



Quality Assurance Program Policies

Approved by the Quality Assurance Committee

Revised: March 3, 2017; July 10, 2017; November 10, 2017; May 30, 2018;
August 2018; February 2019; October 30, 2019

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Quality Assurance Program Policies

1.0 Continuing Education and Professional Development

Section:	1.1 Member Requirements
Approved by:	Quality Assurance Committee
Approved date:	November 19, 2015
Revised date:	February 12, 2016; March 11, 2016; December 9, 2016; July 10, 2017; November 10, 2017

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2:

81.(b) Every QA program will include a self, peer and practice assessment.

Quality Assurance Regulation (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

4. Every member shall participate in the program. O. Reg. 34/13, s. 4.
5. Every member shall participate every two years in self-assessment and professional development activities 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. O. Reg. 34/13, s. 5.
- 6.(1) Every member shall keep records of his or her participation in self-assessment and professional development, in the form and manner approved by the Committee and for the period of time specified by the Committee. O. Reg. 34/13, s. 6 (1).

Purpose:

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and regulatory standards. The public expects Registered Psychotherapists to be competent, possess up-to-date knowledge, and provide client-centred care.

New Members are expected engage in the Professional Development component of the QA program by beginning their Professional Development tools. Specific requirements are defined for these Members as without them, a new Member could be practising for two years without participating in any QA activities, including the required 40 hours of learning activities. New Member requirements enable the College to monitor initial awareness of the requirements and engagement in the QA program.

Policies:

- 1.1.1 Effective December 1, 2017, the deadline by which Members are required to complete their self-assessment and professional development requirements is November 30.
- 1.1.2 On or before November 30th of every second year, Members will complete their self-assessment and professional development materials including the:

1. Self-Assessment;
2. Learning Plan; and
3. Learning Record.

- 1.1.3 Effective September 1, 2018, New Members in their first calendar year of registration are required to complete a Self-Assessment and begin a Learning Plan within 60 days of their date of registration. Members who registered prior to this date and have not yet completed a Self-Assessment or begun a Learning Plan shall do so within 3 months of the date this policy becomes effective.
- 1.1.4 Every Member shall maintain copies of their completed Professional Development materials and evidence of engagement in continuing education activities for a period of 4 years.

Self-Assessment and Learning Plan

- 1.1.5 A completed Learning Plan includes at least one goal, with the plan and reflection columns completed. Goals must:
- be specific, attainable and clear
 - relate to development of competency in the practise of the profession; and
 - lead to improvements in professional practice.
- 1.1.6 Members are expected to complete a new Self-Assessment when there is a change in their practice.
- 1.1.7 Members are expected to complete all sections of the Self-Assessment and provide responses that a reasonable person would consider to be complete, coherent, and related to the subject matter.

Professional Development Hours

- 1.1.8 Members are required to engage in **at least 40 hours** of professional development during the two-year participation cycle. Some of these hours should relate to professional development in the safe and effective use of self.
- 1.1.9 Members who have been registered less than two years are not expected to have engaged in 40 hours of professional development activities. Rather, they should engage in a reasonable proportion of the expected hours, considering their date of registration.
- 1.1.10 Members shall complete at least one didactic and one experiential professional development activity every two years.
- 1.1.11 Members may report professional development activities that are incomplete or in process.
- 1.1.12 Members shall maintain supporting evidence of completion of activities for the previous and current cycle.
- 1.1.13 Members may report professional development activities that are not related to a goal in their Learning Plan.
- 1.1.14 Learning activities reported in the Learning Record must be:
- relevant to the practice of the profession;

- credible, so that there is reason to believe that the learning opportunity exists, that a Member could participate in it as described or inferred based on the format and/or available descriptions, and once the activity was completed a participant would conclude that the activity reasonably aligned with available descriptions; and
- verifiable, so that it can be confirmed or corroborated that the Member participated in the learning activity.

1.1.15 Members shall complete prescribed regulatory education. Prescribed regulatory education is a professional development activity.



