

College of Psychologists of Ontario Peer Assisted Review Training 2020

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COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

Welcome!

- Thank you for joining the Webinar
- Please confirm your device is on “mute” and your camera off
- Technical difficulties: mlee@cpo.on.ca
- Questions during presentation: CHAT (bottom of screen)
- These slides available on College Website:
[http://www.cpo.on.ca/Peer Assisted Review.aspx](http://www.cpo.on.ca/Peer_Assisted_Review.aspx)



Agenda

- Legislative background and requirements
- Philosophy guiding the PAR
- Assessor/Reviewer qualifications
- Objectivity
- Preparing for the Review
- How to Conduct the Review
- Rating system, recommendations, new Report format
- Administrative items



Learning Objectives

Have the information required to:

- a) Conduct fair and impartial reviews, consistent with legislative requirements
- b) Provide reviews consistent in scope and detail with other reviews
- c) Ensure that the experience is positive and useful to those being reviewed, co-reviewers and you



Minimum Requirements for Quality Assurance Program/ Regulated Health Professions Act, 1991, S.O. 1991, c. 18

All Health Regulatory Colleges:

80.1 (a) continuing education or professional development

(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



O. Reg. 209/94: GENERAL under Psychology Act, 1991, S.O. 1991, c. 38

Peer and Practice Assessment

9. (1) Each year the Committee shall select members to undergo a peer and practice assessment to assess the members' knowledge, skill and judgment. O. Reg. 73/15, s. 1.

(2) **A member shall undergo a peer and practice assessment if,**

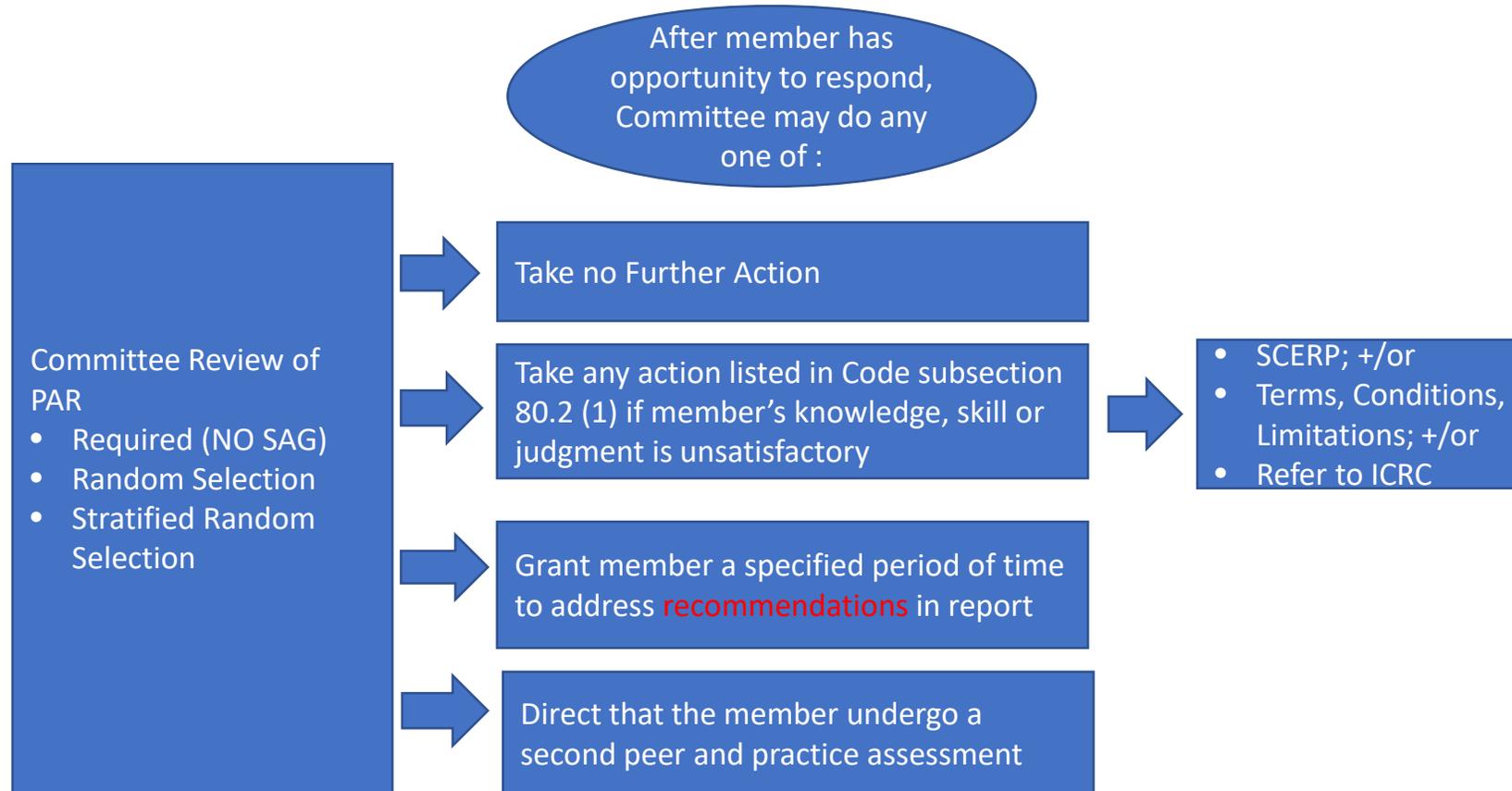
(a) the member's name is **selected randomly** from the entire membership;

