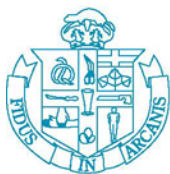


Revalidation Consultation Summary
College of Physicians and Surgeons of Ontario

April 7, 2006



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

April 7, 2006

Dear Colleagues:

We are very pleased to report to you on our consultation on revalidation.

Last year, we committed to consult widely. You invited us to meetings in boardrooms and lunchrooms and ballrooms. We were happy to talk about the proposals, but we were most interested in what you had to say. We believe you will find that we did what we committed to do – we listened and we're responding to what you said.

We heard that continuing professional development is something you value and believe should be a part of every physician's professional life.

We also heard that you are dedicated to your patients and to your profession.

We hope that you will see in the report, a reflection of your values and ideals, as well as a plan that will help you to continue to grow throughout your professional life.

Consulting with doctors is essential for us as a regulator. What is clear is how important it is to foster good communication and have the confidence of the profession and the public.

We will need your help to keep self-regulation healthy and effective, and we will continue to listen to you on a variety of issues. Please, keep those invitations coming – the future success of self-regulation needs your attention and participation.

On behalf of the College Council, we thank you, and look forward to keeping the lines of communication open and responsive.

Sincerely,



Dale Mercer, MD, FRCSC
President



Gerry Rowland, MD
Past-President

Executive Summary

The College began an extensive consultation on its proposed revalidation program in June 2005. The consultation was focused primarily on Ontario physicians but also involved key stakeholder organizations, as well as the Ontario public.

The goals of the consultation were to:

- Reach out to every physician in Ontario and stakeholders to obtain meaningful feedback about all aspects of the revalidation program under consideration to inform further development.
- Provide accessible and accurate information about the proposed program.

Further, a commitment was made by then College President Dr. Gerry Rowland to communicate often, consult widely with, and listen carefully to, the profession.

The purpose of this document is to explain how and with whom we consulted; report the themes that emerged from the consultation, and the findings from research conducted by Decima Research; and outline, in broad strokes, the College's plans going forward. The consultation has shaped the future plans for revalidation.

The consultation included meetings with physicians in their communities and physician groups; meetings with the national specialty colleges; distribution of the consultation paper *Consulting with the Profession: The Revalidation System Under Consideration* to every physician in Ontario, which included an on-line, mail or fax back questionnaire; and independently conducted surveys of both the profession and the public.

This was the most comprehensive consultation ever undertaken by the College. Several themes consistently emerged in the feedback from the meetings with physicians, responses to the consultation paper, and surveys conducted by Decima Research.

The key findings include:

- A universal commitment to continuing professional development.
- A desire to avoid a system that duplicates national specialty college programs or physician credentialing processes at hospitals.
- Uncertainty about the value and need for multisource feedback.
- The profession participates in numerous forms of self-reflection exercises as an important part of professional practice and it is a valuable component of continuing professional development (CPD).
- Although there was widespread support of self-regulation in general, some expressed a diminishment of trust in the College. As well, there was widespread agreement that oversight of the educational components of revalidation belong with the national specialty colleges.

In reviewing the themes that emerged from the consultation, the College has developed a plan that is responsive to what we heard. The consistency in these findings made the development of future directions quite clear.

These next steps do not compromise the College's overall support for the fundamental principles of revalidation. The public is strongly supportive of the proposed elements of the revalidation program. The profession clearly indicated that it wants and needs effective continuing professional development. Equally clear was that doctors want the national specialty colleges to oversee the educational components of the revalidation program.

In our discussions with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, these organizations have expressed support and are willing to work with us to develop and enhance national CPD programs to meet Ontario's expectations.

It is anticipated that the actual educational programmatic parts of revalidation will reside with the national specialty colleges. They are also very interested in developing pathways to support the 6,000 non-certificated physicians in Ontario who are not currently members of either college.

The immediate next steps for this College will be to work with the national colleges and to develop a regulation to mandate that every physician participate in an approved program of CPD. Participating in the national colleges' programs will fulfill this requirement for the majority, but we also recognize that alternate pathways will have to be considered and developed for inclusion.

There is still much to be done. Timelines are set at 2010 as the target date for implementation. We will continue to meet and work with the national colleges and with other stakeholders, including the Federation of Medical Regulatory Authorities of Canada. Revalidation programs are being developed in every province in Canada, and we will be participating at the national level to ensure consistency and effectiveness. We will also continue to work with other CPD providers in Ontario, such as CME Deans, the Ontario College of Family Physicians, other providers, and the government to enhance physicians' accessibility to effective CPD.

In addition, we heard in every part of the province and at every meeting that the profession has a high regard for the College's peer assessment program. We are committed to continually improving our assessment programs, and even more importantly, we are committed to continually improving all that we do.

Introduction

In June 2005, the Council of the College of Physicians and Surgeons of Ontario announced its intention to consult extensively on all aspects of the proposed program of revalidation. Council made a commitment to communicate often, and consult widely with and listen carefully to the profession.

“Revalidation” is the term that has been adopted by the medical profession throughout the world to describe the process by which doctors demonstrate to their peers and the public that they participate in lifelong learning activities and are competent in their scope of practice. It is a process being pursued by most, if not all, Canadian provinces and territories.

In September 2005, the College embarked on the most comprehensive consultation ever undertaken by asking the profession for feedback and advice on revalidation. It was proposed that revalidation would integrate regular and effective continuing professional development (CPD) with the College’s well-established practice assessment programs.

