

Policy

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Name:	Competency Enhancement Policy		
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Policy statement: When the QA Committee determines that a member's knowledge, skill or judgement is not satisfactory, the member is required to participate in Competency Enhancement. Competency Enhancement may involve one or more of the following: completing a demonstrated change report, completing a course/learning module, completing a mentorship program, completing a second Peer and Practice Assessment, and/or any other action specified by the Committee.

Procedure:

Participation

- 1) The member will be notified in writing of the QA Committee's decision to require the member to participate in Competency Enhancement; this notification will include reasons for the decision (Decision and Reasons).
- 2) Competency Enhancement is a mandatory Quality Assurance Program component.

Notification Procedures

- 3) Members are given six months from the date of receipt of the Committee's Decision and Reasons to complete the Competency Enhancement. The member will notify the College in writing upon completion of the directed requirements.
- 4) The Decision and Reasons will include the following information:
 - a) A summary of the essential competencies to be addressed;
 - b) The prescribed format of the Competency Enhancement for each respective essential competency identified;
 - c) The deadline by which the Competency Enhancement must be carried out; and

d) Instructions on requesting a deferral or extension.

- 5) If a member requires special accommodation for the Competency Enhancement the member must submit the request, in writing, to the College within 10 business days of receiving the Decision and Reasons, specifying the accommodation requested (e.g. a learning disability requiring extra time or physical accommodation requirements).
- 6) Decisions regarding special accommodation are made on an individual basis.

Demonstrated change report

- 7) Members who are directed to complete a demonstrated change report are required to review the relevant College practice standard and /or guideline and /or webinar and / or legislation, as per the Committee's Decision and Reasons. The member must submit to the College evidence of demonstrated change for each respective essential competency, outlining: what he/she has learned; changes made to his/her practice based on the new knowledge; and how the new knowledge impacts patient/client care/service. The report may be submitted in the member's preferred format (e.g. written paper, audio/video/digital/PowerPoint presentation, etc.).

Course/learning module

- 8) Members who are directed to complete a course(s)/learning module(s) are required to identify an appropriate course/learning module, and submit course syllabus and timeline to the Director, Quality Assurance for approval prior to registration/commencement. The course/learning module content must address the essential competency areas for improvement, be at least three hours in length, and contain an evaluation component. Upon conclusion, evidence of successful course/learning module completion must be submitted to the Director, Quality Assurance for approval.

Mentorship

- 9) Members who are directed to complete a mentorship program are required to work in a formal one-to-one arrangement with an experienced kinesiologist (the mentor) to address the areas for improvement outlined in the Decision and Reasons.
- 10) The member will select the mentor based on criteria outlined in the Mentorship Program Information Package, for approval by the Director, Quality Assurance.
- 11) The member and mentor will meet regularly (suggested biweekly) over a period of up to six months to discuss learning plan objectives, activities and progress. The duration will be specified in the Committee's Decision and Reasons and an alternative meeting schedule may be conferred with the Director, Quality Assurance.

- 12) The member and mentor will sign the Mentorship Agreement Contract and submit to the Director, Quality Assurance for review and approval, prior to program commencement.
- 13) The member will develop a learning plan in collaboration with the mentor, and submit to the Director, Quality Assurance for review and approval.
- 14) Learning Plan interim and final evaluations of the member's performance will be submitted in writing by the mentor to the Director, Quality Assurance at the mid-point and conclusion of the program for review and approval.
- 15) Members who are unable to complete the mentorship program within the prescribed timeline must submit a written request for an extension to the Director, Quality Assurance.

Second Peer and Practice Assessment

- 16) Members who are directed to undergo a second Peer and Practice Assessment are given three months from the date of completing any other prescribed Competency Enhancement requirements (course/learning module/mentorship program) to complete the second Peer and Practice Assessment.

Second PPA Notification Procedures

- 17) Notice of direction to participate in a second 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 deadline by which the assessment must be carried out;
 - c) A copy of the Membership Guide to the Peer and Practice Assessment (PPA) for review prior to the Assessment; and
 - d) Instructions on requesting a deferral or extension.
- 18) If a deferral or extension is requested the registrant must submit the request, in writing, to the College within 10 business days of receiving the Decision and Reasons, and provide appropriate supporting documentation.
- 19) Decisions regarding deferrals and extensions 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.
- 20) 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).

21) Decisions regarding special accommodation are made on an individual basis.

Second PPA Notice of Assignment of an Assessor

22) Staff will assign a different assessor to the member.

23) As far as is practical 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.

24) Members requesting service in French will be assigned a French speaking Assessor.

25) Members will be notified in writing of the assessor that has been assigned to them as soon as reasonably possible by the College. The Assessor Allocation Notice will include:

- a) The name and contact details of the assessor; and
- b) Instructions regarding notifying the College of any potential bias.

26) 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?

27) 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.

Second PPA location and patient/client records

28) 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.

29) Where, according to the requirements of the *Health Professions Procedural Code* and in the opinion of the QA Committee, 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*.

30) The assessor will only review patient/client records/notations that were created/ added subsequent to the date of the first Peer and Practice Assessment.

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

Second PPA feedback on process & Assessor

32) Following the second 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.

Second PPA follow-up to Peer and Practice Assessment (PPA)

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

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

35) 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.

36) Peer and Practice Assessment (PPA) Reports, Patient Record Review Tools, charts summarizing the members' gaps, and charts summarizing the members' regulatory history will be considered by the QA Committee at the next Committee meeting.

37) Following the QA Committee meeting staff will prepare, in addition to the meeting minutes, a report summarizing the Committee's decision on the action to be taken in respect of each Open file and Peer and Practice Assessment (PPA) Report and the rationale for this decision.

Second PPA reporting, review and notice – satisfactory PPA Reports

38) If, after considering the Peer and Practice Assessment (PPA) Reports, Patient Record Review Tool, chart summarizing the member's gaps, and chart summarizing 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.

Second PPA reporting, review and notice – unsatisfactory PPA Reports

39) The QA Committee will consider the PPA Reports 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.

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

41) 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.

42) 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 requesting an undertaking from the member or providing advice and recommendations regarding future actions to be taken by the member.

43) 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 further Competency Enhancement, this notification will include reasons for the decision.

Non-Compliance

44) 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.

Referral to Inquiries, Complaints and Reports Committee (ICRC)

45) If the QA Committee has reason to believe that a member may be incompetent, unfit to practice or engaging in professional misconduct, that member may be referred to the Inquiries, Complaints and Reports Committee (ICRC) for non-compliance. The Committee will provide only the member's name and the reason for the referral.

Terms, Conditions and Limitations

46) If the QA Committee identifies insufficient knowledge, skill or judgement that must be stopped or restricted due to significant,

immediate risk to the public, the Committee may put terms, conditions or limitations on a member's certificate of registration (e.g. require supervision to perform specific tasks).