cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

CONTINUING COMPETENCE

Program Manual

CPSA's Continuing Competence Program Manual is a supplementary and supporting document to the *Continuing Competence* standard of practice. The *Continuing Competence* standard of practice describes the components of the Continuing Competence Program, while the Continuing Competence Program Manual explains in detail the context and various requirements of regulated members.

A regulated member is any person who is registered or who is required to be registered as a member of CPSA. CPSA regulates physicians, surgeons, osteopaths and physician assistants.

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Authority

CPSA is obligated under section 10(1)(b) of the *Health Professions Act* RSA 2000, c.H-7 *(HPA)* to establish a competence committee. Pursuant to section 50 (1) of the *HPA*, CPSA must establish a continuing competence program within its standards. CPSA's Continuing Competence Program is comprised of three components as outlined in the *Continuing Competence* standard of practice, approved by CPSA Council Sept. 8, 2022:

Component 1 – Continuing Professional Development
Component 2 – General Assessment
Component 3 – Competence Assessment

Confidentiality

Information related to participation in a continuing competence program is confidential under section 52 of the HPA, unless the Competence Committee determines a referral to the Complaints Director is necessary, based on information obtained through the Continuing Competence Program that:

- the regulated member has intentionally provided false or misleading information;
- the regulated member displays a lack of competence in the provision of professional services that has not been remedied by participating in the continuing competence program;
- the regulated member may be incapacitated; or
- the conduct of the regulated member constitutes unprofessional conduct that cannot be readily remedied by means of the continuing competence program.

Failure or Refusal to Comply

Failure or refusal to meet the Continuing Competence Program requirements is considered unprofessional conduct under the HPA and *Continuing Competence* standard of practice, and may result in sanctions or affect the ability of regulated members to renew their practice permit.

Given that completion of competence activities is mandatory, failure to engage will result in the involvement of the Assistant Registrar and potential referral to the Complaints Director.

Component 1 – Continuing Professional Development (CPD)

Overview

Medical practice is continuously changing and in order to provide the best possible care to patients, regulated members are expected to continue acquiring knowledge and skills throughout their careers to maintain competency.

Participation

Physicians, surgeons, osteopaths and physician assistants on a **general register**, **provisional register**, **telemedicine register** or **limited practice register** with an active practice permit must be continuously enrolled and in good standing with one of the following CPD programs:

- the Maintenance of Proficiency (Mainpro+) Program of the College of Family Physicians of Canada (CFPC); or
- the Maintenance of Certification (MoC) Program of the Royal College of Physicians & Surgeons of Canada (RCPSC).

Being in good standing with Mainpro+ or MoC requires earning a minimum number of eligible credits within the timelines identified by that program.

Exemptions & Deferrals

A regulated member is exempt when their practice is exclusively within a training program (medical students, physician extenders, medical residents, postgrads/fellows).

If a regulated member is unable to participate for health reasons or exceptional circumstances, the regulated member must apply directly to the CPD program (Mainpro+ or MOC) for an exemption from or deferral of the CPD cycle and comply with the CPD program's requirements.

If a regulated member believes they should not be required to participate for exceptional circumstances that have not been approved by the CPD program (Mainpro+ or MoC), the regulated member must make application to the CPSA's Registrar or their designate for an exemption from or deferral of participation, within 30 days of the regulated member first becoming non-compliant with CPD participation.

Process for Application for Exemption or Deferral

- A regulated member must provide evidence satisfactory to the Registrar or their designate to support an exemption or deferral.
- If the Registrar or their designate requires further evidence from a regulated member regarding an application for exemption or deferral, the regulated member must provide that further evidence by the deadline set by the Registrar.
- The Registrar or their designate must advise a regulated member in writing as to whether the exemption or deferral requested by the regulated member has been granted, with or without conditions, as determined by the Registrar. The Registrar must provide written reasons for the decision.
- A decision of the Registrar or their designate regarding an application for exemption or deferral may, upon further application by the regulated member, be reviewed by Council.
- An application to Council must be submitted in writing by the regulated member to the Registrar within 30 days of the date of the Registrar's decision, accompanied by the review fee, along with reasons for the application for review by Council.

Timelines

CPD programs (Mainpro+ and MoC) each set the requirements and timelines for earning a minimum number of eligible credits. CPSA monitors enrollment in the CPD programs to ensure regulated members are in good standing to maintain their Alberta practice permits.

Record Retention

A regulated member must from time to time, when requested by the Registrar or their designate, provide evidence satisfactory to the Registrar that the regulated member is compliant with CPD requirements.

A regulated member must keep records in a form satisfactory to the Registrar, of any activities undertaken for the purpose of CPD for a period of six years.

Reporting

Credits earned for CPD activities must be reported directly to the CPD program (Mainpro+ or MoC) in which the regulated member is enrolled. **CPD credits should not be reported to CPSA.**

Component 2 – General Assessment

General assessment may include assessment of a regulated member's professional knowledge and skills, communication skills, practice management and professional ethics. General Assessment includes, but is not limited to, CPSA's Physician Practice Improvement Program (PPIP) and the Physician Prescribing Practices (PPP) program.