In addition, new educational components were proposed to help doctors better inform themselves in choosing effective, relevant, and individualized practice-specific CPD. All educational requirements would be integrated with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), or other educational bodies.

The College set two main goals for the consultation process:

- Reach out to every physician in Ontario and stakeholders to obtain meaningful feedback about all aspects of the revalidation program under consideration to inform further development.
- Provide accessible and accurate information about the proposed program.

The College is tremendously pleased to report that the interest shown by doctors throughout the province and, most importantly, the quality of the feedback received has been outstanding.

Diverse opportunities were developed to encourage the profession to provide thoughtful comments and advice, including meetings with doctors in their communities and with physician groups; involvement of the national specialty colleges; release of the consultation paper *Consulting with the Profession: The Revalidation System Under Consideration*; a review by an expert panel of the evidence considered in designing the proposed program of revalidation; and independently conducted surveys of both the profession and the public.

More than 3,300 physicians and 1,600 members of the public actively participated in the consultation process. While committed to ongoing consultation with the public and the profession about issues related to continuing professional development and performance assessment, this stage of the consultation process was completed on March 31, 2006.

This report will outline the elements of the consultation process and the methods used to receive information; major themes from the consultation, in qualitative form, which have emerged from the consultation; findings and analysis of the independent surveys of the profession and the public; summation of findings; and conclusions that have been reached.

Elements of the Consultation Process

In June 2005, the governing Council expressed its commitment to the principles of revalidation.

It also announced that the College would proceed by extensively consulting with the profession and other stakeholders on all aspects of the program. Council made a commitment to communicate often, and consult widely with and listen carefully to the profession.

A consultation plan was developed that would provide the profession with numerous opportunities to receive information, ask questions, and provide comments and advice. This was done in order to achieve Council's two key objectives of communicating accurate information to every physician, and seeking constructive feedback to inform further development of the program.

The consultation comprised five main elements:

1. Meetings with the profession
2. Release of the consultation paper
3. Involvement of the national specialty colleges and other stakeholders
4. Expert panel review
5. Independent surveys of physicians and the public

The following will outline both the participation of the profession and scope of the consultation process.

1. Meetings with the Profession

From September 1, 2005, to March 31, 2006, Council members, the Registrar, and senior staff met with more than 1,400 physicians in 46 locations across Ontario (see Appendix 1).

Representatives from the College attended meetings of the medical staff in hospitals, local academies and academic departments. Meetings were also held with physicians in the community. Every region of the province was visited, and in most College districts, a number of meetings took place to reach as many physicians as possible.

At each event, a 30-minute presentation about the proposed revalidation program was delivered, and focused questions were posed to stimulate discussion. The time available for discussion, questions and comments varied at each meeting from 30 minutes to two hours. Evaluation and feedback forms were most often distributed, and 370 responses were received from those who attended and contributed to the discussion. Of those doctors completing the feedback form, just less than half advised that they were willing to participate in a pilot project, at a future date, to test the component parts of the revalidation program.

The College also coordinated other meetings and events to facilitate discussion about revalidation with physicians. The College held an educational session for 124 physicians engaged as assessors for the peer assessment, methadone, and independent health facilities programs. This provided a unique opportunity to discuss and receive useful feedback about the proposed revalidation program from a group of physicians that is very knowledgeable about physician assessment, one of the existing components of revalidation.

As well, revalidation was discussed at a biannual meeting at the College of Chiefs of Staff and Presidents of Medical Staff from hospitals across the province. Twenty-seven leaders from the institutional environment provided feedback on the proposed revalidation program at this session.

2. Release of the Consultation Paper

In November 2005, a consultation paper was sent to every member of the profession. The paper outlined the objectives of revalidation, and explained the extent to which the College's existing assessment programs would form an important part of revalidation. It also described, in broad strokes, the new educational elements under consideration.

The purpose of providing the profession with the consultation paper was to ensure that accurate information about the proposed program was conveyed, and to stimulate discussion, critique, comments and advice. Doctors were encouraged to complete either the on-line questionnaire or mail or fax back answers to the questions posed in the paper.

The College received 754 responses to the open-ended questions, and every response was individually reviewed and analyzed for common themes and comments.

The College also received letters, e-mails and telephone calls from doctors that were not sent to us in relation to the consultation paper. These calls and correspondence expressed views about the proposed revalidation program. Common themes and comments are included in this report.

3. Involvement of the National Specialty Colleges and Other Stakeholders

In developing the proposed model of revalidation, the College has maintained close communication with the College of Family Physicians of Canada (CFPC) and its provincial chapter, the Ontario College of Family Physicians; the Royal College of Physicians and Surgeons of Canada (RCPSC); the Medical Council of Canada (MCC); the Ontario Medical Association (OMA); the government of Ontario; and the Federation of Medical Regulatory Authorities of Canada (FMRAC).

In addition, representatives from the CFPC, RCPSC, MCC, and the OMA participated as members of the College's Revalidation Task Force. This group participated in the development of the new components of the proposed program of revalidation and have met periodically since 2004.

4. Expert Panel Review

At the time that the College embarked on the consultation, concern was raised as to whether the literature provided evidence in support of the revalidation program.

The College convened an expert panel to provide advice on the available evidence from research and studies used to inform the design of the proposed program, and the scope and methods for evaluating pilot projects and the long-term implementation of revalidation.

