



# **Part V**

## **Committee Specific Orientation: Quality Assurance Committee**

# Types of Regulation

- Restrictive
  - Registration, title protection
- Proactive
  - Quality assurance
- Reactive
  - Complaints, discipline, incapacity
- Transparent
  - Public register

# Proactive Measures

- Systemic changes
  - Larger impact than individual action
  - Can be non-punitive and even supportive
  - Focus: excellence vs. minimal standards
- Programs
  - Quality assurance program
  - Client relations program
  - Registrant / public education

# Quality Assurance Committee

## Areas of Responsibility

1. Quality Assurance Program
2. Monitoring registrant participation in the Quality Assurance Program
3. Standards of practice

Excerpted from QAC terms of reference

# Standards of Practice

Developing, reviewing and revising standards of practice

Ensuring practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

Supporting RPs in implementing required changes to standards of practice or practice guidelines

## O. Reg. 34/13: Quality Assurance Program

- **Professional development activities** (self-assessment and professional development), which require the ongoing participation of every registrant;
- **Peer and practice review activities**, which include the case-based assessment; self-directed professional development; and peer-assisted review activities with a peer coach; and
- **Professional improvement**, which is continuing education or remedial steps deemed necessary by the QA Committee.

# Quality Assurance Program



A central responsibility of the Quality Assurance Committee is to monitor registrants' participation in the Quality Assurance Program, including:

- Overseeing systems that facilitate registrants' ongoing participation in the Quality Assurance Program;
- Reviewing cases of registrants whose participation is found to be unsatisfactory.

Excerpted from QAC terms of reference

# Quality Assurance

In a broader sense, the Quality Assurance Committee is tasked with developing, reviewing and revising the Quality Assurance Program. This includes encouraging registrant participation in ongoing continuing competence and quality improvement activities.



# Underlying Philosophy

- Educational
- Follows right-touch regulation principles
- Self-directed and engages registrants in the process
- Transparent and sustainable program that engages all registrants
- Encourages reflective practice
- Promotes competency maintenance and enhancement
- Facilitates interprofessional collaboration
- Supports and responds to changes in practice environments
- oversee new/changes to standards, technology, competencies, other relevant issues

# Quality Assurance Requirements

Here is a brief description of the Quality Assurance Program components:

## Professional Development

- Requires the ongoing participation of every registrant in self-assessment & learning activities.

## Peer & Practice Review

- Involves completing the case-based assessment approx. once every five years; self-directed professional development; and peer-assisted review activities with a peer coach.

## Professional Improvement

- Includes participation in a remediation program, only some Registrants participate, as required.

# Quality Assurance Requirements

## Goals of Professional Development (PD):

- support registrants' ongoing self-reflection and professional growth
- engage regularly in a conscious reflection of their practice and participate regularly in growth opportunities
- uncover areas of practice that may benefit from development
- track and reflect on their own professional growth

# Quality Assurance Requirements

## Goals of Peer & Practice Review:

- Assess knowledge, skill and judgement
- Identify areas for improvement
- Maintain quality of care
- All registrants assessed over a 5-year period
- The first step in the PPR is to complete an online, risk-based assessment tool (CBA)

# Case-based assessment (CBA)

## What is the CBA?

The CBA is an online risk assessment tool. It has 30 situational judgment cases, which are based on the Professional Practice Standards.

## Why did CRPO introduce the CBA?

The CBA has two main purposes and is part of CRPO's right-touch, risk-based approach to regulation.

1) For CRPO, the CBA acts as a risk assessment tool, allowing the College to provide support to registrants who might be at risk of not understanding or applying the Practice Standards in their practice.

2) For registrants, the CBA is a way to engage with the Practice Standards, reflect on their practice, and identify potential areas for professional improvement

# Case-based assessment (CBA)

## **Who developed the cases?**

In collaboration with Martek Assessments, the cases were written, reviewed and validated by CRPO registrants, who were trained in the process. The cases aim to reflect situations that arise in practice and reflect the diversity of practice and lived experience of registrants in Ontario.

## **Where do registrants complete the CBA?**

The CBA is an online assessment. Registrants can complete the CBA at a location of their choice.

