



# The Effectiveness of Remedial Interventions: Examining the Evidence

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## Introduction

- Regulators rely on remedial interventions to determine whether a registrant can practice more safely
- How can regulators evaluate remedial interventions for effectiveness?



# Learning Objectives

- Identify features of an effective remedial program
- Describe challenges inherent in evaluating remedial intervention effectiveness
- Craft a broader approach to remediation that reflects the multi-faceted components of corrective action

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# Foundations of Remediation

- Risk management
- Just Culture
- Measuring Impact

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# Approach to Remediation

- What is the problem we are trying to solve?
- Customized remediation using a variety of tools
- Pre-Remedial and Post-Remedial Assessments
- Peer involvement

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## Assessments completed

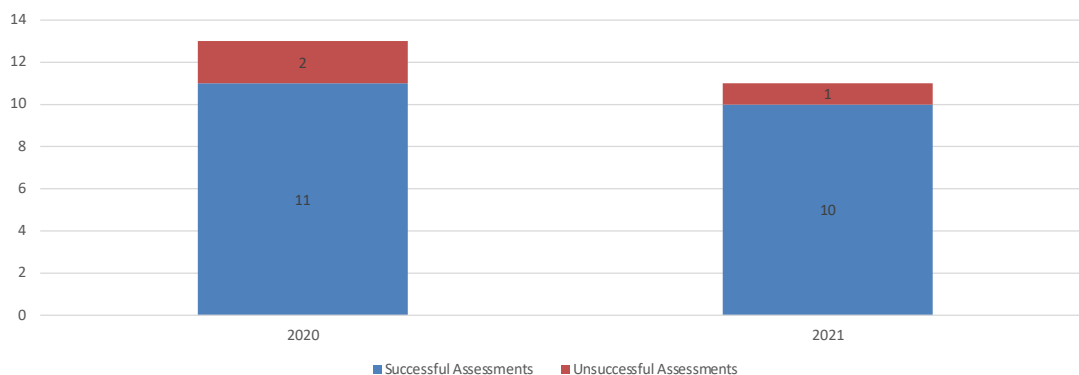
- In 2020, 13 remediations completed
- In 2021, 11 remediations completed
- Primarily focused on clinical care

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## Assessment Outcomes



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## Key Factors in Determining Success

- The right remedial program
- Willingness to engage, reflect and take accountability

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## Challenges

- Small numbers
- Finding qualified assessors
- Some reports are more subjective
- Incompetence?

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# Next Steps

- Ongoing evaluation – every 2 years
- Review of recidivism

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## Ontario College of Pharmacists

Lisa Craig, Professional Development and  
Remediation (PDR) Advisor

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## Who is the Ontario College of Pharmacists (OCP)?

The OCP is the registering and regulating body for the profession of pharmacy in Ontario

### People:

- Pharmacists (17819) and Pharmacy Technicians (5700) registered/licensed to practice

### Place:

- 4900 licensed/accredited pharmacies

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## Accountability and Committees

Statutory Committees that may require remediation activities to address gaps in registrants' practice or conduct include:

- Inquiries, Complaints & Reports Committee (ICRC)
- Quality Assurance Committee (QA)
- Accreditation Committee
- Discipline Committee (referred by any of the above)
- Registration Committee (prior to licensure)

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## Monitoring of Remediation

Committee	Assessment	Potential Remediation	Post remediation
Accreditation (place/people)	Operations Advisor	Action Plan and reassessment(s)	Operations Advisor
QA (people)	Practice Advisor	Coaching and reassessment(s)	Practice Advisor
ICRC (people)	Investigation	Specified continuing education and remediation program (SCERP)	????

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## The Remediation Evaluation Project

Establish processes and infrastructure to evaluate the effectiveness of remediation ordered by the ICRC.

Determine if there have been:

1. improvements to practice
2. attributed to the specific remediation completed
3. inform better remediation decisions in the future
4. reduce recidivism

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## Arm 1: Evaluating Improvements to Practice

Implement a mechanism and processes for follow up to be conducted once a registrant has completed remediation requirements.

- Created behaviour-based assessment tool to use at follow up visit (and Self-Assessment). (2020)
- Created the role of a Post Remediation Advisor to use the tool to evaluate the effectiveness of remediation and practice impact. (2022)

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## Behaviour-Based Assessment: Probing Questions

- Post Remediation Advisor selects probing questions catered to the specific gaps to use in conjunction with the assessment rubric.
- Emails the registrant self-assessment which includes same probing questions specific to the gaps identified in the investigation. (8 weeks prior)

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## Self-Assessment Rubric for "Gap" Improvement

Please choose one of the 3 options below regarding the impact of the changes you have made post remediation in relation to the NAPRA competency area.

