

Quality Assurance Program Policy

Section 7

7-100

Section: Quality Assurance
Applicable to: Occupational Therapists
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Introduction

The Quality Assurance (QA) program promotes high-quality service by occupational therapists in Ontario. Occupational therapists are required to engage in professional development and continuing education to improve their competence and adapt to changes in practice. The QA program utilizes several methods of learning activities and assessments. To allow for compliance monitoring, each method has structured processes and deadlines for completion.

Principles

The Quality Assurance Committee (QAC) makes decisions regarding occupational therapists' compliance with the QA program, including annual requirements and the competency assessment.

The following principles, which align with COTO's [Mission, Vision, and Values](#), guide the development of the QA processes and activities.

<i>Quality Practice:</i>	Promote professional growth and continuing competence of occupational therapists
<i>Fair:</i>	Create processes that are objective and effective
<i>Transparent:</i>	Communicate expectations in ways that are easily understood
<i>Just Right:</i>	Make decisions that match the level of risk
<i>Responsive:</i>	Listen and adapt to changing environments
<i>Reciprocal:</i>	Share insights so we learn and grow together
<i>Respectful:</i>	Are collegial, timely, and sensitive

Annual Requirements

Purpose

This section describes the annual QA requirements and the process followed when occupational therapists do not meet the expectations. See the appendix for related regulations (sections 24-28 of Ontario Regulation 226/96) made under the *Occupational Therapy Act, 1991*, which establishes the authority for the QA program.

Components of the Annual Requirements

- 1. Annual Learning Plan:** Each year this activity promotes practice reflection by occupational therapists. This two-part plan consists of a self-assessment and an individual learning plan. Occupational therapists first rate their competence, create goals, and select learning activities. Next, occupational therapists reflect and describe how this new learning has impacted their practice specifically regarding clients and others within their practice.
- 2. Annual e-Learning Module:** Each year, occupational therapists must complete a self-directed eLearning module. This module enhances knowledge about how to apply the [Competencies](#), [Code of Ethics](#), and [Standard of Practice](#) to occupational therapy practice in an evolving environment. The QAC is responsible for approving the topic for each Annual eLearning Module.

Mandatory Completion

All current registrants of COTO are required to complete annual QA requirements. During the annual renewal process and when initially registering with the College, occupational therapists sign a declaration to complete their QA requirements on time. This applies to any new or returning registrants with a general certificate, specifically, those who have registered with the College effective on or before July 31st. This allows for a minimum of three months to complete the annual requirements. It is recommended that occupational therapists complete a new Annual Learning Plan if there has been a major change in their practice setting and/or role.

Due Date

Both annual requirements are **due by October 31** of each year. All occupational therapists receive reminder messages in advance of this date. A registrant must contact the College if they need to request an extension or exemption. Occupational therapists who do not complete the requirements by the due date are granted an automatic 30-day extension without penalty and notified of this extension.

Data Collection and Retention

The College records the status of completion of both annual activities and the content entered in the Annual Learning Plan. This data is maintained by the College for the duration of a registrant's registration and for five years after they have resigned from the College. The history of completed activities is available. The College randomly reviews a small subset of occupational therapists' Annual Learning Plans for the completeness of responses.

The College retains Annual eLearning Modules on the website and the content is reviewed by the QA staff and QAC to ensure relevance.

QAC Considerations for Non-Completion of Annual Requirements

Occupational therapists who do not complete one or both of their annual QA requirements are referred to QAC. A notice of referral to QAC is sent to the registrant who will have an opportunity to provide a written response.

The QAC makes decisions based on the circumstances of each registrant and applies the considerations listed below:

- Scope: Did they not complete one or both requirements?
- History: Is there a previous history of non-compliance with QAC and/or other programs within the College?
- Extenuating circumstances: Was a reasonable explanation provided?
- Just Right Regulation: What decision aligns with the level of risk posed?

Outcomes

If an occupational therapist does not complete a requirement, the QAC may take any of the following steps:

1. Successful Completion

The occupational therapist will not receive any additional requests from the QAC.

