

**CPDIQ: Issues of Quality and Continuing Professional Development:
Maintenance of Competence
Minutes for Steering Committee Teleconference
Monday, December 12th, 2005**

In attendance: Kendall Ho (UBC); Louise Nasmith (Toronto); Denise Buote (UBC); Helen Novak-Lauscher (UBC); George Goldsand (Alberta); Jean Parboosingh; Karen Barber (Saskatchewan); Blye Frank (Dalhousie); Richard Audet (Laval); Sue Maskill (AFMC); Ivan Silver (Toronto); Ford Bursey (Memorial); Doug Sinclair (Dalhousie);

Regrets: Yvonne Steinert (McGill); Luke Ferdinands (UBC); John Toews (Calgary); Dianne Delva (Queens); Sarita Verma (Toronto); Pippa Hall (Ottawa); Bob Woollard (UBC); Jatinder Takhar (UWO); Penny Davis (Saskatchewan); Giselle Bourgeois-Law (Manitoba); Lewis Tomalty (Queens)

Items Discussed:

1. Review of minutes from November 3, 2005
 - AFMC searchable database is initially a temporary database; first feedback is required from each school; It is hoped that the website will go live in January once all feedback is received.
 - With above change to be completed, the minutes from November 3, 2005 are passed.
2. Budget review
 - 2.1 Review of budget to date
 - Budget on track with some surplus in COACH, Innovative CPD for Society; and Intra/Interprofessional Collaboration
 - Question of whether we can defer the existing surplus to the following fiscal year. (into the extension year) This will be explored with AFMC
 - Surplus is approximately \$34,000. With the \$10,000 from the year two that may be returned, the surplus is approximately \$44, 000. Would be good to keep \$2000.00 in COACH in anticipation of expenses and therefore the surplus will be approximately \$32,000.
 - 2.2 Suggestions for effective use of surplus funds:
 1. Supporting the evolution of the CPDiQ evaluation framework into a national framework
 2. Supporting a meeting of the national AFMC Academic Leader Group
 3. Strengthen the CPDiQ COACH network through collaboration with a national interprofessional education group (Dr. John Gilbert being the lead and liaison person)
 4. Support our own individual CPDiQ school projects using a fair and transparent mechanism

5. Fund a coordinator/contractor to help our entire CPDiQ network to put together a professionally done up final report for Health Canada by September 2006
6. Support and fund knowledge dissemination and publication strategies for the content that CPDiQ has generated to date

Schools will be polled as to their top three choices regarding the above. Schools will be asked to respond by December 19, 2005.

2.3 School funds to be retrieved

- For individual project schools, funding has been allocated to 16 of the 17 medical schools
- For the remaining one medical school, we need to follow up to assess whether the \$10,000 from year two individual school project is needed or whether these funds will revert back to the larger project to be re-allocated.

2.4 Project progress report and invoice

- A template for a project progress report along with an invoice for the disbursement of the second installment of funds will be sent in early January

3. Evaluation Working Group

- U of T researcher has put a report to date of the evaluation; feedback is in the process of being returned to the researcher via the evaluation group. The report will then be circulated to the Steering Committee prior to the next meeting. This report deals with the process of the CPDiQ network and the participant's experiences of being involved in this network.

4. Best Practices summary

- Penny has submitted a brief overview of the report (attached)
- The larger report is available on the CPDiQ website and the AFMC website.

5. AFMC Conference 2006 meeting

- Having a dinner meeting on Friday evening may work. After checking with AFMC about space availability, an email will be sent asking people as to their availability for a Friday evening

6. Wrap conference

- Montreal was the location that was the first choice for the wrap up conference
- Would like to extend the opportunity for people at the Montreal schools to assist in organizing the conference. If not, then we would go to the second location choice, which is Ottawa
- An email will be circulated inviting interested people to be on an organizing committee for the content aspect of the wrap up conference

Deferred:

- update on missing school

Report of Best Practices in Social Accountability and Continuing Professional Development
A Survey and Literature Review.
May 17th, 2005
(Penny Davis)

The underlying principle of this survey was to review the fundamental, but often unspoken, social contract between Medicine and Society, and the impact of this on the responsibilities of Continuing Professional Development.

The discipline of Medicine receives privileges from society, with the implied responsibility of responding to society's needs. As part of the wider national CPDiQ project Lawrence Thompson Strategic Consulting was contracted by the University of Saskatchewan to conduct a literature search, and to survey Colleges of Medicine across Canada to determine how Divisions and Departments of Continuing Professional Development have responded to this social contract, and to establish areas in which response may have been slow or absent.

From the literature search it appeared that there were five main areas of response;

- 1. The Assurance of Competence in practising physicians.** e.g Performance Review.
- 2. The Assurance of Relevance in CPD content.** e.g environmental scanning.
- 3. The Assurance of Trust and Credibility in CPD content.** e.g., Independence and high quality.
- 4. The Focus on Values.** e.g. Cost-effectiveness and equity.
- 5. Advocacy for societal needs.** e.g., societal needs for access and health environment.

From the survey of Canadian medical schools a total of twenty-eight initiatives fell within these areas of response. The most common areas in which response was reported were of Quality and Relevance, the least common was the area of advocacy.

To enhance the response of CPD to the social contract the following recommendations were drawn from the literature Review and the Survey.

1. Maintenance of an ongoing inventory of CPD Social Accountability Initiatives.
2. Development of CPD initiatives in partnership with the community and society.
3. Consideration of advocacy support as a CPD activity.
4. Maintenance of the social relevance of CPD.
5. Maintenance of public trust in CPD.
6. The support of Competency Assurance programs for physicians.
7. Maintenance of a high values focus in CPD program development

The initiatives recognized in this Best Practices survey are outlined in a final report to act as a guide and template for Divisions and Departments of CPD in striving to respond to their part of the social contract. It is hoped that, in combination with the new initiatives developed in the national CPDiQ project, CPD may not only continue to respond to recognized needs for high quality and relevance, but will move into the poorly supported areas of physician review and advocacy support.