



Draft Quality Assurance Regulation

Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

INTRODUCTION

Under the Regulated Health Professions Act, 1991 (RHPA), every health regulatory College is required to have a quality assurance program in place. The purpose of the program is to proactively assist members to enhance their practices (in contrast to the reactive complaints and discipline process). In essence, the program encourages members to engage in professional development activities, and provides an opportunity for members to receive objective feedback from their peers about their practice performance. This regulation provides the framework for developing the College's quality assurance program.

In order to foster participation in the quality assurance program, members are provided with strong legal protections preventing, with very limited exceptions, information obtained by the College as part of the QA process from being used in any other department of the College or in any non-College legal proceedings.

The program is non-punitive. While participation is mandatory, and while members found to have gaps in their knowledge, skill or judgment may be required to engage in upgrading activities, members are not disciplined for poor performance. In fact, experience at the other Colleges indicates that the vast majority of members selected for closer scrutiny either receive no recommendations, or receive only suggestions for improvement. The quality assurance program provides constructive guidance to individual practitioners.

The following regulation sets out the basic legal framework for the program. This regulation is very similar to the regulations of the other 25 health regulatory Colleges. The College will soon begin the process of developing the actual tools (e.g. self-assessment forms, peer/practice assessment checklists, etc.) that will be used. A wide variety of tools is used by health regulatory Colleges; CRPRMHTO will look for those that are most appropriate to the unique attributes of this profession.

A Glossary of words and terms used in the Regulation is appended to this document.

Proposed Provision	Explanation	Rationale
<p>1. In this Part, “assessor” means a person appointed under section 81 of the <i>Health Professions Procedural Code</i>;</p>	<p>An “assessor” is a person appointed by the Quality Assurance Committee and trained for the role, to gather information about a member’s knowledge, skill or judgment.</p>	<p>To clarify the meaning of “assessor” within the quality assurance context.</p>
<p>“Committee” means the Quality Assurance Committee and includes a panel of the Committee;</p>	<p>The Quality Assurance Committee is established under the <i>Health Professions Procedural Code (Code)</i>, part of the <i>Regulated Health Professions Act, 1991 (RHPA)</i>. This provision clarifies that the Committee can operate through panels. A panel is a sub-set of a committee (e.g. a sub-committee).</p>	<p>To clarify the meaning of “Committee” within the quality assurance context.</p>
<p>“program” means the quality assurance program required by section 80 of the <i>Health Professions Procedural Code</i>;</p>	<p>Each College is required to have a quality assurance program under the <i>Code</i>. The program is designed to foster excellence in the practice of the profession.</p>	<p>To clarify the meaning of “program” within the quality assurance context.</p>
<p>“stratified random sampling” means a sampling where groups are,</p> <ul style="list-style-type: none"> (a) removed from the pool of members to be sampled, or (b) weighted to increase or decrease the likelihood of their being selected. 	<p>A “stratified random sampling” is not absolutely random. It allows sub-groups of the profession to be identified (e.g. newer members, those who practise independently) for a particular type of review or assessment (e.g. on-site visits). It also allows greater weighting to be placed on the selection of persons within such a group.</p>	<p>To clarify the meaning of “stratified random sampling” within the quality assurance context, and to facilitate the selection of groups for such purpose as peer assessments based on relevant criteria (e.g. groups at higher risk or groups that require special expertise).</p>