(b) the member's name is selected by **stratified random sampling**; or

(c) the member has **failed to participate in self-assessment**. O. Reg. 73/15, s. 1.

(3) An assessor or **assessors shall evaluate the member's knowledge, skill and judgment** by way of a peer and practice assessment, prepare a **written report that may include recommendations** and **provide the report to the Committee and the member, along with a notice of the member's right to make written submissions to the Committee**. O. Reg. 73/15, s. 1.

PAR Outcomes



Purpose of Review/ Fundamental Principles

- Public protection via member support
- Collaboratively, supportively help reviewee take stock of and enhance knowledge, skill and judgment
- **Not investigation or “fishing”**
- *Mutual* professional development



Review Team

- College Appointed Assessor + Member Nominated Reviewer
- Both:
 - Agents of College
 - Active, supportive, constructive
 - Sufficiently familiar with nature of the reviewee's practice to understand the demands and challenges the reviewee faces



Assessor Matching

- Reviews: “orientation neutral”
- Broad range of different orientations and approaches across profession
- Familiarity and respect/tolerance for another approach is required and sufficient
 - Is approach *reasonable* given client population?
 - Is there established empirical evidence that reviewee choices are contraindicated?
 - Are competent practitioners doing such work?
- Be open to learning more about their work



College Appointed Assessors

- Practices matched by College
- Practice > 5 years, currently practicing
- Expected to notify College if reasonable apprehension of bias, conflict of interest, dual relationship
- Will likely have reviewed/been reviewed; may provide leadership
- Staff confidentially review potential Reviewers' history, ensures no risk re: credibility and integrity of the process
- Responsibility for providing Reviewee with copy of report and notification of right to make submissions to the College within 14 days of receipt of report



Member Nominated Reviewers

Reviewee provides proposed nominee with College document prompting consideration of whether

- Desire to assist peers to help improve and enhance practice
- Strong sense of professional responsibility, commitment to peer support
- Strong knowledge of the standards, legislation, policies and guidelines relevant to practice
- Practice > 5 years, currently practising
- No conflict of interest

No attestations required; due to possible sensitivity of information, potential reviewers not expected to provide reasons for declining an invitation



Support by Member Nominated Reviewers

- May be colleague who knows and understands member's practice
- Support important but public interest primary
- May prompt member with factual information but should NOT answer on behalf of, or advocate for, member
- Recognize: in public and Reviewee's interest for difficulties to be identified and addressed in the PAR



Objectivity

Actual or Appearance of:

- Conflict of Interest: A situation in which one influences outcomes in a way that that *unfairly* benefits themselves or any other person or entity either directly or indirectly- can be a monetary, professional, personal or private interest
- Bias: A situation in which an informed person, viewing the matter realistically and practically would reasonably conclude that one was not acting fairly and impartially
- Reviewers: openly acknowledge and manage dual relationship to ensure public interest primary



COI/ Reasonable Perception of Bias?

1. Reviewee is someone you were once friendly with in graduate school but haven't been in touch in decades?
2. Reviewee is a referral source?
3. Reviewee is a peer on a task force?
4. Reviewee provides supportive counselling to women undergoing abortion and you have strong views against the right to choice?



