

2009 ASSESSOR CONFERENCE FEEDBACK - How can programs better support assessors?

Issue 4

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A total of 291 assessors from Quality Management Division programs attended the October 2009 Assessor Conference.

Assessors completed a questionnaire that tracks the CPSO's performance on twelve quality indicators (baseline in 2007). The indicators represent goals set by the CPSO to support and build relationships with its assessors.

A comparison of 2009 data against the 2007 baseline revealed specific trends:

No change

- Majority of assessors felt they could effectively communicate with colleagues about the CPSO's mandate and objectives.

- Most felt they completed enough assessments to maintain and hone their assessment skills.
- Less than half felt they received the necessary feedback about their performance to develop ongoing improvement goals.
- About half felt part of a community of physician assessors who support one another.

Improvement

- An increased number reported they have appropriate opportunities to work with their specialty group to continuously improve evaluation and improvement processes and to collectively contribute issues and ideas to the CPSO.



Drs. Angela Carol and Bill McCauley role play an assessment scenario at the 2009 Conference

Decline

- Fewer physicians felt well-supported in their task of assessing physician's practice for quality of care.

The CPSO will continue to monitor its progress and identify ways to improve its performance in these key areas.

Consulting with assessors, particularly, the networking groups, will be crucial.

ASSESSORS AS THE DRIVERS OF CHANGE - Updates from Specialty Networking Groups

In June 2009, assessor specialty networking groups were established to enable peer assessors to fulfill the following mandate:

- Continuously improve CPSO assessments;
- Foster a 'community of College assessors'; and
- Provide advice and guidance to the College.

Look inside this issue of 'Quality Matters' for information about the achievements of our most active networking groups.



Psychiatry assessors collaborating at the October 2009 Assessor Conference

Special points of interest:

- ◆ *Specialty Networking Groups driving change*
- ◆ *The role of assessment in registering new physicians*
- ◆ *Which assessors completed the most assessments in 2009?*
- ◆ *Our 2010 strategic goal and how you can help*

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A CLOSE-UP ON REGISTRATION: Assessment as a Registration Tool

* This is the first of a **series** of articles that will focus on select assessment programs and topics

Over the last several years, the CPSO has come to rely on performance assessment as a registration tool.

Traditionally, the CPSO has depended on a registration system that is based upon *external objective validation* of medical knowledge, clinical skills and professional judgment that is necessary for the proposed type of practice. Generally, this validation is achieved by a physician's certification by one of two national colleges.

However, as you may be aware, a shortage in physician supply is one of the most significant challenges facing our health care system today. In the early 2000s, the CPSO Council identified physician resources as a top goal in its strategic plan. It determined that it was necessary for the CPSO to develop new tools that would assess the competence of physicians while maintaining the standards for admission to practice.

The College's significant experience with assessments made it clear that a performance assessment could serve

as a good proxy in determining a physician's readiness to enter practice in Ontario when an applicant is unable to meet all the usual criteria for licensure.

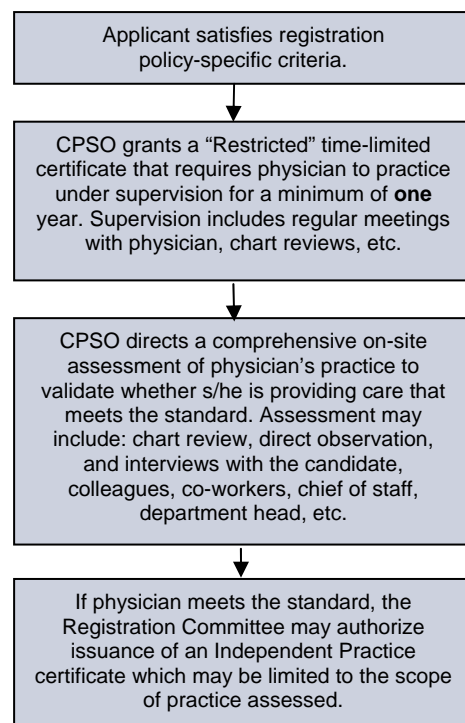
This rationale culminated in the development of new pathways for licensure of which assessment is a core component. Supervision in addition to a physician's participation in lifelong learning (relevant and meaningful Continued Professional Development) also serve as crucial elements in these pathways.

Over the past three years, the CPSO has granted 84 Certificates of Registration that involved a practice assessment.

Today, the CPSO has a broad range of assessment-driven registration policies. To learn more, visit the CPSO website at [Registration Policies](#).

If you are interested in being an assessor for registration-related assessments, contact Maureen Gans at mgans@cpso.on.ca.

This diagram provides a general overview of the process for physicians applying on the basis of assessment-driven registration policies:



TACKLING DIFFICULT ASSESSMENT SITUATIONS: Assessor response

At the Conference, the Quality Assurance program's peer assessors were presented with difficult assessment situations and asked how they would respond. The following themes emerged:

Uncooperative physicians

Asking staff to reassign the assessment to another assessor will not address the problem. Instead, the assessor should:

- remind the physician that the assessment process is meant to be educational, not punitive;
- consider telling the physician that s/he is also a practicing physician who has undergone an assessment;
- advise the physician of his/her legal obligation to cooperate and allow the assessment to proceed.

Chart Selection

To ensure appropriate chart selection practices, prior to the day of the assessment, the assessor should:

- clearly outline the physician's obligation to ensure that medical records are available for the assessor's review on the day of the assessment.
- ask the physician being assessed to notify the Medical Records Department (if applicable) in advance of the assessment date and charts to be pulled.