The expert panel¹ consisted of individuals from the provincial, national and international arena with expertise in performance assessment, continuing education, communication skills assessment and education, physician self-assessment, and evidence-based medicine. The panel was asked to focus only on the scientific basis for revalidation and the evaluative design to study revalidation into the future.

¹ Members of the expert panel: Dr. John Norcini, President of the Foundation for Advancement of International Medical Education, Philadelphia, Pennsylvania; Dr. Geoff Norman, Professor, Clinical Epidemiology and Biostatistics, McMaster University; Dr. Gisele Bourgeois-Law, Associate Dean (CME) and Acting Head, Department of Medical Education, University of Manitoba and Director of the University of Manitoba Clinician Assessment Programs; Dr. Wendy Levinson, Chair of Medicine, University of Toronto; Dr. R. Brian Haynes, Professor of Clinical Epidemiology and Medicine, and Chief of the Health Information Research Unit, Faculty of Health Sciences, McMaster University.

5. Independent Surveys of Physicians and the Public

In order to supplement the qualitative elements of the consultation, the College commissioned Decima Research to conduct random surveys of physicians and members of the public to measure their views on issues related to continuing professional development and periodic demonstration of competence.

A number of issues were explored with the public and the profession, including:

1. Public awareness of the existing requirements of doctors in participating in continuing professional development, and periodic demonstration of competence.
2. Public awareness of whether doctors are required to obtain feedback about their performance from colleagues, co-workers, and patients.
3. Public opinion on the extent to which the current system is meeting the goal of ensuring doctors stay up-to-date.
4. The extent to which the profession would find it helpful to receive feedback from colleagues, co-workers, and patients.
5. Physician awareness of the existing requirements of doctors in participating in continuing professional development, and periodic demonstration of competence.
6. Physician opinion on the extent to which the current system is meeting the goal of ensuring doctors stay up-to-date.
7. The preferred choice of physicians respecting the body that should have oversight of a revalidation program.

Major Themes Arising from the Consultation

Feedback from Meetings and the Consultation Paper

The College has received considerable feedback from the profession in response to the consultation paper, and through meetings and other correspondence that will assist in the ongoing development of a revalidation program.

The following outlines *what we heard* from this aspect of the consultation -- the major themes, comments, suggestions, and advice that emerged. Some of the themes overlap or are interconnected and should not be interpreted as independent concepts, necessarily. Later in the report, conclusions are made, where it has been possible to so.

The recurring themes are:

1. Universal commitment to continuing professional development;
2. Duplication of national specialty college programs/credentialling processes at hospitals;

3. Trust in the College;
4. Acceptance of self-reflection exercises;
5. Uncertainty about multisource feedback proposal;
6. Evidence for revalidation.

Please note that with respect to the comments included in the following sections, the College has committed to keep the identity of all respondents confidential.

1. Universal Commitment to Continuing Professional Development

An overwhelming majority of the profession and all medical organizations that have provided input about revalidation believe that physicians must regularly participate in meaningful continuing education:

- *“Keeping up our standards of care is a valid goal. Certainly, efforts should be made to encourage physicians to attend ongoing education and to keep current in areas in which they practice.”* (Feedback received via e-mail)
- *“No MD can disagree with ‘staying current’. The problem is (a) time away from practice to attend (= money), (b) travel, registration, hotel, etc. (= money). Paid ‘professional development days’, as in teaching, would be great!”* (Feedback received at a consultation meeting)
- *“I think it is important for MDs to stay current and revalidation is necessary.”* (Feedback received from consultation paper questionnaire)
- *“This [continuing professional development] is a professional responsibility that we all share. If we are to remain self-governing, we must take this on as a requirement of maintenance of that status.”* (Feedback received from consultation paper questionnaire)

2. Duplication of National Specialty College Programs/Credentialing Processes at Hospitals

Concerns were frequently expressed that revalidation will duplicate the specialty college programs or the physician credentialing process at hospitals. Many physicians questioned whether a formal process of revalidation is necessary because physicians, a professional and self-motivated group, are already engaged in maintaining their competence:

- *“Incorporate seamlessly with Royal College MOCOMP program and hospital peer assessment program done on each physician every five years.”* (Feedback received at a consultation meeting)
- *“We already have a process with the Royal College. Why re-invent the wheel?”* (Feedback received from consultation paper questionnaire)
- *“Involve only those 6,000 MDs not members of specialty colleges. Revalidation is not necessary for physicians already within RCPSC or CFPC.”* (Feedback received at a consultation meeting)

- “Agree with authorizing RCPSC to give info to CPSO.” (Feedback received at a consultation meeting)
- “Both in this document and the recent CPSO bulletin that discussed revalidation, mention is made about desire to avoid duplication. Yet no mention is made about what guarantees there will be that duplication will not occur.” (Feedback received from consultation paper questionnaire)

3. Trust in the College

While the vast majority support the concept that physicians must regularly participate in meaningful continuing education, concern was expressed about having the *regulator* of the medical profession overseeing the educational components of a revalidation program. While the profession strongly voiced support throughout the consultation for the College’s longstanding peer assessment program, physicians often commented on their personal diminished trust for the College associated to other issues. Related to trust, respondents suggested that there be complete confidentiality of the process, with no linkage to licensure:

