



PEER ASSESSMENT PROGRAM

INFORMATION FOR EMPLOYERS

DATE: JANUARY 2021

CASLPO'S QUALITY ASSURANCE PROGRAM

The *Regulated Health Professions Act, 1991* (RHPA) requires all regulated health professional Colleges, including the College of Audiologists and Speech Language Pathologists of Ontario (CASLPO), to have a quality assurance program in place that consists of the following:

- ✓ Continuing education and professional development
- ✓ Self, peer and practice assessment
- ✓ A mechanism for the College to monitor participation and compliance

One of the most effective methods of protecting the public, is to ensure that all speech language pathologists and audiologists participate in self-assessment and professional development as they practice their respective professions.

CASLPO PEER ASSESSMENT PROGRAM:

A prescribed number of registrants are randomly selected each year to participate in the Peer Assessment Program. The goal of Peer Assessment is to be a positive learning process, with a focus on remediation as needed. Our Peer Assessors are experienced practicing clinicians and come to the process with a strong sense of what is practical and reasonable. The peer assessors receive annual training.

4 PHASES OF THE PEER ASSESSMENT PROCESS:

1. All general registrants submit online their Self-Assessment Tool (SAT) and evidence for each Professional Practice Standard indicator showing that they meet College standards.
Evidence comprises materials used in intervention, testing and treatment protocols, policy and procedure statements and clinical notes from patient records. The online tool used for this purpose stores the uploaded information on a separate secure server.
2. The registrant is paired up with a Peer Assessor (based on the registrant's clinical population), who reviews the evidence and arranges an on-line interview. The on-line interview takes place between the months of April to December in the year the registrant is selected. Any reason for deferrals is discussed with the Director of Professional Practice and Quality Assurance.

3. The virtual interview takes approximately half a day. It includes review and discussion of the registrant's practice and the uploaded evidence, behaviour based questions around clinical practice, two clinical reasoning tools, and discussion of two CASLPO documents (one preselected by CASLPO). The Peer Assessor reviews the registrant's learning goals and continuous learning activity credits.
4. The Peer Assessor then submits an anonymized report to the Quality Assurance Committee of the College. The Committee looks at all the information gathered, and determines if the registrant has the required knowledge, skills, and judgement for clinical practice, or if the registrant would benefit from of follow-up actions.

The majority of registrants are found to be meeting the standards in all areas.

ADVANTAGES OF PEER ASSESSMENT

Peer Assessment encourages registrants to reflect on their practices with the assistance of a peer who works in a similar area of practice. Issues such as defining standards of practice in a specific setting as well as maintaining and enhancing competence can be addressed to ensure that skills are maintained. It may help to know that:

- CASLPO believes that the majority of registrants practice in an honourable and competent manner. The peer assessment program is a means to affirm excellent practice and to demonstrate this to the public.
- Peer assessment is one way to recognize a registrant's strengths as well as identify areas that may benefit from improvement.
- All peer assessors have been peer assessed themselves and appreciate what is involved in the preparation.

ADVANTAGES TO EMPLOYERS

- Confirms the registrant's dedication to providing quality clinical patient-centered care.
- Assists the registrant in becoming more familiar with legislative and regulatory issues, as needed.
- Enhances compliance with College standards of practice for patient care.
- Provides the registrant the opportunity to consult with a peer assessor on service delivery issues and benefit from the assessor's experience and knowledge.
- May provide the structure and background for the development of innovative policies for service delivery of audiology and speech language pathology services.
- Discussions with a peer assessor may lead to:
 - o Joint problem solving of service delivery and caseload management issues
 - o Acquisition of new clinical skills and approaches

- o Enhanced understanding of emerging clinical issues
- o Ability to anticipate possible clinical challenges
- Provides a novel and cost-effective professional development activity

LEGISLATIVE AUTHORITY FOR PEER ASSESSMENT

The *RHPA* outlines the authority of the peer assessors which applies to all audiology, and speech language pathology registrants registered with CASLPO. The relevant provisions are listed as follows:

Section 82. (1) Every registrant shall co-operate with the Quality Assurance Committee and with any assessor it appoints.

Inspection of premises

(2) Every person who controls premises where a registrant 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 registrant's care of patients shall allow an assessor to inspect the records.

CONSENT AND CONFIDENTIALITY

Consent is **not** required to access patient records for a peer assessment.

Section 82. (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. 1991, c. 18, Sched. 2, s. 82.

Confidentiality of information

Section 83. (1) Except as provided in this section, the Quality Assurance Committee and any assessor appointed by it shall not disclose, to any other committee, information that,

(a) was given by the registrant; or

(b) relates to the registrant and was obtained under section 82.

Personal Health Information Protection Act, 2004 (PHIPA)

Chapter 3 Schedule A

Non-application of Act

(2) Nothing in this Act shall be construed to interfere with,

- (e) the regulatory activities of a College under the *Regulated Health Professions Act, 1991*, the College under the *Social Work and Social Service Work Act, 1998* or the *Board under the Drugless Practitioners Act*.