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<p>2. (1) The program shall include the following components:</p> <p>1. Professional development designed to,</p> <p>i. promote continuing competence and continuing quality improvement among the members,</p> <p>ii. address changes in the practice environment,</p> <p>iii. promote interprofessional collaboration, and</p> <p>iv. incorporate standards of practice, advances in technology, changes made to entry-to-practice competencies and other relevant issues in the discretion of the Council.</p>	<p>This provision sets out the required components of the quality assurance (QA) program.</p> <p>The first mandatory component is professional development, which includes continuing education and any other means of enhancing one's professional capabilities and performance.</p> <p>A change to the practice environment would impact the profession as a whole, or a segment of it, such as access to an additional controlled act.</p> <p>This provision identifies required elements, as described in the <i>Health Professions Procedural Code</i>.</p>	<p>The quality assurance program is required by the Procedural Code of the <i>Regulated Health Professions Act, 1991</i>, and is intended to be co-operative and non-punitive. It is designed to assist members to engage in continuous learning and skills development, and to keep abreast of changes and innovations in practice standards and techniques.</p> <p>In addition, it identifies that the QA program should include a focus on interprofessional collaboration, an area of growing interest and attention in health care.</p> <p>The program is intended to enhance public protection through continuous quality improvement of members' practices.</p>
<p>2. Self, peer and practice assessments.</p>	<p>Self, peer and practice assessments are the second mandatory component of the QA program.</p> <p>The terms self, peer and practice assessments are not defined in legislation but are fairly descriptive. The College will develop tools for each type of assessment, to help members understand what is involved for each.</p> <p>A self-assessment involves documenting on a form provided by the College the nature of one's practice, one's learning needs and a plan to achieve those learning needs.</p> <p>A peer assessment involves a review of a member's practice, conducted by a trained</p>	<p>The second component relates to the variety of assessments that members can expect. Again, it is mandatory under the <i>RHPA</i> to include these forms of assessment in the QA program.</p> <p>Whether it is a self-assessment or a peer and/or practice assessment, the result should be the same – identification of areas of strength and areas for improvement. This allows the member to improve his or her practice, and thereby strengthens public protection.</p>

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	<p>assessor along with the member, to identify areas of strength and any need for improvement. A peer assessment might be conducted in writing, over the telephone or in person.</p> <p>A practice assessment involves a more detailed review of a member's practice. Typically it involves an on-site visit, including a review of records, policies and procedures, and an interview with the member.</p> <p>Another approach could involve an initial paper-based or telephone screening, followed by a more detailed on-site visit involving a selected subgroup of members.</p> <p>While there is significant overlap between peer and practice assessments, the former tends to focus more on the capabilities of the individual practitioner, while the latter focuses more on external indicators of the member's performance. Peer assessment and practice assessment can be combined into one process.</p>	
<p>3. A mechanism for the College to monitor members' participation in, and compliance with, the program.</p>	<p>The third mandatory component allows the College to monitor the member's involvement with the quality assurance program. Participation in self-assessment could be monitored using a declaration by members on their annual renewal form that they have participated in appropriate professional development and assessment activities, and have documented these activities. In addition, a random sub-set of members could be asked to submit their documentation to the college.</p> <p>Monitoring of peer and practice assessment</p>	<p>This component ensures the ability of the College to monitor the member's participation in, and compliance with, the program. Without such authority, the College would not know whether members are participating in the quality assurance program. This would be a detriment to the public.</p>

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	could be done by tracking the reports of those assessments.	
2. (2) The Committee shall administer the program.	This confirms that the Quality Assurance Committee will administer the program. It is a statutory committee under the <i>Regulated Health Professions Act, 1991</i> .	In identifying the Committee as the administrator, the College ensures that all information that comes into its possession remains confidential. With very limited exceptions (e.g. non-cooperation, serious safety risks), members can be assured that any disclosure made to the Committee or an assessor appointed by it, will not be disclosed. This facilitates cooperation with the program.
3. (1) A panel of the Committee shall be composed of at least three persons, at least one of whom shall be a member of the Council that was appointed to the Council by the Lieutenant-Governor-in-Council.	A panel is a sub-set of the Committee. Panels must be composed of at least three people, one of whom must be a public member (e.g. a lay person appointed to the Council by the provincial government).	This ensures that a panel is large enough to benefit from collective judgment. Having both professional and public members on the Committee ensures a balance of perspectives.
3. (2) Two members of a panel of the Committee constitute a quorum.	Quorum is the minimum number of members required to conduct Committee business. To achieve quorum, two members of the panel must be present.	This provision ensures that matters are not dealt with by one person, while allowing a panel to continue to deal with a matter even if it loses a person.
3. (3) For the purposes of subsection (2), at least one of the members of the panel shall be a member of the Council that was appointed to the Council by the Lieutenant-Governor-in-Council.	In order to maintain quorum, one of the remaining panel members must be a public member (e.g. a lay member).	This provision ensures that there is a lay perspective for every decision made on behalf of the Committee.

