

A Holistic European and International Perspective on CME-CPD



**The Royal College of Physicians and
Surgeons of Canada**

**Fourth UEMS Conference on CME-CPD
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My conflicts of interest

1. I am a full time employee of the Royal College of Physicians and Surgeons of Canada
2. I practice ambulatory general internal medicine at the Ottawa Hospital
3. I have no affiliations or financial relationships with any industry partners
4. I do not hold any grants funded by industry
5. I am a member of the editorial board for Journal of Continuing Education in the Health Professions





CPD (Provider) Accreditation System

- Transitioning to an 8-year accreditation cycle for CPD provider organizations
- Shifting to a more continuous accreditation model
 - Action plans, interim reports, other quality measures every 2 years
- Launching an Accreditation Management System for CPD in 2019
 - Support the application and review process for CPD provider organizations.
- Implementation of National Standards with educational supports
 - Common set of national CPD provider standards – utilized for NSS, University Offices of CME, CMQ
 - Standard of Support of Accredited Activities – launched January 1, 2018.





Maintenance of Certification Program

➤ Last major program change – 2014

- Implemented a new mandatory requirement for all new MOC cycles
 - 40 credits per year
 - 400 credits over a 5-year cycle
 - 25 credits in each section of the MOC Program

➤ MOC Program Working Group - 2018

- Presented recommendations related to future revisions to our Credit System and CPD Program framework
- Key emphasis – expand opportunities to access and support the use of external data with feedback to guide learning and improvement





MOC Program: what we hear from Fellows

- MOC Program design – does not enable specialists to demonstrate their competence or performance
 - Outcome measures emphasized measuring participation in CPD and self-reports of learning or commitment to change.
 - Participation in MOC is viewed as a ‘tick box’ exercise
- No specialty specific / mandatory content that must be completed
 - Need to evolve from generic to specialty specific requirements
- Access to assessment options / practice data is limited
- Limited focus on interprofessional collaborative practice



among others...

How can the MOC Program achieve a greater impact?



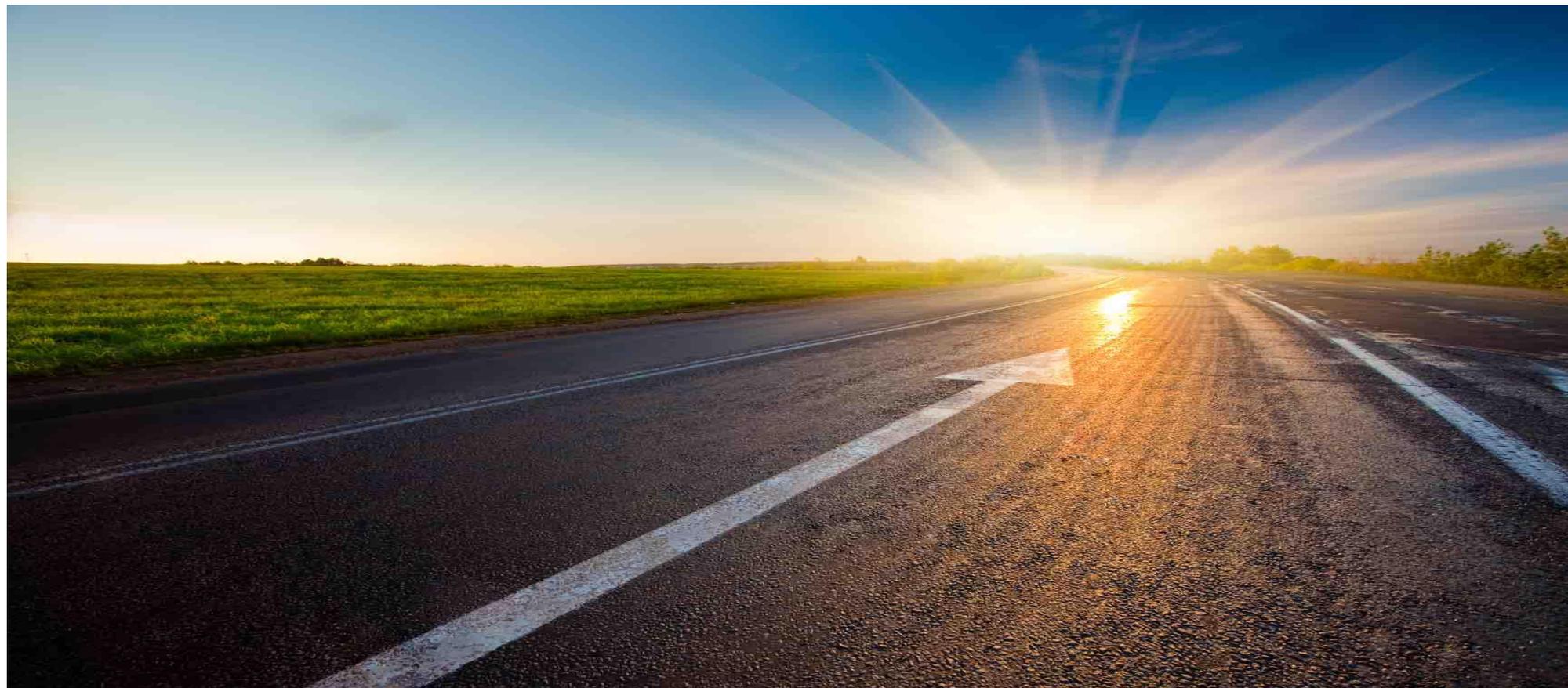
Strategies to enhancing
physician learning and
improve practice