- “The program should not result in license suspension/revocation. The program should not involve ++ hours, or should be compensated in credits or monetarily. The results should not be available to the public or be seen in legal proceedings.” (Feedback received from consultation paper questionnaire)
- “College needs to do damage control from MRC debacle to regain the confidence of the profession.” (Feedback received at a consultation meeting)
- “Work with systems that are already there, e.g. OMA, RCPSC, CFPC. Allow them to run the program and give CPSO input as to how and what the requirements are. CPSO should not be running this.” (Feedback received from consultation paper questionnaire)
- “Why look for a new method or means of assessment when we already have a good working, *enjoyable* program [peer assessment]?” (Feedback received at a consultation meeting)

4. Acceptance of Self-Reflection Exercises

The majority of physicians responding to the consultation paper indicated that they participate in a variety of self-reflection activities as a regular part of their practice rather than as a *formal* exercise to inform their choice of continuing professional development. Methods cited included chart reviews, patient cases or outcomes; and clinical discussions with peers and colleagues. Also cited was the use of self-assessment tools, both formal and informal; or tools developed by CFPC/RCPSC/CME departments. Most participants agreed that self-reflection is an integral component of CPD and should be considered a part of the educational process:

- *“What is proposed is very appealing. I particularly feel that the emphasis on continuing education and professional self-awareness is important.”* (Feedback received at a consultation meeting)
- *“The self-reflection exercise is supported in the literature as an effective tool for continuing professional development, as is the concept of multisource feedback.”* (Feedback received via e-mail)
- *“The primary advantage of the CPSO’s proposed system is that it will help us look at those areas which we think we know, in a context that is directly relevant to our patients, and thus improve our practices from the inside out.”* (Feedback received via e-mail)
- *“Are all “needs” relevant as defined by an individual physician in Practice Needs Assessment? Who determines what needs are important or relevant?”* (Feedback received at a consultation meeting)

5. Uncertainty about Multisource Feedback Proposal

Concerns were frequently expressed at meetings and in response to the consultation paper about the idea of obtaining feedback from multiple sources (colleagues, co-workers, and patients). This often seemed to be due, at least in part, to unknown validity or effectiveness of receiving feedback, or concern about how the process would be administered:

- *“Reassess the multisource feedback – is it going to be constructive or destructive, and if so, will it really benefit patient care in the vast majority of cases?”* (Feedback received at a consultation meeting)
- *“For the patient questionnaires, you will need to make it clear that the patients are evaluating me, not my office, since I am not one of the three owners of the practice and some complaints I can’t fix (e.g., our truly awful phone system).”* (Feedback received at a consultation meeting)
- *“Interested in development and delivery of educational objectives beyond what is required by colleges (Specialty & FP).”* (Feedback received at a consultation meeting)
- *“I question the role/usefulness of feedback from multisources. Is this a popularity contest or an assessment of competence?”* (Feedback received from consultation paper questionnaire)
- *“I think the focus on performance with input from patients, colleagues and hospital staff is excellent.”* (Feedback received at a consultation meeting)
- *“Will colleagues/patients give honest feedback? Will it help or hamper future relationship? I don’t think this will work.”* (Feedback received from consultation paper questionnaire)

6. Evidence for Revalidation

Through most feedback mechanisms, physicians questioned whether there is evidence to support the need for revalidation, or whether sufficient evidence exists to inform the design of the proposed program of revalidation. Many feel there needs to be a demonstration of effectiveness before any implementation occurs, or proof that shows revalidation has a positive impact on patient outcomes and physician practice:

- *“Prove that revalidation has an impact first.”* (Feedback received at a consultation meeting)
- *“As the evidence that revalidation is necessary or works is so limited, do the whole thing as a controlled trial and generate the evidence.”* (Feedback received from consultation paper questionnaire)
- *“Given that there is no evidence linking the proposed tools with either overall physician competence or improved patient safety, and there is ample evidence that current CPD strategies are ineffective, there is an opportunity to learn more about this method.”* (Feedback received via e-mail)
- *“More research is needed into this project. A trial project needs to be done for 5-10 years and then re-evaluated before general use. It is my impression that the present evaluation programs [peer assessment] of the CPSO are functioning well (90% success by your own admission), so why develop something else?”* (Feedback received from consultation paper questionnaire)

Findings and Analysis from Public and Physician Surveys

In order to supplement the qualitative elements of the consultation, the College commissioned Decima Research to conduct random on-line surveys of physicians and members of the public. A number of other issue areas were also included in the surveys. The results of the questions related to the revalidation consultation will be highlighted.

The public and physicians were surveyed to assess their understanding of ongoing professional development and feedback that physicians receive today; their perceptions of the value of continuing education and feedback; and their support for mandated continuing education, demonstration of competence and feedback requirements for physicians.

The public survey was conducted on-line between December 8 and 13, 2005, of 1,623 Ontario residents. The margin of error for a random probability sample of this size is +/- 2.4%, at the 95% confidence level.

The sample for the public survey was drawn from Decima’s proprietary on-line research panel, eVox, with stratification by region to ensure appropriate coverage across all parts of the province. To be eligible for participation in eVox surveys, individuals must opt in by signing on as panel members and, as in all research, completion of the individual

surveys is voluntary. Physicians were excluded from the public survey, both during the sample selection and through screening questions asked of all participants.

The results from the physician survey were based on a total of 1,015 on-line surveys completed by doctors, between January 23 and February 3, 2006. A sample of this size can be expected to produce results that will be accurate to the full population of physicians within +/- 3.1% at the 95% confidence level.