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4. Every member shall participate in the program as specified by the Committee under sections 6 and 7.	Regardless of the category of registration, every member must participate in the quality assurance program. The nature and extent of participation may vary. For example, those who are not practising, or are practising outside Ontario, may be required to do some components of the QA program and not others.	Public protection is strengthened when all members are required to participate in the program. This provision ensures that every member is making efforts to remain current and is accountable to the Committee for those efforts.
<p style="text-align: center;">SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT</p> <p>5. Every member shall participate in self-assessment and professional development activities over a two-year cycle in order to maintain the knowledge, skill and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.</p>	<p>Subsection 2.(1) described the overall components of the quality assurance program.</p> <p>This provision expands on one aspect of the program that will apply to each member. Every two (2) years, every member must participate in self-assessment and professional development activities. As noted above, the College will develop tools to assist members in performing these activities in a thoughtful and organized fashion.</p>	<p>These components of the quality assurance program are identified in the <i>Code</i> as being essential. Therefore, they must be completed by each member every two years. This provision reflects the continuous learning principles set out in the <i>Code</i>.</p>
6. (1) Every member shall keep records of his or her self-assessment and professional development, in the form and manner approved by the Committee and for the period of time specified by the Committee.	<p>The College will develop tools to assist members to reflect meaningfully on their professional development needs and goals and to make specific plans to achieve them.</p> <p>It is incumbent upon each member to maintain records of his or her self-assessment and professional development activities. The records will act as evidence of the member's participation in the quality assurance program. Without such evidence, the Committee will assume that the member did not comply with the requirements of this regulation.</p>	<p>Appropriate records will assist the member in fulfilling requirements in a manner that supports the program's goals. In addition, such records assist the college in determining whether the member has fully complied. Retention of records by the member verifies his or her participation.</p>

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<p>6. (2) At the request of the Committee, an assessor or an employee of the College, working on behalf of the committee or an assessor, a member shall provide to the Committee,</p> <p>(a) accurate information about his or her self-assessment and professional development activities; and</p> <p>(b) his or her records maintained under subsection (1).</p>	<p>If requested, a member must provide the College with the records described in subsection 6. (1).</p>	<p>The Committee must be able to verify the participation of members in the quality assurance program. This provision allows the verification process to proceed smoothly. More importantly, it allows the Committee to provide feedback to members. In rare cases, this information may raise concerns that could lead to a peer and / or practice assessment.</p>
<p>PEER AND PRACTICE ASSESSMENT AND REMEDIATION</p> <p>7. (1) Each year, the Committee shall select members to undergo peer and practice assessments in order to assess the members' knowledge, skill and judgment.</p>	<p>This provision expands on the peer and practice assessment components of the quality assurance program.</p> <p>Every year, the Committee will select members to undergo peer and practice assessments to assess members' knowledge, skill and judgment. In contrast to self-assessment, peer and practice assessment provides a more objective review of a member's practice.</p> <p>The QA Program will guide the selection of assessors with sensitivity to therapeutic approaches or modalities practised by members</p>	<p>Peer and practice assessments are mandatory under the Code. They provide a more intensive scrutiny of a member's practice, identifying both positive feedback and, if necessary, improvement opportunities.</p> <p>The cost of subjecting every member to a peer and practice assessment every year would be prohibitive and administratively unfeasible. For this reason, the College will develop selection criteria for members to participate in this more in-depth process.</p>
<p>7. (2) A member shall undergo a peer and practice assessment if,</p> <p>(a) his or her name is selected at random, including by stratified random sampling;</p> <p>(b) a request is made under</p>	<p>This provision describes various ways by which members will be selected to undergo peer and practice assessment:</p> <ul style="list-style-type: none"> • Stratified random sampling is a form of random sampling (see definition of stratified random sampling in section 	<p>This provision provides clarity to the College, the member and the public as to how members will be chosen to participate in this component of the quality assurance program.</p> <p>The selection criteria incorporate random selection as well as a focussed approach in order to ensure that those who most require</p>

