



Quality Assurance Program

Professional Development Templates

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Due to system upgrades, the QA portal will be closed to all users as of December 31, 2020. Those who registered with CRPO on or after November 6, 2020 will not be issued QA portal logins. All registrants will be provided detailed information in mid-January about the new system and its launch date. Registrants will also be provided with details concerning Professional Development (PD) submission requirements in the new year.

In the interim, please use these templates to help track your PD requirements. Maintain a personal portfolio of these templates and evidence of participation in learning activities. **These templates are for your records only and should be kept in your personal PD portfolio. Registrants do not need to submit these templates to CRPO.**

2016 and 2018 Registrants have until November 30, 2020 to submit their PD requirements using the QA Portal. All registrants are strongly encouraged to stop inputting information into the QA Portal and *print out (save to pdf)* any materials they have in the portal before it goes offline on December 31, 2020. PD reporting remains, every two years, based on your year of registration.

If you have any questions or concerns regarding your requirements, please contact QA staff at qa@crpo.ca.

Self-Assessment

The Self-Assessment is designed to capture a snapshot of your current knowledge, skill or judgment and consists of two sections:

- General Professional Obligations (GPO) Inventory
- Reflection

If you are interested in learning more about the topics presented in the Self-Assessment, please review CRPO's *Professional Practice Standards for Registered Psychotherapists*. Other resources referred to in the Self-Assessment include the:

- [*Psychotherapy Act, 2007*](#)
- [*Regulated Health Professions Act, 1991*](#)
- [*Personal Health Information Protection Act, 2004*](#)
- [*Health Care Consent Act, 1996 and Substitute Decisions Act, 1992*](#)
- [*Access for Ontarians with Disabilities Act, 2005*](#)

Section 1:

Section 1 consists of approximately 40 questions/indicators.

For each indicator, select the response that applies to you: Yes, No or Not Applicable(NA). A blank text box accompanies each indicator for you to provide an explanation if you answered No or NA. Track indicators that you wish to add to your Learning Plan by checking the corresponding box.

Section 2:

Section 2 consists of a series of exercises designed to help you reflect on specific areas of practice, for example, managing new or challenging situations and assuring safe, effective practice.

You'll be presented with three groupings of exercises. Complete one exercise from each grouping with a short paragraph that is relevant to the topic presented in the exercise.

Section1: General Professional Obligations Inventory

Topic Area		Self-Assessment Indicators	Select a response.	If you answered No or NA, you must provide a explanation.	Mark the checkbox to track indicators/notes you intend to add to your Learning Plan.	
1.	Legal and professional obligations	a	I understand and apply my professional obligations described in CRPO's Code of Ethics.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		b	I know my mandatory reporting obligations according to the <i>Regulated Health Professions Act, the Psychotherapy Act</i> and other relevant legislations.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		c	I know when my professional limitations require that I seek clinical supervision and/or consultation with a colleague.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		d	I always communicate my regulated title(s) with my clients and colleagues.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
2.	Record Keeping	a	I know the specific client details that must be documented in the client record (e.g. full name, address, contact number).	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		b	My documentation is always legible, clear, concise and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		c	I ensure that I document: <ul style="list-style-type: none"> • clients' initial informed consent; • ongoing consent process; • assessment details; • notations of all in- and out-of-session contact with clients, including provided advice/ recommendations; 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

		<ul style="list-style-type: none"> • plan for therapy; and • if applicable, the reasons for the conclusion or termination of the therapy. 			
		<p>d I am aware client records are maintained for a period of 10 years from the date of the last interaction with the client, or, if applicable, 10 years from the date of the client's 18th birthday – whichever is later.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		<p>e I ensure each sheet in the clinical record includes:</p> <ul style="list-style-type: none"> • the client's name/unique identifier; • the date of the entry; and • my signature or initials. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
3.	Business Practices	<p>a I include the following information on invoices and receipts:</p> <ul style="list-style-type: none"> • clear identification of the person providing the service, including title and professional designation; • name of the client who received the service and their contact information; • a reasonable description of the service(s) provided; • amount charged (or paid) and, if applicable, reasons for reducing/waiving fees; • an indication of balance due, and applicable taxes; and • where fees are billed to a third party, the full name and address of the third party. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

	b I ensure my advertising is factual, accurate, objective and verifiable. (Advertising mediums may include: websites, pamphlets/brochures, business cards, social media platforms, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
	c I ensure a contingency plan is in place in the event of unforeseen interruptions to my practice (e.g. unplanned leave, illness, death, natural disaster).	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
	d I inform clients of my fee schedule before commencing services.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
	e My fee/payment policies: <ul style="list-style-type: none"> • identify my usual fees for services provided; • address non-payment of outstanding fees by clients; • do not offer a discount or rebate to a client for prompt payment of fees; • if applicable, address bartering of services with clients in manner that is consistent with CRPO's <i>Professional Practice Standards</i>; and • identify how unpaid fees are ordinarily collected. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
	f I comply with laws relevant to the operation of a business (check those that apply): <ul style="list-style-type: none"> <input type="checkbox"/> <i>Access for Ontarians with Disabilities Act (AODA)</i>; <input type="checkbox"/> <i>Employment Standards Act</i>; <input type="checkbox"/> <i>Occupational Health and Safety Act</i>; <input type="checkbox"/> Federal and provincial tax laws (including HST); 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

