College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des audiologistes et
des orthophonistes de l'Ontario

NON-CLINICAL PEER ASSESSMENT GUIDE

Effective: January, 2019

TABLE OF CONTENTS

1) BACKGROUND TO PEER ASSESSMENT

You are an audiologist or speech language pathologist (SLP) who has a non-clinical role. Non-clinical roles include: managers, administrators, faculty staff, researchers, policy work and industrial sales. You do not have your own clinical caseload. If selected, you are required to participate in a Quality Assurance Program that includes peer assessment. The Quality Assurance Program, including the Peer Assessment Program, is mandated by the *Regulated Health Professions Act, 1991* (RHPA) *Ont. Reg. 543/94 Section 25 (1)*.

The RHPA gives the College the authority to:

- Appoint a peer assessor (Section 81)

- Require you to cooperate with an assessor, and

- Allow the assessor access to your practice site and to review your records (Section 82).

All information reviewed and/or collected by the peer assessor is confidential. The ability of the peer assessor to access confidential records applies "despite any provision in any Act relating to the confidentiality of health records" (Section 82 (5)). This means despite other privacy legislation, such as the *Personal Health Information Protection Act, 2004* (PHIPA), you are able to disclose personal health information to the peer assessor and the College without consent from a patient.

1.A) BENEFITS OF PEER ASSESSMENT

- CASLPO operates on the premise that you are a competent member of the College who is responsible for the provision of high-quality patient[1] care.

- The Non-Clinical Self-Assessment Tool (SAT) is a reflective instrument designed to allow you to identify if you are meeting professional standards and developing opportunities for growth and change.

- Peer assessment is based on the Non-Clinical SAT, so that members are objectively evaluated on the same standards that they used to assess themselves.

- Peer assessment provides you with objective feedback on how you incorporate legislation, regulations and practice standards into your role and responsibilities.

- Peer assessment is a mechanism to confirm CASLPO's assumption that members are meeting professional standards. It also demonstrates this to the public, who we are mandated to protect.

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[1] The term "patient" is used to represent an individual who receives health care intervention from a speech language pathologist or audiologist and is synonymous with "client" or "student". The use of the term "patient" mirrors the language used in the *Regulated Health Professions Act, 1991* and by the Ministry of Health and Long-Term Care.

1.B) TYPES OF PEER ASSESSMENT

RANDOM PEER ASSESSMENTS

A prescribed number of members are randomly selected each year to participate in peer assessment. The College uses a computer program to randomly select General and Academic members to participate in the peer assessment process. Staff are not involved in the process. Members who have recently completed the mentorship are not part of the selection pool for 3 years. Members who have completed the peer assessment process are out of the selection pool for 10 years.

DIRECTED PEER ASSESSMENTS

The Registrar may direct a member to undergo a peer assessment if a member does not meet the College's currency requirements, that is, 750 hours of Direct Patient Care or related work over a three-year period.

2) PEER ASSESSMENT PREPARATION

2.A) MEMBER NOTIFICATION

When selected, you will be informed by e-mail at the beginning of January of a given year. You will have until January 31st of that year to complete and submit your SAT. You will then have until February 28th of that year to upload evidence to show you meet the Professional Standards' indicators. Extensions and deferrals are considered under exceptional circumstances.

INFORMATION SHEET

You will be asked to complete an information sheet in English or French which outlines your profession, roles and responsibilities, work setting and preferred month for the peer assessment site visit. The information helps us match you with a peer assessor.

2.B) SUBMITTING YOUR NON-CLINICAL SELF-ASSESSMENT TOOL

COMPLETE YOUR NC-SAT

Complete all sections of your NC-SAT. In the Professional Practice Standards, determine which indicators apply to your roles and responsibilities. If an indicator does not apply, please write why it doesn't apply in the comments box.

2.C) COMPILING YOUR EVIDENCE

- Collect evidence to show that you are meeting each Professional Standard indicator.

- The evidence must show that you are incorporating the College's Professional Practice Standards in your role and responsibilities.

- **One or two** examples of evidence is required for each indicator.

- Evidence must be current (no more than three years old).

- Examples of evidence for meeting the Professional Practice Standards 1-4 have been included in the NC-SAT (⊞ **Examples of Meeting the Standard:).** Evidence can be selected from a variety of sources:

    Research protocols, including research ethics applications

    Templates for case histories, obtaining consent, etc.

    Testing and treatment protocols

    Copies of published information on privacy, infection control etc.

