

Policy

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Name:	Peer and Practice Assessment: General Requirements Policy		
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Policy statement: Assessing members' knowledge, skill and judgment is a priority for the College. The peer and practice assessment process is one of the key ways the College protects the public by ensuring that members are delivering competent, safe and ethical services. Each year, the College shall select General Class members to undergo peer and practice assessment.

Procedure:

Participation and Selection Criteria

- 1) Each year, members registered in the General Class will be required to participate in the Peer and Practice Assessment (PPA), including:
 - a) Members selected at random, including by stratified random sampling;
 - b) Members who were previously granted a deferral;
 - c) Members for whom a request is made by the College for the member to provide information about their self-assessment and CPD activities and/or their records of such and either,
 - i) insufficient information is provided by the member, or
 - ii) the member's records do not demonstrate that the member has engaged in adequate self-assessment or CPD activities;
 - d) Members who have not practised the profession at least 1500 hours within the previous three years¹;
 - e) Members selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria.
 - f) Members requiring a re-assessment following a competency enhancement process; or

¹ Selection under this criterion will be based on self-reporting of practise hours on the annual renewal form.

- g) Members requiring a re-assessment following a disputed assessment.
- 2) For practical reasons, selections may be grouped geographically throughout the year.
- 3) Members may volunteer to participate in the Peer and Practice Assessment (PPA).
- 4) Random selection of members for Peer and Practice Assessment (PPA) will be made by the Director, Quality Assurance (or his/her designate), using an in-house or online automated selection program.
- 5) Following random selection, staff will:
 - a) Create a Report– both hard and soft copy – that provides the output of the selection:
 - i) Date the report;
 - ii) Indicate the process for creating the random selection; and
 - iii) Indicate the name of the individual who created the random selection.

Exclusions

- 6) Exclusions:
 - a) Members who have passed the College's entry-to-practice examination in the previous three years will be excluded from the random selection of members for Peer and Practice Assessment (PPA). (This excludes other types of referrals as described above).
 - b) Members who have been reviewed through a Peer and Practice Assessment (PPA) and have met the College's criteria for satisfactory knowledge, skills and judgment will be excluded from the random selection pool for a minimum of five years.

Notification Procedures

- 7) Members are given three months from the date of selection to complete the Peer and Practice Assessment (PPA).
- 8) Members who are selected for Peer and Practice Assessment will be notified of this in writing by email.
- 9) Notice of selection for Peer and Practice Assessment (PPA) will include the following information and materials:
 - a) An outline of the Peer and Practice Assessment (PPA) process;
 - b) The start and end date of the three-month period for Peer and Practice Assessment (PPA)s for those selected at random and the deadline by which the assessment must be carried out;
 - c) A pre-assessment questionnaire intended to solicit information to support the allocation of an appropriate assessor and facilitate efficient arrangement of the assessment;
 - d) A copy of the Membership Guide to the Peer and Practice Assessment (PPA) for review prior to the Assessment; and
 - e) Instructions on requesting a deferral.

- 10) If a deferral or exemption is requested the member must submit the request, in writing, to the College within 10 business days of receiving the selection letter specifying the timeframe requested, and provide appropriate supporting documentation.
- 11) Decisions regarding deferrals, extensions and exemptions are made on an individual basis. Staff has the authority to grant extensions, which cannot be longer than three months, and deferrals as defined by the QA Committee. Requests of a different nature to those set previously by the Committee (no precedent) will be presented to the Committee for a decision.
- 12) If a member requires special accommodation for the Peer and Practice Assessment (PPA) the member must submit the request, in writing, to the College within 10 business days of receiving the selection letter, specifying the accommodation requested (e.g. a learning disability requiring extra time for discussions or physical accommodation requirements).
- 13) Decisions regarding special accommodation are made on an individual basis.

**Notice of Assignment
of an Assessor**

- 14) Staff will assign an assessor to each selected member.
- 15) As far as is practicable and based on the responses in the pre-Assessment Questionnaire, members participating in Peer and Practice Assessment (PPA) will be assigned an assessor from a similar area of practice.
- 16) Members requesting service in French will be assigned a French speaking Assessor.
- 17) Members will be notified in writing of the assessor that has been assigned to them as soon as reasonably possible after the receipt of the pre-assessment questionnaire by the College. The Assessor Allocation Notice will include:
 - a) The name and registration number of the assessor; and
 - b) Instructions regarding notifying the College of any potential bias and the format for doing so.
- 18) Staff ask both the assessor and the member about potential bias in the pairing using the following questions:
In considering whether there is a potential bias, reflect on the following questions:
 - a) Have you had a working or personal relationship with this individual in the past?
 - b) How close were your interactions?
 - c) How long ago was this relationship?
 - d) If the answer to the first question is yes, would you view this assessor as being unbiased in relation to you and your practice?