PHYSICIAN PRACTICE IMPROVEMENT PROGRAM (PPIP)

Overview

PPIP supports the Federation of Medical Regulatory Authorities of Canada (FMRAC)'s Physician Practice Improvement framework, which is intended to support regulated members' continuous quality improvement and is based around the CanMEDS roles (medical expert, communicator, collaborator, leader, health advocate, scholar and professional). FMRAC defines physician practice improvement as 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.

Participation

Physicians, surgeons and osteopaths on the **general register, provisional register** and **telemedicine register** are required to participate in PPIP.

Regulated members must complete each of the following three PPIP activities at least once over a five-year cycle:

- A practice-driven quality improvement activity using objective data
- A CPSA *Standards of Practice* quality improvement activity
- A personal development activity

The following regulated members are **not currently** required to participate in PPIP:

- Regulated members on a limited practice register
- Physician Assistants

Exemptions & Deferrals

A regulated member required to participate in PPIP may, if extenuating circumstances exist, submit a request in writing to the Registrar to vary the period in which the regulated member's practice improvement activities must be completed.

Timelines

Regulated members required to participate must complete all three PPIP activities at least once over a five-year cycle.

PPIP Activities

a) Practice-Driven Quality Improvement

Required Elements

The practice-driven quality improvement component of PPIP requires regulated members to use objective data and continuous quality improvement methodology to identify areas for improvement and implement strategies to enhance practice.

1. Review objective data.
2. Identify a gap/opportunity.
3. Establish SMART goals to address the gap.
4. Engage in a root cause analysis of why the gap is present.
5. Use QI methodology (e.g. PDSA cycle) to work towards identified goals.
6. Develop and document an action plan.
7. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP action plan template. An action plan based on SMART goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

Facilitation is recommended, with a colleague, direct supervisor, formal facilitator or trained coach.

Tools

Sources of objective data include, but are not limited to:

- EMR (both clinical and schedule data)
- Netcare/PIN/Connect Care
- Vaccine registry
- Alberta Health Services dashboard
- Multi-source feedback from peers/learners/patient questionnaires
- Prescribing data through MD Snapshot-Prescribing
- Health Quality Council of Alberta's Primary Healthcare Panel Reports
- Canadian Primary Care Sentinel Surveillance Network

Note: PPIP supports the use of data in an ethical manner. CPSA encourages regulated members to use the following free resource and support tools if there are questions regarding ethical data usage:
Alberta Innovates: *A Project Ethics Community Consensus Initiative* (ARECCI)

For more information and resources, refer to the PPIP website: Practice-Driven Quality Improvement

b) CPSA *Standards of Practice*

Required Elements

The CPSA *Standards of Practice* component of PPIP requires regulated members to use elements of a CPSA standard of practice (SoP) as a metric, to assess and improve adherence to the SoP.

1. Review objective data.
2. Identify a gap/opportunity.
3. Establish SMART goals to address the gap.
4. Engage in a root cause analysis of why the gap is present.
5. Use QI methodology (e.g. PDSA cycle) to work toward identified goals.
6. Develop and document an action plan.
7. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP action plan template. An action plan based on SMART goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

Facilitation is recommended, with a colleague, direct supervisor, formal facilitator or trained coach.

Tools

Standard of Practice Metrics tools or Group Practice Review can be used for this activity. Self-assessments based on individual CPSA SoPs are also acceptable.

- Standard of Practice Metrics Tools

  Two self-directed tools using CPSA's standards are available on the CPSA website under Standard of Practice Metrics - one for primary care and one for referral encounters. Each tool contains two modules: a record review and a self-reflection activity with creation of an action plan.

  Process

  1. Randomly select 10 patient records.
  2. Use the questions in the record review module of the tool to audit the charts and reflect on office processes, care management, patient follow-up and monitoring.
  3. Review the results of the record review and use the self-reflection module to identify areas of strength and opportunities for improvement.
  4. Develop and document an action plan.
  5. Implement the action plan and evaluate success.

  Regulated members may use their own action plan template or the PPIP action plan template. An action plan based on SMART Goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

  Facilitation is recommended with a colleague, direct supervisor, formal facilitator or trained coach.

  Cost

  There is currently no cost to the regulated member to use the self-assessment tools.

- Group Practice Review (GPR)

  GPR is a collaborative, educational process designed to strengthen and enhance a group practice. The review is managed and facilitated by CPSA staff in collaboration with the clinic physicians and staff.

Regulated members are required to participate in GPR if their clinic is selected.

Selection & Referral Criteria

Family physician and general practitioner clinics are selected to participate in GPR using a combination of the following criteria:

- At random
- Through CPSA's Clinic Registration process
- Potential protective and risk factors of clinical performance
- Previously participated in GPR and selected for follow-up

Specialists within a multi-disciplinary practice group selected for GPR are required to participate.

Family physician and general practitioner clinics with two or more regulated members who are interested in participating in GPR may contact Group.Practice@cpsa.ab.ca to self-refer. Limited spots are available and cannot be guaranteed.

A GPR specifically for specialist-only clinics is currently in development.

Process

1. The clinic identifies a designate regulated member as the primary contact.
2. The designate regulated member completes a clinic questionnaire.
3. An on-site or virtual standard of practice (SoP) review is conducted.
4. The clinic's regulated members meet with a CPSA-trained physician facilitator to discuss the results of the review.
5. Develop and document an action plan.
6. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP action plan template. An action plan based on SMART Goals (Specific, Measurable, Achievable, *Relevant*, and Time-Bound) is recommended.