The sample for the physician survey was drawn from the College's database, from members with an e-mail address on file. A random sample was selected for inclusion in the study, and an e-mail was sent inviting doctors to participate in the survey. Reminder messages were also distributed to encourage response.

The following provides Decima Research findings and analyses with respect to physician and public support of mandated education for physicians; periodic demonstration of competence; and mandated feedback requirements for physicians.

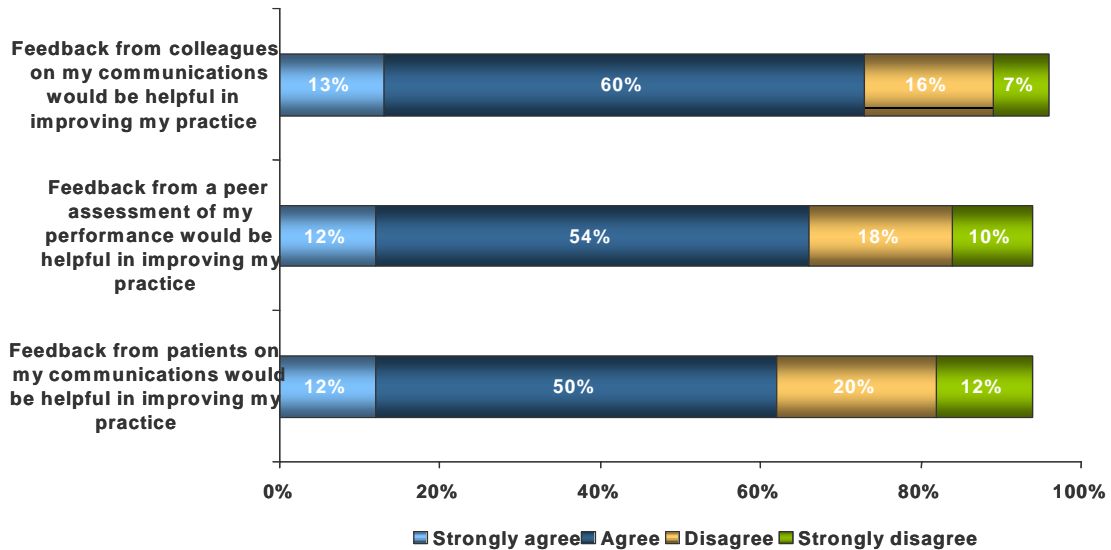
Ongoing Education and Maintenance of Competence

In order to understand what Ontario residents believe to be currently true, a series of questions were asked about their expectations of physicians regarding ongoing education and maintenance of competence.

Seven in ten Ontarians believe that physicians in the province are probably or definitely required to participate in ongoing education throughout their careers, and six in ten believe they are probably or definitely required to demonstrate their competence on a regular basis in order to maintain their licenses. Approximately half of Ontarians believe that physicians probably or definitely receive formal feedback from co-workers and colleagues, and three in ten believe that physicians probably or definitely receive feedback from patients.

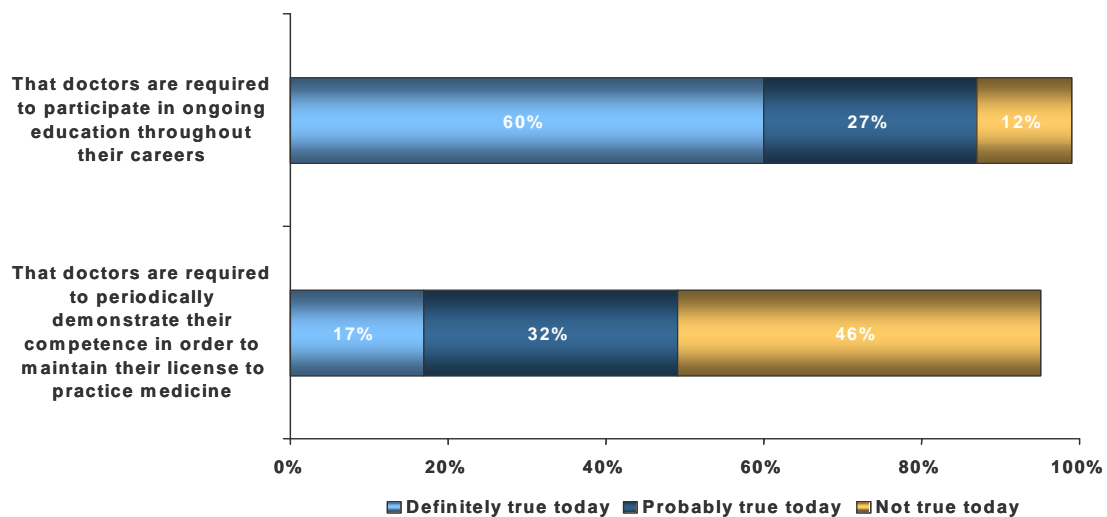
Two thirds of physicians agree that ongoing feedback would be of help to them in their practices, including feedback from patients, feedback from a peer assessment, and feedback from colleagues.

