

Rules for Member Participation in the PAR Program

The Physician Achievement Review (PAR) Program has been in operation in Alberta since 1999, when it was established under the Medical Profession Act. As of December 16, 2009, the College came under the Health Professions Act (the “HPA”) and the Medical Profession Act was repealed. The PAR Program continues under the HPA and is part of the continuing competence program of the College. The Physician Performance Committee (the “PPC”) of the College oversees and administers the PAR Program.

Alberta physicians are required to participate in the PAR Program every five years. All participating physicians receive feedback from patients and/or others about their performance in practice. Some physicians are also interviewed about their feedback, and some receive a practice visit from a peer, resulting in a report of their practice with recommendations and follow-up.

The PAR Program exists to provide educational support and guidance to physicians. The PPC is a designated quality assurance committee under Section 9 of the *Alberta Evidence Act*, which means that opinions collected or expressed by the PPC or its subcommittees or consultants about a physician’s performance cannot be used as evidence in a legal or disciplinary action. In the rare case where a physician’s performance might be deemed a risk to patients that has not been resolved collaboratively, referral is made to the Complaints Director for an investigation. As well, any failure or refusal by a physician to comply and/or co-operate with the PAR program can result in a referral to the Complaints Director of the College for discussion, resolution or possible disciplinary proceedings.

1. All physicians who are practicing medicine in Alberta are required to participate in the PAR Program once every five years except in the case of extenuating circumstances or a practice for which assessment tools are not available.
2. A physician who is directed to participate in the PAR Program’s survey of his or her practice shall comply with instructions for identifying respondents and submitting information requested within the time limits in those instructions unless extensions are granted by the Program.
3. A physician who is contacted for an interview by a member of the Survey Subcommittee of the Physician Performance Committee with respect to his or her survey feedback shall make him or herself available within 30 days for the interview unless extensions are granted by the PPC or one of its subcommittees.
4. A physician who is referred to the Director of Practice Improvement (DPI) shall make him or herself available for an interview to discuss further assessment, including a practice visit or other review of the member’s practice, within a reasonable timeframe provided by the DPI. The DPI acts for the Assessment Subcommittee of the PAR Program.

5. A physician who is directed by the DPI to participate in a further practice assessment shall cooperate with the requirements for the assessment within a reasonable timeframe provided by the DPI.
6. The cooperation required of a physician to participate in a practice assessment may include:
 - a. Permitting the assessors appointed by the committee to enter and inspect the premises where the physician engages in the practice of medicine;
 - b. Permitting the assessors appointed by the committee to inspect the physician's records of the care of patients;
 - c. Permitting the assessors to observe the regulated member providing professional services if the person who is receiving the professional services consents;
 - d. Providing to the committee or its assessors the information requested by the committee or assessors in respect of the practice of medicine conducted by the physician;
 - e. Providing the information in clause (c) in the form requested by the committee or the assessors;
 - f. Answering questions posed by the committee or the assessors on matters going to medical competence and performance;
 - g. Conferring on the contents of a draft report of the practice visit;
 - h. Meeting with the DPI or his delegate and discussing final recommendations for practice changes or improvements; and
 - i. Demonstrating the adoption of recommendations or improvements.
7. A physician who is directed by the DPI to participate in an interview for follow-up of a practice review shall make him or herself available within 30 days for the interview unless extensions are granted by the DPI.
8. A physician who is directed by the DPI to undertake a more detailed assessment of clinical knowledge and skills shall cooperate with the requirements for that assessment within a timeframe provided by the DPI.
9. Detailed assessment may include but is not limited to assessments of professional knowledge and skills, communication skills, mental and physical health, professional ethics and practice management.
10. A physician who is directed by the PPC or the Assessment subcommittee to restrict, modify, or improve his or her practice shall comply with that direction.

11. The Physician Performance Committee or any of its subcommittees shall refer a matter to the Complaints Director if it believes that a physician:
- a. has intentionally provided false or misleading information,
 - b. may be guilty of criminal conduct or unprofessional conduct, whether in a professional capacity or otherwise,
 - c. may be incapacitated,
 - d. displays a lack of skill or judgment in carrying out the professional practice that has not been remedied, or
 - e. has refused or failed to comply with a direction of the PPC or any of its subcommittees, these rules or has refused or failed to co-operate with any direction or requirement of the PAR Program.