    Policy and procedure documents

    Correspondence

Examples of evidence can also be found in the Non-Clinical SAT Guide. You do not have to submit evidence for Professional Standard 5.   You will, however, be asked to discuss three documents relevant to your practice with the peer assessor (see page 13) to show that you are meeting the standard.

2.D) HOW TO UPLOAD YOUR EVIDENCE

When you complete the Professional Standards section of the SAT you will see under each indicator a box "Uploading Documentation Optional: required for Peer Assessment":

When you click on "Uploading Documentation", another smaller box appears which allows you to browse your computer to find the document that you want to use as evidence for meeting the standard.

Consider which files you would like to upload as evidence.

When you click on "choose file" you will be taken to your computer where you can find the file you are going to upload.

Select your document (double click), then you will see your document title in the Submit Files.

Select 'Upload Files' and your file will be uploaded to your SAT

| 1.Management Practices | 2.Clinical Practice | 3. Patient Centred Practice | 4. Communication | 5. Professional Accountability | Summary |

2.Clinical Practice
CASLPO members possess, continually acquire and use the knowledge and skills necessary to provide quality services within their scope of practice.

2.1 I practice and counsel members I supervise or educate to practice within the limits of competence as determined by their education, training and professional experience.

⊞ Examples of Meeting the Standard:

| I Meet the Standard ○ | I Need Work to Meet the Standard ○ | Non Applicable ○ |

Comments(Optional):

Uploading Documentation OPTIONAL : required for Peer Assessment

❌ Peer Assessment Webinar.docx

Here you will see your uploaded file.

If you want to delete the file, click the red stop sign beside the document title.

| 1.Management Practices | 2.Clinical Practic |

1.Management Practices
CASLPO Members manage their practice in an a

1.1 I develop and/or implement policies that re CASLPO's regulations and standards of pract

⊞ Examples of Meeting the Standard:

| I Meet the Standard ○ | I Nee |

Comments(Optional):

If you are not sure what constitutes evidence for a particular indicator, simply click on the ⊞ beside "Examples of Meeting the Standard".

1.1 I develop and/or implement policies that reflect organizational/agen
CASLPO's regulations and standards of practice.

☐ **Examples of Meeting the Standard:**
- Referral and discharge criteria/policies
- Employer, agency or funding criteria
- Agency Policy and Procedures: discharge, transition, initiation of inte
- Course schedules for SLP/AUD issues
- SLP/AUD priority matrix
- Video-fluoroscopic Study of Swallowing priority matrix
- Study outlines (academic)
- Communications with members regarding beginning and ending inte

I Meet the Standard	I Need Work to Meet the Standa
○	○

You will see examples of evidence for Meeting the Standard for each indicator.

Save Cancel

All **5** tabs must be completed.

1.Management Practices	2.Clinical Practice	3. Patient Centred Practice	4. Cor

1.Management Practices
CASLPO Members manage their practice in an accountable manner

1.1 I develop and/or implement policies that reflect organizational/agency criteria to beg
CASLPO's regulations and standards of practice.

☐ Examples of Meeting the Standard:

I Meet the Standard	I Need Work to Meet the Standard	Non Applicable
○	○	○

Comments(Optional):

Uploading Documentation OPTIONAL; required for Peer Assessment

If you do not have evidence for the indicator, make a note in the comments box for your Peer Assessor.

1.2 I develop and/or implement record keeping processes that ensure the organization/agency is compliant with the CASLPO records regulation.

2.E) CONVERTING PAPER EVIDENCE INTO A COMPUTER FILE

1) SCAN DOCUMENTS into your computer and create a file name, then upload them onto your SAT. Be sure to delete any scanned confidential documents from your computer once they have been uploaded.

2) USE A DIGITAL CAMERA, tablet (i-Pad etc.) or smart phone (android or i-Phone). Photograph a document, send it to yourself and save it on your computer. Alternatively, you can upload it directly to your SAT by accessing your SAT via your phone or tablet. Give the file a name and make sure that you can clearly read the contents. If it appears upside down, please turn it the right way. Again, delete any scanned confidential documents from your computer and tablet/camera/smart phone once they have been uploaded as evidence.

3) PDF APP, you can download a PDF scanner onto your phone or tablet. It will take a photo of your evidence and turn it into a PDF file which you can upload to your computer or directly to your SAT.

