





Hello! My name is Dr. Shelley Howk and I am a Senior Medical Advisor with the Continuing Competence department at CPSA.

Today, I invite you to watch this brief video about the Physician Practice Improvement Program, or PPIP. Specifically, I would like to address the evolution of this initiative and the principles in its development.


PPIP Videos




The Why
Dr. Shelley Howk



The What
Dr. Sam Lou



The How
Dr. Danielle Michaels



2

Physician Practice Improvement Program (PPIP)

This is the first video in a three-part series highlighting PPIP. I would also like to invite you to view the additional videos for PPIP, entitled “The What” by Dr. Sam Lou, that highlights what specifically needs to be done for each of the PPIP activities, and “The How” by my colleague Dr. Danielle Michaels, who guides you through how to do each step.

Land Acknowledgement

CPSA respectfully acknowledges that our office is located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples. We strive to honour and celebrate the histories, languages and cultures of First Nations, Métis and Inuit peoples throughout Treaty 6, Treaty 7 and Treaty 8 territories, as well as in settlements and Indigenous communities across Alberta. Through this land acknowledgement, we commit to building and nurturing authentic relationships with Indigenous peoples as we work towards culturally-safe, equitable health care for all.

CPSA respectfully acknowledges that our office is located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples. We strive to honour and celebrate the histories, languages and cultures of First Nations, Métis and Inuit peoples throughout Treaty 6, Treaty 7 and Treaty 8 territories, as well as in settlements and Indigenous communities across Alberta. Through this land acknowledgement, we commit to building and nurturing authentic relationships with Indigenous peoples as we work towards culturally-safe, equitable health care for all.

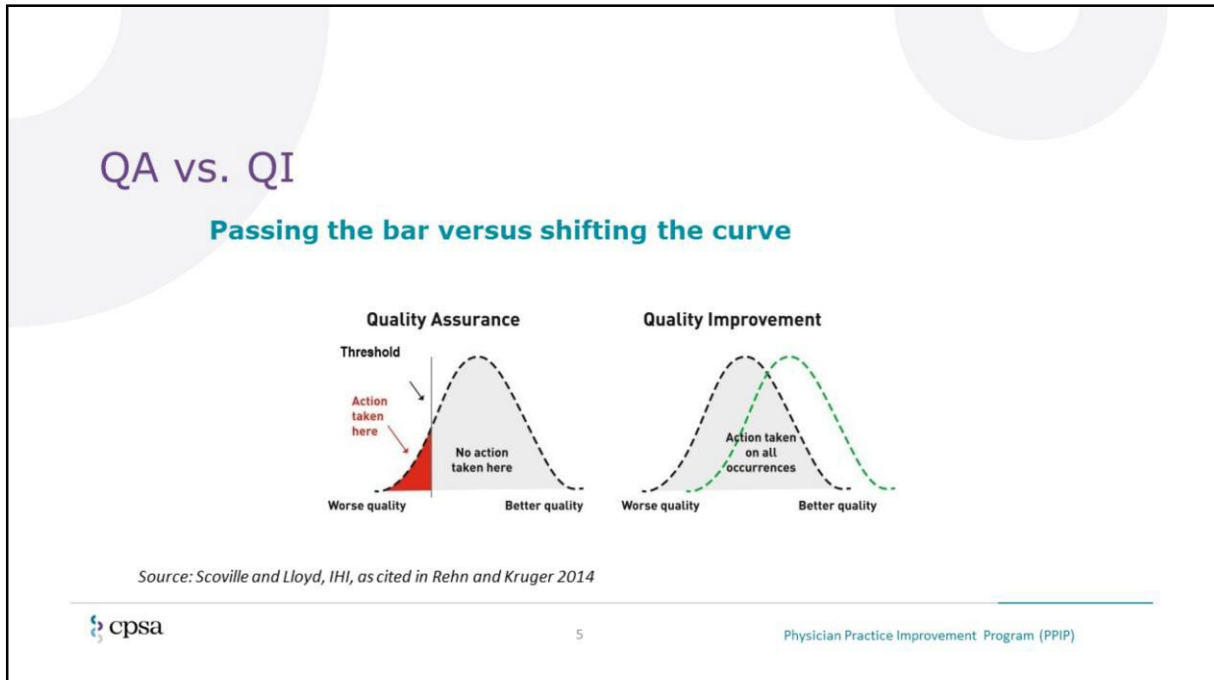
Objectives

- ✓ QA vs QI
- ✓ *Health Professions Act*
- ✓ Continuing Competence
Standard of Practice
- ✓ Principles guiding PPIP such as:
 - Cambridge Model
 - FMRAC
 - Quadruple Aim



At the end of this session you should be able to:

- Understand the quality assurance versus quality improvement model
- Appreciate the HPA or *Health Professions Act*, and the standards of practice, specifically the *Continuing Competence* standards of practice and how this informs competence activities and
- Highlight the principles governing the development of PPIP, such as the Cambridge Model, FMRAC (Federation of Medical Regulatory Authorities in Canada) and the Quadruple Aim, which influenced its design.