2. Direct to complete the outstanding requirement(s)

Require the occupational therapist to complete the outstanding requirement(s) by a new due date.

- 3. Order a Specified Continuing Education or Remediation Program (SCERP)**
QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment and additional training or education on specific competencies is required.
- 4. Direct participation in competency assessment**
Require participation in a peer interview or component of the assessment process.
- 5. Refer the registrant to the Inquiries, Complaints and Reports Committee (ICRC)**
Refer the name of the occupational therapist and allegations to the Inquiries, Complaints and Reports Committee if there are concerns of professional misconduct or incompetence.

Competency Assessment

Purpose

This section describes the College's competency assessment process with related legislation in the Appendix. Occupational therapists participate in a competency assessment to assess the level at which the occupational therapist is demonstrating the essential competencies for practice.

Components of the Competency Assessment

During a competency assessment, occupational therapists describe how they incorporate fundamental [Competencies](#), the [Code of Ethics](#), and [Standards of Practice](#) into their daily practice. Strengths and areas for development are identified through this competency assessment process:

Step 1: Selection based on risk indicators

Step 2: Professional reflection

Step 3: Peer interview

Step 4: QAC determination of outcome for non-satisfactory interviews

To increase the number of registrants who participate in the competency assessment process, there will also be a subset who will only complete the professional reflection.

Step 1: Selection

Occupational therapists are selected to participate in the competency assessment process on an ongoing basis throughout the year. Selection is based on a [risk-based approach](#). Attempts are made to ensure we select registrants who have not recently participated in the competency assessment process. Registrants with an active, or recent, investigation with the Investigations and Resolutions program are exempt from the current competency assessment selection and are given a "cooling off" period of a year minimum.

Occupational therapists complete the competency assessment within the deadline set out in the notice. If a registrant is not able to participate in the Competency Assessment, they will be automatically included in the next selection group. Please see the Request for Extension, Exemption, or Accommodation section of this policy. QAC can direct specific actions and outcome options for selected occupational therapists who do not actively engage or participate effectively in the competency assessment.

Conflict of Interest

To ensure objectivity, QAC members, peer assessors, and QA staff are required to declare any actual, potential, or perceived conflicts of interest with occupational therapists participating in the competency assessment process. If a member of the Quality Assurance Committee recognizes the identity of the registrant, they will notify the Manager of the Quality Assurance Program and may not be involved in the QAC discussion of the registrant file. Conflicts of interest are appropriately managed as the person will not participate in the consideration of the matter or any decision made and remove themselves from the meeting for that portion of the discussion.

Confidentiality

QAC members and peer assessors are required to keep information regarding occupational therapists and their practice strictly confidential.

Step 2: Professional-Reflection Activity

Occupational therapists selected for a competency assessment are required to complete a profile and Professional Reflection Activity related to their practice including but not limited to:

- Competencies that relate to their practice area
- Potential risks to the public that are emerging in their practice area
- Controlled acts that relate to their practice

Step 3: Peer Interview

The peer interview is conducted by a peer assessor. All peer assessors are occupational therapists. To ensure representation and ability to perform in the role of peer assessor, the QAC considers training, experience, and qualifications in their appointment of peer assessors. Every peer assessor meets the following requirements:

- (a) A registrant in good standing with the College of Occupational Therapists of Ontario.
- (b) Five years' experience as an occupational therapist in the Province of Ontario.
- (c) At least two years' experience in one area of occupational therapy practice.
- (d) Recommended by their peers through references.
- (e) Not currently serving on the Board, Committees, or any other role in the College

Other considerations include: geographic diversity, lived experiences and perspectives, nature and setting of practice, communication, and interpersonal skills, and ability to demonstrate COTO's vision, mission, and values.

The College selects and trains peer assessors to conduct consultations and assessments and provides practice guidance and resources. Reports completed by peer assessors identify and describe gaps in the Competencies or Standards for Practice that may indicate a risk to the public. QA staff may also evaluate components of the competency assessment activities submitted by occupational therapists.

