unique learning needs which are largely determined by the nature of their individual practice. The learning needs and expected outcomes must be readily identifiable and drive the continuing education physicians undertake to meet those needs.

With PPI, this process occurs in five distinct but linked steps:



In 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.

The intention is that PPI will cover every dimension of physicians' practices – clinical, administrative, education and research-oriented – because all these activities should be assessed for their value and effectiveness, and all of them should be eligible to benefit from quality improvement.

III. PRINCIPLES

PPI is intended to be:

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.

IV. COLLABORATION

Physicians are not on their own in the PPI process. Clearly, tools and guidelines must be available to assist them in assessing their learning needs, measuring performance against established professional practice standards. Resources must also be available to assist them to pursue their learning goals. Partner 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, especially as their scope of practice evolves over time (based in part on improvements in medical knowledge).

V. PARTNERS

PPI is a collective responsibility shared by physicians, medical regulatory authorities, certifying colleges, healthcare institutions, faculties of medicine, governments and other stakeholders.

Collectively, the stakeholders are responsible for:

1. coordinating, advocating for, supporting and implementing Physician Practice Improvement;
2. ensuring physicians have access to appropriate assessment and practice-improvement tools;
3. contributing some of the required resources (human, logistical, financial and other); and
4. validating and subjecting the PPI system to continuous improvement; and
5. where appropriate, is responsible for ensuring physicians receive timely and relevant feedback and data on their practice.

Individual groups of stakeholders have different responsibilities (with some overlap):

- A) 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.
- B) 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) ensuring that in-depth performance assessments will be carried out on physicians when significant patient care issues have been identified; and
 - (d) liaising with other stakeholders for advice about engaging and supporting physicians.
- C) 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.
- D) 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.
- E) 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.
- F) 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.
- G) 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.

VI. HOW DOES PPI WORK?

There are many options for physicians looking for professional development, including conferences, courses (in person and virtual), 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 improve 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.
- The system includes interdisciplinary collaboration.

#	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: <ul style="list-style-type: none"> a) your roles and responsibilities (as a clinician, administrator, teacher and researcher, as applicable) b) your roles in the health care system c) the population you serve d) the setting in which you practise
2	Assess your practice	<ul style="list-style-type: none"> a) Assess your practice by using multiple data sources that could include a formal third party assessment

		<ul style="list-style-type: none"> - ask for assistance from peers, colleagues or your medical regulatory authority - ask your patients if you are meeting their health care needs <p>b) Review the feedback received</p> <p>c) Reflect on what is working and what could be improved</p> <ul style="list-style-type: none"> - ask your colleagues for feedback on your observations and interpretation <p>d) Use these processes to identify your learning needs</p>
3	Create your learning plan	<p>a) Identify manageable and measurable goals based on your learning needs.</p> <ul style="list-style-type: none"> - Begin with the most important (you do not have to achieve everything at once). <p>b) Identify the learning activities required to achieve your goal(s).</p> <p>c) Select outcomes to help you measure achievement of your goal(s).</p>
4	Implement your plan	<p>a) Initiate the learning activities identified in your plan</p> <p>b) Track your progress to completing each element of your plan</p>
5	Evaluate the outcomes	<p>a) Assess whether you achieved your goal(s) and completed your plan</p> <p>b) Determine how you will demonstrate this achievement to yourself, your peers, your medical regulatory authority</p> <p>c) Assess the impact of your learning activities on your practice</p> <p>d) Begin another cycle by understanding the changes made to your practice and doing another assessment</p>

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 2002, 287:226-235.)

Interdisciplinary Collaboration

Defined by the Canadian Medical Protective Association as “the positive interaction of two or more health professionals, who bring their unique skills and knowledge, to assist patients/clients and families with their health decisions.”

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.

Performance

The Cambridge Model defines performance as a product of competence, the influences of the individual (e.g., health, relationships) and the influences of the system (e.g., facilities, practice time).

(JJ Rethans et al., The relationship between competence and performance: implications for assessing practice performance. Medical Education 2002;36:901–909.)

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.

Quality of patient care

The Institute of Medicine (U.S.) defines quality as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'. The Institute includes the following key attributes of high quality health care systems: safety, timeliness, effectiveness, efficiency, equity and patient-centredness.

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.