Resources:
- *Group Practice Review – What to Expect*
- *SoP Review – What to Expect*

For more information, refer to the PPIP website: GPR

Cost

There is currently no cost to the regulated member to participate in GPR.

c) Personal Development

Required Elements

The personal development component of PPIP requires members to use personal reflection and formal feedback methods to focus on their wellness and gain insight into the CanMEDS attributes of communicator, professional, scholar, collaborator, health advocate and leader.

A personal development activity must:

1. Collect formal feedback or self-reflection data focused on attributes of communicator, professional, scholar, collaborator, health advocate and/or leader.
2. Review the data with the facilitation of a colleague, direct supervisor, formal facilitator or trained coach.
3. Develop and document an action plan.
4. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP action plan template. An action plan based on SMART Goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

For more information and resources, refer to the PPIP website: Personal Development

Tools

The MCC 360 tool can be used for this activity. Other data sources include feedback data, surveys, wellness and skills assessments.

- MCC 360

  Administered by the Medical Council of Canada (MCC), MCC 360 provides regulated members with feedback from a sample of their colleagues, co-workers and patients, which is combined with a self-evaluation for a complete "360 degree" perspective. The feedback focuses on regulated members' role as a communicator, professional and collaborator.

Selection & Referral Criteria

Regulated members are required to participate in MCC 360 if they are selected.

Selection is random or based on self-reported responses to the PPIP questions contained in CPSA's annual Renewal Information Form (RIF) and/or as a result of a PPIP audit.

Regulated members who are interested in participating in MCC 360 to complete their personal development activity may contact msf@cpsa.ab.ca to self-refer. Limited spots are available and cannot be guaranteed.

Process

1. Complete the MCC 360 profile.
2. Review and reflect upon MCC 360 results.
3. Participate in a follow-up telephone discussion with a CPSA-trained physician facilitator.
4. Develop and document an action plan.
5. Implement the action plan and evaluate success.

Resource:
- *MCC 360 – Information Sheet*

For more information, refer to the PPIP website: MCC 360

Cost

There is currently no cost to the regulated member to participate in the MCC 360 if selected to participate.

MCC may also accept self-referrals directly, but costs will apply. Contact the MCC directly for details.

Record Retention

Upon request, a regulated member must provide documentation of any or all PPIP activities to CPSA. Regulated members must retain action plans and documentation sufficient to verify the PPIP activities for a period of six years.

Reporting

Regulated members required to participate in PPIP must self-report their activities annually in the RIF, under the PPIP section.

Audit

Audit questionnaires are sent to both verify participation and gather further information about PPIP activities available to the profession.

a) Process

Upon selection for an audit, a regulated member will receive a communication via their secure CPSA Portal, with a link to the audit questionnaire for completion and submission.

b) Selection Criteria

Regulated members are selected randomly, based on self-reported responses to PPIP questions on CPSA's annual RIF.

c) Outcomes

Regulated members who do not meet the specific elements of the PPIP activity they reported completing may be directed to participate in an activity such as MCC 360 or GPR.

CPD Credits

Regulated members who participate in GPR or MCC 360 are eligible for CPD certified credits and, upon completion, are encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Other PPIP activity may be eligible for non-certified CPD credits. Upon completion of the activity the regulated member is encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Regulated members are also encouraged to review their recent CPD activity to assess alignment with PPIP activity requirements, as they may qualify for PPIP activity. Contact ppip@cpsa.ab.ca to inquire if the activity meets a PPIP requirement.

PHYSICIAN PRESCRIBING PRACTICES (PPP) PROGRAM

Overview

PPP is an educationally focused program that engages physicians through collaboration and advice. The program uses prescribing practice-related information received from the Tracked Prescription Program (TPP) Alberta and other sources, to proactively identify potentially high-risk prescribing patterns for regulated member notifications, further assessment and, where necessary, educational interventions.

Selection & Referral Criteria

PPP selects regulated members for participation into either an advisory feedback intervention or a directed feedback intervention. Both are based on identified risk thresholds.

Regulated members with identified prescribing-specific concerns may also be referred to a directed feedback intervention from other CPSA program areas.

Process

Regulated members who are identified for advisory feedback interventions may receive PPP patient advisories. These patient advisories provide information about the regulated member's prescribing practices to increase awareness and identify opportunities to optimize prescribing. The programs and tools below support the regulated member in self-directed continuous quality improvement.

Regulated members selected or referred to a directed feedback intervention are to participate in a Competence Assessment activity as detailed here in the Program Manual.

Tracked Prescription Program (TPP) Alberta

a) Type 1 Monitored Medications

Regulated members, including residents, must register with TPP Alberta to prescribe Type 1 (e.g., opioids, benzodiazepines) monitored drugs. Registration can be completed using an online form and is only required once.

Special prescription forms issued by TPP Alberta are required for prescribing Type 1 monitoring drugs. Regulated members receive one personalized TPP Secure Pad upon program registration, with re-ordering available upon request through TPP Alberta: Ordering a TPP Pad.