In cases where the assessor will be reviewing electronic medical records (EMR), it is important for the assessor to:

- discuss the selection and review process with the physician; in some cases an access code may be required to review the records.
- advise the assessed physician to allow time on the morning of the assessment to provide an explanation of the EMR system.

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Anesthesiology

The anesthesiology networking group, under the lead of **Dr. Matt Kurrek**, met by teleconference in January 2010 and agreed on a number of items that the group would work towards:

- Develop a list of interview components specific to anesthesiology assessments with the goal of greater inter-assessor reliability.
- Collate a list of accepted guidelines/references to provide assessed physicians. These could be posted on the CPSO website in addition to being provided to assessors.
- Assessor recruitment remains a goal, particularly with the launch of the Out-of-Hospital Premises Inspection Program in 2010.
- Anesthesiology assessments sometimes reveal deficiencies in documentation that are attributed to the institutional record design rather than the individual anesthesiologist. As such, departments

have been increasingly making requests to the assessor group to review and approve anesthesia records (including EMRs) to ensure that they meet the Quality Assurance Committee's (QAC) expectations of physicians working in this scope of practice. Members may consider commenting and making recommendations to the QAC, who will then advise the individual hospitals.

Dr. Kurrek has also written and submitted articles for the University of Toronto departmental newsletter (Morpheus) as well as delivered presentations about the peer assessment program.

Dermatology

The dermatology assessors, under the lead of **Dr. Rod Kunynetz**, began networking before the Quality Assurance program officially established networking groups. The dermatologists have promoted the peer assessment program and expectations around record-keeping by delivering presentations to:

- practising dermatologists; and,

- groups at a national level, including Canadian final year dermatology residents at their annual review course in Banff.

In addition, at the Assessor Conference in October 2009, the Dermatology Networking Group identified the need to re-introduce a facility review for dermatology assessments. Specifically, they made recommendations relating to infection control and agreed on what elements should be included in consultation letters sent to referring physicians.

Hematology/Oncology

The hematology/oncology group, identified a need to make the assessment process more relevant for their area of practice. The network's lead, **Dr. Kevin Imrie**, undertook a comprehensive review of past assessment reports to identify assessment issues crucial to hematology/oncology practice. This led to the creation of an additional module. The module was reviewed by the network group and is now ready to be piloted.

Once the module is implemented, it will provide better insight to QAC on issues unique to hematology/oncology assessments.

“Assessors are encouraged to keep their staff contact informed of the work accomplished in their Specialty Networking Groups”.

Assessor Recruitment & Building Assessment Skills

We are actively seeking new assessors in all specialties, and encourage current assessors to broaden their skill set and knowledge by getting involved in a wider range of assessments:

The Out-of-Hospital Premises Inspection Program (OHPIP)

This program, which will be launched in the coming months, is in the process of developing standards of practice and inspection protocols for non-hospital premises where procedures using certain types of anesthesia are performed. Examples of procedures include endoscopy, cosmetic surgery, and cataract surgery.

For information, please contact:

Katrina Rosero at krroso@cpso.on.ca.



Registration-related Assessments

We specifically need assessors with specialty backgrounds in pediatrics and cardiology, but welcome all specialties to conduct assessments in respect to physicians applying for registration on the basis of registration policies with an assessment component (see article on page 2).

For information, please contact:

Maureen Gans at mgans@cpso.on.ca

2010 STRATEGIC GOAL – Achieving 2000 assessments this year

One of the CPSO's strategic goals is to complete 2000 assessments *annually* starting *in 2010*. This could be a defining year for assessors. The ability of our current assessor pool to accept more assignments and to broaden their skills by conducting a wider array of assessments, along with recruitment of new assessors will be crucial to meeting our strategic objective. CPSO Council approved specific criteria with regard to the definition of "assessment" in relation to the strategic goal. The following assessments programs fulfill Council's criteria:

- ✓ Quality Assurance Peer Assessments
- ✓ Physician Review Program (PREP™)
- ✓ Specialties Assessment Program
- ✓ Methadone
- ✓ Registration-related assessments
- ✓ Investigation-driven assessments
- ✓ Out-of-Hospital Premises Inspection Program

Only the quality assurance program has the capacity to do more peer assessments as it relies on a system of random selection. It is difficult to increase assessment numbers for other programs due to external constraints, e.g. IHF relies on the Ministry of Health to direct assessments, physicians applying for licensure based on assessment-focused policies, etc. If you are interested in learning about peer assessments, please visit the CPSO website at [Peer Assessments](#).

RECOGNITION OF TOP ASSESSORS - 2009

Quality Assurance Program:
More than 15 assessments

- Dr. Renee Blumenfeld (19)
- Dr. Jeffrey Habert (22)
- Dr. J. Thomas Keogh (19)
- Dr. Ronald Livingstone (19)
- Dr. Toomas Sauks (16)
- Dr. Martin White (16)

Methadone Program:
More than 18 assessments

- Dr. Iris Greenwald (19)
- Dr. Melissa Snider-Adler (33)

Independent Health Facilities Program:
More than 10 assessments

- Ms Sheila Collins (24)
- Ms Lori Davis (11)
- Dr. David Gilday (30)
- Mr. Louis Gorgey (20)
- Dr. David Gray (13)
- Ms Joan Hatcher (32)
- Dr. William Vaughan (20)

“Thanks to all our assessors for supporting our programs.”



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