



NAME	General Requirements Policy		
TYPE	Quality Assurance – Peer and Practice Assessment		
STATUS	Final	VERSION	1
DATE APPROVED	3 November 2017	DATE REVISED	

Policy Statement

The Peer and Practice Assessment (PPA), a component of the Quality Assurance (QA) Program, plays a key role in ensuring members are meeting their professional responsibility of providing safe, competent and ethical care. With PPA, members undergo an objective review of their knowledge and performance. This will help members improve their practice by giving them the opportunity to receive feedback on practice issues with a peer. The assessment is also an opportunity to engage with and receive useful feedback from another member of the College.

Each calendar year, 0.5-3% of members in the General Class of Registration will be selected at random to undergo a PPA. Exclusions from the random selection pool include members who:

- Became registered with the College in the 2 years previous to the selection year;
- Completed a Peer and Practice Assessment satisfactory to the QA Committee in the 5 years previous to the selection year;
- Have a suspended Certificate of Registration; or
- Do not currently practise in Ontario.

Procedure

1. Each calendar year, a member must participate in a PPA if:
 - a. The member's name is selected at random;
 - b. The member has been ordered a re-assessment;
 - c. The member is non-compliant with the annual requirements of the QA program as defined in the Self-Assessment and Professional Development Non-Compliance Policy;
 - d. The member is selected on the basis of other criteria specified by the QA Committee and published on the College's website at least 3 months before the member is selected on the basis of those criteria; or
 - e. The member is referred for a PPA, under section 7(2) or 10(2) of the Registration Regulation (O. Reg 27/13) of the *Traditional Chinese Medicine Act, 2006* for failing to meet a term, condition or limitation of their Certificate of Registration.
2. The member will be notified of their requirement for a PPA in writing.
3. A member can make a request for a deferral in writing as outlined in the Deferrals Policy. The request will be presented to the QA Committee to make a decision.
4. The member must submit the following documents to the QA Coordinator, which will be forwarded to the assigned Peer Assessor(s), within 30 days of receiving notice for a PPA:
 - a. Completed Self-Assessment Tool;
 - b. Completed Professional Development Plan;
 - c. A copy of a patient file with names and personal information redacted; and
 - d. A blank sample of a patient treatment record.

5. The QA Committee will assign Peer Assessor(s) to the PPA in accordance with the Peer Assessor Assignment Policy.
6. The assessment will take place at the member's primary location of practice, as provided on the Member Portal.
7. For the purposes of the PPA, the member must co-operate with the Peer Assessor(s) and shall:
 - a. Permit the Assessor(s) to enter and inspect the premises;
 - b. Permit the Assessor(s) to inspect records of the care of patients;
 - c. Provide the Assessor(s) with any information in respect of the care or records of patients in the form specified; and
 - d. Confer with the Assessor(s) if requested to do so.
8. Within 30 days of completing the assessment, the Peer Assessor(s) shall submit a full report of their findings to the QA Committee.
9. The QA Committee will review the report and determine if the member's knowledge, skills and judgement are satisfactory.
10. If the QA Committee is of the opinion that the member's knowledge, skills and judgement are satisfactory, no further action shall be taken. The member shall receive an acknowledgement letter of the Committee's decision within 7 days.
11. If the QA Committee is of the opinion that the member's knowledge, skills or judgement are not satisfactory, it shall proceed in accordance with the Non-Satisfactory Assessment Policy.
12. Failure to respond to a Peer Assessor or the QA Committee, or participate in the PPA, shall result in the Committee disclosing the name of the member and allegations against them to the Inquiries, Complaints and Reports Committee in accordance with the Member Referral to the Inquiries, Complaints and Reports Committee Policy.

Legislative Context

Section 80 to 83 of the Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991.

Quality Assurance Program Regulation (O. Reg 28/13) of the Traditional Chinese Medicine Act, 2006.