- e) Could you or the facility in which you work reasonably be viewed as a competitor to the member/assessor (e.g. for patients, clients, referral sources, etc.)?
- f) If the answer to this is yes, would you view the assessor/yourself as being unbiased?

19) Where the matter cannot be resolved by staff, the QA Committee will review submissions related to bias at their next scheduled meeting and will respond in writing to members with its decision as soon as reasonably possible.

Location

20) For members in clinical and mixed practice, the assessment will take place at the member's primary workplace location as indicated on the College's public register.

21) Where, according to the requirements of the *Health Professions Procedural Code* and in the opinion of the Director, Quality Assurance, it is not possible to carry out the assessment in the member's primary workplace location, the member is required to meet the assessor at a mutually convenient neutral location and to provide all information (patient records, etc.) as required by the QA Regulation, policies and the *Health Professions Procedural Code*.

22) Where the member is not involved in clinical practice the assessment will occur by telephone.

Feedback on process & Assessor

23) Following the Peer and Practice Assessment (PPA) the member will receive a post assessment questionnaire that will be used to collect feedback on the process and the assessor. Feedback will be gathered and reported in aggregate form only.

Follow-up to Peer and Practice Assessment (PPA)

24) The assessor will return the Peer and Practice Assessment (PPA) Report and Patient Record Review Tool to the Director, Quality Assurance as soon as reasonably possible.

25) All participants will be sent a letter, generally within four weeks of the assessment that includes a copy of the Peer and Practice Assessment (PPA) Report, Patient Record Review Tool, a summary of the member's gaps, and a summary of the member's regulatory history. The member will be granted 30 days in which to make a submission to the QA Committee.

26) College staff will conduct an initial review of all Peer and Practice Assessment (PPA) Reports and Patient Record Review Tools received and will prepare a report for the QA Committee that:

- i. Identifies those Reports and Tools that indicate the member has met the College's criteria for satisfactory knowledge, skills and judgement; and
- ii. Identifies those Reports and Tools that indicate the member has *not* met the College's criteria for satisfactory knowledge,

skill or judgement.

27) Peer and Practice Assessment (PPA) Reports, Patient Record Review Tools, summaries of the members' gaps, and summaries of the members' regulatory histories will be considered by the QA Committee at the next Committee meeting.

28) Following the QA Committee meeting staff will prepare, in addition to the meeting minutes, a chart summarizing the Committee's decision on the action to be taken in respect of each open file.

Reporting, review and notice – satisfactory PPA Reports

29) If, after considering the Peer and Practice Assessment (PPA) Report, Patient Record Review Tool, summary of the member's gaps, and summary of the member's regulatory history, the QA Committee confirms the opinion that the member's knowledge, skill or judgement are satisfactory, notice of this will be provided to the member in writing, and confirmation that the Peer and Practice Assessment (PPA) is complete. This Notice of Completion will be provided to the member as soon as reasonably possible following the meeting of the Committee.

Reporting, review and notice – unsatisfactory PPA Reports

30) The QA Committee will consider the PPA Report and any other information relevant to the assessment. If the QA Committee determines that the member's knowledge, skill or judgment is not satisfactory, the member will be advised and informed of his or her right to make a written submission to the QA Committee. This Notice of Intent to Direct Participation in Competency Enhancement will be provided to the member as soon as reasonably possible following the meeting of the Committee.

31) The member will have 30 days from the date of receipt of the Notice of Intent to Direct Participation in Competency Enhancement to make written submissions to the Committee.

32) At the next suitable meeting the QA Committee will consider any written submissions made by the member and make its final determination on the result of the assessment.

33) Should the QA Committee still be of the opinion that the member's knowledge, skill and judgement are not satisfactory, the Committee will exercise any of the powers under Section 80.2 of the *Health Professions Procedural Code*. This may include providing advice and recommendations regarding future actions to be taken by the member.

34) The member will be notified of the outcome of this meeting in writing, as soon as reasonably possible following the meeting. For those members required to participate in competency enhancement, this notification will include reasons for the decision.

Non-Compliance

- 35) If, in the opinion of the QA Committee, a member selected for participation in Peer and Practice Assessment (PPA) fails to participate as required, that member may be referred to the Inquiries, Complaints and Reports Committee (ICRC) for non-compliance.