Most people likely view CPSA as being involved more with quality assurance, or QA, as opposed to quality improvement, or QI. The fact is that CPSA is involved in both.

In quality assurance, there is a threshold or a specific metric that must be achieved. If that threshold is passed, then no action needs to be taken. If that threshold is not met, then action is required.

Quality improvement looks at performance on the same Bell curve, however irrespective of one's starting point on that curve, there is always an opportunity to change, improve or shift the curve. There is no pass/fail in a quality improvement process.

There is good evidence that knowledge does not equal change. We can be aware of best practices or even aspire to do something differently, but intention doesn't always result in the change that we may wish.

What is Competence?

- HPA (*Health Protections Act*) definition
- **Continuing competence:** the maintenance of the knowledge, skills, attitudes and judgment required to provide professional health services.

So what **exactly** do we mean by the word “competence”?

The definition used in the *Health Professions Act* is:

The maintenance of the knowledge, skills, attitudes and judgment required to provide professional health services.

Cambridge Model of Physician Performance

Competence + Individual + System = Performance



Adapted from: Rethans, JJ, Norcini, JJ, Baron-Maldonado, M, Blackmore, D, Jolly, BC, LaDuca, T, Lew, S, Page, GG & Southgate, LH (2002).
The relationship between competence and performance: implications for assessing practice performance. Medical Education (36) 901-909.

CPSA's Continuing Competence department has based its philosophy of physician performance on the Cambridge Model. This illustrates that performance is not only related to competence (which is the physician's knowledge, training, and skill set), but is equally affected by both individual factors (such as physician health, life events and current circumstances), and systemic factors (the larger environment and health care network in which we work). Together, they comprise the overall performance.

CanMEDs

CanMEDS is a framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve.

Royal College of Physicians and Surgeons of Canada



CanMEDS

<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

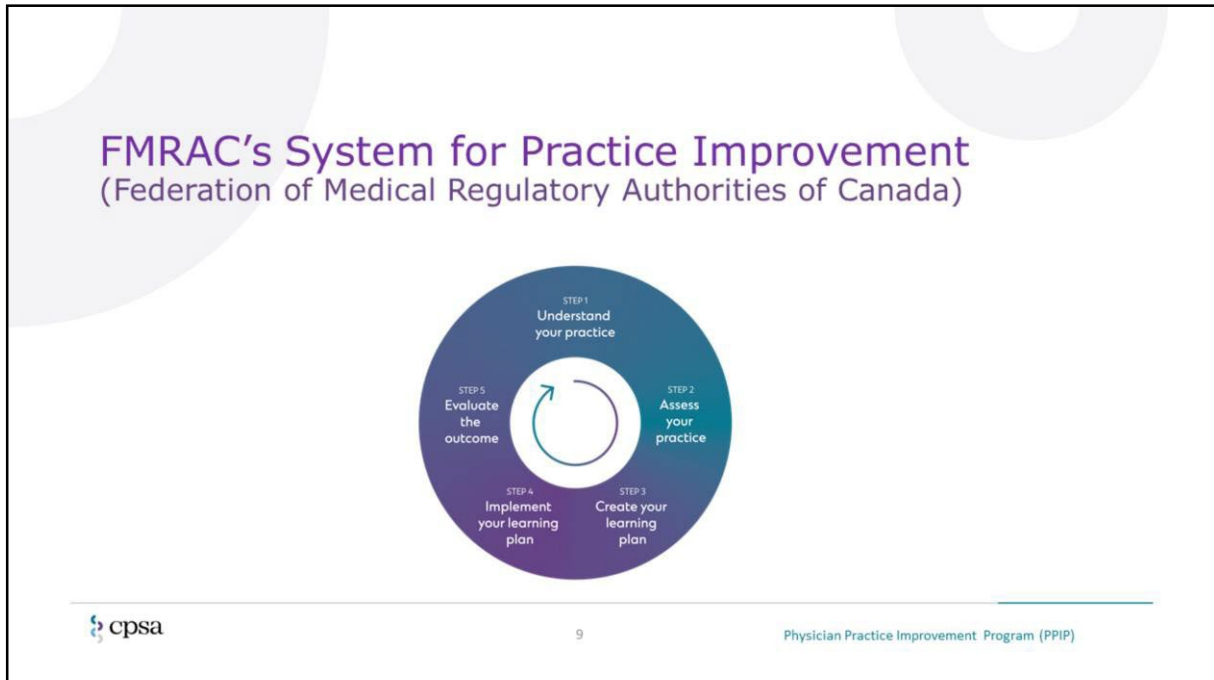
The College of Family Physicians of Canada



