



Manitoba Physician Quality Improvement Program Information for Participants

Background

The College of Physicians and Surgeons of Manitoba (CPSM) is charged by legislation to supervise the practice of its physicians. The Quality Improvement (QI) Program helps CPSM to achieve this mandate by engaging with physicians to analyze their practice, reflect on this information, and develop a professional development/practice improvement plan that will benefit their unique practice and patient population.

The primary mandate of CPSM is to ensure provision of safe care to Manitobans. CPSM recognizes that the vast majority of care provided is safe and acceptable. It wishes to encourage quality improvement activities and continuing practice improvement for its physicians. It wishes to work in concert with other bodies to avoid duplication of effort by its physicians and will seek to work cooperatively with regions and 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).

This process has been tailored for Manitoba, selecting a variety of tools in order to provide an efficient and effective process that is meaningful for registrants.

Process

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

Once it has been determined that a physician is eligible for participation, they will be sent a longer questionnaire which will ask them to provide more detailed information about the nature of their work, including practice locations and the type of work that they do on a day-to-day basis.

The questionnaires will be reviewed by the QI Program. Participants will be selected into review categories by two different methods. There will be a percentage that will be randomly selected into each review category. 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 poor quality of care. Supportive factors include participation in team care environments and involvement in teaching activities. 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 current and relevant CPD, concerning prescribing patterns for opioids and benzodiazepines, and a recent history of CPSM complaints. These factors may affect the type of review selected for a participant.

Category 1 - Most participants will receive a category 1 review. Their practice information and CPD transcript will be reviewed. They will then be provided with written feedback, and with practice support resources pertinent to their practice. They will be asked to provide an action plan for practice improvement.

Category 2 – Some participants will receive a category 2 review. Their practice information and CPD transcript will be reviewed as above. They will be randomly assigned to have an off-site chart review, or to undergo multisource feedback (MSF).

For those undergoing chart review, they will receive a list of the type of charts required. The review will be done by a trained auditor at CPSM. The reviewer will prepare a report of the review, which will be provided to the physician.

For those undergoing MSF, they will participate in the MCC 360, a process that solicits survey feedback from patients, physician colleagues, and non-physician coworkers. The participant will receive a copy of the report.

All participants will be asked to submit an action plan for practice improvement. They will then have a telephone meeting with a CPSM advisor to discuss the participant's practice, review the results of their report, and discuss the action plan. They will be provided with practice support resources pertinent to their practice.

Category 3 - Some participants will receive a category 3 review. Their practice information and CPD transcript will be reviewed as above. They will undergo the MCC 360 process as above.

Once this information is available, they will have an onsite or remote visit by two reviewers, depending on the practice setting. The reviewers will conduct a chart review. Once the chart review is completed, they will have a chart stimulated recall discussion with the participant in person or via virtual meeting, eg Zoom, or conference call to review any questions that may arise from the chart review. This will be a collegial discussion about the physician's particular practice and approaches. Feedback will be provided by the reviewers at the time of the in person or remote visit. The onsite or remote visit will be completed in a half day. The participant will then submit an action plan for practice improvement. The reviewers will prepare a report on all components of the review. This will be provided to the participant, along with practice support resources pertinent to their practice.

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

What's in it for me?

CPSM wants to encourage physicians to participate in continual quality improvement. This review process will promote examination and reflection by physicians on their own practice and work, and identify areas for improvement, whether this be in knowledge or day-to-day functions around things like communication and teamwork, or in physician well-being.

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