

Rules for Member Participation in the PAR Program

The Physician Achievement Review (PAR) Program has been in operation in Alberta since 1999.

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.

PAR exists to provide educational support and guidance to physicians. The Physician Performance Committee (PPC), which is appointed by Council to administer the PAR Program, is a designated quality assurance committee under Section 9 of the *Alberta Evidence Act*. 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 is deemed a risk to patients that has not been resolved collaboratively, referral is made to the Complaints Director for an investigation.

1. All physicians on an active practice register who are practicing medicine in Alberta are expected 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 refuses to participate in the survey part of the PAR Program when and to the extent required, despite reasonable accommodation by the Program, shall be referred to the Complaints Director for investigation.
3. 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.
4. 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 Program.
5. 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.
6. 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.

7. 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. 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;
 - d. Providing the information in clause (c) in the form requested by the committee or the assessors;
 - e. Answering questions posed by the committee or the assessors on matters going to medical competence and performance;
 - f. Conferring on the contents of a draft report of the practice visit;
 - g. Meeting with the Director of Practice Improvement and discussing final recommendations for practice changes or improvements; and
 - h. Demonstrating the adoption of recommendations or improvements.
8. 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.
9. 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 reasonable timeframe provided by the DPI.
10. The cooperation required of a physician in regard to a more detailed assessment may include travel and attendance at a competence assessment program acceptable to the committee and payment of the associated costs. Assessments of professional competence may include medical knowledge and skills, communication skills, and fitness for practice.
11. A physician who is directed to restrict, modify, or improve their practice shall comply with that direction to the extent that, at a minimum, the Physician Performance Committee is satisfied that the physician's practice does not constitute an unreasonable risk of harm to patients.
12. A physician may appeal a direction of the Physician Performance Committee to an Appeal Committee of the Council.
13. Refusal by a physician to comply with a direction of the Physician Performance Committee or an Appeal Committee shall be referred to the Complaints Director of the College for investigation.
14. The Physician Performance Committee shall refer a matter to the Complaints Director if it believes that a physician:
 - a. may be guilty of criminal conduct or unprofessional conduct, whether in a professional capacity or otherwise,
 - b. may be incapacitated, or
 - c. displays a lack of skill or judgment in carrying out the professional practice that has not been remedied by participation in the PAR Program.