Quality Assurance Program Policies

1.0 Continuing Education and Professional Development

Section: 1.2 Member Selection Criteria and Submission Requirements
Approved by: Quality Assurance Committee
Approved date: February 12, 2016
Revised date: July 10, 2017

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.

80.1(c) A Quality Assurance Program prescribed in section 80 shall include a mechanism for the College to monitor member's participation in, and compliance with, the quality assurance program.

Quality Assurance Regulation (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

5. Every member shall participate every two years in self-assessment and professional development activities 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. O. Reg. 34/13, s. 5.
- 6.(1) Every member shall keep records of his or her participation in self-assessment and professional development, in the form and manner approved by the Committee and for the period specified by the Committee.
- 6.(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,
 - (a) accurate information about his or her self-assessment and professional development activities.
 - (b) his or her records described in subsection (1).

Purpose:

The College is required to monitor Members' participation in- and compliance with the Quality Assurance Program. A random selection process helps meet the College's legislative obligations and provides a mechanism to monitor Member engagement and identify those who require further monitoring and/or assessment.

Policies:

1.2.1 A random selection will include Members who:

- hold a current certificate of registration in the Registered Psychotherapist and Qualifying classes; and
- have not engaged in a review in the past four years from previous review.

1.2.2 Members who are randomly selected for review of their self-assessment and professional development materials will be eligible for the peer and practice assessment random selection.

- 1.2.3 Members are required to submit their self-assessment and professional development materials, including the Self-Assessment, Learning Plan and Learning Record within 30 days of the date recorded in the Notice of Selection.
- 1.2.4 The self-assessment and professional development materials will be reviewed for adequate completeness.
- 1.2.5 When a Member's self-assessment and professional development materials are found to be incomplete and/or inadequate, the Member may be directed to submit additional materials and/or engage in a peer and practice assessment.
- 1.2.6 Learning activities reported in the Learning Record must be:
- Relevant to the practice of the profession
 - Credible, so that there is reason to believe that the learning opportunity exists, that a Member could participate in it as described or inferred based on the format and/or available descriptions and once the activity completed a participant would conclude that the activity reasonable aligned with descriptions.
 - Verifiable, so that it can be confirmed or corroborated that the Member participated in the learning activity.



Quality Assurance Program Policies

1.0 Continuing Education and Professional Development

Section: 1.3 Inactive Members Demonstrating Participation
Approved by: Quality Assurance Committee
Approved date: January 26, 2017
Revised date:

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2:

81.(b) Every QA program will include a self, peer and practice assessment.

Quality Assurance Regulation (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

6(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,

- (a) accurate information about his or her self-assessment and professional development activities; and
- (b) his or her records described in subsection (1). O. Reg. 34/13, s. 6 (2).

Purpose:

Although not eligible for review of self-assessment and professional development materials, Members in the Inactive category are expected to engage in self-assessment and professional development and maintain up-to-date participation records in the event that they return to active practice in the Registered Psychotherapist category.

Upon return to active practice, Members are required to demonstrate that they have remained up to date with their self-assessment and professional development requirements by submitting participation records for review.

Policies:

1.1.1 Members who have returned to the Registered Psychotherapist category from the Inactive category must demonstrate that they are up-to-date with their Professional Development requirements within 60 days the date of their return to the Registered Psychotherapist category.



Quality Assurance Program Policies

2.0 Peer and Practice Review

Section:	2.1 Member Random Selection
Approved by:	Quality Assurance Committee
Approved date:	February 12, 2016
Revised date:	December 9, 2016; October 30, 2019

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.

81.(b) Every QA program will include a self, peer and practice assessment.

- 82.(1) Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,
- permit the assessor to enter and inspect the premises where the member practises;
 - permit the assessor to inspect the member's records of the care of patients;
 - give the Committee or the assessor the information in respect of the care of patients or in respect of the member's records of the care of patients the Committee or assessor requests in the form the Committee or assessor specifies;
 - confer with the Committee or the assessor if requested to do so by either of them; and
 - participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

Quality Assurance Program (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

- 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.