Prescription forgeries involving monitored medications can be reported to TPP, along with mandatory reporting of TPP Pad loss or theft, through the program website: Report a Forgery & TPP Pad Loss/Theft reporting.

b) TPP-Targeted Medications

For detailed TPP Alberta specific rules please refer to the TPP Alberta guide: TPP Alberta Program Guide.

Regulated members can access monitored drug utilization patterns, overall for Alberta, as well as their individual practice locations using TPP Alberta Atlas reports: TPP Antibiotic Atlas & TPP Opioid & Benzodiazepine Atlas.

More information about the TPP program can be found at www.tppalberta.ca

Opioid Agonist Treatment (OAT) Program

a) Overview

The Opioid Agonist Treatment (OAT) Program is a PPP sub-program specific to prescribing practices for Opioid Use Disorder (OUD) treatment.

The OAT Program seeks to ensure patient safety and an appropriate level of competence among regulated members who prescribe OAT. The program provides OAT prescribing approvals, OAT-specific prescribing resources and advice, and conducts OAT Education and Support (OATES) practice visits.

The OAT Program also maintains a web listing of Alberta OAT Clinics, to facilitate patient access to treatment. Regulated members interested in listing their clinic on the website can inquire with the OAT program (OAT.Info@cpsa.ab.ca).

b) OAT Prescribing Approval

Regulated members who wish to prescribe OAT for OUD treatment (with the exception of buprenorphine) must apply for a prescribing approval. If educational and experiential requirements are met, an online form can be completed for registration. To learn more about approval requirements and to access the registration form, click here.

c) Opioid Agnostic Treatment Education and Support (OATES)

OATES is an educationally focused, collegial practice visit initiative with an aim to support regulated members in community clinics in the safe provision of OUD treatment to Albertans.

Participation

Participation in an OATES practice visit occurs through three possible routes:

- Self-referral or voluntary clinic request
- Community-based OAT clinics requesting inclusion on the OAT Clinics listing
- Identified as a result of a prescribing query or referral initiated by another CPSA program area, regulated member or the public

Process

An OATES practice visit is broken into one to two half-days and typically conducted on-site. The process generally includes:

- Pre-visit questionnaire completed by clinic medical lead in advance of the scheduled visit.
- Interview with a clinic designate to gather information about the practice, range of services offered, wrap-around support and OUD related protocols and/or policies.
- Chart review using standardized worksheet templates.
- Interview with clinic medical lead.
- Report by practice visitor to the PPP Program.

- A visit summary and feedback in the form of a written report is provided to the clinic medical lead, typically with an accompanying teleconference for de-briefing, advice and answering any remaining questions.

Cannabis for Medical Purposes (CMP) Program

a) Overview

The CMP Program provides medical cannabis authorization approvals, educational resources and advice to physicians on safer use of cannabis for therapeutic purposes.

b) CMP Approval

Regulated members who wish to authorize cannabis for medical purposes are required to notify CPSA prior to issuing a medical cannabis authorization to a patient.

This one-time only notification is required for a CMP Approval. The notification can be completed through the program website by clicking here.

Tools

a) TPP Opioid & Benzodiazepines Atlas

Annual report highlighting use of Opioids & Benzodiazepines and Z-drugs in Alberta available through TPP Alberta. Contact TPP Alberta | Tracked Prescription Program Alberta to request an atlas.

b) TPP Antibiotic Atlas

Report on provincial use of antibiotics monitored by TPP Alberta including heat maps for geographical utilization rates. Contact TPP Alberta | Tracked Prescription Program Alberta to request an atlas.

c) MD Snapshot-Prescribing

All regulated members who prescribed an opioid, benzodiazepine/Z-drug or an antibiotic in the previous quarter are provided with an online Prescribing Snapshot through their CPSA Portal. The MD Snapshot-Prescribing is a self-directed learning tool with aggregate and patient-specific data enclosed, along with prescribing resources and companion documents to support action planning for improved patient care and prescribing practice.

The Prescribing Snapshot follows a quarterly release cycle, with the most recent quarter's data available for viewing in the 'Analytics' tab of the CPSA Portal, three weeks after quarter end. PPP issues individual notifications to members with new data for the preceding quarter, as well as a general notice in the CPSA's newsletter, *The Messenger*, for each report cycle.

Electronic PDF and paper versions are available upon request (AIR.Inquiries@cpsa.ab.ca). Members can report issues, including suspected data errors, directly through the CPSA Portal "Report an Issue" feature.

The reports are intended solely as a tool to support self-directed practice improvement and greater prescribing awareness among regulated members; they are not used internally for selecting members for PPP program participation.

d) Prescribing Advice, Consultation and Resources

Regulated members can contact PPP for prescribing-related advice and consultation at 780-969-4935 (Toll-free: 1-800-561-3899 Ext. 4935 (in Canada)) or AIR.Inquiries@cpsa.ab.ca.

PPP also produces 'Clinical Toolkit' prescribing advice briefs on select topics, as required. An inventory of prescribing resources is available on the 'Prescribing Tools & Resources' webpage.

Timelines

The program monitors prescribing practices quarterly, accepts referrals and responds to prescribing inquiries.

Cost

There is generally no cost to regulated members for most PPP activities.