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<p>subsection 6. (2) and either,</p> <p>i. insufficient information is provided by the member, or</p> <p>ii. the member's records do not demonstrate that the member has engaged in adequate self-assessment or professional development activities; or</p> <p>(c) the member is 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.</p>	<p>1),</p> <ul style="list-style-type: none"> • Members may be selected if concerns are raised while monitoring the professional development and self-assessment components of the quality assurance program, or • Members may be selected on the basis of other criteria specified by the Committee. These will be developed over time to identify members at higher risk of having impaired knowledge, skill and judgment. For example, members with multiple complaints or findings of professional negligence might be candidates. So might members who have been out of active practice for a period of time, or who previously required significant upgrading. 	<p>peer and practice assessment will receive it.</p>
<p>7. (3) An assessor shall carry out peer and practice assessments.</p>	<p>An assessor may be a member of the college and/or an employee of the college or another individual who is trained for the role. The assessor may also be someone familiar with the member's area of practice (e.g. marriage & family therapy).</p>	<p>As noted below, an assessor has wide powers of access. By identifying the assessor as someone specially trained for the role, the member is assured the review will be conducted fairly, professionally, and in compliance with the <i>Code</i>.</p>
<p>7. (4) An assessor shall assess a member's knowledge, skill and judgment by way of peer and practice assessments and may review the member's records required by subsection 6. (1) and do anything that an assessor may do under section 82 of the <i>Health Professions Procedural Code</i>.</p>	<p>The records in subsection 6. (1) refer to records of continuing education, professional development and self-assessment.</p> <p>The powers described in section 82 of the <i>Health Professions Procedural Code</i> are as follows:</p> <p>82.(1) Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in</p>	<p>This provision provides assessors with wide powers to ensure they are able to fully and accurately assess the member's current level of practice. This allows the assessor to determine whether the member is practising to the standard expected by the College.</p> <p>The Regulation and the <i>RHPA</i> do not permit assessors to go into a private dwelling, or premises controlled by a client (e.g. the client's</p>

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	<p>particular every member shall,</p> <p>(a) permit the assessor to enter and inspect the premises where the member practises;</p> <p>(b) permit the assessor to inspect the member's records of the care of clients;</p> <p>(c) give the Committee or the assessor the information in respect of the care of clients or in respect of the member's records of the care of clients the Committee or assessor requests in the form the Committee or assessor specifies;</p> <p>(d) confer with the Committee or the assessor if requested to do so by either of them; and</p> <p>(e) participate in a program designed to assess the knowledge, skill and judgment of the member, if requested to do so by the Committee.</p>	<p>home).</p>
<p>7. (5) The assessor shall prepare a written report on a member's peer or practice assessment and shall provide it to the Committee.</p>	<p>The Committee, and not the assessor, makes determinations about quality assurance matters.</p> <p>The assessor gathers facts and information regarding the member's knowledge, skill and judgment for the Committee to evaluate. The Committee's goal is to recognize good practice and, where appropriate, identify opportunities for improvement.</p>	<p>A formal written report provides the Committee with the information needed to determine where opportunities exist to help the member improve his or her professional practice.</p>
<p>7. (6) The Committee shall provide notice to the member.</p>	<p>A copy of the results may take the form of a summary, particularly where the results are satisfactory. Or the entire report may be provided, particularly where the results are</p>	<p>The opportunity to respond in writing affords the member due process and ensures that the process is fair.</p>