Physician Perceptions About Feedback



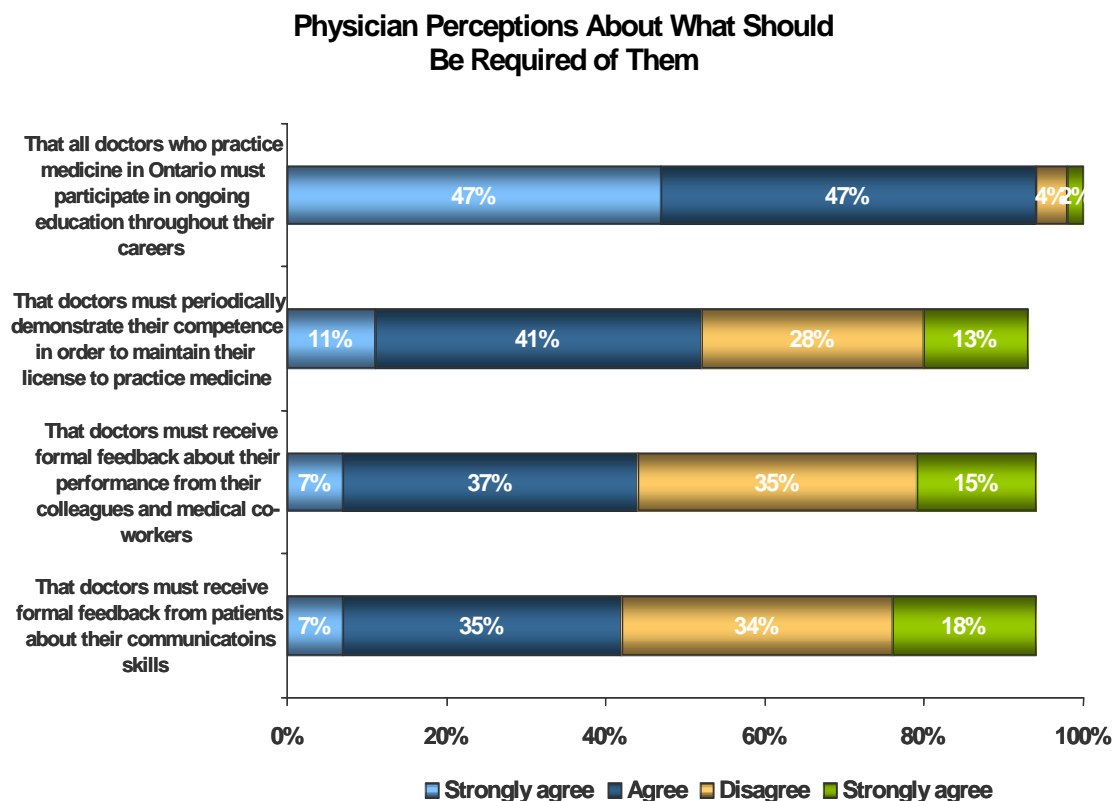
Six in ten physicians firmly believe that doctors are required to participate in ongoing education programs throughout their careers, whereas one in four think that this is 'probably true.' Nearly half of physicians, however, understand that they are not required to periodically demonstrate their competence in order to maintain their license, while about one in three think this is 'probably' true.

Physician Perceptions About Current System



Six in ten Ontarians find it unacceptable that physicians can receive a license and not participate in any meaningful educational activity throughout their career. Similarly, two-thirds of physicians do not consider this acceptable, while one in four think it depends on the situation.

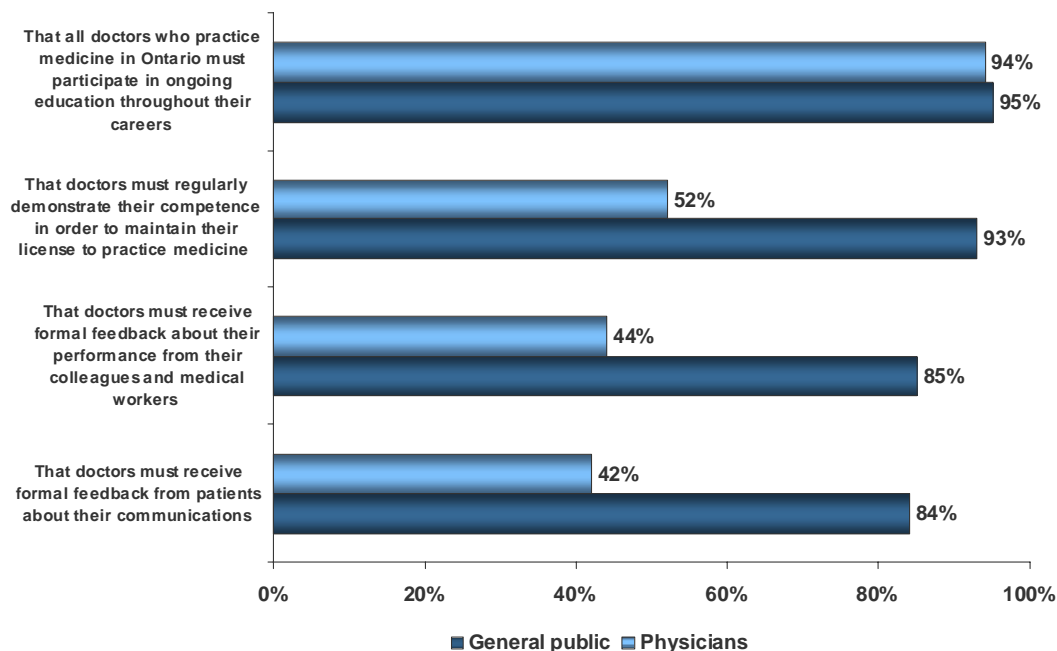
A large majority of Ontarians support mandated education, regular demonstration of competence, as well as mandated feedback requirements for physicians, including feedback from colleagues and patients.