Pre-Review Preparation

- Review :
 - Pre- Review Questionnaire
 - Relevant Standards of Professional Conduct, CPA Code of Ethics, Legislation, definitions of authorized areas of practice and populations
- Consider applying questions on report form to own practice
- Reflect on any differences you are aware of between your own practice and the one you are going to review



Discussions with Co-Reviewer

- Talk before review
- Confirm agreement re: roles
- Discuss:
 - Who takes the lead
 - How to deal with challenges, disagreements
 - How to randomly select files
- Ensure tone will be collegial and that both are open minded and objective
- Be open about own strengths, possible challenges



Communication with Reviewee

- ASAP
- Set tone for collegiality: opportunity for practice enhancement, not investigation
- Briefly discuss clinical orientations, professional interests
- Confirm and clarify:
 - Where, when, how file selection will take place
 - Remind SAG, CPD: all materials for past 2 years must be provided at time of review
 - Scheduling
 - Your duty of confidentiality re: information about them and their clients



- Give member opportunity to offer anything relevant they would like you to review, eg., recent performance reviews, institutional audits results, results of efficacy measures;
- Remind: contact information of past Reviewees provided, all past Reviewee survey results on website;
- Make sure member has an opportunity ask questions, have questions answered



Conducting Review

Knowledge, skill and judgment considered over 9 domains:

1. Practice Setting/Office
2. Professional Conduct
3. Professional Services
4. Supervision and/or Consultation and/or Other Non-Direct Services
5. Administrative
6. Research/Teaching/Academic
7. Record Keeping
8. File Review
9. Self-Assessment and Continuing Professional Development

Sample Questions Provided on Report Form- to stimulate discussion



Facilitating Reflection

- Objective: Safe discussion and reflection
- “When?”, “What?”, “How?” instead of “Why?”
 - ~~Why didn't you involve the shared custody parent in the consent process?~~
 - ✓ How do you know when to look at the Custody/Access agreement?
 - ✓ What do you look for in the agreement?
 - ✓ How do you know when you have to involve the other parent?
- Invite reviewee into discussion of your observations and whether there are opportunities for growth

1. Practice Setting

- May be brief; no need to provide detailed description, unless anything unusually positive or concerning
- Less detail required in accredited institutional setting, eg., hospital
- Attend to:
 - client's comfort, privacy
 - whether conditions appropriate for the service
 - privacy and security for clients, confidential materials
 - If conducting technology mediated review:
 - facetime/zoom/skype tour
 - much can be learned by asking questions



When More Than One Practice Location

- What information will allow you to provide opinion about knowledge, skill, judgment?
- Less opportunity to review member's ethics or professional judgment where regulated institutional structure like hospital, school, prison
- Make reasoned, principled decision based on:
 - Activities/proportion of time spent at each location
 - Differences re: institutional controls on practice/oversight by others/collaborative work
 - Practice risks at each; peer support v. isolation



2. Professional Services

Suggested areas to explore:

- Are services provided in accordance with member's authorized areas and population?
 - Be familiar with Standard 5.1 (Competence):
 - Practical Application: ...nature of the client's presenting difficulties (as opposed to nature of service) will generally determine whether the member has the appropriate and required authorization.
 - Practical Application: ... not always clear demarcations with respect to population groups, particularly with respect to age. ... determine whether in all of the circumstances, the person's status is consistent with the status of those they are authorized to work with. ...whether the person's abilities, life circumstances and challenges are consistent with those normally expected within the population groups the member is authorized to work with.
 - System leaves room for judgment; If unsure, recommend that Reviewee follow up with College, note in report

- Is member competent to provide particular services provided, even if authorized?
- Respect Reviewee's right to choose clinical orientation, tools, techniques, interventions, etc.
- Threshold for concern:
 - Practice contradicted by generally accepted body of evidence
 - Reviewer able to provide cogent argument against practice
- Does member make *reasonable* clinical decisions, reflect on interventions and tools used?



3. Professional Conduct

- Ethical knowledge, conduct, e.g.,
 - Objectivity
 - Mandatory reporting
 - Billing
 - Contingency plans for unexpected absence
 - Informed consent
 - Communication re: confidentiality



4. Supervision, Consultation, Other Non-Direct Services

- Scope/reach of influence broader than direct service
- Obtain understanding of scope of activities
- **Review adequacy of supervision contracts, formal consultation agreements, supervisee files**
- Is relevant level of accountability clear to Reviewee and made clear to supervisees, consultees, other stakeholders?
- If unclear, describe and identify areas of uncertainty
- Are billing and advertising practices appropriate in supervision situations?
- Does supervisor own the client record?



