CPSO Peer Assessment Program

Patrick Safieh, MD, CCFP (EM), FCFP
Lecturer, University of Toronto
CPSO Council Member

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Objectives

• Describe the fundamental aspects of the CPSO Peer Assessment Program
• Explain how to prepare for a CPSO Peer Assessment
• Discuss the future goals of Quality Management at the CPSO
The CPSO’s duty is to serve and protect the public interest.
The Guardians of Medical Governance
CPSO develops Peer Assessment Program

RHPA – All colleges required to have a Quality Assurance Program

In 2016, the QA Committee oversaw 1,717 peer assessments

1980

1994

2016
Peer Assessment

• The CPSO is required by legislation to have a Quality Assurance Program under the Quality Assurance Committee (QAC). The program must include:
  • Continuing education or professional development designed to:
    • promote continuing competence and continuing quality improvement
    • address changes in practice environments
    • incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of Council
  • Self, peer and practice assessments
  • A mechanism to monitor members’ participation in, and compliance with, the QA program
Authority of the QAC

• The QAC can:
  • Require assessments and reassessments
  • Require participation in education or remediation
  • Meet with (interview) the physician
  • Direct the Registrar to impose terms, conditions or limitations on a certificate of registration
  • Refer a member to the Inquiries, Complaints and Reports Committee (ICRC) for investigation
College assessment programs have clearly stated purposes, and use transparent, high quality, continuously improved processes to gather and analyze information about an individual’s practice for the purpose of:

- Assuring the public that there is an effective system in place to regularly evaluate physician performance and promote quality improvement for enhanced patient safety
- Validating appropriate physician performance and promoting reflection and quality improvement at an individual level
- Identifying physician ongoing learning needs to guide educational endeavours, risk reduction measures, policy development and advocacy for system change
Assessment Programs

- Peer Assessments
- Independent Health Facilities (IHF) Assessments
- Methadone Assessments
- Out-Of-Hospital Premises (OHP) Assessments
- Registration Assessments
- Peer and Practice Reassessments (Comprehensive)
- Assessments for Change in Scope of Practice and Re-Entry to Practice
Assessment Selection

Random

Re-Entering Practice

Age 70

Future Peer Assessor Candidates

Age 70+

Change of Scope

Re-Entering Practice

Age 70

Future Peer Assessor Candidates

Age 70+

Change of Scope

Random
Who are peer assessors?

• Active physicians
• Matched by practice profile and type of practice (Screened for conflicts)
• Standard toolkit and template
• The learning goes both ways
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You have input, too

• The Assessor Discussion
  • Respond to issues identified
  • Proactively communicate with panel
• Respond to Panel
  • Your chance to clarify
• The important points
  • Quality of practice a continuum
  • Take ownership
  • Recognize the opportunity
2017 Peer Assessment Outcomes

- 5% Re-Assessment
- 5% Interview
- 90% Satisfactory
How to prepare for a CPSO peer Assessment
Preparing for the assessment

- Review Quality Improvement Resources (QIR)
  - https://www.cpso.on.ca/redesign
- Ensure all components on QIR; if not, start implementing items
- Ask a colleague to look at your charts
- Prepare for the day: prepare an intro and show assessor how your records are organized (walk the assessor through a chart) – mention the QIR components; list CME
- Ask about any deficiencies the assessor may have noticed – clarify these with the assessor
- Positive attitude – you are here to learn to improve your records/care
- Remember – there is no “bad” scenario
The future of peer assessment at the CPSO
Peer Assessment Redesign
Educational - Transparent - Consistent - Relevant

A better peer assessment model

Making a bigger educational impact for a greater number of doctors
Peer Redesign Group

- Working on this for 2 - 3 years
- Aligning with CanMeds framework
  - Documentation (chart review)
  - Quality of Care assessment (discussion)
- Anticipated to take about the same length of time as the current process
Goals of Redesigned Program:

1. Consensus Approach
2. Purpose-driven (education!)
3. Discipline/Specialty-specific
4. Consistent/valid decision making
5. Transparent
New CPSO Peer Assessment tools (new in 2018)

- Quality improvement focus
- Provides scoring rubrics and educational resources
- Promotes transparency and consistency in assessment process
- May be helpful for self-assessment and QI
External Review

→ Feedback sought on draft assessment tools from physician organizations and individual Ontario physicians practising within each discipline:

Walk-In Clinic  Hospitalist  Medical Psychotherapy  Dermatology
Endocrinology  Cardiology  Family Medicine (GP)  Psychiatry

→ Received Feedback from +1,000 Ontario physicians and 14 Physician Organizations
Physician Survey Results

- **Walk-In Clinic**:
  - Agree: 49%
  - Somewhat Agree: 41%
  - Somewhat Disagree: 9%
  - Disagree: 1%

- **Hospitalist**:
  - Agree: 45%
  - Somewhat Agree: 47%
  - Somewhat Disagree: 8%
  - Disagree: 0%

- **Med-Psychotherapy**:
  - Agree: 48%
  - Somewhat Agree: 36%
  - Somewhat Disagree: 11%
  - Disagree: 4%

- **Dermatology**:
  - Agree: 55%
  - Somewhat Agree: 32%
  - Somewhat Disagree: 6%
  - Disagree: 6%

- **Endocrinology**:
  - Agree: 58%
  - Somewhat Agree: 35%
  - Somewhat Disagree: 4%
  - Disagree: 4%

- **Cardiology**:
  - Agree: 61%
  - Somewhat Agree: 29%
  - Somewhat Disagree: 7%
  - Disagree: 4%

- **Family Med (GP)**:
  - Agree: 55%
  - Somewhat Agree: 35%
  - Somewhat Disagree: 6%
  - Disagree: 4%

- **Psychiatry**:
  - Agree: 53%
  - Somewhat Agree: 39%
  - Somewhat Disagree: 5%
  - Disagree: 3%
Current status of new tools

• New assessment approach is being tested for each speciality in a limited number of assessments in 2018

• All 9 handbooks are posted online on our website

• New assessment approach will be operationalized by early 2019