4) SCREEN SHOT. Bring up the information on your computer and take a screen shot. This is done by pressing shift and the Print Screen (Prt Scr) tab on your keyboard. Open a blank word document and paste the screen shot into the word document. Create a file name, then upload it onto your Online SAT.

2.F) SUBMITTING YOUR EVIDENCE

All the information, including the files you upload, will be stored on Claymore's secure server (Claymore is the Information technology (IT) company administering the Online NC-SAT). The evidence must be uploaded by **February 28th** of each year.

Remember to change your NC-SAT password from your last name to a secure password.

3) NON-CLINICAL PEER ASSESSORS

3.A) CRITERIA TO BE A PEER ASSESSOR

The peer assessor must:

- be a CASLPO member in good standing (see definition below)

- have a minimum of 4 years professional experience

- have non-clinical roles and responsibilities

- demonstrate knowledge of clinical supervision issues through experience with practice leadership, mentorship, clinical teaching or accreditation

- participate in annual CASLPO training

- have been peer assessed themselves

DEFINITION OF 'IN GOOD STANDING'

1) Be a **General member** without any terms, conditions or limitations on their certificate of registration issued by any committee of the College.

2) Be an experienced practitioner with a minimum of four years of professional practice in the area (audiology or speech-language pathology) in which mentorship is provided.

3) Not have been:
   a. found guilty of professional misconduct and/or incompetence;

   b. found to be incapacitated

   c. issued a caution in person from the Inquiries, Complaints and Reports

   Committee within the last 6 years;
   > or

   d. required to complete a Specified Continuing Education or Remediation Program (SCERP) from the Inquiries, Complaints and Reports Committee within the last 6 years

4) Not be the subject of an investigation, a capacity inquiry, or a complaint (unless the complaint is being considered under sections 26(4) and 26(5) of the Health Professions Procedural Code[1]).

5) Not have any existing charges against them in respect to a federal, provincial or other offence.

6) Not be the subject of a proceeding respecting allegation of professional misconduct, incompetence, or incapacity by a body that governs a profession.

7) Have an up-to-date and completed Self-Assessment Tool (SAT) and be compliant with the College's Quality Assurance Program requirements.

8) Not have a history of repeated suspended or revoked registration.

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[1] Being Schedule 2 of the *Regulated Health Professions Act, 1991.*

Peer assessors have a unique role. They use their professional judgement and peer assessment training to evaluate your uploaded evidence, and discussions and then they write a summary or a report outlining their recommendations. They do **not** decide whether you successfully complete the process. The Quality Assurance committee reviews the Peer Assessment summary or report, your response to the report (if you provide one), and the committee decides whether your knowledge, skills and judgement are satisfactory, and you have successfully completed the peer assessment process or if you must do some further work to demonstrate that you are meeting the standards.

3.B) PEER ASSESSOR – MEMBER MATCHING

Staff matches non-clinical members and peer assessors according to profession, roles and responsibilities and language. The peer assessor is informed of the assigned member and has an opportunity to declare a conflict of interest prior to the member's notification.

3.C) COMMUNICATIONS

You will be informed of the name of your peer assessor in early April and you will be given one opportunity to request another peer assessor. If you choose to use your veto, the name of a different peer assessor will be forwarded to you. You can only use your veto once.

Your peer assessor will contact you to outline the process, and to schedule a time for the interview. It is essential to keep both the peer assessor and the College up to date with any changes in e-mail addresses and phone numbers.

4) NON-CLINICAL PEER ASSESSMENT PROCESS

4.A) PEER ASSESSOR REVIEW

Prior to the interview, the peer assessor will be given access to your NC-SAT and will review your practice description and the evidence you have submitted to show that you are meeting the standards. As they review the materials, they are evaluating whether the evidence applies to the professional practice indicator and if it is adequate to show that you are meeting the standard. The peer assessor will also look at your learning goals and Continuous Learning Activity Credits (CLACs) for the current and preceding year.

4.B) PEER ASSESSOR WEBINAR INTERVIEW

The peer assessor will contact you to find a mutually convenient time to meet via webinar for approximately two hours. College staff will provide you and the peer assessor with access the College's webinar system. The advantage of using webinar facilities is that both of you can view your NC-SAT, documents and any other materials in real time.

I. INFORMATION SHARING ON ROLES AND RESPONSIBILITIES

You will have the opportunity to discuss your roles and responsibilities and to find out about your peer assessor and similar experiences.