5. Administrative

- Are member's administrative activities consistent with Standards?
 - best efforts to ensure that their work setting adheres to the Standards of Professional Conduct (2017) in the planning, delivery, supervision and billing practices of all psychological services provided
 - Fairness (vs. harassment/ abuse)
- Does organization pose obstacles to compliance with Standards?
- How does member respond to challenges in work setting?



6. Research/Teaching/Academic

- Adherence to ethical principles
- Adherence to Standards

7. Record Keeping

- Awareness of & adherence to relevant privacy legislation
- Practices re: consent for collection, use, access/disclosure of personal and personal health information
- Appropriate security when transmitting information
- Appropriate retention of records
- Designated Health Information Custodian with ability to access records, when/if needed



7. File Review (Selection)

- *Minimum* of 2 cases
- Should be representative of current practice
- If practice varied, should be variety of files
- If different storage modalities (paper, electronic), should review each
- Must be **random** selection **by Reviewers**
- **Method** of random selection **at discretion of Reviewers**
- Can reach into file drawer/ select from list of all files (member could indicate nature of work, size, complexity on list)...
- Assessor and Reviewer must both look at files



7. File Review (Contents)

- Adequacy and Quality of information: does the file provide enough information to understand services provided, goals, progress, plans...?
- Does file tell reasonable “story”?
- If you took over case, would the file provide you with sufficient information?



7. File Review (Case Discussion)

- Key opportunity to explore:
 - Quality of service provision
 - Clinical decision- making process
 - Quality of relationships, interactions with clients
 - Awareness of apparent transference/countertransference issues /boundaries (if relevant to service)
 - Whether self-reflection, learning from positive and negative experiences



Self Assessment Guide and CPD

- Most recent SAG and CPD documents
 - Must review; if not available, query and explain in report
 - Self awareness of strengths/challenges?
 - Recognition of importance of CPD?
 - Concordance of activities, goals with nature of practice?
 - Goals specific, measurable, attainable, relevant, and time-based?
 - Self-Care orientation (College does not require disclosure of actual plan)
- If near end of CPD cycle: generally reasonable number and mix of credits?
- **Not an audit;** If unclear, recommend Reviewee contact College



Ratings: Subjectivity/Thresholds

- No litmus test for a “Pass”
- In this process you are a “peer”, not an “expert”
- Can you provide a reasoned and reasonable explanation for any concerns, based in the information you have reviewed?
- Your report is only one data point;
 - Reviewee has an opportunity to provide additional information before QA Committee reviews Report;
 - Committee may also ask questions



Ratings and Outcome

1. Meets (not exceeds) standards without any qualification
2. Would meet standards with minor modifications
3. Significantly below standards
 - “standard”
 - = Minimum reasonably expected of competent, ethical, autonomous practitioner
 - ≠ *Gold Standard or Best Practice*
 - Do not create new standards



If Concerns Apparent

- Remember: objective = identifying learning needs, not censure
- Is member amenable to discussion, suggestions for growth v. confrontational/adversarial?
- *Suggestions* could be appropriate when Standards have been met without qualification
- When public interest at risk, must let College know
- Make *Recommendations* if not at minimum standard reasonably expected for competent, ethical practice



Recommendations:

9. (3) An assessor or assessors shall evaluate the member's knowledge, skill and judgment by way of a peer and practice assessment, prepare a written report **that may include recommendations** and provide the report to the Committee and the member, along with a notice of the member's right to make written submissions to the Committee. O. Reg. 73/15, s. 1.

...

(5) ...the Committee may,

...

(c) grant the member a specified period of time to address the recommendations in the report; ...

ONTARIO REGULATION 209/94

The Report (1)

- Assessor and Reviewer participate in formulating and sign report
- Primarily written for QA Committee: explain concerns - Committee may ask for more information
- Also written for member
 - validate what is done well
 - constructive, useful information for practice enhancement
- Discuss all reported concerns with Reviewee- do not provide any information to College that Reviewee does not see
- Note Reviewee's receptivity to recommendations



The Report (2)

- May openly reflect on what you have learned
- Helpful ideas discovered may be shared by College with membership
- Ideally, where areas of disagreement between any of the participants (including between Assessor and Reviewer), open discussion will lead to resolution
- A “Peer” Review, not an “Expert” Review
- Legitimate debate can lead to growth
- Can describe areas of disagreement, uncertainty in Report; Committee/Staff can provide input
- Sample Completed Report Available on College Website