Future Aspirations for CPD...

Royal College's Competence by Design



Competency Continuum

CBD^{1,2} Competence Continuum



How can a focus on competencies enable physicians to improve performance and enhance health outcomes within their professional practice?

¹ Competence by Design (CBD)

² Milestones at each stage describe terminal competencies





A Vision for Competency-based CPD

A CPD system that links competencies to the continuous improvement of:



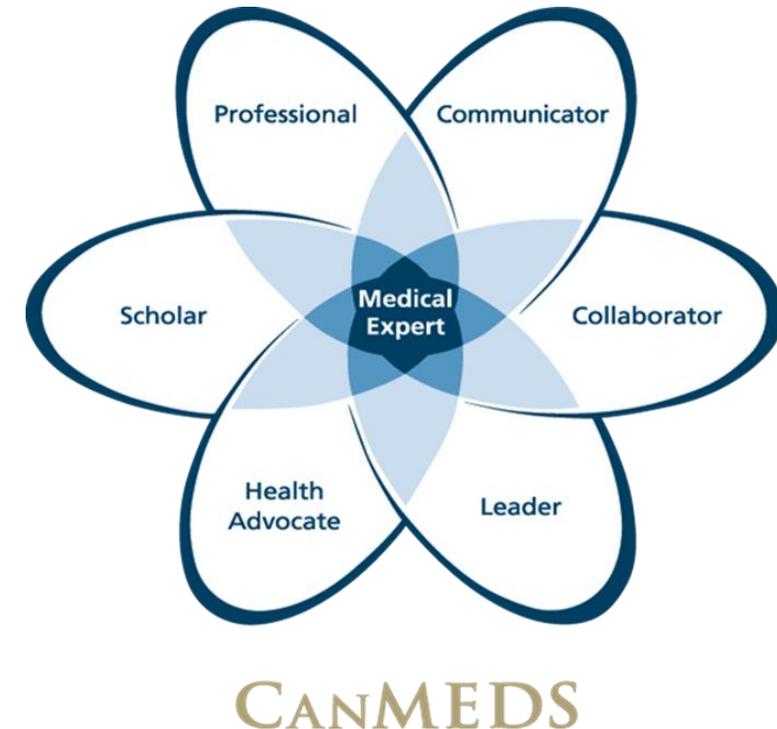
- specialty practice
- patient outcomes
- the health system



The Rationale for Competency-based CPD....

Where learning and practice improvement is

1. Linked to a specialist's scope of practice.
2. Guided by a 'program' of assessment model
 - Data with feedback aligned to CanMEDS Roles
3. Focused on achievement of outcomes
 - changes in competence, performance and
 - quality of care experienced by patients.





Rationale for competency-based CPD

To enable us individually and collectively to pursue important outcomes

Donald Moore's Framework

CME Framework		Description
Participation	LEVEL 1	The number of healthcare professionals who participated in the CME activity or program.
Satisfaction	LEVEL 2	The degree to which the expectations of the participants about the setting and delivery of the CE activity or program were met.
Learning	LEVEL 3a Learning: Declarative Knowledge	The degree to which participants could demonstrate that they know what that the CE activity or program intended them to know.
	LEVEL 3b Learning: Procedural Knowledge	The degree to which participants could demonstrate that they know how to do what the CE activity or program intended them to know how to do.
Competence	LEVEL 4	The degree to which participants could show in an educational setting how to do what the CE activity or program intended them to be able to do.
Performance	LEVEL 5	The degree to which participants could do what the CE activity or program intended them to be able to do in their practices.
Patient health	LEVEL 6	The degree to which the health status of patients improves due to changes in the practice behavior of participants.
Community health	LEVEL 7	The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants.

(Moore et al., 2009)





Competency-based CPD

A framework to address questions such as ...