Peer assessors submit a report to QA staff within approximately one week of the interview. Peer interviews are mainly conducted virtually. If requested, the interview can be conducted in person. Reports follow a template with scoring criteria, probing questions, and list of resources discussed. Upon receipt of the report, QA staff review and finalize. The final report is sent to the occupational therapist within approximately one month from the date of the assessment. The occupational therapist is expected to provide written response to the report to address learning needs or provide additional information within 14 days. A lack of response will result in the QAC considering these learning needs to be outstanding. . QAC takes the written response into consideration when deliberating on outcomes.

Selected occupational therapists who score satisfactorily on the report or have very minimal competency gaps, none of which present a risk (as determined by QAC) are issued a decision letter informing them of their successful completion of the competency assessment. Their participation in the competency process will be complete and the results are reported to the Quality Assurance Committee.

Step 4: QAC Deliberation

In advance of the deliberation, QAC is provided the following information regarding occupational therapists:

- Registrant summary: risk profile, employment type, College history
- Professional reflection activity
- Peer interview and assessor report
- Written submission if provided by the registrant

QAC reviews the above information and if they have concerns about the occupational therapist's practice, they may decide that the occupational therapist is required to participate in the program to enhance specific knowledge, skill, and judgment. All the information on which the QAC bases its decision is called a "registrant file" and the discussion is facilitated by a chair, assigned by the College. QAC may request additional information or legal advice regarding their deliberations or responsibilities.

Prior History

The QAC considers the registrant's prior history with the College programs. Established guiding criteria dictate the amount of information from a registrant's history that will be reviewed when they are randomly selected to participate in the competency assessment process. The Committee process follows the QA Program principles as they review the registrant's College participation history.

QAC is provided with any history of a registrant with Discipline Committee, Fitness to Practise or Inquiries, Complaints, and Reports (ICRC) Committee. The Committee does not review ICRC cases if there was no action taken.

QAC is also provided with basic information regarding a registrant's QA and Registration history. Considering prior history ensures a balanced, risk-based approach to assessment that is in keeping with the educational, collaborative, and remedial nature of the QA program and its goal of promoting continuing competence and quality improvement.

Panel

The QAC may form sub-groups ("Panels") composed of committee members to complete a given task, for example, deliberate on registrant files, on behalf of the Committee. A Panel consists of QAC members in attendance and must include at least one public member and two professional members.

Decision Criteria

The QAC uses structured resources for deliberations and outcomes, including a risk-based decision-making framework. Deliberations are made to align with COTO's Mission, Vision, and Values and the QA principles.

Outcomes

The QAC considers each registrant and deliberates on the following options for outcomes:

1. Successful Completion

QAC has no concerns about the occupational therapist's practice and the process is

concluded.

2. Successful Completion with a Recommendation

QAC has no concerns about the occupational therapist's practice but may identify an opportunity to strengthen knowledge by recommending a document(s) review. This recommendation is voluntary, and the competency assessment process is concluded.

3. Order a Specified Continuing Education or Remediation Program (SCERP)

QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment and additional training or education on specific competencies is required. When the Committee intends to issue this decision they send the occupational therapist a letter of intent within 30 days of forming that intention. The occupational therapist then has 14 days to respond to the Committee's intention. If no response is received, a final decision letter is issued on day 15. If a response is received, QAC will consider the occupational therapist's response before issuing their final decision at their next meeting. The occupational therapist is notified by letter, usually within 30 days following the Committee's decision. A SCERP issued by QAC will not be posted on the College's Public Register.

4. Require another Peer Interview

QAC may require the registrant to participate in another peer interview if they need more information to make a decision, or to identify any gaps in knowledge, skill or judgment.

5. Impose Terms, Conditions or Limitations on a registrant's practice

QAC has concerns that the occupational therapist's lack of knowledge, skills, or judgment could pose a risk to the public and can restrict the occupational therapist's practice if certain conditions are not met. The occupational therapist is sent a letter informing them of the intent of the committee and they have 14 days to respond to the committee's intention. If no response is received, a final decision letter is issued on day 15. If a response is received, QAC will consider the occupational therapist's response before issuing their final decision at their next meeting. The occupational therapist is notified by letter, usually within 30 days following the committee's decision. These restrictions are placed on the occupational therapist's certificate of registration and are posted on the College's Public Register.