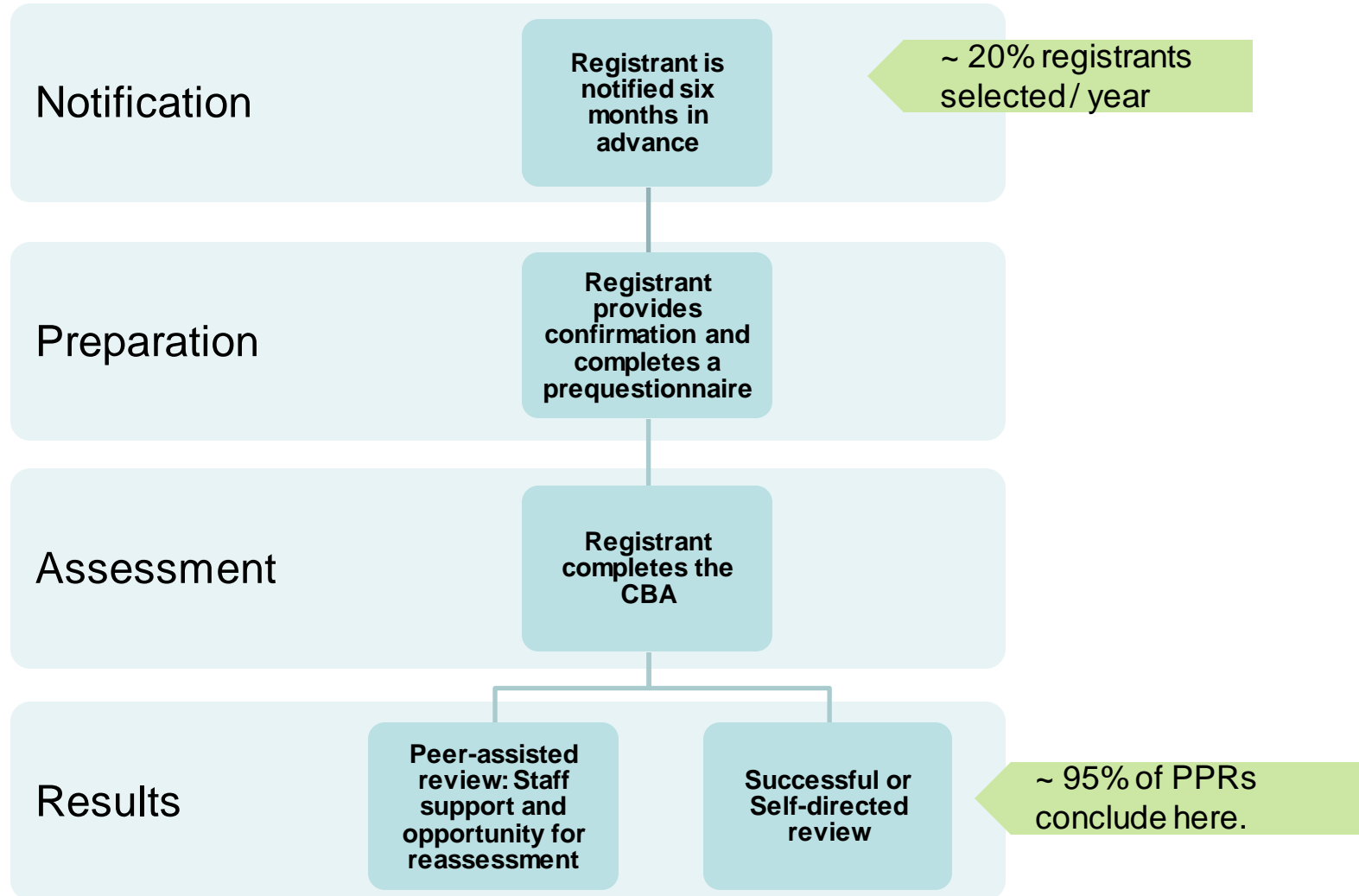
## **When do registrants complete the CBA?**

The CBA is administered twice a year: once in the Spring and once in the Fall. The CBA is available to selected registrants 24-hours a day for a 10-day period. Most registrants can expect to complete the CBA once every 5 years.

# Peer Coaches

- Conduct coaching and assessments
  - Receive appropriate training to do so
  - Follow adult education principles
  - Work with registrants to help identify areas of strength, recognize potential gaps in knowledge, skill and judgement
  - Support registrant in developing a plan to address gaps
- Provide reports
- Confer with staff regarding situations that arise at any point during the assessment process
- Respond to questions regarding the CBA and assessment

