



Quality Assurance Policy

Policy 2-27

Compliance with Quality Assurance Program Requirements

Established: December 7, 2017

Effective: April 1, 2018

Approved By: Quality Assurance Committee

Applicable Category of Registration:

1. General Practising Certificate
2. Provisional Practising Certificate

Applicable Legislation (See Appendix A):

1. Regulated Health Professions Act, 1991 (RHPA)
2. Health Professions Procedural Code being Schedule 2 to the RHPA
3. Ontario Regulation 226/96: General - Part VI: Quality Assurance
4. Ontario Regulation 95/07: Professional Misconduct

Policy Statement:

All occupational therapists (OTs) in Ontario are required to participate in and comply with the requirements of the College's quality assurance (QA) program. The quality assurance program includes continuing education and professional development designed to promote continuing competence among OTs to help ensure they have the knowledge, skill and judgment to practice safely, effectively and ethically.

Purpose:

The purpose of this policy is to define the process the College will follow to address non-compliance of the mandatory requirements of the QA program including the Self-Assessment (SA), Professional Development Plan (PD Plan) and Prescribed Regulatory Education Program (PREP).

Principles:

1. This policy supports the core principle of the QA program that OTs are autonomous health care professionals who are responsible for their own self-reflection and competent practice. The mandatory QA requirements of the program provide a framework for OTs to engage in self-reflection to maintain their knowledge, skill and judgment and identify any learning needs annually.

- OTs are required to sign a quality assurance declaration every year that indicates they understand their obligation to complete the mandatory QA requirements. By signing this declaration, OTs are stating that they acknowledge their accountability for meeting their QA requirements by the defined due dates. By signing this declaration, it is presumed that OTs are being truthful and adhering to the College's Code of Ethics.

Decision Criteria:

- 1. Take No Action.**

Registrants who have been granted a deferral, exemption, or extension for completion of components of their QA requirements will require no further action.

- 2. Written Notice.**

Registrants who fail to complete one QA requirement in any given year will receive written communication from the College indicating they have not completed the mandatory requirement and will be notified that failure to complete one or more QA requirements in a subsequent year will result in a referral to the Quality Assurance Committee (QAC).

- 3. Referral to Quality Assurance Committee.**

Registrants will be referred to the QAC under the following circumstances:

- Failure to complete one or more QA requirement in one or more years.
- Failure to complete two or more QA requirements in any given year.
- Unsatisfactory completion of one or more QA requirement in any given year.
- Requests for a deferral, exemption, or extension in consecutive years.

Possible Outcomes:

The Quality Assurance Committee may:

- Take no action.
- Grant or deny a request for a deferral, exemption or extension.
- Provide a written notice.
- Require the registrant participate in the Competency Review and Evaluation (CRE) process pursuant to paragraph 28(2)(e) of the QA regulation.
- Request the registrant to enter into an undertaking agreeing to comply with their QA requirements.
- Require the registrant to participate in a Peer and Practice Assessment (in person, or other) pursuant to 27(4)(a) of the QA regulation.
- Disclose the name of the registrant and allegations of professional misconduct, incompetence or incapacity to the College's Inquiries, Complaints and Reports Committee pursuant to 80.2(1)4 of the Health Professions Procedural Code.

Appendix A – Applicable Legislation

RHPA, 1991, Schedule 2 – Health Professions Procedural Code:

80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments, and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

80.2 (1) The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and 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, whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - 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.
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.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

Notice

(2) No direction shall be given to the Registrar under paragraph 2 of subsection (1) unless the member has been given notice of the Quality Assurance Committee's intention to give direction, and at least 14 days to make written submissions to the Committee.

RHPA, 1991, Schedule 2 – Health Professions Procedural Code:

51.1 A panel shall find that a member has committed an act of professional misconduct if,

- b) the member has failed to co-operate with the Quality Assurance Committee or any assessor appointed by that committee;

Ontario Regulation 226/96: General

25. (2) Every member shall,

- (a) participate in the program; and
- (b) comply with the requirements of the program.

27. (2) Every member shall keep records of his or her self-assessment and professional development, including records of the results of any learning modules or self-assessment tools that he or she is required to complete, in the form and manner specified by the Committee.

(4) The Committee may refer a member to a peer and practice assessment, where in the opinion of the Committee,

(a) the member's records that are required to be kept under subsection (2) are not complete or are in adequate

28. (1) Each year the College shall select the names of members required to undergo a peer and practice assessment. O. Reg. 376/12, s. 1.

(2) A member is required to undergo a peer and practice assessment to evaluate his or her knowledge, skill and judgment if,

- (a) the member's name is selected at random, including by stratified random sampling;
- (b) the member's name has been in the pool for random sampling for five or more years and has not been selected and the Committee determines that the member should be selected;
- (c) the member is referred for a peer and practice assessment under subsection 27 (4);
- (d) the member has been assessed previously and the Committee concludes that another peer and practice assessment should be conducted; or
- (e) the member is selected on the basis of 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 the criteria. O. Reg. 376/12, s. 1.

Ontario Regulation 95/07: Professional Misconduct

27. Failing to keep records in accordance with the standard of the profession.

34. Contravening, by act or omission, the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.