		<input type="checkbox"/> Municipal and provincial laws, or local by-laws requiring a licence to operate a business.			
		g I ensure my clients are aware of my (or my organization's) privacy and confidentiality policy that complies with the requirements of the <i>Personal Health Information Protection Act</i> , which includes: <ul style="list-style-type: none"> • a general statement describing the policy; • the process for accessing records or requesting corrections; • the complaint process; • the purpose for the collection, use and disclosure of personal health information; and • my practice's client record retention policy. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		h I have systems in place to ensure all client records are secure and free from unauthorized access, including during transportation of files (e.g. locked filing cabinet/briefcase, password-protected computer, use of encryption when sending electronic documents).	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
4.	Clinical Practice	a I ensure to maintain confidentiality and privacy of all client information.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		b I know when I am legally obligated to disclose personal health information without the client's express consent.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

		c I know the information that I must share with the client during the informed consent process, as outlined in the <i>Health Care Consent Act</i> and CRPO's <i>Professional Practice Standards</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		d I am able to recognize when a client may not be capable of providing informed consent.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		e When a client is not capable of providing consent, I always obtain informed consent from a substitute-decision maker according to the <i>Health Care Consent Act</i> and the <i>Substitute Decisions Act</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		f I understand the circumstances in which a referral to another care provider may be necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		g I understand how to refer appropriately, according to CRPO's <i>Professional Practice Standards</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		h I understand the circumstances in which discontinuing services or concluding therapy is appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
		i I always discontinue services or conclude therapy when it is appropriate to do so, in accordance with CRPO's <i>Professional Practice Standards</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
5.	Professional Development	a I am receptive to client feedback.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

		b	I seek opportunities for consultation and feedback from my peers and colleagues to enrich my professional development.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		
6.	Workplace setting	a	I encourage a work setting that demonstrates sensitivity to a diverse client population.	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		

Section 2: REFLECTION

Group A: Ensuring safe and effective use of self

Respond to ONE exercise from the two listed in this group by writing a short paragraph.

Exercise No.	Exercise	Response	Add To Learning Plan
1	<p>Consider how you developed an awareness of and managed a situation with a client, or others (e.g. staff members, colleague, student) in which you experienced one of the following: transference, matters falling into your blind spot, being triggered, effects of power dynamics, and/or conflict of personal values and beliefs. Describe:</p> <ul style="list-style-type: none">• What was the learning for you in this situation?		<input type="checkbox"/>
2	<p>In order to practice safely, effectively, and ethically it is important to maintain a certain level of self-care and personal well-being. Describe:</p> <ul style="list-style-type: none">• How do you maintain the physical, psychological, cognitive and emotional fitness to practice?• What do you do to enhance your self-care and well-being?		<input type="checkbox"/>

Group B: Enhancing knowledge, skill and judgment

Respond to ONE exercise from the two listed in this group by writing a short paragraph.

Exercise No.	Exercise	Response	Add To Learning Plan
1	<p>Consider the steps you take when a client presents with new issues that you have not previously encountered. Describe:</p> <ul style="list-style-type: none">• How do you determine that you have the required competence to provide the needed care/service?• How do you acquire the knowledge, skill and judgment?• What resources do you consider, and then seek, to support competent care/service?		<input type="checkbox"/>
2	<p>Consider a time when new evolving social trends inspired you to engage in new learning experiences. Describe:</p> <ul style="list-style-type: none">• What was the social trend?• Did the social trend involve the use of technology?• How did you develop an awareness of evolving social trends?• What actions did you take to address the social trend?• How did the learning impact your practice?		<input type="checkbox"/>

Group C: Managing practice issues

Respond to ONE exercise from the two listed in this group by writing a short paragraph.

Exercise No.	Exercise	Response	Add To Learning Plan
1	<p>Reflect on how you address gaps in your professional knowledge, skill or judgment. Describe:</p> <ul style="list-style-type: none">• How did you become aware of the gaps?• What resources did you consider to address the gaps?• What standards and/or legislation apply?		<input type="checkbox"/>
2	<p>Consider something you've changed as a result of feedback from another person (e.g. a client, colleague or supervisor). Describe:</p> <ul style="list-style-type: none">• How did receiving the feedback make you feel?• How has this change affected your practice?• What, if anything, would you do differently?		<input type="checkbox"/>

Learning Plan

The Learning Plan will help you keep track all of your learning needs identified in the self-assessment and your professional goals.

Begin your Learning Plan after you have completed the Self-Assessment, and incorporate learning needs you identified during your Self-Assessment into your professional development goals.

Learning Goals Identify professional development goals in this column.	Plan List specific learning activities you will engage in to meet this goal and make note of any resources you may rely on to meet this goal.	Reflection How has meeting this goal, or working to meet this goal, impacted your practice?
Goal 1	Plan	Reflection

Learning Record

Registrants are required to engage in at least 40 hours of learning over a period of two years. The Learning Record will help you track your participation in learning activities.

Activity name and details	Date started and, if applicable, completed	# of hours	Activity Description	Activity Type	Did you complete the activity?	Was the activity related to learning your goals?	Did you make changes to your practice because of this activity?
1.			<input type="checkbox"/> Receiving clinical supervision <input type="checkbox"/> Providing clinical Supervision <input type="checkbox"/> Attending course or program <input type="checkbox"/> Teaching course or program <input type="checkbox"/> Peer-based learning (study group, consultation, etc.) <input type="checkbox"/> Self-directed study (e.g. reading articles, online courses) <input type="checkbox"/> Attending seminar, conference, workshop <input type="checkbox"/> Teaching seminar, conference, or workshop <input type="checkbox"/> Professional association and/or regulatory work <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Didactic <input type="checkbox"/> Experiential	<input type="checkbox"/> Yes <input type="checkbox"/> It's Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No