The Report (3)

In addition to providing report to College, statute requires:

- **Assessor** must provide member reviewed with the report and inform them of right to make submissions directly to College within 14 days of receiving report
- Provide to member no later than time provided to College

Committee requests: typed or printed (new fillable form)

Summary Ratings				
	Meets standards without any qualification	Would meet standards with minor modifications	Significantly below standards	Not Applicable
Practice Setting/Office	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Conduct	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Supervision and/or Consultation and/or Other Non-Direct Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research/Teaching/Academic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Record Keeping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
File Review	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Assessment and Continuing Professional Development	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Practice Setting/Office - Brief Description of Practice Setting/Office (e.g., accessibility, privacy, safety, comfort):

Reviewers familiar with Vital Clinic, well respected and professionally run, so did not see need to visit

Visited home office: side door, basement office not easy to access for those with mobility issues

Clean, well lit, soundproof; private- door to rest of house locked and family members have no contact with clients; locked filing cabinet

Washroom has broken lock, sign provided to hang on doorknob if occupied

Overall Rating:

Meets standards without any qualification	<input type="radio"/>
Would meet standards with minor modifications	<input checked="" type="radio"/>
Significantly below standards	<input type="radio"/>
Not Applicable	<input type="radio"/>

Areas of Strength / Areas Requiring Ongoing Learning:

Shows awareness of accessibility issue- member has made arrangements with colleague to use accessible office in professional building for clients who are unable to use steps; would also consider telepsychology if client was amenable, in clinically appropriate cases

Member had not previously considered possible discomfort to client about not being able to control entry to washroom by others when in vulnerable state, also that this might undermine professionalism and provide a confusing message about boundaries- member seemed clearly to understand these things, expressed regret that he had "missed" this, said it was helpful feedback and that he will replace lock immediately;



Professional Conduct – Sample Questions to Consider:

- Has the member had any experience with dual relationships? How did they handle them?
- In describing their own example of a case that posed an ethical dilemma or a problem of an ethical nature, how did the member address the issues?
- Has the member encountered a 'duty to warn' type of situation? What were the circumstances? What did they have to consider? Did they act appropriately?
- Does the member understand mandatory reporting obligations? Have they encountered such a situation and if so, did they act appropriately?
- Does the member provide telepsychology services? If so, do they do so in accordance with the Standards of Professional Conduct?
- Does the member bill clients? If so, do billing and receipt documents conform with the requirements set out in the Standards?
- How does the member manage collection of overdue accounts?
- How does the member manage collection of accounts from clients who have lost their jobs or are otherwise unable to pay for services?
- What arrangements have been made in the event of vacation leaves, or sudden illness or incapacity?
- How does the member obtain consent and explain the limits of confidentiality?
- How does the member explain client access to notes or records?

Overall Rating:

Meets standards without any qualification	<input type="radio"/>
Would meet standards with minor modifications	<input type="radio"/>
Significantly below standards	<input checked="" type="radio"/>
Not Applicable	<input type="radio"/>



Other issues Discussed:

Member discussed case in which he treats both mother and 18-year-old daughter as separate clients in psychotherapy, treatment is mainly CBT, although some supportive work with mother. Each is working on overcoming her own independent traumatic experiences. Mother has expressed worries in her own therapy about the daughter's high-risk behaviour, including substance misuse and staying out all night with "undesirable" boyfriend. She has prohibited him from telling daughter what she has told him. He has decided to "park" daughter's focus on traumatic experiences and is redirecting focus to exploration and psycho-education re: risk taking and safety. We raised issues of consent from daughter to collect information, daughter's consent to change treatment focus and damage to therapeutic alliance if daughter found out about information he was acting on. We also discussed whether becoming mother's agent in protection of daughter was consistent with mother's treatment goals. Although feeling some discomfort about his position in all of this, he still believes that taking this direction is in daughter's best interests. We suggested that there may be some problems with respect to confidentiality, informed consent, dual relationships, self determination of capable individuals and whether this approach is in best interests of mother-daughter relationship. We suggested that treating two members of the same family in individual therapy is not advisable, particularly where there are no shortages of therapists in the area. We also discussed ways in which safety could be addressed in ways which do not compromise ethical principles. He said that he would give all of this further thought.