6. Refer the registrant to the Inquiries, Complaints, and Reports Committee (ICRC)

The QAC has concerns that the occupational therapist is engaged in professional misconduct or is incompetent and may refer the name of the occupational therapist and allegations to the Inquiries, Complaints, and Reports Committee.

Remediation Monitoring and Compliance

A QA staff person is appointed as liaison to the registrant with respect to their compliance with the program and progress toward or achievement of learning objectives. Status updates are provided to QAC at all meetings.

Data Collection and Retention

The College maintains data from competency assessments for the duration of a registrant's registration plus five years after resignation.

Request for Extension, Exemption or Accommodation

Purpose

This section describes the approach and process for extensions and exemptions from the annual requirements and/or competency assessment. For various reasons, occupational therapists may seek an extension of the time required to complete an element of the QA program or, in rare instances, may seek an exemption from completing an element of the QA program.

Extension

An extension is when the original deadline for completion of the QA annual requirement or competency assessment is delayed for a specific period (30 days, 60 days, or other).

Exemption

An exemption is when the completion of the QA annual requirement (s) is waived entirely (no longer required for the year). An exemption only applies to the extension of a specific QA annual requirement. It does not apply to competency assessment.

Reason

Registrants may request an extension of time or an exemption from a component of the QA program in the case of extenuating circumstances, such as illness, unexpected disruption to work obligations, or other unforeseen factors.

Accommodation

Occupational therapists may request accommodation to enable equitable participation in the competency assessment process.

Process

Requests are submitted to the QA Program electronically and include the following:

- The QA component
- Type of request (extension or exemption)
- Length of extension (30 days, 60 days, or other)
- Reason for the request

The Manager of the Quality Assurance Program reviews each request and may approve based on the considerations below.

Considerations

The Manager of the Quality Assurance Program considers approvals for extensions or exemptions based on the circumstances of each registrant and applies the considerations listed below:

- Extenuating circumstances: What are they and was a thorough explanation provided?
- Scope: Is the request for one activity of the program or multiple activities?
- Anticipated completion: When does the registrant plan to complete the activity?
- Frequency: Have there been multiple requests for extensions or exemptions in the past?
- Risk-based selection status: Which if any of the risk indicators exist?

- Practice status: Are they currently providing occupational therapy services to clients or are they on leave?
- COTO history: Have they failed to meet a QA requirement in the last 3 years or are they currently under investigation or involved in a college conduct proceeding?
- Right Touch Regulation: What decision aligns with the level of risk posed?

Outcomes

Upon review, the Manager of the Quality Assurance Program, may:

- Contact the occupational therapist to request additional information.
- Grant the request, taking into account the decision considerations
- Deny the request, taking into account the decision considerations
- Consult with senior leadership
- Refer the matter to the Quality Assurance Committee

Approval

If the above consideration indicates that approval is appropriate, the registrant is notified electronically within one week that the request has been granted. If additional information is required to approve the request, registrants will be contacted. If an extension is granted, QA staff will monitor the completion of the annual requirements.

In circumstances where approval is not indicated based on the considerations above, the Manager of the Quality Assurance Program will consult with the Program Director/Registrar and if appropriate, the QAC for a detailed discussion of the case.

Appendix

Relevant Excerpts (sections 80.1 to 82) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*

Minimum requirements for quality assurance program

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.

Powers of the Committee

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,
- i. 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. 2007, c. 10, Sched. M, s. 58.

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.

Assessors

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

Co-operation with Committee and assessors

82 (1) Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,

- (a) permit the assessor to enter and inspect the premises where the member practises;

- (b) permit the assessor to inspect the member's records of the care of patients;
- (c) 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;
- (d) confer with the Committee or the assessor if requested to do so by either of them; and
- (e) participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

Inspection of premises

(2) Every person who controls premises where a member practises, other than a private dwelling, shall allow an assessor to enter and inspect the premises.

Inspection of records

(3) Every person who controls records relating to a member's care of patients shall allow an assessor to inspect the records.