I made significant changes to my practice, and I am now meeting this competency.	I made some changes to my practice, and I still have room to improve in this competency area.	I was already meeting this competency and no changes to my practice were needed.
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## Post-Remediation Follow Up/Assessment Rubric

Rating Level of Change	Rating Definition in Relation to Competency
1. No improvement made	No changes or improvements made
2. Some improvement	Still requires significant improvements to meet the competency
3. Adequate/satisfactory improvement	Still requires minor improvements to meet the competency
4. Substantial/significant improvement	Competency is now achieved

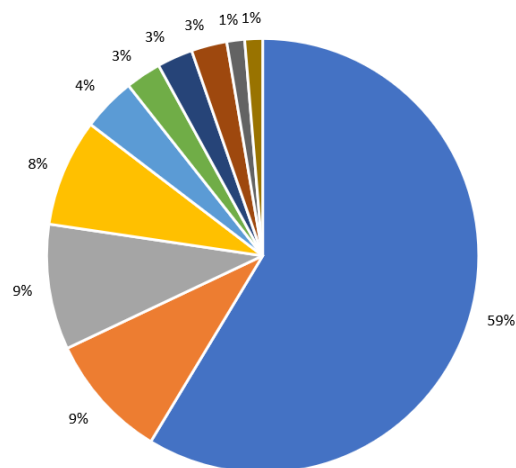
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## Post-Remediation Assessment Data Year 1 Top 10 SCERP Assessed (73 Registrants)

- Incident Analysis and Proactive Risk Assessment
- Medication Safety Considerations for Compliance Packaging
- Preventing and Analyzing Medication Errors
- Root Cause Analysis
- Designated Manager (DM) Module - OCP Developed
- Ethics One on One Coaching
- Professional Responsibility One on One Coaching
- Reflective Essay
- Billing 101: Ontario Drug Benefit (ODB) and Third-Party Insurance
- Injections and Immunizations Refresher



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## Arm 1: Improvements to Practice – where did the gaps occur that resulted in an 'unsatisfactory' outcome?

### NAPRA Enabling Competency (Gap identified by ICRC)

#### 1.4 Apply principles of professionalism.

- 1.4.2 Accept responsibility and accountability for own actions and decisions.

#### 1.4 Apply principles of professionalism.

- 1.4.4 Apply principles of continuing professional development including assessing own learning needs and developing a plan to meet these needs.

#### 3.1 Dispense a product safely and accurately that is appropriate for the patient.

- 3.1.1 Address concerns related to the validity, clarity, completeness or authenticity of the prescription.

#### 4.3 Oversee record keeping activities to ensure safe, effective and efficient patient care.

- 4.3.1 Address barriers to safe, effective and efficient patient care arising from the health information technology or other method of organizing, maintaining and retrieving records in the practice setting

#### 9.2 Contribute to continuous quality improvement and risk management activities related to pharmacy practice.

- 9.2.4 Identify high-alert drugs and high-risk processes in order to respond effectively.

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## Arm 2: Improvements Attributed to Remediation Connections Between Remediation/SCERP Assessed and "Unsatisfactory Outcome"

- Incident Analysis and Proactive Risk Assessment – 3 Registrants.
- Ethics One on One Coaching – 1 registrant.

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## Arm 2: Can Improvements Be Attributed to the Specific Remediation

- Success of follow up visit (level of specific gaps) along with open feedback from registrant.
- Anonymous voluntary survey upon remediation completion.
  - Likert scale and drop-down selection questions.

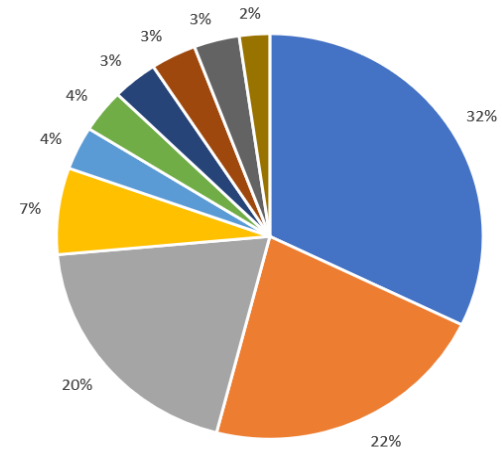
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## Arm 2: Improvements Attributed to Remediation Voluntary and Anonymous Survey Data Connections

- Incident Analysis and Proactive Risk Assessment
- Root Cause Analysis
- Ethics/Professionalism One on One Coaching
- Opioid Dependence Programs
- Code of Ethics Modules - OCP Developed
- Medication Safety Considerations for Compliance Packaging
- On-Site Medication System Safety Assessments for Individual Pharmacists
- Preventing and Analyzing Medication Errors
- Professional/Ethics Remedial Program
- Confronting Medication Incidents