1. Has my performance improved?
2. Does the care I provide patients reflect best evidence?



Educational
Outcomes

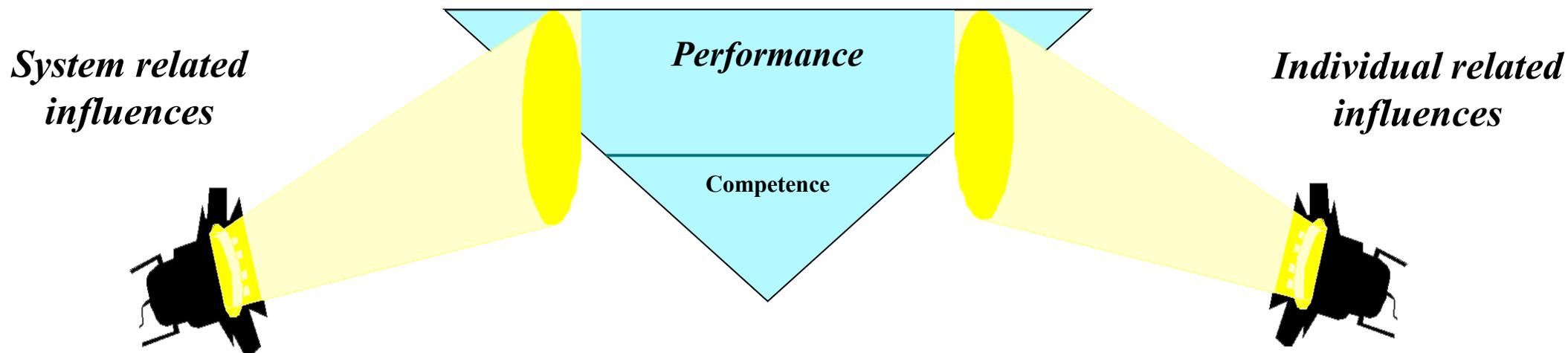
3. Are my patients better off?
4. Is where I work safe for patients?



Patient and
Health System
Outcomes



Cambridge Model: “Righting” the Pyramid



***Work-based assessment has to be a larger part of
our future if we are to make meaningful gains
in quality and safety***

Rethans, Norcini, et al, 2002





Work-based assessment 'for learning' ...

- Practice data
 - Charts or health records
 - Patient Registries
 - Prescription Monitoring Programs
- Multi-source feedback
- Simulation- based education
- Direct Observation – including videotaping
- Patient experience measures
- Patient-reported outcome measures
 - Functional status

Potential Role for
Milestones or EPAs





Royal College Task Force

Periodic Reaffirmation of Competence

- Determine what processes, approaches, evidence and/or sources of data and feedback will be required to reaffirm the periodic continuing competence of Fellows
- Strategies, process or tools that might be required to demonstrate continuous improvement of competence, performance and/or quality of care

Recommendations by October 2019





Future of Medical Education in Canada: CPD project

Transformation of the CPD System for Physicians in Canada

- **Vision:** “A CPD system that sustains innovation and ongoing quality improvement for the health Canadians.
- 8 expert-led working groups
- 9 key strategic domains
- 11 recommendations





National CPD System: imperative for change

- Address unacceptable variation in performance / practicewhere the evidence has been established
- Improve patient safety – focused on persistent and unacceptable levels of harm.
- Enhance social accountability – the profession’s ethical mandate
“Need to place the health needs and expectations of patients at the core of a CPD system that is committed to realizing the outcomes CPD is intended to achieve”



A system of physician learning and practice improvement that is:

1. Anchored in a work place – integration of CPD/CQI/KT/Patient safety
2. Integrated with models of health care delivery: collaborative practice
3. Informed by scientific evidence; tacit knowledge
4. Guided by practice data and facilitated feedback
5. Responsive to patient / population / physician needs
6. Enabled by technology
7. Promoting the ‘joy of learning’

Among others....





Re-defining Revalidation (2016)

FMRAC's Physician Practice Improvement Cycle



http://fmrac.ca/wp-content/uploads/2016/04/PPI-System_ENG.pdf





Multiple challenges to these systemic changes

1. Accessibility to data that is credible and relevant.
2. Selecting the best metrics.
3. Moving assessment from episodic to continuous
 - embedded in practice and
 - supported by health systems.
4. Providing 'actionable' feedback.
5. Focusing assessment strategies not just on individuals but on teams
6. Reducing the documentation burden / addressing burnout





An enhanced role for specialties

To guide, enable and support ...

- Identification of the scopes of practice within the discipline
 - What are the key sub-domains of each specialty?
- Identifying assessment options relevant to one's scope of practice
- Innovative educational strategies
 - Tools, guidelines, feedback strategies, communities of practice, networks... among others
- Identification of the 'core competencies' of the discipline
 - Process yet to be defined.... possibly based on EPAs or the Intrinsic Roles of CanMEDS





Need for culture change

Building a System of Continuous Learning and Practice Improvement

1. Focused on enhancing competence, performance, patient outcomes
2. Context is one's scope of practice
3. Content is based on scientific evidence, experience
4. Learning process intentionally integrates
 - Formal learning
 - Directed self-learning
 - Assessment



Thank You

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