CONSULTING WITH THE PROFESSION

The Revalidation System Under Consideration
Introduction

The College of Physicians and Surgeons of Ontario is consulting with the profession, the public, and other stakeholders about our endeavour to implement a revalidation system for Ontario doctors.

The medical profession throughout the world has adopted the term “revalidation” to describe the process by which doctors demonstrate to their peers and the public that they participate in lifelong learning activities and are competent in their scope of practice.

The revalidation system under consideration in Ontario includes two major elements - educational requirements and practice assessments – that, in combination, will promote the continuous maintenance of competence in practice for the benefit of patients. Educational requirements will be integrated with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), or other educational bodies.

Consulting with the Profession and Stakeholders

For the past two years, the College has been developing a framework for the revalidation system. During this phase of development, feedback was sought from stakeholders such as the Ontario Medical Association, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, and the Medical Council of Canada. Input was also sought from expert consultants from the National Board of Medical Examiners, and the Foundation of the Educational Commission for Foreign Medical Graduates.

In June 2005, the College’s governing Council endorsed the overall concept of revalidation, and directed that we now begin extensive consultation with the profession and other stakeholders on all aspects of the program.

The Goals of the Consultation Process

Two important goals have been set:

- Reach out to every physician in Ontario and stakeholders to obtain meaningful feedback about all aspects of the revalidation program under consideration to inform further development.
- Provide accurate information about the proposed program that is easily accessible to all.

This document has been developed to outline the objectives of revalidation, and explain the extent to which the College’s existing assessment programs will form an important part of revalidation. It also describes, in broad strokes, three new educational elements under consideration. The details that follow are intended to stimulate discussion and feedback from the profession, and should not be mistaken for a rigid commitment to implement the plan as described.

Equally important to providing information, we want input from the profession about the design of the tools for the revalidation process. We invite answers to the specific questions posed in this paper or general comment, critique and debate on the assumption that a better plan will emerge as a result of constructive feedback. In addition to posting the consultation paper on the College website with a link to an on-line feedback form, the profession will receive this paper in the mail in the coming days. We encourage all physicians to choose the feedback option that best suits their needs — send us your thoughts by mail, fax or complete the form on-line. Contact information is provided at the end of this document.

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When the consultation process is complete, a period of testing of the tools will follow, which will allow any necessary modifications to be made to assure their validity and acceptability.

**Mandate for Revalidation**

The privilege to self-regulate is given to the medical profession by society on the understanding that the profession will exercise its authority in the public interest.

Just as individual doctors act in the interest of their patients, the College acts in the interest of the public. The College’s very existence signals a level of trust that the public holds for the profession. The agreement reads this way: *As long as the public maintains its trust in our care, they will give us the privilege to make our own rules of professional conduct and maintain the standards of our profession.*

The granting of a license to practise medicine confers on every practitioner the mantle of the profession. It assures patients that their doctor is trustworthy; has gone through a challenging medical training program; is of high moral character; has completed a series of national standard assessments; and has all the abilities the profession requires to provide quality care.

While the assurance of ongoing competence (what most people think of as “keeping up-to-date”) is a longstanding obligation of any professional, there is currently no system in place to ensure that every physician remains current in his or her field of practice. In fact, it is possible that physicians could be licensed, practice independently, and never participate in any meaningful educational activity throughout their entire career.

Furthermore, it is only recently that most professions have become concerned with the rate at which change in practice can occur. We know that, over time, best practices change, patient needs and expectations change, and doctors themselves change. Because the College’s assurance to the public is of the current competence of doctors, our mandate to develop a system of revalidation is clear – we expect doctors in Ontario to regularly show that they maintain the competence that secured their initial registration.

**The Objectives of Revalidation**

The objectives of the revalidation system under consideration are that it be:

- Educational, focusing on each doctor’s actual practice, and adaptable to changing circumstances.
- Evidence-based, in that all assessments and practice advice will use best practice and best evidence guidelines.
- Equitable for all doctors and in concert with, rather than in addition to, the programs of other organizations representing the educational interests of the profession.
- Accountable to the public.
- Affordable and acceptable to the profession.

**Overview of the Revalidation System Under Consideration**

The revalidation system under consideration will link the ongoing education of practising doctors to the College’s longstanding peer assessment program and our comprehensive...
Doctors will obtain multisource feedback: the Physician Review Program (PREP) and the Specialties Assessment Program (SAP).