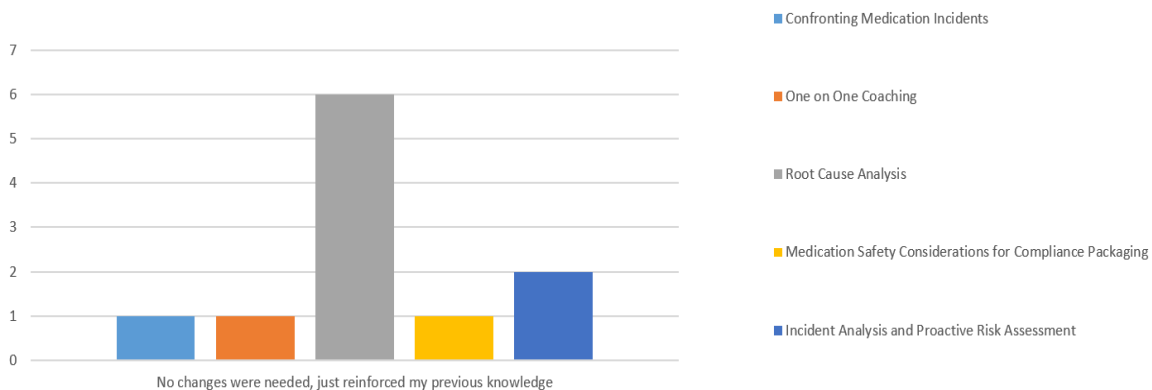


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## Example Questions from the Anonymous Survey: "No changes were needed, just reinforced my previous knowledge"



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# Observations from All Post Remediation Assessments

## Areas of Strength

- Professionalism and accepting responsibility
- Addressing medication incidents
- Knowledge sharing with peers and coworkers

## Areas of Opportunity

- Patient assessment
- Documentation and record keeping
- Designated Manager role and supervision by staff professionals

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## Arm 3: Inform Remediation Decisions

Document lessons learned and present real-time data to illustrate learnings and change processes quickly.

Communicate with conduct staff who support ICRC panels:

- Provide recommendations for additional courses, summaries and comparison charts of resources from the follow up visit and anonymous survey data.

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## Course Comparison Example

	Incident Analysis-Root Cause Analysis	Incident Analysis and Proactive Risk Assessment	Preventing and Analyzing Medication Errors
Geared to Pharmacy Practice	No	No	Yes
Highlights/Integrates AIMS	No	No	Yes

This is further evolving into decision making flowcharts to improve consistency in gap and SCERP selection.

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### Arm 4: Reduce Recidivism

- 733 registrants were investigated and required to complete a SCERP from January 2012 to 2023.
- 53 registrants (7.2% of registrants) were involved in multiple investigations resulting in a SCERP ordered.
- Will compare the data in future to assess impact of the project.

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## Future Direction

### New Post-Remediation Assessment Survey (anonymous)

- Feedback about materials provided, format of the assessment visit, the advisor's approach, etc.
- Describe their intended or implemented changes as a result of the visit.
- What impacted change the most using likert scales (remediation program assigned, a different program, the self-assessment, reaching out to a peer, completing the self-assessment, the post-remediation visit with the advisor).

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## Opportunities

- Support panels on identifying correct competency "gaps" and most appropriate remediation selection.
- Fine tune the remediation completion anonymous survey since data retrieval is problematic.
- Create a learning module on confidence after an investigation.
- Find methods to assess our internally developed modules.

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## PBI Education

Catherine V. Caldicott, MD, FACP | Medical Director

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## Remedial Education

- Coursework
- Unlike typical continuing education
- Experience of a course provider



# The Learning Environment

- Non-punitive, restorative
- Process, not merely content

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# Who Gets Into Trouble?

- Anyone can get into trouble
- Not all errant registrants are created equal
- Registrants get into trouble in unique ways for unique reasons

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## Course Features

- Expectations of course participation
- Techniques of teaching that break down resistance

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## Safeguards

- Unique plan needed to avoid recidivism

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## Physician Discipline: CME and Reducing Recidivism (Young *et al*)

- FSMB poster at this meeting
- Allopathic physicians in US (n = 4061) 2011-2015
- Those with CME as part of disciplinary action (n = 1449) were less likely to receive additional sanctions w/in 5 yrs

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## PBI Study on Recidivism

Total	Exclude		Include	Primary Recid (%)	Secondary Recid (%)	Other
	No reason for taking course	Duplicate record				
322	87	25	210	6 (2.9%)	14 (6.7%)	28 (13.3%)

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## Challenges to Evaluating Effectiveness

- Defining recidivism
- Significance of secondary recidivism
- Licensure in multiple jurisdictions

*Journal of Medical Regulation* 2022; 108(1): 21-28

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## Challenges to Evaluating Effectiveness

- Quality/appropriateness of remedial course
- Impact of entire disciplinary action

*Journal of Medical Regulation* 2022; 108(1): 21-28

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# Longitudinal Follow-up

- Role of longitudinal education post-remedial intervention
- Course participants attest to effectiveness in preventing recidivism

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## Conclusions and Recommendations

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## Conclusions and Recommendations

- Just ordering remediation is not sufficient. Evaluate and determine if what you're doing is working.
- One size does not fit all for remediation; every individual is different.

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## Conclusions and Recommendations

- Use a supportive, collaborative approach when assessing remediation effectiveness.
- Use a right-touch, timely CQI process to inform changes required when assessing remediation

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## Conclusions and Recommendations

- Support regulators' efforts to post timely, publicly accessible reports of disciplinary actions, including formal accusations and citations
- Consider a collaborative, multi-disciplinary Workgroup on Recidivism

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## Conclusions and Recommendations

- Support remediated registrants to decrease their isolation, reinforce their remedial learnings, and bolster their accountability.

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# Thank You

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