

CPSNL Physician Peer Review Program (PPR-NL)



Physician Peer Review Program (PPR-NL) Information for Participants

Background

The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) has a legislated mandate to regulate the practice of medicine in the public interest. The College has withdrawn from the Atlantic Provinces Medical Peer Review program (APMPR), and is has developed its own physician peer review program, known as Physician Peer Review Newfoundland and Labrador (PPR-NL).

PPR-NL will align with work being done by fellow medical regulatory authorities in Canada. By providing targeted support and feedback customized to individual needs, PPR-NL will help physicians maintain a standard level of practice while also identifying opportunities for improvement.

The new program has a focus on reflection on practice, and practice improvement that each physician can tailor to their individual practice needs. It will include chart review and/or practice visits. This approach aligns with approaches adopted in other jurisdictions in Canada. There are a variety of ways in which other jurisdictions' peer review program are carried out, but most involve a combination of random and targeted selection processes, followed by a combination of off-site or on-site chart/practice review.

The CPSNL recognizes that its primary mandate is to ensure provision of safe care to the residents of Newfoundland and Labrador. It also recognizes that the vast majority of care provided by physicians is safe and acceptable. The College wishes to encourage quality improvement activities, and continuing practice improvement for its members. The College intends to work in concert with other bodies to avoid duplication of effort by its members and will seek to work cooperatively with credentialing and certifying bodies, such as the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

PPR-NL is a peer review program that has been tailored for Newfoundland and Labrador, employing a variety of tools to provide an efficient and effective process that is meaningful for members.

Process

Selection

Members will be selected at random to participate based on an anticipated seven-year cycle. All selected members will be sent a short questionnaire to determine eligibility for participation in the program.

Once it has been determined that a member is eligible for participation, they will be sent a longer questionnaire which will provide the College with more detailed information about the nature of their work, including practice location(s), and the type of work that they do on a day-to-day basis.

The questionnaires will be reviewed by CPSNL staff. Participants will be selected into review categories by two different methods: Some participants will be randomly selected into each review level; as well, the questionnaire information will be analyzed to look at factors that may be supportive for quality of care, and factors that may increase the risk for reduced quality of care. Supportive factors include participation in quality improvement initiatives, involvement in teaching activities, and participation in high-quality CPD. Factors that pose risks to safe practice have been identified in the literature, and include age, gender, solo practice, practice outside the area of training, lack of quality CPD, and lack of affiliation with institutions (e.g., hospital or nursing home). These factors may affect the type of review selected for a participant.

Depths of review

Level 1 – Most participants will receive a level 1 review. Their practice information will be reviewed, and they will be asked to prepare an action plan for practice improvement. They will be provided with written feedback about the action plan, and with practice support resources pertinent to their practice.

Level 2 – Some participants will receive a level 2 review. Their practice information will be reviewed and they will have an off-site medical record review. They will receive information about the number and types of medical record required for the review. The review will be done by a trained peer reviewer. The reviewer will prepare a report of the review, which will be provided to the physician.

All participants will be asked to submit an action plan for practice improvement. They will then have a face-to-face or telephone meeting with a College advisor to discuss their practice, the results of their review, and the action plan. They will be provided with practice support resources pertinent to their practice.

Level 3 – Some participants will receive a level 3 review. Their practice information and prescriber profile will be reviewed. They will have an on-site visit by one or more peer reviewers. The reviewer(s) will check the office, and will conduct a review of medical records. Once the medical record review is completed, they will have a discussion with the participant to ask any questions that may have arisen from the review. This is intended to be a collegial discussion about the physician's practice and approaches. Preliminary feedback will be provided by the reviewer(s) at the time of the visit. The on-site visit should be completed in a half a day. The participant will then submit an action plan for practice improvement. The reviewer(s) will prepare a report on all components of the review. The report will be provided to the participant, along with practice support resources pertinent to their practice.

All participants will be contacted by CPSNL one year after completion of their process to enquire about the outcomes of their action plan – what were their successes, and what barriers they encountered. This will further support reflection on their practice.

What's in it for me?

The CPSNL wants to encourage its members to participate in continuous quality improvement. The PPR-NL review process is intended to encourage members to examine and reflect on their own practices, and to identify areas for improvement; this may be in clinical knowledge, or in respect of day-to-day functions around things like communication or integration with a team.

This process allows individual physicians to identify their unique opportunities to provide quality care to their patient populations. Often, the business of daily work does not allow time for this type of reflection. The College wishes to support this effort, and to help link members with resources that they will find useful and valuable.