The new aspect of the proposed system is Component 1, in which it is expected that doctors will participate in a five-year cycle of education and feedback to demonstrate their commitment to continuous professional development. Component 1 will encourage and facilitate self-assessment, multisource feedback and practice-based education that, when completed, will help doctors achieve the same objectives for improving their practices that can be achieved through peer assessment.

In fact, we propose that doctors will be guided by the specialty-based protocols of the peer assessment program, and in addition, will combine different sources of information (such as feedback from colleagues and patients) to create their own practice-based educational plan. It is expected that the majority of physicians will fulfill their revalidation requirements by successfully completing Component 1.

The revalidation system under consideration will also permit physicians to satisfy their revalidation requirements by successfully completing the College’s well-established peer assessment program (Component 2), or the PREP and SAP evaluations (Component 3). Doctors will be selected for these assessments in the same way in which they are currently selected.

A small proportion of the profession will participate in a peer assessment each year (through random selection, or as a result of reaching age 70, for example). A much smaller number of doctors will participate in the existing comprehensive practice evaluations, PREP and SAP. These evaluations will remain in their current form, and will continue to be used as assessment and educational tools, when concerns arise.

Component 1 – Self-Reflection and Needs Assessment/Multisource Feedback/Continuing Professional Development

The following pages will provide information about the concepts of Component 1 of revalidation, the new processes under consideration. The purpose of Component 1 is to have doctors demonstrate their commitment to ongoing competence, practice performance, and their individualized, practice-specific educational program.

The three elements under consideration are:

I. **Self-Reflection and Practice Needs Assessment:** Doctors will demonstrate completion of a self-assessment process using questionnaires designed to help doctors understand the dimensions of their practice, and receive feedback to help them plan their continuing education;

II. **Multisource Feedback from a Survey Process:** Doctors will obtain multisource feedback from some medical colleagues, co-workers and patients, and use this feedback to help them plan their continuing education; and

III. **Completing Continuing Professional Development (CPD):** Doctors will demonstrate completion of a recognized system of CPD from the two national educational colleges or an equivalent yet to be determined.

Below is more information about the three elements of Component 1 under consideration, as well as information about the value of including these elements.
I. Self-Reflection and Practice Needs Assessment

To facilitate and structure self-reflection, it is proposed that doctors will first be given a practice information questionnaire to help them think about the types of patients they see in their practice; the conditions they treat; their practice environment including resources available in their organization and community; and their work patterns. Many of these questions will be similar in content and structure to those currently included in the College’s annual survey. It is anticipated that this questionnaire will, in fact, replace the existing annual survey and will only need to be completed once during each five-year revalidation cycle.

Using the information the participant provides in the questionnaire, individualized feedback will be prepared and returned to each doctor. Participants will also receive peer-matched results of doctors with similar practices to allow them to compare their practice to that of their peers. For example, the peer group might be composed of family physicians that are located in large urban communities and work in administrative groups, sharing overhead and costs but not patient care, if these were also the demographics of the participant.

Participants will also be asked to complete a self-reflection exercise, including the self-assessment protocols currently utilized by the peer assessment program. The learning needs identified by completing these activities will provide a framework within which physicians can begin to set continuing professional development objectives for the next five-year revalidation cycle.

II. Multisource Feedback from a Survey Process

It is also proposed that physicians will select a number of medical colleagues, co-workers and patients to complete surveys so that helpful feedback can be given to them.

Obtaining feedback from multiple groups of people with whom doctors interact most is designed to provide them with valuable information about different aspects of their practice.

For example, medical colleagues can provide insight into clinical competence, consultation communication, psychosocial management, and professional self-management. Co-workers can provide valuable information about collegiality, communications, and physician-patient interactions. And finally, patients can provide insight about the effectiveness of the participant’s communication skills, office staff, office environment, telephone communications, and physician-patient interactions.

It is important to note that the survey tools of Component 1 are not being developed to screen out “poor performers” or target “problem” physicians. Rather, the philosophy behind Component 1 is to raise the bar across the profession with respect to ongoing competence and practice performance, giving individual doctors a perspective of where they fit relative to their colleagues.

| Question 1 | How do you currently set your professional development objectives? |
| Question 2 | What self-reflection/self-assessment exercises do you use? |
| Question 3 | Can you recommend any other method that helps you to set CPD objectives? |
The questionnaire-based data will be gathered for the participant’s use (not for use by the College). Information will be tabulated and sent back to each doctor with improvement opportunities identified so that he or she can set further continuing professional development objectives for the next five-year revalidation cycle.