Purpose:

Self-regulated professionals are held accountable to the College and the public. In the interest of the public, the College is required to engage Members in a review of their knowledge, skill and judgment. In the Peer and Practice Review process, Member's knowledge, skill and judgment are assessed using tools that are mapped to CRPO's standards of practice.

Policies:

2.1.1 On an annual basis the College will randomly select up to 2% of members for participation in Peer and Practice Review.

2.1.2 The stratified random selection will include Members who:

- are currently practising in a clinical or mixed role, or providing clinical supervision;
- hold a current certificate of registration and have been registered with the College longer than twelve (12) months;

- are currently practising in Ontario; **and**
- have not engaged in the Peer and Practice Review in the previous six years.

2.1.3 Peer and Practice Review Step 1 includes:

- Prequestionnaire
- Behaviour-based interview
- Advertising checklist

Peer and Practice Review Step 2 includes:

- Behaviour-based interview
- Clinical records review

2.1.4 When selected, Members are required to:

- a) initiate the Step 1 of the Peer and Practice Review within 30 days of the date recorded on the notification of participation and complete Step 1 within 60 days of the date recorded on the notification; and
- b) initiate Step 2 of the Peer and Practice Review within 30 days of the date recorded on the notification of participation and complete Step 2 within 60 days of the date recorded on the notification.

2.1.5 Members who previously engaged in a Peer and Practice Review are exempted from the random selection process for a period of six years.



Quality Assurance Program Policies

3.0 Peer Assessors

Section: 3.1 Peer Assessor Role, Qualifications and Recruitment.
Approved by: Quality Assurance Committee
Approval date: November 19, 2015
Revised date: July 7, 2016; August 17, 2018, October 30, 2019

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.

81. Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

Quality Assurance Program (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

1. In this Regulation [...] “assessor” means a person appointed under section 81 of the Health Professions Procedural Code; (“évaluateur”)

Purpose:

Appointed by the Quality Assurance Committee, peer assessors are required to meet minimum qualifications. This list of qualifications is circulated when recruiting peer assessors and informs the skills matrix that is used during the interview and selection process. Only candidates who meet the minimum qualifications are eligible to apply for a peer assessor role.

Policies:

- 3.1.1 In order to be considered for appointment to a peer assessor role, a candidate must:
- have a minimum of five years’ extensive clinical experience;
 - hold a current certificate of registration as a Registered Psychotherapist and meet CRPO’s “independent practice” requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision);
 - meet the annual registration requirements;
 - have no prior history with the College or another Regulatory Body resulting in a decision of the ICRC, the Executive Committee, the Fitness to Practice Committee or the Discipline Committee other than a decision to take no action;
 - successfully complete (or be up-to-date) with all Quality Assurance Program requirements;
 - possess current computer skills and have (or be willing to obtain) secure and private access to a laptop that uses the Windows operating system;
 - have successfully completed the required training, and engage in a Peer and Practice Review when required as part of the training;
 - be willing to travel within the province.

It is also an asset for a candidate to have experience in interviewing, adult education and/or conducting assessments or audits.

3.1.2 The role of the peer assessor is to conduct CRPO's peer and practice assessments and develop comprehensive, objective and accurate assessment reports.



Quality Assurance Program Policies

3.0 Peer Assessors

Section: 3.2 Peer Assessor Appointment and Retention
Approved by: Quality Assurance Committee
Approval date: October 30, 2019
Revised date:

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.

81. Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

Quality Assurance Program (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

2. In this Regulation [...] “assessor” means a person appointed under section 81 of the Health Professions Procedural Code; (“évaluateur”)

Purpose:

To support the effective administration of the Peer and Practice Review component of the QA Program, it is necessary to maintain a roster of qualified peer assessors. Once appointed, peer assessor competence, effectiveness and suitability for the role is evaluated on an ongoing basis.

