College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

# Quality Assurance Program Policy

## Section 7 7-100

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| **Applicable to:** | Occupational Therapists |
| **Approved by:** | Quality Assurance Committee |
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### Introduction

The Quality Assurance (QA) program develops and administers mandatory activities to support professional growth of occupational therapists. Professional growth supports the continuing competence of the profession and the safe, effective and ethical delivery of occupational therapy services. Each activity has structured processes and deadlines for completion as well as outcomes for non-completion. These are described in this policy.

### Principles

In consultation with occupational therapists, the following principles, which support COTO's Mission, Vision, and Values, guide the development of the QA processes and activities:

*Quality Practice*: Promote professional growth and continuing competence of occupational therapists
*Fair:* Create processes that are objective and effective
*Transparent*: Communicate expectations in ways that are easily understood
*Just Right*: Make decisions that match the level of risk
*Responsive*: Listen and adapt to changing environments
*Reciprocal:* Share insights so we learn and grow together
*Respectful:* 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. **Learning Plan:** Each year occupational therapist self-assess their competencies and set goals for the year. The requirement is complete when the goals are finished, and the impact is recorded especially as it relates to clients and others within their practice.

2. **e-Learning Module:** Each year, occupational therapists are required to complete an educational eLearning module. The topic reflects the evolving health environment and changes that affect occupational therapy practice. The module provides examples from actual occupational therapy practice for the occupational therapist to apply the Competencies, Code of Ethics, and Standard of Practice to their practice setting.

### Mandatory completion

All registrants are required to complete annual QA requirements by October 31st each year. This includes:

- any new or returning occupational therapists 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 by the October 31 due date.
- those on a leave of absence or with extenuating circumstances, unless approval to defer has been obtained after submitting an exemption request form.

During the annual renewal process and when initially registering with the College, occupational therapists sign a declaration to complete their QA requirements on time.

Only those with a temporary or provisional registration are not required to participate.

**Date due**

Both annual requirements are **due by October 31** of each year. All occupational therapists receive multiple reminder messages in advance of this date. To allow some flexibility occupational therapists who do not complete the requirements by the due date are granted an automatic 30-day extension without penalty and are notified of this extension. After this time, those that have not completed one or both are reviewed by the Quality Assurance Committee (QAC).

**Data collection and retention**

The College records the status of completion of both annual activities and the content of the Learning Plan. This data is maintained by the College for a period of ten years.

The most recent eLearning Modules are available on the website and content is reviewed by the QA staff annually to ensure currency.

**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 occupational therapist who has an opportunity to provide a written response.

The QAC makes decisions based on the circumstances of each occupational therapist 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 College programs?
- Extenuating circumstances: Was a reasonable explanation provided?
- Just Right Regulation: What decision aligns with the level of risk posed?

**Outcomes**

The QAC can choose from the following outcomes (or combination) for registrants that have not completed requirements:

1. **Successful Completion of requirement(s)**
   The occupational therapist is finished with this process and will not receive any additional requests from the QAC. The option of “(Late) Successful Completion” is applied if the requirement(s) were completed past the extended deadline.

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)**
   Require additional training or education on specific competencies if QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment.

4. **Direct participation in competency assessment**
   Require participation in a peer interview or component of the assessment process.

5. **Refer the occupational therapist 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.

## Comprehensive Competency Assessment

### Purpose

This section describes the College's competency assessment process with related legislation referenced in the Appendix. Occupational therapists participate in competency assessment to assess the level at which they are demonstrating the national competencies for practice.

### Components of the competency assessment

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

**Step 1:** Selection to participate based on risk indicators
**Step 2:** Professional reflection activity
**Step 3:** Peer interview
**Step 4**: Written response to address learning needs
**Step 5:** Determination of outcome

### Step 1: Selection

Occupational therapists are selected to participate in a competency assessment an ongoing basis throughout the year. Selection is based on a risk-based approach. Attempts are made to ensure the College selects occupational therapists who have not participated in the competency assessment process in the last 10 years. Occupational therapists 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 at least one year.

Occupational therapists complete the competency assessment within the deadline set out in the notice. If an occupational therapist 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 effectively participate in the competency assessment.

Only those OTs who are currently and directly involved in the development and administration of the COTO competency assessment (QAC and peer assessors) are exempt from being selected for a competency assessment. All others, including Board directors and members of committees outside QAC, are required to participate.

