

# PAR EXCELLENCE

## ADVANCING YOUR PRACTICE WITH PAR

### PAR being piloted in Ireland

The Irish Medical Council is about to launch a large-scale pilot test of the PAR Program, (which they will be calling the Professional Practice Review) involving 400 general practitioners. Not only will Ireland be using PAR questionnaires, but they have contracted Pivotal Research (who manage the logistics for PAR in Alberta and Nova Scotia) to distribute and collect the questionnaires, and to produce their final reports.

Primary purposes of the pilot include fine-tuning the communications, paper flow, follow-up and support required, as well as to calculate norms specific for their practitioner group. The Irish Medical Council is confident

that the PAR instruments will provide the same valuable, practical feedback to physicians in Ireland that they do in Alberta. Legislative changes are currently before the Irish Parliament which would make participation in the process mandatory for all physicians, as it is in Alberta.

The CPSA's Physician Performance Committee (PPC) is pleased that PAR has been selected as their model, and will be providing advisory support to assist their launch. The PPC is especially interested to see what lessons learned from the Irish experience can be applied to increase the value of PAR for Alberta physicians.

Further information can be found on the Irish Medical Council's website, at [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

### How could the value of PAR be improved?

The Physician Performance Committee (PPC) has been giving some focused thought to ways in which the PAR process, including the final report to the participating physician, might be improved. On May 15 they (along with its two subcommittees) will be holding a retreat on this question. In preparation for that retreat, they are welcoming ideas and suggestions from all physicians who have had a PAR review.

How could the process be easier to complete?  
Less demanding of your (or your staff's) time?

Provide better feedback? What additional questions would you want included? Did you have a good sense of how to interpret and use the information in the final report? If you got a follow-up telephone interview, how could that step have been done better? How might the cost of PAR be reduced?

Your feedback is valuable. Please provide any suggestions to [jswiniarski@cpsa.ab.ca](mailto:jswiniarski@cpsa.ab.ca) by April 30, 2007.

### PAR On-Line

The following information is available on the PAR website:

- Description of the PAR Program
- PAR Survey Instruments
- PAR Sample Physician Report
- CME Credits for Participation in PAR
- PAR Practice Visit Instruments
- PAR Attributes
- Information and Support from Professional Organizations
- Medical Information Links
- Practice Guidelines
- PAR Pearls
- Physician Educational Resources
- Patient Educational Resources
- Publications about PAR

[www.par-program.org](http://www.par-program.org)

## PAR Results for DI

Results are (finally) ready for the most recent new version of PAR, for Diagnostic Imaging (DI) physicians. Final reports started going out in February, and over the next two months the remainder will be mailed.

The start up of a new version always takes up to a year from the mailing out of the PAR notices to the mailing of final reports. This is because a large number (in this case, over 180) of physicians' results must be collected before norms can be calculated for the group. Once this is done, final reports (which include a comparison of each physician's scores to the group norms) can be prepared.

## New Version of PAR for Laboratory Medicine

Specialists in Laboratory Medicine are now beginning their PAR Reviews.

Over the next few months, all currently-practicing lab physicians will be receiving a package which will include a self-assessment form, and a request for the names and addresses of 8 coworkers, 8 lab medicine peers, and 8 referring physicians.

As with the introduction of other new versions of PAR, it will be some months (and up to a year) before the results will be returned to the physicians. Virtually every lab physician's questionnaires must be collected and processed

before group norms can be calculated and any final reports produced.

This is the seventh physician group to be included in PAR, and the last version planned.

New PAR versions can take up to a year from mailing out of the PAR notices to mailing of the final reports.

## PAR Feedback from 2006

Feedback from physicians who received a PAR Review of their practice during 2006 indicates that 50 per cent made at least one change to their practice as a result of their PAR

information. This is up from the 45 per cent who reported a practice change during 2005.

Qualitative feedback from PAR participants was still being analyzed as this report was

going to print, but will provide a valuable resource to the Physician Performance Committee in designing improvements in the value of PAR to physicians.

	2006	2005
Number of physicians responding	571	319
My PAR report was easy to understand	79	80
Feedback from co-workers was valuable	67	65
Feedback from medical colleagues was valuable	63	63
Feedback from patients was valuable	63	61
Comparison of self and medical colleague ratings was valuable	57	61
The PAR Program promotes quality improvement	58	56
Participation in the PAR Program was easy	52	48
I have contemplated practice changes as a result of PAR	49	41
Based on my PAR Report I have made changes in...		
Aspects of patient care (e.g., investigations, education, prevention)	33	27
How I work with co-workers	31	25
My communication with patients	33	25
How I interact with medical colleagues	29	22
Percentage of physicians who reported making a change in at least one of the preceding four areas	50	45

### PAR Excellence ■ April 2007

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