More than nine in ten physicians agree that all doctors practising in Ontario should be required to participate in ongoing education throughout their careers. Only about half of physicians, however, agree that doctors should be required to periodically demonstrate their competence in order to continue practising medicine. Four in ten physicians agree that they should be required to receive formal feedback about their performance from their peers, or from patients about their communications skills.

It is noteworthy that while physician support for mandated feedback from colleagues, co-workers and patients is moderate, approximately two-thirds of physicians consider feedback to be helpful in improving their practices. The public has a very different view about the need for mandated feedback.

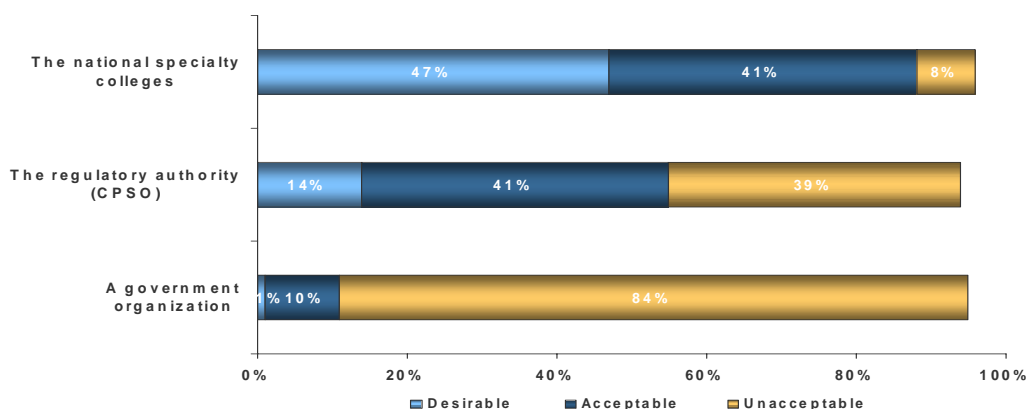
Physician and Public Perceptions About What Should be Required of Physicians



Oversight of a Revalidation Program

Physicians were also asked about whom they would prefer to have responsibility for overseeing revalidation. Physicians clearly support the national specialty colleges as the *preferred* body for overseeing revalidation. Almost half of physicians believe this would be the desired option and an additional four in ten agree that this would be an acceptable choice. One in ten physicians believe that the CPSO is the desired body for overseeing revalidation and another four in ten think it would be acceptable for the CPSO to play this role. Only about one in ten physicians are of the view that a government organization would be desirable or acceptable for overseeing revalidation.

Physician Preference About Revalidation Oversight



Summation of Findings from the Consultation Process

Several themes consistently recurred in the feedback received from the profession through correspondence and meetings, in response to the consultation paper, and from the surveys of physicians and the public. By analyzing these themes, a number of findings can be established.

1. Most significantly, the profession, all medical organizations that provided input about revalidation, and the public strongly support the concept of **mandated continuing professional development**. This finding is of the utmost importance because having physicians regularly participate in meaningful continuing education, and maintain their skills and competency level are the fundamental principles that support revalidation.
2. That there be **no duplication** of the specialty college programs or physician credentialing processes at hospitals was also heard and is accepted by the College as the only viable outcome. In fact, the College established this as a guiding objective of revalidation and it remains so: revalidation is to be equitable for all doctors and work in concert with, rather than in addition to, the programs of other organizations representing the educational interests of the profession. The College is partnering with stakeholders to ensure that duplication will not occur so that revalidation is a meaningful and beneficial program.
3. While the vast majority support the concept that physicians must regularly participate in meaningful continuing education, the profession often expressed concern about having the *regulator* of the medical profession overseeing the educational components of a revalidation program. Related to this view, some physicians felt that the process should be confidential or strictly educational with no linkage to licensure.

Some doctors also commented on their personal diminished **trust in the College** related to other issues. It is essential that the College earn the respect of the profession *and* the public, and that both have confidence in our ability to fulfil our mandate.

The most acceptable choice among the options examined in the survey of physicians for the oversight of the educational components of revalidation is the national specialty colleges. Only one in ten find the specialty colleges to be an unacceptable choice, compared to four in ten for the CPSO, and more than eight in ten for a government organization.

The CPSO has received a commitment from the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada that the national specialty colleges will oversee the educational components of Ontario's revalidation program, working in partnership with this College.

4. The concept of using self-reflection or self-assessment was not measured in the research; however, the feedback received through the other consultation mechanisms strongly supports **self-reflection as an integral component of CPD**, and most participants agreed that it should be considered a part of the educational process.
5. The findings from the public research strongly support the concept of mandated **feedback requirements for physicians**, including feedback from patients. Two thirds of physicians agree that ongoing feedback would be of help to them in their practices, including feedback from patients, feedback from a peer assessment, and feedback from colleagues. Medical organizations also expressed support for CPD involving a communications skills component.

Some concern was expressed about the College's proposed mechanism to obtain feedback from multiple sources, and this may be due, at least in part, to unknown validity or effectiveness of receiving feedback in this manner, or concern about how the process would be administered.

These concerns may be addressed by evaluating the efficacy of a communications component of revalidation through the specialty colleges.

6. The profession expressed through the consultation process the need to **evaluate the proposed new elements and the effectiveness of the revalidation program** on physician practice and patient outcomes. Continual evaluation was built into the proposed revalidation proposal to ensure that improvement would be ongoing.