Clinical Supervision and/or Consultation and/or Other Non-Direct Services (if Applicable) – Sample Questions to Consider:

- Is the member providing clinical supervision and/or non-supervisory consultation and/or other non-direct services? If so, to how many individuals and to whom (i.e. supervised members, non-regulated individuals, regulated members of another college)?
- Is the member providing supervision and/or non-supervisory consultation and/or other non-direct services within the boundaries of their authorized areas of practice and/or populations?
- Is there a supervision and/or non-supervisory consultation agreement signed by the member and the supervisee/consultee for each supervision and/or non-supervisory consultation relationship?
- If the member is providing non-supervisory consultation, do they have a clear written agreement signed by all parties that ensures the understanding that they are not taking on responsibility for client care?
- Are supervision records being maintained in accordance with the Standards of Professional Conduct?
- How is the member monitoring services provided under their supervision? How frequently are they with supervisee(s)?
- Are clients being informed of the supervisory relationship, limits to confidentiality, and how to contact the member (supervisor)?
- Are any non-regulated supervisees providing clinical supervision and/or non-supervisory consultation to others?
- What system is in place to ensure proper clinical supervision and/or non-supervisory consultation and/or oversight of other non-direct psychological services?
- Do any supervisees work offsite? If yes, does the member have access to the client records?

Overall Rating:

Meets standards without any qualification	<input checked="" type="radio"/>
Would meet standards with minor modifications	<input type="radio"/>
Significantly below standards	<input type="radio"/>
Not Applicable	<input type="radio"/>



Other issues discussed:



Areas of Strength / Areas Requiring Ongoing Learning:

Supervises psychometrist at Vital. Will only allow him to administer new tests if he has observed skillful administration. He provided copy of agreement and supervision record for review. Agreement contains all items required that are not already in the person's employment contract. Detailed documentation of regular supervision meetings showing that he is helping this individual develop as psychometrist. Has recently begun to allow psychometrist to analyze results and prepare first draft of report but reviews all scores and tabulations and develops own independent formulation before reviewing draft.



Areas of Strength/Areas Requiring Ongoing Learning not Included Above:

A highly personable, non-defensive professional is open to constructive feedback.

We were impressed with how simply he had adapted the new requirement for a supervision agreement to his ongoing practice- his building upon the institutional contract with the psychometrist really simplified the process for constructing a supervision agreement and Serge will be adopting a similar practice.

Recommendations:

As discussed we believe Dr. Earnestley would benefit from refreshing his knowledge re: ethical thinking and decision making by reviewing the CPA Code of ethics and taking a course, or courses, that include information about professional boundaries, dual relationships, informed consent and confidentiality. It is likely that this could be done on-line via the CPA or APA. We also recommend that he establish a peer mentorship relationship with an experienced colleague to regularly discuss therapy cases, particularly those in which complex clinical and ethical issues, like those outlined above, can arise.

Additional Comments:

It was a pleasure to review this member's practice. He appears genuinely concerned about the welfare of his clients. The good quality of most of his work far outweighs the difficulties noted and it appears that he is receptive to our recommendations. We thanked him for his candour and for giving us good ideas with respect to implementing the new supervision requirements.

College Appointed Reviewer's
Signature

Member Nominated Reviewer's
Signature



Regulated Health Professions Act, 1991, S.O. 1991, c. 18- *Confidentiality*

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, ...shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person

- Relates to information about the review as well as any client records
- Contact the College or lawyer before disclosing any information beyond making report to College



Technologically Mediated PAR

- Currently, optional
- Some success to date
- Use virtual platform suitable for on-line therapy/assessment
- Client records, forms may only be shared using a College approved web-based collaborative platform such as SharePoint or through some other secure means.

Compensation

- A voluntary activity
- Currently: token one day per diem compensation in keeping with College policy (half day for review, half day for reporting)
- + partial overhead allowance for private practitioners who derive more than half of their income from self employment
- Reimbursement of reasonable expenses, subject to College Policy on Expense Reimbursement
- Pre- approval of expenses is required if it is necessary to go out of town to conduct a review



Other Benefits

- Knowledge acquisition
- CPD credits (A6b):

1 hour=1 credit, to a maximum of 10

- Opportunity to build and benefit from an enriched local psychology community



Questions/Feedback

- Questions now ???
- Questions later: qualityassurance@cpo.on.ca
- Julie Hahn, QA Coordinator: jhahn@cpo.on.ca
- Barry Gang, Deputy Registrar & Director of Professional Affairs: bgang@cpo.on.ca
- Feedback : please complete the survey you will receive shortly