# Quality Assurance: PPR Process





# Quality Assurance: PPR Process

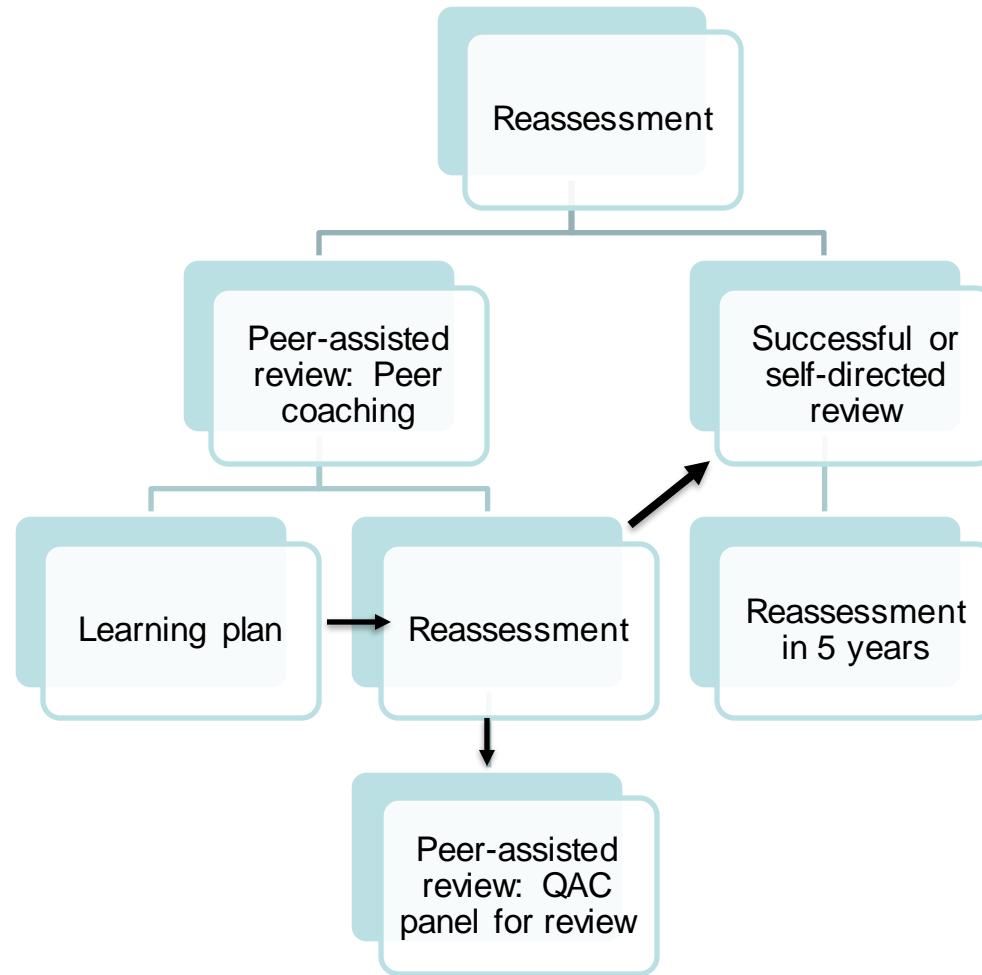
Successful

- Review results and plan self-directed PD activities to address potential gaps
- Next PPR in 5 years

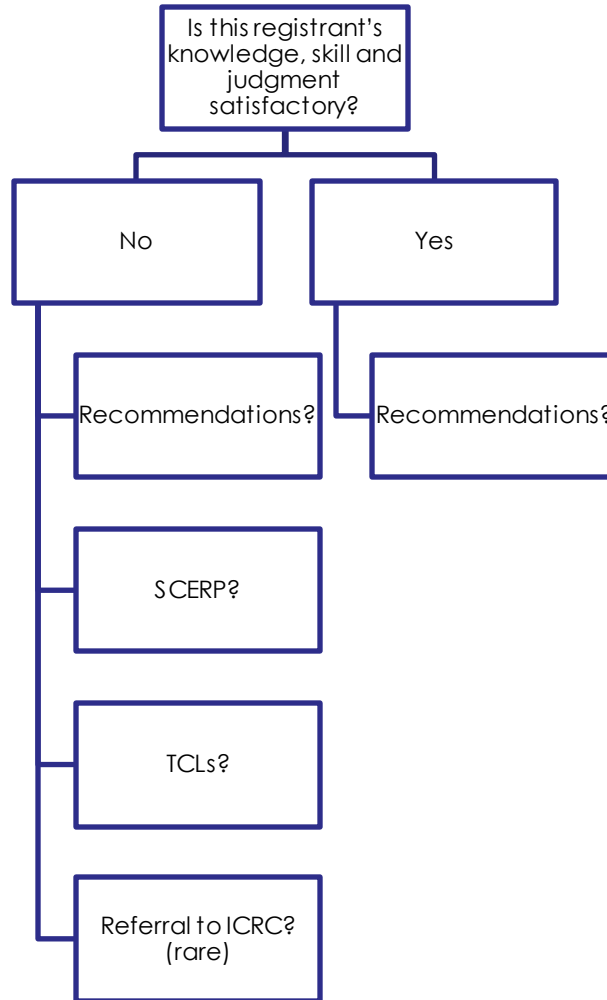
Self-  
directed  
review

- Review results and plan self-directed PD activities to address potential gaps
- Submit learning record for review
- Next PPR in 5 years

# Quality Assurance: PPR Process



# Quality Assurance



# Confidentiality

Information shared because of participation in the Quality Assurance Program is confidential and, with limited exceptions, the information provided can only be used for Quality Assurance Program purposes.

CRPO does not post Quality Assurance Program review results on the public register or share Quality Assurance Program information with employers.