Policies:

- 3.2.1 The Quality Assurance Committee shall appoint qualified RPs to the peer assessor role based on the information provided by the CRPO staff member(s) responsible for peer assessor recruitment and training.
- 3.2.2 In order to maintain their appointment to the peer assessor role, an assessor must meet the qualifications described in section 3.1 and:
- demonstrate that they possess the knowledge, skill and judgment necessary to perform peer and practice reviews in a safe, timely, effective manner;
 - maintain good standing with the College;
 - provide the designated staff member with any information that may be relevant to their ability or suitability to continue in the peer assessor role;
 - demonstrate that they are meeting their Member obligations under the Quality Assurance Program;
 - engage in peer assessor training provided by the College;
 - participate in an annual performance evaluation; and
 - keep abreast of current standards of the profession.
- 3.2.3 Upon request, peer assessors will provide the College with:
- a. an updated resume;
 - b. an updated declaration of conflicts of interest;
 - c. confirmation of current registration and engagement in self-assessment and

- professional development;
- d. a signed service agreement; and
- e. a signed confidentiality and privacy agreement.

3.2.4 Peer assessors report to the designated CRPO staff member.



Quality Assurance Program Policies

4.0 Request for Deferral and Extension

Section:	4.1 Professional Development
Approved by:	Quality Assurance Committee
Approval date:	February 12, 2016
Revised date:	March 11, 2016; February 1, 2019; October 30, 2019

Relevant Regulation and Legislation

Quality Assurance Program (O. Reg. 34/13) under the *Psychotherapy Act, 2007*, S.O. 2007, c. 10, Sched. R:

5. Every member shall participate every two years in self-assessment and professional development activities 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.

Purpose:

As self-regulated professionals, it is critical to public protection that Members of CRPO participate in the Quality Assurance Program. The Committee recognizes that illness and extenuating circumstances (such as death in the family, or personal/family crisis) may affect a Member's ability to engage in self-assessment and professional development.

Members seeking to delay the deadline related to one or more Quality Assurance Program requirements may request an extension or deferral. Extensions/deferrals will be granted based on established policy. Where unique circumstances apply and the reason for the request falls outside established policy, a panel of the Quality Assurance Committee will consider the request on a case-by-case basis.

Policies:

- 4.1.1 Members are required to submit requests for extension/deferral in writing.
- 4.1.2 Extension or deferral from requirements related to the Professional Development component may be granted for the following reasons:
 - personal illness;
 - if a Member who is in active practice at the time the request is made intends to discontinue practice (e.g. retirement) within the four months following the PD deadline, and taking into consideration the Members Quality Assurance history with the College;
 - illness of an immediate family member, or where the Member is the primary care giver;
 - bereavement; and/ or
 - personal crisis or other extenuating circumstances that impact the Member's ability to cope with additional responsibilities;
 - not meeting stratified random selection criteria.

4.1.3 Requests for extension/deferral must be submitted in writing, and include evidence relating to the reason. Such evidence may include, but is not limited to:

- role description
- employer letter
- signed note from an appropriate health care professional
- evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date /last day of work, signed self-declaration);
- notice of death; and/or
- other documentation approved by the Quality Assurance Committee.

4.1.4 Staff may grant an extension or deferral to a Member where the Member's request clearly meets criteria set by the deferral policy. Where one deferral has already been granted by staff, subsequent requests from the Member will be reviewed by a panel of the Quality Assurance Committee. Where staff is uncertain whether a Member's request for deferral clearly meets criteria set by policy, staff will refer the request to a panel of the Quality Assurance Committee for review.

4.1.5 An extension will not exceed 60 days.

4.1.6 A deferral will not exceed one year.



Quality Assurance Program Policies

4.0 Request for Deferral and Extension

Section:	4.2 Peer and Practice Review
Approved by:	Quality Assurance Committee
Approval date:	February 12, 2016
Revised date:	March 11, 2016; February 1, 2019; October 30, 2019

Relevant Regulation and Legislation

Quality Assurance Program (O. Reg. 34/13) under the *Psychotherapy Act, 2007*, S.O. 2007, c. 10, Sched. R:

- 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.