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	unsatisfactory.	
<p>7. (7) If, after considering the assessor's report and any other information relevant to the assessment, the Committee is of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee shall provide notice to the member of its opinion, and the member shall have 14 days to make a written submission to the Committee.</p>	<p>"Other information relevant to the assessment" could include the complaints and discipline history of the member, or any prior quality assurance reviews of the member's practice.</p> <p>This process will not involve a hearing in person.</p>	<p>The opportunity to respond in writing affords the member due process and ensures that the process is fair.</p>
<p>7. (8) If, after considering any written submissions made by the member, the Committee is still of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee shall exercise any of the powers under section 80.2 of the <i>Health Professions Procedural Code</i>.</p>	<p>Generally, the Committee will take the most rehabilitative and least intrusive approach possible. The usual direction will be a requirement that the member undertake additional continuing education, or work with a mentor to enhance a specific area of practice.</p> <p>The full legal options are as follows:</p> <p>80.2(1) The Quality Assurance Committee may do only one or more of the following:</p> <ol style="list-style-type: none"> 1. Require individual members whose knowledge, skill or judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs. 2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member, <ol style="list-style-type: none"> i. whose knowledge, skill and judgment have been assessed or 	<p>This reflects the powers of the Committee as set out in section 80.2 of the <i>Health Professions Procedural Code</i>.</p> <p>The Committee needs to be able to effect change when necessary. This could be via a term, condition or limitation on the member's certificate, or mandatory remediation programs. If the Committee did not have such powers, the efficacy of the quality assurance program would be greatly reduced. The Committee will discharge these powers only when it determines that the member's knowledge, skill or judgment is not satisfactory.</p> <p>This provision strengthens public protection by empowering the College to require a member to undertake upgrading, or to restrict a member's practice, when other remedies have proved to be inadequate.</p>

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	<p>reassessed under section 82 and have been found to be unsatisfactory, or</p> <p>ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.</p> <p>3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.</p> <p>4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee (ICRC) if the Quality Assurance Committee is of the opinion that the member may have committed a serious act of professional misconduct, or may be incompetent or incapacitated.</p> <p>Disclosure of a member's name and allegations to the ICRC is a relatively rare occurrence; such action is only undertaken in very serious circumstances where no other action will protect the public. The Program is designed to support members while protecting the public.</p> <p>Evidence gathered during the QA process about a member's practice (e.g. client charts, admissions made by the member) cannot be shared with a misconduct process. Only the</p>	

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	allegations themselves can be disclosed.	

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Quality Assurance Regulation

Glossary of Terms

“**assessor**” means a person appointed under section 81 of *the Health Professions Procedural Code* to review a member’s practice and records regarding client care.

“**interprofessional collaboration**” means a professional working with one or more members of a health care team to achieve a common goal, contributing from within the limits of his or her scope of practice and level of competency.

“**Health Professions Procedural Code**” is part of the RHPA and sets out roles, responsibilities and procedures for regulatory colleges and the rights and duties of their members.

“**peer assessment**” is a review of a member’s practice by another member of the profession to identify areas of strength and areas that may benefit from improvement.

“**practice assessment**” is a review of a member’s practice, for example, by an on-site visit and review of records, policies and procedures, and an interview.

“**professional development**” means enhancing one’s professional capabilities and performance. It includes continuing training, education and collaboration, among other activities.

“**quorum**” is the minimum number of members required to conduct Committee business.

“**self-assessment**” is the documentation process of the nature of one’s practice, learning needs and goals, and a plan to achieve those learning needs and goals, and may include other related activities.

“**stratified random sampling**” is the selection of defined sub-groups of members to be randomly sampled for review or assessment for quality assurance purposes.

“**standards of practice**” are written or unwritten practices that would be generally recognized and accepted by peers as suitable practices for the profession.