Exception

(4) Subsection (3) does not require a patient or his or her representative to allow an assessor to inspect records relating to the patient's care.

Conflict

(5) This section applies despite any provision in any Act relating to the confidentiality of health records.

(please click this link to read all sections that relate to the QA Program - [Regulated Health Professions Act \(RHPA\), 1991](#)):

Quality Assurance Regulation (O. Reg. 226/96 made under the *Occupational Therapy Act, 1991*)

PART VI QUALITY ASSURANCE General

24. In this Part,

"assessor" means an assessor appointed under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee;

"program" means the quality assurance program required under section 80 of the Health Professions Procedural Code;

"stratified random sampling" means a sampling where groups of members are,

- (a) removed from the pool of members to be sampled, or
- (b) weighted to increase or decrease the likelihood of their being selected.

25. (1) The Committee shall administer the program, which shall include the following components:

- 1. Professional development designed to,
 - i. promote continuing competence and continuing quality improvement among 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.

2. Self-assessment.
3. Peer and practice assessments.

(2) Every member shall,

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

26. (1) A panel of the Committee may exercise any of the powers and duties of the Committee on behalf of the Committee.

(2) A panel shall be composed of at least three members of the Committee, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

Self-Assessment and Professional Development

27. (1) Every member shall carry out his or her self-assessment and professional development activities in the form and manner approved by the Committee.

(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.

(3) A member shall retain the self-assessment and professional development records that the member is required to keep under subsection (2) for five years and, on request, shall make them available to the Committee for inspection within 30 days of receiving the request.

(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 inadequate; or
- (b) the results of any learning module or self-assessment tool are inadequate.

Peer and Practice Assessment

28. (1) Each year the College shall select the names of members required to undergo a peer and practice assessment.

(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.

(3) The peer and practice assessment may include, but is not limited to,

- (a) requiring the member to complete an evaluation tool in the form and manner as specified in the notice advising the member of the requirement;
- (b) inspecting the premises where the member practises and his or her records of patient care;
- (c) interviewing or surveying persons with whom the member works and the member's patients;

- (d) requiring the member to answer, orally or in writing, including through the means of the Internet, questions that relate to the member's practice;
 - (e) requiring the member to participate in one or more evaluations of the member's knowledge, skill and judgment, including evaluations such as simulated situations, case studies, peer assessment or practice setting reviews; or
 - (f) reviewing the member's self-assessment and professional development records.
- (4) Subject to subsection (5), an assessor shall carry out the peer and practice assessment.
- (5) Where a peer and practice assessment consists initially of the activities listed in clauses (3) (a) and (f), the Committee shall supervise the carrying out of the peer and practice assessment.
- (6) Where subsection (5) applies and the Committee, following the carrying out of the activities listed in clauses (3) (a) and (f), is of the opinion that the member's knowledge, skill or judgment cannot be adequately assessed without subjecting the member to a broader peer and practice assessment, the Committee shall appoint an assessor to carry out the rest of the peer and practice assessment.
- (7) The assessor shall prepare a written report of the results of the peer and practice assessment and submit the report to the Committee.
- (8) The Committee shall provide a copy of the assessor's report to the member.
- (9) If, after considering the report submitted under subsection (7), the Committee is of the opinion that the member's knowledge, skill or judgment are not satisfactory, the Committee shall provide notice to the member of its opinion together with notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice. O. Reg. 376/12, s. 1.
- (10) The member may, within the time period specified in the notice mentioned in subsection (9), make written submissions to the Committee.
- (11) 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 are not satisfactory, the Committee shall exercise any of the powers under section 80.2 of the Health Professions Procedural Code.

General Regulation – Ontario Regulation 226/96: General under the *Occupational Therapy Act, 1991, S.O. 1991, c. 33*

- 25 (2) Every member shall,
- (a) participate in the program; and
 - (b) comply with the requirements of the program. O. Reg. 376/12, s. 1.
27. (1) Every member shall carry out his or her self-assessment and professional development activities in the form and manner approved by the Committee. O.Reg. 376/12, s. 1.
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.