A number of survey instruments have been developed by other jurisdictions and psychometrically tested. The College is currently exploring ways to utilize the expertise and experience of others, such as the College of Physicians and Surgeons of Alberta, which has operated the Physician Achievement Review (PAR) multisource survey program for several years. The PAR program, like the system under consideration in Ontario, is educational in nature, and the results cannot be used in any disciplinary process.

**Question 4**  In what form does feedback best help you to improve your performance?

**Question 5**  How do you currently utilize feedback from colleagues, co-workers, and/or patients to structure your CPD objectives?

### III. Completing Continuing Professional Development

By completing the self-reflection/practice needs assessment and multisource feedback processes described above, participants will be able to identify learning needs and objectives. It is envisioned that doctors will complete a cycle of continuing professional development to address identified needs. Many physicians are already doing this through the RCPSC or CFPC.

For example, a participant may identify *improving records management* as a learning area, and want to explore ways to do so without losing efficiency or taking time away from patients. The learning objectives that might flow from this are:

1. Take several courses to learn about electronic medical records, and meet with a colleague who uses electronic medical records in her practice;

2. Implement cumulative patient profiles into practice and then do a small chart review at six month intervals to confirm that the profiles are being used appropriately;

3. Improve the office system for following up on abnormal test results by working with other physicians within the group practice to establish a follow-up mechanism, coupled with periodic reviews to evaluate how the new system is working.

The CPSO endorses and supports the CME/CPD programs of the RCPSC and the CFPC, and does not intend to duplicate the national colleges’ efforts or expertise in the area of education and professional development. **Physicians will not be required to submit the same information to the CPSO if this information has already been submitted to one of the two national colleges.** It is anticipated that continuation of active participation in these programs will be adequate CPD for that component of revalidation.

The CPSO and the national colleges are working together to ensure that there is no redundancy of effort both for doctors and organizations. Many physicians are also regularly recredentialled for hospital appointments, and the College has met with hospital medical staff officers to address the principle of avoiding duplication in hospital privileging as well.
It is important to note that as many as 6,000 Ontario doctors are not members of either national college. The CPSO is exploring how these doctors could have their CPD activities logged and tracked by the RCPSC or CFPC, if they wish to choose this option.

Alternatively, these doctors may choose a different path to fulfill CPD requirements. The CPSO is in the process of developing educational expectations for CPD programs so that doctors who are not members of the RCPSC or CFPC will understand what is expected of them in completing an alternative CPD program.

Question 6  What options would you suggest for physicians who are not members of the RCPSC or CFPC?

Why does Component 1 include these proposed elements?

In developing the elements of Component 1 of revalidation, the College looked to the literature to evaluate what elements are cited as essential in maximizing the effectiveness of CPD or CME activities. The literature supports employing multiple strategies or tools to assist in professional development planning, and endorses the idea that CPD planning be based on actual practice needs.

In particular, the literature supports the use of the proposed exercises that the CPSO includes in our revalidation system to help participants’ structure and develop an effective CPD plan. For further information, the College is developing a paper that will critically analyze the evidence for the inclusion of the proposed elements of Component 1, and this will be available on-line at: www.cpso.on.ca.

Question 7  What other elements would you include in Component 1 to make it more effective?

Question 8  Can you identify any element that you would exclude from Component 1, and if so, why?

Is there evidence that the CPSO’s revalidation system works?

Although there is solid evidence in the literature that demonstrates the elements of Component 1 “work”, it would be misleading to suggest there is evidence to support the entire revalidation system under consideration. The fact of the matter is, revalidation in medicine is a relatively new concept and ongoing evaluation is necessary.

It is reasonable to assume, however, that a positive result will occur for both doctors and patients when doctors reflect on their practice, receive the benefit of feedback, and partake in learning opportunities.

That said, the College is proceeding methodically through the development process, engaging in wide consultation, and eventually piloting the component parts, and then the system, to allow evaluation and revision at every stage of development. It will be the objective assess-
ment of the pilot program, coupled with the consultation with the profession, which will
determine the final form of any revalidation program.