Regulated members may be responsible for costs related to referrals to PPP (e.g. received through Professional Conduct) or interventions that are exceptionally resource intensive. Regulated members will be provided with specifics on costs in in advance of engagement with the program.

CPD Credits

Following review of any of the tools available through PPP as well as educational interventions with peer facilitation, regulated members are encouraged to apply for CPD credits though the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

A review of the Prescribing Snapshot is eligible for non-certified Mainpro+ credits under the College of Family Physicians of Canada's (CFPC) Assessment category. Physicians can also complete a Linking Learning exercise to earn five Mainpro+ certified credits. Members of the Royal College of Physicians and Surgeons of Canada (RCPSC) can claim MoC Section 3 credits.

Regulated members may also use their MD Snapshot–Prescribing reports as a data source for a PPIP Practice-Driven Quality Improvement or CPSA *Standard of Practice* activity if the regulated member uses the formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

Component 3 - Competence Assessment

Overview

Competence assessment is intended to identify regulated members whose practice may require support and intervention in order to meet competence standards. An educational approach is taken.

CPSA competence assessment programs include, but are not limited to, Individual Practice Review (IPR), Physician Assessment and Feedback (PAF), Physician Health Monitoring Program (PHMP) and Physician Prescribing Practices (PPP) - Directed Feedback Interventions.

A competence assessment may require evaluations, including:

- practice visits
- examinations

- an individualized assessment of professional competence, which may include (but is not limited to) assessments of:
    - professional knowledge or skills,
    - communication skills,
    - mental and physical health,
    - professional ethics,
    - practice management,
- interviews, or
- any other type of evaluation as required by the Competence Committee.

Participation

1) A regulated member who is directed by the Competence Committee or its delegate to participate in a competence assessment shall cooperate with the requirements for the assessment within a reasonable timeframe, provided by the Competence Committee or CPSA staff.

2) Without limitation to the duties of a regulated member set out in the HPA, the co-operation required of a regulated member directed to participate in a competence assessment will include:

    a) permitting the Competence Committee or its delegate to enter and inspect the premises where the regulated member engages in the practice of medicine, subject to the limitation set out in section 51(4) of the HPA regarding private dwellings and publicly-funded facilities,

    b) permitting the Competence Committee or its delegate to inspect the regulated member's records of the care of patients,

    c) providing to the Competence Committee or its delegate the information requested in respect of the practice of medicine conducted by the regulated member,

    d) providing the information in subsection (c) in the form requested by the Competence Committee or its delegate,

    e) answering questions posed by the Competence Committee or its delegate on matters pertaining to medical competence and performance,

    f) conferring on the contents of a report,

g) meeting with the Competence Committee or its delegate and discussing final recommendations for practice changes or improvements, and

h) demonstrating the adoption of recommendations, practice changes and/or improvements to the satisfaction of the Competence Committee or its delegate.

3) A regulated member who is directed by the Competence Committee or its delegate to participate in an interview for follow-up of an assessment shall make themselves available within 30 days for the interview, unless an extension is granted.

4) A regulated member who is directed by the Competence Committee or its delegate to undertake a more detailed assessment of clinical knowledge and skills shall cooperate with the requirements for that assessment within a reasonable, specified timeframe.

5) The cooperation required of a regulated member for a more detailed assessment may include, but is not limited to, travel and attendance at a competence assessment program acceptable to the Competence Committee or its delegate, and payment of the associated costs.

6) Assessments of professional competence under subsection (5) may include medical knowledge and skills, communication skills, and fitness for practice.

7) In the event of an unsatisfactory assessment, the Competence Committee or its delegate may direct a regulated member to undertake one or more remedial actions, which may include participation in a practice visit for a more detailed assessment.

8) A regulated member who is directed to restrict, modify or improve their practice shall comply with that direction to the extent that, at minimum, the Competence Committee or its delegate is satisfied that the regulated member's practice does not constitute an unreasonable risk of harm to patients.

9) The Competence Committee or its delegate shall refer a matter to the Complaints Director if the Competence Committee or its delegate has reasonable grounds (arising from participation in the Competence program) to believe that a regulated member:

a) may be guilty of criminal conduct or unprofessional conduct, whether in a professional capacity or otherwise,

b) may be incapacitated,

c) displays a lack of skill or judgment in carrying out the professional practice that has not been remedied by participation in the Continuing Competence Program, or

d) has refused or failed to comply with a direction of the Competence Committee or delegate or these rules.

10) The Competence Committee's delegate will report to the Competence Committee on request and at least yearly all activity which has been delegated by the Competence Committee to the delegate, including referrals to the Complaints Director and actions taken with members.

PHYSICIAN ASSESSMENT & FEEDBACK (PAF)

Overview

PAF is a proactive approach to quality assurance that provides selected regulated members with an assessment of their practice. Regulated members participate in a structured review with a CPSA-trained physician assessor.

Participation

Regulated members are required to participate in PAF if they are selected.

Family physicians, general practitioners and specialists on the general and provisional register who provide direct patient care are currently eligible for selection into PAF.

Selection & Referral Criteria

Protective and risk factors identified in the MD Snapshot-Practice Checkup (populated by responses provided in the annual Renewal Information Form (RIF) and from CPSA's database) are used for PAF's selection. Indicators will continue to evolve based on evidence and research investigating potential protective and risk factors for performance.

