

**Recommendations for College of Physicians & Surgeons of Alberta (CPSA) Consultation 023:
Continuing Competence Standard**

Good afternoon members,

The CPSA recently published a draft Standard of Practice regarding quality improvement (QI). QI is important to improve how we deliver care, but we have concerns regarding the added administrative burdens which may result from these standards. Most physicians already participate in QI and continuing professional development (CPD) prior to Alberta Health legislating these activities as a standard for licensure. Most physicians are also currently working under enormous strain. We are providing clinical care under circumstances of uncertainty. With the pandemic ongoing, we need to ensure that activities not directly related to patient care do not overwhelm physicians. This is especially true as physicians are already participating in quality improvement projects through other organizations.

The following recommendations have been gathered by the EZMSA and we recommend you review the attached Standard of Practice to provide your own recommendations to the CPSA by their July 6 deadline.

1) The EZMSA suggests meeting the minimum requirement for the physician practice improvement program (PPIP)/CPD for regulation purposes, by adding a simple section within the annual renewal form that we are completing PPIP/CPD through the Royal College of Physicians and Surgeons of Canada (Royal College), College of Family Physicians of Canada (CFPC), Primary Care Networks (PCNs), and/or university/hospital appointments. Duplication or triplication of record keeping, and document submission should be avoided.

2) The five-year time frame for CPD and PPIP should be flexible to account for medical leaves, parental leave, leave of absences, sabbaticals, etc. This list is not exhaustive, and it is critical that flexibility is built into this time frame to allow for more time to be added to a five-year cycle when necessary.

3) The CPD standard should comply with the standards already in place through the CFPC and the Royal College. Any record keeping satisfactory for these Colleges should meet the standard for the CPSA.

The cycles of CPD reporting for the CPSA should conform with the 5-year cohort cycles already in place with our professional Colleges.

4) PCNs, universities, and hospital reporting of QI and personal development already occurs. For the PPIP program any reporting and record keeping that is satisfactory for these requirements should meet the standard for the CPSA.

5) Current QI being undertaken by PCNs should meet the requirements for QI for the CPSA. PCN funding must also increase to help accommodate this.

6) Physicians who work in teams within hospital and university environments often collaborate on QI. This collaborative QI work must be valid for CPSA requirements for all the physicians on that team.

7) Support for questions and training for QI must be easily accessible through the CPSA. This includes support for ethics oversight, as it can be unclear when a QI project may require ethics approval. Member dues/fees should not increase for this purpose.

8) The CPSA should engage with Alberta Health and the Health Quality Council of Alberta to help facilitate higher level involvement when QI identifies gaps in the health system. Grant support for QI projects will be required, as QI is grossly underfunded, and provincial grants must be provided to facilitate quality. This would demonstrate a mutual commitment to excellence and that these efforts in QI will result in meaningful changes to improve patient care.

Clinical activities often run well into late evening and more work will further erode into physicians' already-limited personal time. We need to set safeguards to limit non-patient care work hours, avoid duplication of efforts, and meaningfully support physician wellness so we can better focus on patient care. Appropriate implementation of supports for QI/CPD and avoidance of duplication for reporting will help.

Regards,



Dr. Cheryl Mack
President 2022