



# Quality Matters

A Newsletter for CPSO Assessors  
College of Physicians and Surgeons of Ontario

Issue 3—June 2009

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## Networking — Connecting with colleagues made easier

Assessors attending the Assessor Forum in November 2007 helped us identify key projects to strengthen assessor–College relationships, and better engage assessors in our assessment programs: Independent Health Facilities; Methadone; and Peer Assessment. As a result, staff driven project teams were created to address assessor needs. Processes have been reviewed and recommendations made.

**Here is one crucial area in which assessors asked for improvement...**

**Connecting with Colleagues** — Assessors asked us to come up with mechanisms to facilitate their sharing of ideas, challenges and assessment issues within the same specialty areas. Upon review, we found that some programs are naturally set up to facilitate communication or networking among assessors, e.g., the IHF ‘team approach’ to assessments, and Methadone’s well established avenues for information sharing. Other program processes/structures make it more difficult for assessors to network, e.g., Peer Assessment, where assessors primarily work alone. Therefore, each program arrived at different conclusions around how to support networking.

**Peer Assessment — Network Leads** have been identified for each specialty area. By now, your leads have received your contact information, and will be getting in touch. Each specialty group will ideally collaborate at least once before the October 30, 2009 Assessor Forum to discuss issues relevant to their specialty area. Assessors also recently received information about the mandate and proposed activities for networking groups. The advance discussions will help identify specialty-specific topics for the conference.

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**Methadone** — Methadone Assessors met in October 2008 to discuss if more formal networking mechanisms were necessary. They decided that they already had good networking opportunities available to them, namely:

- Quarterly Methadone Prescribers’ Newsletter;
- Annual Methadone Assessor meetings;
- Annual Methadone Prescribers’ Conference;
- Medical Mentoring for Addictions and Pain (MMAP Program), which enables prescribers (some who are assessors) to mentor family physicians on issues of addiction and pain.

**See Page 2 for more information about “networking” and Page 3 for new developments regarding the ‘Assessor Feedback’ project.**



## Assessor Conference is October 30, 2009 - Mark your Calendar!

The next Assessor Conference will be held on **Friday, October 30, 2009**. Over the next several months, staff will be identifying key agenda items. We are glad to report that time will be set aside during the day to ensure that specialty groups are able to discuss issues specific to their specialty areas.



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**Peer Assessment** — On May 8, 2009, at the College's inaugural meeting of the Assessor **Network Leads**, the mandate and proposed networking group activities were identified:

### Mandate of the Networking Groups

1. Continuously improve College assessments
2. Foster a 'community of College assessors'
3. Provide advice and guidance to the College

### Proposed Networking Group Activities

#### Activity 1

- Collect ideas and opinions from network group members to improve content, process and tools;
- Develop consensus on most pressing practice issues where improvements at the specialty level could be made;
- Build necessary linkages to consult beyond the networking group to ensure perspectives are informed by a broad-base of physicians (e.g., consult with specialty societies).

#### Activity 2

- Determine the resources and training needs for the group to enable them to provide the best quality practice evaluation and enhancement;
- Communicate these needs to the College so that the College can respond (e.g., create easy access to policies, standards, guidelines, practice improvement aids/tools).

#### Activity 3

- Create mechanisms that provide ongoing collegial support, problem-solving and mentorship within the group;
- Decide on preferred method and mode of the networking group meetings.

**Independent Health Facilities (IHF)** — Opportunities already exist within the current processes for IHF assessors to network:

- Assessments are conducted by teams (a combination of physicians/nurses/technologists) working in the **same** discipline. Because teams are constantly changed for assessments, assessors are able to share their experiences and approaches to assessments.
- Assessors provide staff with ways to improve the assessment tools and also help identify areas within the parameters and standards that are either absent or need clarification. Any changes implemented are then shared with all assessors.
- Assessors participation on IHF Facility Review Panels and Task Force activities are another avenue for networking.

### Update—Two Other Key Projects Identified by Assessors

**Assessor Pay:** In early 2008, physician remuneration across all College programs was reviewed. With input from the Assessor Advisory Group, a proposal was submitted to increase remuneration to peer assessors in 2009, to ensure consistency in remuneration rates across all QMD programs. Effective January 1, 2009, peer assessors can claim one hour for prep time for each assessment, and up to three hours of report writing time.

**Scheduling:** A new scheduling mechanism is being sought to improve efficiency in how assessments are organized, and to increase overall number of assessments.

Staff will re-visit this project in the future.



## Assessor Feedback—Piloting a new Assessor Feedback Form

Assessors asked us to identify ways to enhance the feedback we give them and asked us to consider providing them with:

1. Committee feedback after each meeting regarding their assessment reports, and
2. Periodic feedback about assessment outcomes.



After significant consultation and input from Committees, assessors, the Assessor Advisory Group, and staff, it was decided that the first option was more feasible, sustainable, and would have the greatest potential to better inform assessors about how they perform their work. The second option of giving assessors insight about assessment outcomes could inadvertently influence how assessors write their reports and possibly steer Committee decisions. Therefore, the second option will not be pursued.