CanMEDS-Family Medicine

[CanMEDS-Family Medicine | The College of Family Physicians of Canada \(cfpc.ca\)](#)

The national colleges have supported and encouraged the use of the CanMEDs framework which recognizes that physicians must be more than just medical experts. Being a professional, a communicator, a collaborator, a leader, a health advocate, and a scholar are all abilities required to be an effective physician.



The Federation of Medical Regulatory Authorities of Canada (FMRAC) supports a physician's continuous quality improvement, based around the CanMEDs roles. FMRAC's system for practice improvement, as depicted in this slide—understand your practice, assess your practice, create your learning plan, implement your learning plan, and evaluate the outcome—is essentially a quality improvement cycle. This was developed with the understanding that each physician has a unique practice and therefore unique learning needs. Because of this, you will notice that PPIP allows physicians to choose the activities that are valuable to them.



Many of you will be familiar with the Triple Aim that was developed by the Institute for Healthcare Improvement in October of 2007. Building upon this, we now have the Quadruple Aim framework, which was designed to help healthcare organizations move towards collective goals. It encompasses enhancing patient experience, improving population health, increasing value and quality of care, and improving work/life balance of healthcare workers.

Legislation & Authority

- *Health Professions Act*
- CPSA Continuing Competence Standard of Practice
 - [Continuing Competence Program Manual](#)

Authority for Competence activities has already been enshrined in law and originates in the *Health Professions Act*. Previously, CPSA had PAR, the Physician Achievement Review program, to fulfil its legislated mandate to ensure competence in the profession. This program was discontinued in 2016. Now, as per legislation changes, this requirement is also in the standard of practice *Continuing Competence*. The CPSA standards of practice are the “minimum standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta”.

CPSA Continuing Competence Standard of Practice

Physician Practice Improvement Program (PPIP) falls under the
General Assessment section:

A regulated member on a general register **must** participate in PPIP over a continuous five-year cycle, in accordance with requirements outlined in the Continuing Competence Program Manual.

This standard covers three components:

- Continual Professional Development
- General Assessment and
- Competence Assessment

PPIP, or the Physician Practice Improvement Program, is one of the elements of General Assessment.

Principles governing PPIP

- Fulfill legislated mandate to ensure competence of all physicians
- Worthwhile to the profession:
 - Did I learn something valuable or shift the curve?
- Align with other partners:
 - Get CPD credits
 - Fulfill AHS privileging requirements or PCN QI targets
 - Collaborate to meet stakeholder goals



This slide outlines the main principles that guided the development of PPIP. Besides the legislated mandate, the vision is to allow for physicians to use quality improvement methodology to put their knowledge into action and empower change in their own professional and personal spheres. Additionally, given that there are many requirements and demands from other stakeholders, it makes sense to align these expectations to fulfil multiple goals.

Physician Practice Improvement

Enable learning, foster reflection, empower change.

The slogan for the Physician Practice Improvement Program is to enable learning, foster reflection and empower change. This is reflective of the quality improvement mindset in its development.