In addition to factors-based selection, a number of regulated members are selected randomly.

Exemptions & Deferrals

Deferral of participation in PAF include regulated members on medical leave, parental leave or extended leave from clinical practice. Regulated members granted a deferral will be allowed 6-12 months to re-establish practice upon return, depending on individual circumstances, prior to commencing participation in PAF.

Regulated members whose practice has no direct patient care are exempt from participating in PAF.

Process

The regulated member:

1) Is notified of selection to PAF.
2) Completes a Practice Overview Questionnaire.
3) Participates in a practice visit with an assessor, including:
   - Patient record review
   - Chart-stimulated discussion
   - Review of office processes
4) Reviews and reflects on the PAF Summary Report.
5) May request a telephone facilitation to review and reflect on the report.
6) Implements practice improvements outlined in the report.

Resources - Physician Assessment & Feedback

- *PAF Information Sheet*
- *PAF for Family Physicians/General Practitioners - What to Expect*

Outcome

There are two potential outcomes resulting from participation in the PAF process:

1) Self-directed quality improvement.
   - No further assessment or ongoing formal support from CPSA is required.
   - Recommendations from the PAF Summary Report may identify and guide opportunities for the regulated member.

2) Referral to Individual Practice Review (IPR).
   - Additional intervention and support is required.

- A CPSA Senior Medical Advisor will be assigned to follow progress, provide one-on-one support and guide the implementation of practice improvements.

Tools

PAF assessment measures are designed to assess clinical competence and performance through chart review and structured clinical discussion. Office processes are also reviewed for quality. Assessment of compliance with relevant CPSA *Standards of Practice* is included in these assessments.

The **Family Physician & General Practice** assessment tool is designed to assess adherence to CPSA's *Standards of Practice* including but not limited to, *Patient Record Content, Referral Consultation, Continuity of Care, Episodic Care, Virtual Care* and *Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms*. Clinical performance is also assessed through chart review and structured clinical discussion.

The **Specialists** assessment tool is designed to assess adherence to CPSA's *Standards of Practice*, including, but not limited to *Referral Consultation, Continuity of Care, Episodic Care* and *Patient Record Content.* Clinical performance is also assessed through chart review and structured clinical discussion.

Resources - Physician Assessment & Feedback
- *Family Physicians and General Practitioners – Assessment Tool*

Timelines

PAF selection is initiated multiple times throughout the year. Approximate average timeline from initiation to completion is three-to-six months.

Cost

There is no cost to the regulated member for the PAF practice visit.

Pending the results of the practice visit, there may be some external assessments/activities recommended, which will be at the regulated member's cost.

Examples of external recommended supports include:

- Medical Record Keeping courses at the University of Calgary, University of Toronto and College of Physicians and Surgeons of British Columbia.

- Safe Medical Care Learning courses from the Canadian Medical Protective Association (CMPA).
- Additional programs/courses specific to the regulated member's educational needs.

Should the outcome of the PAF assessment result in a referral to Individual Practice Review (IPR), please refer here in the program manual.

CPD Credits

Upon completion and closure of the PAF file, the regulated member is encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in PAF may qualify as a PPIP activity if the regulated member uses the PAF formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

INDIVIDUAL PRACTICE REVIEW (IPR)

Overview

IPR is a customized and collaborative process. Tailored individually for assessment and remedial needs, IPR emphasizes targeted educational support to improve a regulated member's practice.

Participation

Participation in IPR is initiated by referral. When directed by CPSA, a regulated member must participate in an IPR practice assessment. Regulated members will receive communication from CPSA, advising of the referral to take part in IPR. The communication will include details about the process and next steps.

Selection & Referral Criteria

Referral to the IPR program may be made by:

- A CPSA department (such as Professional Conduct, to address and resolve a complaint) that identifies a regulated member who needs assistance to maintain or improve their competence.
- CPSA's Physician Assessment & Feedback (PAF) program, when PAF results suggest the regulated member could benefit from additional support.
- Self-referral.

Process

IPR is designed around opportunities identified by the assessment of a regulated member's practice. A trained CPSA Senior Medical Advisor will provide oversight, support and direction throughout. The type of assessment is based on the specific features of the practice and the referral itself.

An IPR practice assessment is a virtual or in-person practice visit at the location(s) of the practice. The practice visit generally includes, but is not limited to, a review of key administrative processes, chart review for record keeping, clinical reasoning and a facilitated chart-stimulated recall with a CPSA-trained practice physician. A report identifying practice strengths and opportunities for improvement is provided.

Regulated members may also be directed to external competence programs for assessment. For more information, click here.

Follow-up review of the regulated member's practice after completion of the required remedial activities will generally be required. If significant challenges are identified, additional competency assessments may be required, such as direct observation by a peer during provision of care in clinic, surgical suite, emergency room, etc.

Resource: Individual Practice Review
- *IPR – What to Expect*

Tools

IPR practice assessment tools are designed to assess adherence to CPSA's *Standards of Practice*, such as *Patient Record Content, Referral Consultation, Continuity of Care, Episodic Care, Virtual Care* and *Prescribing: Drugs Associated with Substance Use*

Disorders or Substance-Related Harms, as well as thoroughness of histories and physical examinations.