An expert panel was convened by the College and was asked to focus only on the scientific basis for revalidation and the evaluative design to study revalidation into the future. The panel concluded that:

- the literature studied by the revalidation design team was extensive and appropriately informed the proposed system – the component parts and the program are consistent with the evidence available in the fields of education and assessment;
- the CPSO is in a unique position to comprehensively study the revalidation program and its impact on quality of medical care and patient outcomes, principally because the quality and type of learning undertaken by physicians can be directly compared to their performance on a practice-based assessment (the peer assessment program); and,
- there are a number of practical modifications that can be made to the proposed revalidation program that will allow for the study of specific performance-based indicators.

Looking Forward

When the College announced its intention to consult extensively on all aspects of the proposed program of revalidation, a commitment was made to communicate often, consult widely with, and listen carefully to, the profession.

The interest shown by doctors throughout the province and the value of the feedback received has been enormously helpful to the College in determining how best to move the revalidation initiative forward.

Of most significance, the profession has affirmed its support for the fundamental principles of revalidation – that practising physicians must regularly participate in meaningful continuing education, maintain their skills and competency level, and continuously enhance their communication and collaboration skills.

The College affirms that a revalidation program must be educational, and physicians will be supported and assisted within the revalidation process with limited exceptions, such as a failure to participate in, or cooperate with, maintenance of competence programs (completion of CPD, practice assessments).

The College is committed to continue to build the profession's confidence and maintain the public's trust in doctors, through the development and implementation of a revalidation program that has been *modified based on input received from the profession*. The College will also continue the dialogue that began with this consultation process.

The College makes the following commitments in moving forward with revalidation.

1. Continuing Professional Development

The College will work with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), and its provincial chapter, the OCFP, the Federation of Medical Regulatory Authorities of Canada (FMRAC), and the Medical Council of Canada (MCC) to develop and deliver the best possible CPD system that is national, mandatory and portable. This will involve:

- Enhancing national CPD systems to meet Ontario's expectations;
- Developing reasonable pathways to support the approximately 6,000 non-certificated physicians in Ontario who are not currently members of the CFPC or RCPSC;
- Developing a CPSO regulation to mandate that every physician be required to participate in a CPSO-approved annual program of CPD. The approved programs will be either the CFPC or RCPSC continuing professional development systems, or an alternate (but currently unknown) system approved by the CPSO.

The College will also work with the CPD providers in Ontario (CME Deans and other providers) and the government to enhance physicians' accessibility to effective CPD.

2. Practice Assessments

The College will work to continually increase and enhance the peer assessment programs that are strongly supported by the profession.

3. Enhancing Communication and Collaboration Skills

The College will work with the national specialty colleges, with input from the profession, to further study and develop assessment and education programs designed to improve communication and collaboration skills.

4. Evaluation

The College will work to develop an evaluation methodology that will measure the outcomes of CPD systems on patient care and outcomes using, as one indicator, the CPSO's practice assessment processes.

Appendix 1

From September 1, 2005, to March 31, 2006, Council members, the Registrar, and senior staff met with more than 1,400 physicians in the following 46 locations across Ontario:

1. William Osler Hospital, Brampton;
2. Huronia District Hospital, Midland;
3. Niagara Health System, St. Catharines;
4. Ottawa Academy of Medicine;
5. Chiefs' and President's Day, Toronto;
6. University Health Network, Toronto;
7. Ontario College of Family Physicians (OCFP) Board Meeting, Toronto;
8. OCFP Annual Meeting, Toronto;
9. Sudbury Memorial Hospital;
10. Timmins and District Hospital;
11. District 2 Meeting, London;
12. Mount Sinai Hospital, Toronto;
13. OMA Section Meeting, General and Family Practice, Toronto;
14. William Osler Health Centre, Etobicoke;
15. Markham Stouffville Hospital;
16. Huron Perth Stratford Health Alliance, Stratford;
17. Queensway-Carleton Hospital, Ottawa;
18. Thunder Bay Regional Health Centre;
19. Renfrew Victoria Hospital;
20. Penetanguishene Mental Health Centre;
21. North Bay General Hospital;
22. North York General/North York Branson Hospitals;
23. Windsor Regional Hospital;
24. Lakeridge Health Centre, Oshawa;
25. Hospital for Sick Children, Toronto;
26. Lambton County Medical Society, Sarnia;
27. Sunnybrook and Women's College Hospitals;
28. Sault Area Hospital, Sault Ste. Marie;
29. Ontario Psychiatric Association Annual Conference, Toronto;
30. London Health Sciences Centre;
31. Regional Mental Health Centre, St. Thomas;
32. South Huron Hospital, Exeter;
33. Peterborough County Medical Society;
34. McMaster Health Sciences Centre, Hamilton;
35. District 11 OMA Annual General Meeting, Toronto;
36. Alexandra Hospital, Ingersoll;
37. Lake of the Woods Hospital, Kenora;
38. Winchester District Memorial Hospital;
39. Perth and Smith Falls General Hospital;
40. Soldiers' Memorial Hospital, Orillia;
41. Pembroke Regional Hospital;
42. Peterborough Regional Health Centre;
43. Lennox and Addington County General Hospital, Napanee;
44. La Verendrye Hosp, Fort Frances;
45. Riverside Health Care, Rainy River;
46. Brantford General Hospital.