Continual evaluation has been built into the revalidation proposal to ensure that improvement
is ongoing and the program is meeting the needs of the public and profession.

Component 2 – Peer Assessment

The College began its efforts to improve physicians’ skills in 1977 through the use of “peer
assessment”, and is proud of the success and international recognition its programs have
achieved. Since 1980, thousands of doctors have had their skills assessed by a fellow
physician. A study of peer assessment data indicated that physicians who receive assistance
from the College perform better, six years later, compared to a group of physicians assessed for
the first time.¹

It is proposed that participants in Component 2 of revalidation will have a practice assessment
conducted by a peer in a manner comparable to the College’s longstanding peer assessment
program. While maintaining the strengths of the existing program, an enhanced educational
component will be added to increase the value of the assessment for physicians.

Over the past several years, the College has worked to enhance peer assessments so that in
the various points of contact with the doctor (such as the assessor’s first telephone contact,
the assessor’s site visit, and the structure of the report) learning opportunities are identified
that reflect the reality of each physician’s practice.

Although it is envisioned that all doctors will complete Component 1 of revalidation, a smaller
proportion of the profession will participate in a peer assessment (approximately 700 physi-
icians are assessed annually at present). For example, each year the most common reason for
peer assessment is that a doctor is randomly chosen from the College’s register to participate
in the program. Doctors who have been in independent practice for at least five years and who
are under the age of 70 are eligible for random selection. As well, once a doctor turns age 70,
he or she will be selected for peer assessment (if the doctor has not been randomly selected in
the previous five years).

Each year, almost 90% of doctors who participate in a peer assessment are found to be practic-
ing in a satisfactory manner and receive useful feedback from their assessor, a practicing
colleague. If it is identified that a physician needs to make improvements in any particular area
of practice, the College will assist the physician in developing an educational plan to address
identified areas for improvement.

Question 9  How many physicians should be peer assessed annually?

¹ Norton, PG, Dunn, EV, Beckett, R, Faulkner, D, Long-term follow-up in the peer assessment program for
Component 3 – Comprehensive PREP and SAP Evaluations

The College has operated the Physician Review Program (PREP) that assesses family physicians and general practitioners and the Specialists Assessment Program (SAP) that assesses other specialists since the late 1980s. At present, approximately 25 physicians are assessed each year.

It is envisioned that approximately the same number of doctors will continue to participate in these multi-modal performance evaluations each year.

Doctors are currently selected for these assessments because there are unanswered questions about their performance arising from a peer assessment and/or an investigation by a committee of the College (Complaints, Executive) has raised concerns about their clinical performance. These programs will continue to be utilized as assessment and educational tools, when needed.

All phases of the revalidation system are designed to validate performance and to help physicians identify and implement improvements to their practice. Physicians will stay within the revalidation system under almost all circumstances, unless they refuse to cooperate or demonstrate serious and immediate risk of harm to patients.

It is important that doctors understand that the Regulated Health Professions Act, 1991, is very clear about the way in which information that is gathered by the College as part of an assessment process can be used: it cannot be used against the doctor in a proceeding before the Discipline or Fitness to Practise Committees.

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<th>Should doctors be remunerated for participation in revalidation activities through the fee-for-service system, or through other means?</th>
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<td>Question 11</td>
<td>In what other ways can the College work with the profession to implement a successful revalidation system?</td>
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<td>Do you have any other comments on any aspect of the proposed revalidation program?</td>
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<td>Would you be willing to volunteer to participate in a pilot project to test the tools of revalidation?</td>
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Final Thoughts

This document summarizes the revalidation system that is under consideration by the College. It explains what revalidation is, the objectives of revalidation, how the College's existing assessment programs are part of the system, and describes the three new elements under consideration.

The revalidation process is being developed in partnership with many organizations involved in the educational interests of the profession, and through this consultation process.

We encourage you to send us your thoughts by completing the feedback form on-line, or returning the form that will accompany the paper arriving via mail in the coming days. Contact information follows. All comments will be regarded as public information unless you specifically state that you wish them to be confidential. Your identity will be private in either case.

For more information about the proposed revalidation process, visit our website at: www.cpso.on.ca, under What's New.

Your comments may be entered on-line at:
www.cpso.on.ca/Whats_New

Or may be faxed to:
(416) 961-3330

Or may be mailed to:
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We welcome your views.