Assessment measures are detailed here:
- *IPR Office & Practice Overview*
- *IPR Chart Review*

Timelines

Participation in the IPR program varies, as the assessment and remediation activity is customized to the regulated member's identified needs.

Cost

IPR is a cost-recovery program with standardized fees set by CPSA Council.

Regulated members will be provided with specifics on costs when they first enter the IPR program.

If the results of the IPR indicate a need for significant improvement, remediation or additional assessment through other accredited programs (locally or abroad), additional costs will apply.

Additional accredited assessment programs, and common external courses and remediation activities include, but are not limited to:

- Center for Personalized Education for Professionals (CPEP).
- Medical Record Keeping courses at the University of Calgary, University of Toronto and College of Physicians and Surgeons of British Columbia.
- Workshops/programs at the Canadian Medical Protective Association (CMPA).
- Programs/courses specific to a regulated member's needs, such prescribing and de-prescribing, professionalism, communication, etc.
- Participation in the University of Calgary Alberta Physician Assessment & Support Services (APASS) program, for practice mentorship and individualized learning plans.
- Working with a CPSA-contracted practice mentor.

Costs of participating in these educational interventions and assessments are the responsibility of the regulated member. Additional IPR fees may be assessed at the discretion of CPSA, generally in the case of an excessive length of time in the IPR program or by direction of a Terms of Resolution agreement with Professional Conduct.

CPD Credits

Upon completion of IPR and closure of the file, the regulated member is encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in IPR may qualify as a PPIP activity if the regulated member uses the IPR formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

PHYSICIAN HEALTH MONITORING PROGRAM (PHMP)

Overview

PHMP advises in situations where regulated members are experiencing a health condition that could interfere in their ability to practice medicine safely.

Participation

Participants include regulated members who presently have a physical, cognitive, mental and/or emotional condition that negatively impacts, or is likely to negatively impact, the regulated member's work.

Selection & Referral Criteria

A regulated member may contact PHMP at any time to discuss a concern about their own health.

If a regulated member is concerned about a colleague, they may contact PHMP informally to discuss this. Reporting to CPSA is required when thresholds defined in the *Duty to Report Self* and *Duty to Report a Colleague* standards of practice are reached.

PHMP can also be contacted by third parties (i.e., Alberta Health Services, Universities, etc.), other departments within CPSA and members of the public/patients.

Underlying Principles

The principles under which the PHMP operates include the following:

1) Protection of the public is paramount in all considerations.

2) If a regulated member declines to participate in PHMP despite a health condition which may affect their fitness to practice, this may be grounds for a referral to Professional Conduct.

3) PHMP works collaboratively with regulated members to ensure health conditions and work are managed in a way that ensures safe practice, allowing the regulated member to continue to practice wherever possible, with a minimum of disruption to the service they provide to their patients.

4) PHMP provides guidance and support to regulated members but does not provide any form of treatment or advice about treatment.
5) PHMP strongly encourages the regulated member's right to access all available resources, including the:
    - Physician and Family Support Program operated by the Alberta Medical Association (PFSP)
    - Case Coordination function of the PFSP
    - Canadian Medical Protective Association (CMPA)

6) Evidence and expert opinion are used when determining fitness to practise and any subsequent actions.

7) PHMP recognises the majority of regulated members manage their health conditions in a way that minimizes the impact on their practice and the safe care of patients.

8) The regulated member's personal health information is kept strictly confidential at all times. Specific information about who has access to this information, and under which circumstances, can be found in the Physicians' Personal Health Information policy.

Processes

1) Identification of regulated members with possible health conditions may occur through:
    - Registration and annual renewal
    - Self-reporting
    - Colleagues or other health professionals reporting

- Internal CPSA referrals
- Third-party referrals
- Public/patients reporting

2) Assessment of risk to patients:

   If there is reasonable concern that a regulated member may be experiencing impairment or lack of capacity which may impact practice, PHMP may request the regulated member voluntarily withdraw temporarily from practice until a full assessment of health issues and risk to patients is completed.

   If there is no immediate risk, the following may be carried out:

   a) Meeting with the Registrar or designate.
   b) Obtaining reports from treating practitioners.
   c) Obtaining independent assessment and/or reports from non-treating assessors and/or workplace monitors.
   d) The reports from b) and c) form the basis of ongoing requirements to monitor the regulated member's health, and ensure they are compliant with treatment recommendations and remain safe to practice.

3) The regulated member may be asked to voluntarily restrict or modify their practice to ensure their practice remains safe and they remain healthy.

   Restrictions/modifications solely related to the health of the regulated member, are kept confidential.

   Restrictions/modifications related to practice may be included on the regulated member's practice permit as a condition of practice, as a result of a formal agreement or arising out of alternative processes within CPSA. Conditions may include but are not limited to, limitations to night call, restriction on the type and number of patients seen, or restrictions of the practice type or location.

4) If the regulated member will not voluntarily withdraw from practice when there is reason to believe they lack capacity to care safely for patients, the matter may be referred to the Complaints Director for consideration to use provisions in Section 118 of HPA.