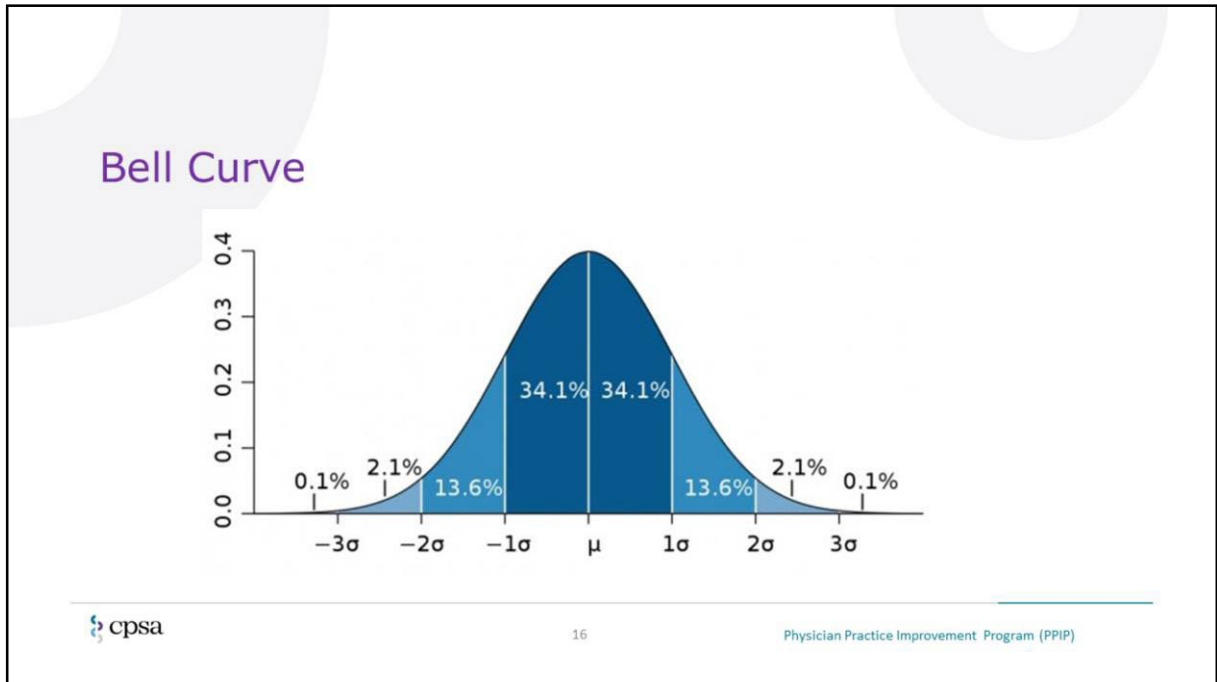


In brief, PPIP requires physicians to participate in three activities over a five-year cycle, at least one in each category:

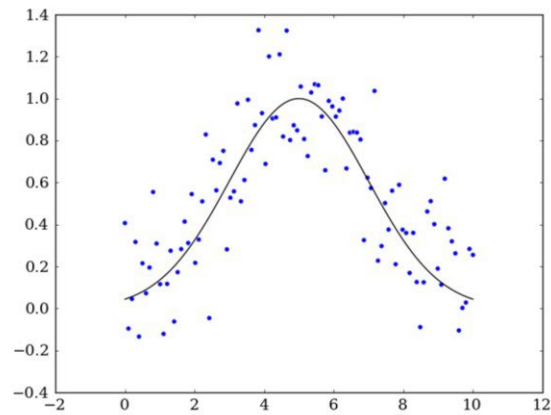
- A practice-driven quality improvement activity
- A CPSA standards of practice quality improvement activity and
- A personal development activity.

It is important to recognize that healthcare workers who are achieving a healthy balance in their own life have been shown to achieve better health outcomes within their patient panel.

These activities, whether they involve practice-driven information, CPSA standards of practice or personal development can involve any of the CanMEDs roles. All three activities are discussed in more detail in the PPIP “The What” and PPIP “The How” videos, but they all involve the use of data, reflection and/or facilitation, and development of an action plan.



So when we revisit that Bell curve, it is probably important for us all to recognize that this is just an illustration of the spectrum of all of our practices. We are all somewhere on this curve. And perhaps most importantly, we need to recognize that this Bell curve is really just a representation of this...



... A collection of dots. And each one of us and our team is a dot. We can only make a difference if each of us makes a small change.

"By empowering the dot,
we shift the curve ..."

That's what quality improvement is all
about!

By empowering the dot, we shift the curve.

That is what quality improvement is all about!

Recap Objectives

- ✓ QA vs QI
- ✓ *Health Professions Act*
- ✓ Continuing Competence
Standard of Practice
- ✓ Principles guiding PPIP such as:
 - Cambridge Model
 - FMRAC
 - Quadruple Aim



Thank you for taking the time to watch this video about PPIP and the vision of ongoing quality improvement. In summary, we have reviewed quality assurance versus quality improvement, the *Health Professions Act* and standards of practice that mandate these activities, and the principles governing this program including the Cambridge Model of Performance, FMRAC directives and the Quadruple Aim.

Conclusion & Video Series



The Why
Dr. Shelley Howk



The What
Dr. Sam Lou



The How
Dr. Danielle Michaels

This concludes the first video in our PPIP series. Once again, further details about the requirements of PPIP and reporting completion of an activity can be found in “The What” video, brought to you by my colleague, Dr. Sam Lou. For more details on SMART goals and how specifically to complete an action plan for each activity, please see “The How” video, narrated by Dr. Danielle Michaels.



For further information or additional resources, please refer to the references on our website or contact us directly at this email.

Thank you for your time and do not hesitate to contact CPSA if you have further questions or need assistance.

Thank you!