Purpose:

As self-regulated professionals, it is critical to public protection that Members of CRPO participate in the Quality Assurance Program. The Committee recognizes that illness and extenuating circumstances (such as death in the family, or personal/family crisis) and leave of absence from practice may affect a Member's ability to engage in peer and practice assessment.

Members seeking to delay the deadline related to one or more Quality Assurance Program requirements may request an extension or deferral. Extensions/deferrals will be granted based on established policy. Where unique circumstances apply and the reason for the request falls outside established policy, a panel of the Committee will consider the request on a case-by-case basis.

Policies:

4.2.1 Extension or deferral from other Quality Assurance Program requirements may be granted for the following reasons:

- personal illness;
- currently not practising (e.g. leave of absence from work, parental leave, retired, etc);
- discontinuing practice (e.g. retirement) within the three months (however, Member is actively practising at the time of the request);
- illness of an immediate family member, or where the Member is the primary care giver;
- bereavement; and/ or
- personal crisis or other extenuating circumstances that impact the Member's ability to cope with additional responsibilities;
- not meeting stratified random selection criteria.

4.2.2 Requests for extension/deferral must be submitted in writing, and include evidence relating to the reason. Such evidence may include, but is not limited to:

- role description

- employer letter
 - signed note from an appropriate health care professional
 - evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date /last day of work, signed self-declaration);
 - notice of death; and/or
 - other documentation approved by the Quality Assurance Committee.
- 4.2.3 Staff may grant an extension or deferral to a Member where the Member's request clearly meets criteria set by the deferral policy. Where one deferral has already been granted by staff, subsequent requests from the Member will be reviewed by a panel of the Quality Assurance Committee. Where staff is uncertain whether a Member's request for deferral clearly meets criteria set by policy, staff will refer the request to a panel of the Quality Assurance Committee for review.
- 4.2.4 An extension will not exceed 60 days.
- 4.2.5 A deferral will not exceed one year.
- 4.2.6 Until such time that the non-clinical assessment tools are available, a Member is exempted from the Peer and Practice Review if they demonstrate their practice is solely of a non-clinical nature. Non-clinical practice includes only Members who are not responsible for any aspect of direct client therapy/care or supervised practice.
- 4.2.7 Members who are in a non-clinical role and selected for the Peer and Practice Review are eligible for selection when non-clinical tools are available.
- 4.2.8 Members who discontinue practice permanently and resign, are suspended, or transfer to the Inactive category before completion of the entire Peer and Practice Review (PPR) for that Member, would be exempted from completing any unfinished parts of the PPR unless they attempt to return to full (active) Registered Psychotherapist (RP) status. Such Members would be provided with any reports of their PPR assessment completed thus far and if they return to full (active) RP status, would be informed that they would be required to complete any outstanding PPR assessments within specified timelines.



Quality Assurance Program Policies

5.0 Reinstatement from Suspension

Section: 5.1 Requirements upon reinstatement from suspension

Approved by: Quality Assurance Committee

Approval date: May 13, 2016

Revised date:

Relevant Regulation and Legislation

Quality Assurance Program (O. Reg. 34/13) under the *Psychotherapy Act, 2007*, S.O. 2007, c. 10, Sched. R:

4. Every member shall participate in the program.
5. Every member shall participate every two years in self-assessment and professional development activities 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.
- 6.(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,
 - (a) accurate information about his or her self-assessment and professional development activities.

Purpose:

A Member who has been reinstated after a suspension is required to demonstrate to the Quality Assurance Committee that they are up-to-date with their self-assessment and professional development obligations.

Policies:

- 5.1.1 A Member whose Certificate of Registration has been suspended for failure to complete one or more aspects of the Renewal process must submit their self-assessment and professional development materials within 14 days of reinstatement.