Assessment Tools

Regulated members may be asked to:

1) Allow the collection of additional information to assess fitness to practice for health reasons. Additional information may include:
   - Reports of treating practitioner(s) and the opinion of these practitioners as to the regulated member's fitness to practice.
   - Reports from colleagues of clinical performance and/or professional conduct.
   - Additional independent third-party assessments.
   - Other information held by CPSA or other medical regulatory authorities.

2) Undergo third-party assessments, which may include the following:
   - Cognitive assessment and neuropsychological testing.
   - Physical assessment tailored to the specific health condition.
   - Psychiatric assessment.
   - Multi-disciplinary assessment for complex cases.

3) Allow CPSA access to any medical reports and records resulting from the assessments that consider the regulated member's fitness for practice.

Monitoring Tools

Monitoring may include:

- Report(s) from treating practitioner(s).
- Report(s) from colleagues or a designated practice monitor.
- Reassessment(s) by a third party.
- Practice visit(s) or audit(s) to review their practice.
- Competency assessment.
- Monitoring of billing or medical records to determine compliance with practice restrictions.
- Full review and assessment of activities undertaken with the possibility of revision of expectations and/or practice conditions.
- Entering into a monitoring agreement, when appropriate, to ensure compliance with the monitoring requirements as a condition of continued practice, and as an alternative to the complaints process to resolve issues related to health.

Cessation of Assessment/Monitoring

Subject to the progression of the health condition(s) and the individual circumstances of the regulated member, any assessment or monitoring process may be suspended or terminated when the impact of the health condition(s) no longer negatively impacts or is no longer reasonably likely to negatively impact the member's fitness to practice medicine, and significant risk to patients or public safety is no longer present.

Policies

Full PHMP policies are available on the CPSA Website.

Cost

Regulated members will be provided with specifics on costs, if applicable, when they first enter the PHMP program.

CPD Credits

During monitoring and upon completion and closure of the PHMP file, regulated members are encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in PHMP may qualify as a PPIP personal development activity if the regulated member uses the PHMP formal feedback data, receives facilitation and develops an action. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

PHYSICIAN PRESCRIBING PRACTICES (PPP) – DIRECTED FEEDBACK INTERVENTIONS

Regulated members may be identified by the PPP program for Directed Feedback Interventions.

Process

Each prescribing intervention has a formalized review and reporting process aimed at facilitating learning and providing constructive feedback to improve prescribing practices.

A directed feedback intervention may involve:

1) Prescribing Review using TPP data – occurs in all cases
2) Questionnaire & Teleconference – prescribing queries to solicit further information on specific prescribing aspects or patterns.
3) Chart Review – led by a Senior Medical Advisor, PPP Pharmacist, PPP physician mentor or PPP practice visitor as appropriate.
4) Practice Visit – may be virtual or on-site; involves interviews with clinic staff and direct observation of the regulated member's practice. Practice visits are typically led by a PPP practice visitor.
5) If identified learning needs require longitudinal engagement and mentorship, PPP will assign a PPP physician mentor with time lines varying depending on the goals.
6) Closing correspondence letter with a summary of interaction and concluding advice and/or report to the referring program, as required.
7) Interventions may also be closed through referral to other program areas, such as Individual Practice Review. Referral criteria include learning needs that are identified to be broader than or unrelated to the regulated member's prescribing practice.

Timelines

The program monitors prescribing practices quarterly and accepts referrals and prescribing queries as required. Engagement with the program varies depending on the goals of the directed feedback intervention.

Costs

Regulated members may be responsible for costs related to referrals to PPP (e.g., received through Professional Conduct) or interventions that are exceptionally resource intensive. Regulated members will be provided with specifics on costs in advance of engagement with the program.

CPD

Upon closure of a PPP directed feedback intervention, the regulated member is encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in a PPP Directed Feedback Intervention may qualify as a PPIP Practice-Driven Quality Improvement or CPSA *Standard of Practice* activity if the regulated member uses the formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

Acronyms

ARECCI	Alberta Innovates: A Project Ethics Community Consensus Initiatives
CFPC	College of Family Physicians of Canada
CMP	Cannabis for Medical Purposes Program
CMPA	Canadian Medical Protective Association
CPD	Continuing Professional Development
CPEP	Centre for Personalized Education for Professionals
CPSA	College of Physicians & Surgeons of Alberta
EMR	Electronic Medical Record
FMRAC	Federation of Medical Regulatory Authorities of Canada
GPR	Group Practice Review
HPA	*Health Professions Act*
IPR	Individual Practice Review
MAINPRO	Maintenance of Proficiency - College of Family Physicians of Canada
MCC	Medical Council of Canada
MoC	Maintenance of Certification
OAT	Opioid Agonist Treatment Program
OATES	Opioid Agonist Treatment Education and Support
OUD	Opioid Use Disorder
PAF	Physician Assessment and Feedback Program
PDSA	Plan-Do-Study-Act
PHMP	Physician Health Monitoring Program
PPIP	Physician Practice Improvement Program
PPP	Physician Prescribing Practices
RCPSC	Royal College of Physicians & Surgeons of Canada
SMART	Specific. Measurable. Achievable. Realistic. Timely.
SoP	Standard of Practice
TPP	Tracked Prescribing Program

Questions?
Any questions about the information contained in this manual, please email support@cpsa.ab.ca