Due to the fact that programs are structured differently, it was decided that ‘assessor feedback’ would take on different forms according to the program area.

### Peer Assessment —

An **Assessor Feedback Form** developed by staff, with input from the QAC and the **Network Leads**, will routinely be completed by the Committee when assessment reports are reviewed. This form will provide feedback to assessors about the clarity, comprehensiveness, consistency and conclusiveness of their reports from the perspective of the QAC. After the Committee completes the form, it will then be sent to the peer assessor directly following the meeting to provide immediate feedback. This pilot project will start at the end of June 2009, and will be conducted over an eight-month trial period, with an evaluation phase at the end.

### The goals of the Assessor Feedback Form are to:

- Respond to assessor needs/requests for direct Committee feedback
- Ensure that assessor feedback is continuous
- Have the benefit of providing assessors with meaningful, contextualized feedback

Ultimately, the feedback form will help inform the effectiveness of assessment reports.

### Methadone —

An **Assessor Feedback Form** could be used for the Methadone program as the processes are similar to those of the QAC. The form includes an evaluation of whether the assessor’s suggestions or views are evidence/guidelines informed and is being piloted by the Methadone Committee. Completed forms will be forwarded to assessors for review.

### Independent Health Facilities —

An **Assessor Feedback Form** is not feasible in the IHF context because assessment reports are not vetted through a Committee with the exception of those that are vetted through the IHF Facility Review Panel. However, staff routinely review assessment reports for content, and request amendments, as necessary.

Also, unlike other programs, IHF assessors have insight about assessment outcomes due to the structure of the IHF assessment process. Assessors are able to review the Director’s decision letter when some type of licensing action has been taken. They also receive a copy of the IHF Facility Review Panel’s advice and recommendations, review the implementation plans by facilities addressing the assessors’ recommendations, and receive a copy of the assessment process closure letter.



## Strategic Objective — 2000 assessments by 2010 .. getting there!

In 2008, assessors conducted **1,466** physician assessments. Each year, there has been steady progress towards increasing the annual number of assessments.

Type of Assessment <sup>1</sup>	2008	2007	2006
Peer Assessment (including re-entry & scope)	1,184	925	776
Physician Review Program (PREP™)	6	6	3
Specialties Assessment Program (SAP)	7	2	6
Methadone Assessments	92	35	23
IHF <sup>2</sup>	141	50	100
Assessments for Registration Decisions (including recognition of specialist assessments)	36	9	3
<b>TOTAL ASSESSMENTS</b>	<b>1,466</b>	<b>1,027</b>	<b>911</b>

1. Types of assessments comply with the criteria approved by Council in November 2008 with regard to what is defined as an “assessment” in relation to the College’s strategic objective of completing 2000 assessments by the year 2010.

2. The identified IHF assessments are those counted as “physician assessments” for the purpose of the strategic objective (identified in #1). The program actually conducted 241 assessments in 2008, 201 in 2007, and 241 in 2006.

### 2008 Outcomes

Figure 1: Peer Assessment Outcomes (1184 assessments total)



Figure 2: IHF Assessment Outcomes (241 assessments total)

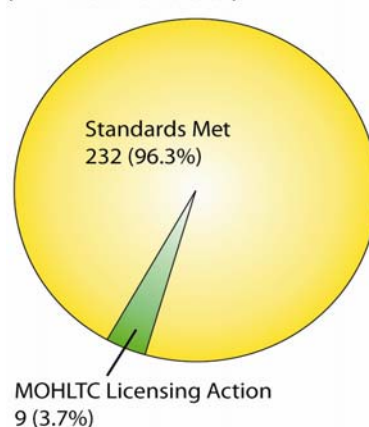
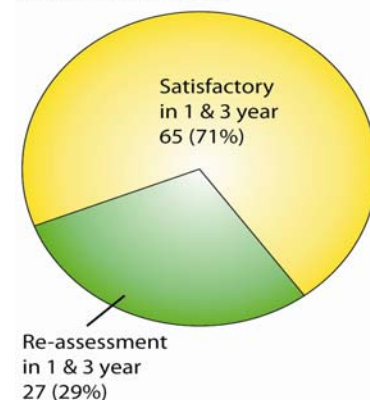


Figure 3: Methadone Program 1 & 3 year Assessment Outcomes (92 assessments total)



**Quality Matters**  
A Newsletter for CPSO Assessors

Contact Us:  
Kavita Sharma, Quality Management Division  
College of Physicians and Surgeons of Ontario  
80 College Street, Toronto, ON M5G 2E2  
416-967-2600 ext. 375 or toll-free 1-800-268-7096 ext. 375  
ksharma@cpso.on.ca or fax 416-967-2605  
Visit us on-line at [www.cpso.on.ca](http://www.cpso.on.ca)

Questions, Comments or Ideas?



We'd love to hear from you!