



Physician Practice Improvement Program

A Resource for Clinical Staff

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Enable learning, foster reflection, empower change



What is CPSA’s Physician Practice Improvement Program (PPIP)?

Physicians must complete three PPIP activities—one from each of the following categories—within a continuous five-year cycle aligned with their [Continuing Professional Development \(CPD\)](#) cycle:

- [Practice-driven](#) quality improvement activity
- [CPSA’s Standards of Practice \(SoP\)](#) quality improvement activity
- [Personal development](#) activity

PPIP activities require:

- The use of data.
- Documenting an action plan.
- Facilitation is recommended for all activities, but mandatory for personal development.
 - Facilitation can be provided by a colleague, supervisor, formal facilitator, trained coach, or through a self-reflection module. Resources for self-reflection are available through the [Physician Learning Program](#), [My Practice Improvement \(MyPi\)](#), or [MyL3Plan](#).

How can clinical staff support physicians?

Clinical staff can help physicians by collecting the data they need to complete a PPIP activity. They can also support physicians in creating an action plan based on identified gaps. Use the [PPIP Action Plan](#) template as needed.

Practice-driven activities

Physicians use data to identify areas for improvement and implement strategies to enhance practice. For example:

- Gather data for quality improvement (e.g., diabetic patients’ HbA1c trends, cancer screening rates).
- Generate EMR reports on high-risk medications (e.g., opioids, benzodiazepines) for prescribing audits).

Data sources include aggregate retrospective patient population data via Connect Care.

Sample action plans:

- [Prescribing](#)
- [Allergy Prescription Changes](#)
- [Colorectal Cancer Screening](#)
- [Post-Operative Nausea and Vomiting](#)

CPSA Standards of Practice (SoP) activities

Physicians use a [CPSA SoP](#) as a benchmark to reflect on practice and assess adherence. For example:

- Pull EMR/Connect Care patient data to measure adherence with elements of the [Patient Record Content](#) or [Referral Consultation](#) standards.
- Document patient follow ups for abnormal results, to ensure timely and compliant record transfers for continuity of care.

Sample action plans:

- [Continuity of Care](#)
- [Disclosure of Harm](#)
- [Patient Record Content](#)
- [Referral Consultation](#)

Personal development activities

This activity involves collecting feedback focused on attributes of communicator, professional, scholar, collaborator, health advocate, and/or leader and physician wellness. Examples include:

- Organize patient satisfaction surveys and compile feedback for physician reflection.
- Use [HQCA surveys](#) for patients about their primary care experiences.
- Register for a [Alberta Medical Association's Physician and Family Support Program](#) wellness event.

Sample action plans:

- [Implicit Bias](#)
- [Learner Feedback](#)

Common answers to questions about PPIP

- Physicians self-report PPIP activities annually through CPSA's [Renewal Information Form](#) (RIF).
- Documentation does not need to be submitted but must be retained (including action plans) for six years.
- PPIP conducts random audits to verify participation and gather information about activities.

Resources

For more information and examples of PPIP activities, visit cpsa.ca/ppip. You'll also find a list of PPIP partners offering tools, programs and data to help physicians meet PPIP requirements. Reach out to these partners directly for additional tools and ideas.

Questions? Email us at ppip@cpsa.ab.ca.