II. EVIDENCE REVIEW

The peer assessor will discuss your evidence. If you have uploaded a policy or procedure, the peer assessor might ask how you implement the policy, how you keep the policies up to date, and how you would go about changing them.

III. DISCUSSION OF DOCUMENTS

You will select two CASLPO documents that relate to your roles and responsibilities to discuss with your peer assessor. You will also be directed by the College to review a third document. At the interview you will have a conversation about how these documents relate to your role and area of practice. Inform your peer assessor of your selections before the interview.

IV. LEARNING GOALS AND CLACS

Your peer assessor will review your learning goals with you. You must develop at least three learning goals that relate to your self-assessment and/or your professional roles and responsibilities. You may also generate goals through the year that capture CLACs that were a result of unexpected educational/learning opportunities. You can develop additional goals to address areas that are not directly related to your current practice, such as future career planning or developing skills in other areas.

You are encouraged to follow the SMART methodology found in the Non-Clinical SAT Guide.

The peer assessor will also review your CLACs.

You will find a comprehensive list of activities in your NC-SAT (Tools, CLACs tab) or in the Non-Clinical SAT Guide.

As you earn CLACs consider how they are helping to meet your goal and if they are having an impact on your practice. You can do this by pulling down the appropriate menu next to your Learning Goal and selecting None, Minimal, Moderate or Significant.

4.C) PEER ASSESSMENT REPORT

Following the interview, the peer assessor submits Peer Assessment documentation to CASLPO.

There are two different types of peer assessment reports. The first is a short summary to inform the committee that you meet the professional standards and your learning goals and CLACs are appropriate. The second is a longer report and is used when you need work to meet one or more professional standard indicator/s. The report outlines which indicator needs work and why.

You are sent a copy of the summary or report before the Quality Assurance Committee reviews it. You can provide the committee with a written response regarding the summary or report if you wish.

4.D) PEER ASSESSMENT REPORT TIMELINES

- The peer assessor must submit the report to the College within ten working days of the interview
- Staff reviews the report and sends it to you for review within five working days

- You are given five working days to submit a written response, if you choose to do so
- The report is anonymized and presented to the QA committee at their next meeting

CASLPO staff anonymises the report, redacting all identifying information to allow the Committee to be impartial and unbiased when reviewing peer assessment reports. However, there are times when a member of the QAC will come to know that a friend or colleague is being peer assessed. In those instances, they will inform staff who will tell the Committee member when the report is to be reviewed and they will recuse themselves from the discussion and decisions.

5) QUALITY ASSURANCE COMMITTEE

The committee meets approximately eight times a year. In the months of June to December much time is spent by the committee reviewing peer assessment summaries and reports. However, you may have to wait up to two to three months for the committee to review your report.

5.A) COMMITTEE RESULTS

The committee reviews all the information and determines if you have the required knowledge, skills and judgement and have successfully demonstrated that you have met all of the Quality Assurance Program requirements, or if further work is required.

For the vast majority of members participating in Peer Assessment there are no issues and the committee determines that your knowledge, skills and judgement are satisfactory and that you have successfully completed all requisite components of the Quality Assurance Program.

On occasion, the committee ask staff to provide more information before making their decision.

FOLLOW UP REQUIRED

If you are found to need work to meet a standard in a specific area, the committee will decide upon the measures to help you meet the standard in your practice. Occasionally, a member's practice requires more remediation. The committee can impose a Specified Continuous Education and Remediation Program (SCERP). This might take the form of a course, learning program, coaching etc. depending on the situation.

In rare cases, if there is a possibility of a significant risk of harm to the public, the Committee may direct the Registrar to place terms, conditions and limitations on a member's certificate of registration (Subsec. 28 of Quality Assurance Regulation.)

5.B) COMMUNICATIONS

You will receive a letter informing you of the committee's decision within five working days of the meeting. This communication is confidential and will not be shared with anyone else.

Section 83(1) of the Health Professions Procedural Code protects the confidentiality of the peer assessment process. Information cannot be shared with any other committee of the College nor can it be shared with your employer.

6) COLLEGE SUPPORT

The College provides webinars during the months of January to April to provide you with information and to give you an opportunity to ask questions. These webinars are recorded and sent to all non-clinical members participating in peer assessment.

Members are encouraged to contact the College with any questions or concerns regarding the peer assessment process. All communications with College staff are confidential. These conversations are not revealed to the peer assessor and have no impact on the peer assessment process.

CONTACT INFORMATION

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