**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 a competency assessment. If a member of the QAC recognizes the identity of the occupational therapist, they will notify the Manager of the QA Program and may not be involved in the QAC discussion of that occupational therapist's file. Conflicts of interest are appropriately managed as the QAC member will not participate in the consideration of the matter or any decision made and will remove themself 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 as set out in legislation.

**Step 2: Professional-Reflection**

Occupational therapists selected for a competency assessment first complete a Profile and Professional Reflection Activity that includes information such as:

- A description of their practice(s) and identification of any controlled acts/delegations and other high-risk activities performed
- Activities that support optimal work performance
- A self-directed chart review and reflection of key learnings and changes to practice

**Step 3: Peer Interview**
The 2-hour peer interview is conducted virtually by a trained 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) An occupational therapist 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.

Peer assessors administer the assessment as trained and use the template and scoring criteria provided. Each question is scored with either a “meets expectation”, “learning need identified” or “high risk response”. Peer assessors submit the assessment report to QA staff within approximately one week of the interview. Assessment reports identify and describe learning needs related to the Competencies or Standards for Practice that may indicate a risk to the public. Coaching on resources to support the occupational therapist’s practice are also discussed and included in the report. Upon receipt, the report is reviewed by the QA Lead for accuracy and consistency and then finalized. The final report is sent to the occupational therapist within approximately one month from the date of the assessment to review and provide a written response.

**Step 4: Written Response**
Occupational therapists are expected to provide a written response to the final report within 14 days of receipt. The response may address any learning needs identified or provide additional information for consideration. QAC takes the written response into consideration when deliberating on outcomes.
A lack of response will result in the QAC considering these learning needs to be outstanding.

Those that score satisfactorily on the assessment and have submitted an adequate written response are considered to have finished the process. They are sent a letter informing them of their successful completion of the competency assessment. Data on the results of assessments are reported to the Quality Assurance Committee. Feedback on the process is encouraged and actioned where appropriate.

**Step 5: Determination of outcome**

A small subset of occupational therapists will proceed to a review by the QAC if a certain threshold is met. This includes those that:

- Scored 3 “learning needs identified” and no written response submitted
- Scored 4 or more “learning needs identified” with an unsatisfactory written response
- Answer identified as “high risk”

## QAC Review

In advance of a decision, QAC is provided with the following information regarding the occupational therapist:

- Profile summary: risk and practice profile, College history
- Professional reflection activity
- Peer interview and assessor report
- Written submission and scoring matrix

QAC reviews the above information and applies the competency assessment decision-making framework to determine the outcome. All the information on which the QAC bases its decision is called a “occupational therapist 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 College History

When making decisions on competency assessment outcomes, the QAC considers any prior history the occupational therapist has with College programs:

- Investigations and Resolutions: Information about an occupational therapist's involvement with Discipline Committee, Fitness to Practice or Inquiries, Complaints, and Reports (ICRC) Committee. The committee does not review ICRC cases if there is no action taken.

- Registration: Information about an occupational therapist's Registration history, such as administrative issues with a registrant's registration/renewal including late renewal, insurance lapses, payment issues.

- Quality Assurance: information about an occupational therapist's QA history including any non-completion of annual requirements and/or a QA case resulting in an outcome of successful completion, successful completion with a recommendation, specified continuing education or remediation program remediation, or terms, conditions or limitations.

### Panel

The QAC may form sub-groups ("Panels") composed of committee members to complete a given task, for example, deliberate on occupational therapist 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 occupational therapist case 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 response may be

deemed satisfactory by the QA Manager/staff. 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 occupational therapist 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 an occupational therapist'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 occupational therapist 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 will 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 occupational therapist 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 decision from competency assessments for the duration of an occupational therapist's registration plus ten 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 and is not required for the year. Exemptions are not given for competency assessments (extension only).

**Reason**
Occupational therapists 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. Additional documentation to enable the accommodation may be requested.

**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 occupational therapist and applies the considerations listed below:

- Extenuating circumstances: What are they and was a sufficient explanation provided?
- Scope: Is the request for one activity of the program or multiple activities?
- Anticipated completion: When does the occupational therapist 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 occupational therapist is notified electronically within one week that the request has been granted. If an extension is granted, QA staff will monitor the completion of the annual requirements.

# 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.