

A Publication
of the College
of
Psychologists

Q & A

April 1996

The Regulated Health Professions Act established three committees concerned with the continuing quality of services provided by regulated providers of health care services. These are the Quality Assurance, Client Relations and Fitness to Practice Committees. In this consultation paper, we review the proposed Quality Assurance Program. Members are invited to provide feedback to the Quality Assurance Committee on its proposal. The comments of members and other stakeholders are important to us. They will guide the Committee in its preparation of final recommendations for the June meeting of the Council. Please send us your suggestions by mail or fax no later than May 20.

QUALITY ASSURANCE PROGRAM BEGINS IN 1997

Quality Assurance is one of the most extensive innovations in regulation introduced in the RHPA. It represents a paradigm shift in self-regulation. It enhances the concept of regulation by adding to the continuing requirement for minimal standards for registration the assurance that members will continue to practice competently throughout the span of their careers. The Quality Assurance Committee, a statutory committee of the College (See inset), has been developing a program that will meet the requirements of the legislation while minimizing costs to members and to the College, limiting intrusiveness and maximizing outcome effectiveness. The Committee conceives quality assurance as a proactive vehicle dedicated to supporting and rewarding intrinsic motivation towards enhancement of psychological services rather than as an externally driven punitive program, reactive in nature, focussed on correcting problems. The proposed Quality Assurance Program is described below by offering responses to a

series of most often asked questions regarding the Committee's activities and plans.

Why do we need a QA Program?

A Quality Assurance Program is a requirement for all Colleges regulated under the RHPA. Each College is mandated to develop a program to assure the quality of services provided by members and to promote continuing adherence to acceptable standards of practice.

The Quality Assurance Committee is statutorily required to have 5 members consisting of three members of the Council (one public and two professional) and two professional non-Council members (one psychologist and one psychological associate). The 1995/6 members are John Goodman, Elaine Moroney, Marilyn Norman, Christel Woodward with Eugene Ślasiak as chair.

"In a time of drastic change, it is the learners who inherit the future. Those who have stopped learning find themselves equipped to live in a world that no longer exists."

Bob Mingie,
1991

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Members of the College also have an obligation to acquire the new knowledge and skills that are needed to practice effectively in a world that is rapidly changing. The program must be in place by January 1, 1997. It is the intention of the College to phase in the components of the program beginning with the Self Assessment module in early 1997. Pilot work on this module will begin in the spring of this year. Member feedback will assist the committee in fine tuning the instrument and the procedures. Evaluation and re-evaluation of regulations, policies and procedures through member feedback will be the *modus operandi* of the Quality Assurance Committee as more of the components come on stream and beyond.

"But in the wider sense, what I want to advocate is not to make education shorter, but to make it much longer, indeed to make it as long as life itself."

Stephen Leacock, 1939

What principles have been formulated to guide the development of Quality Assurance Program?

In recent correspondence to the regulated health professions' colleges, the Ministry has delineated a number of guiding principles that underlie the development of QA Regulations (*See Inset*). Further the Ministry requires three components to be included within QA Program for all colleges:

- "a component to identify and address the issue of members who are incompetent or unfit to practice, or whose skills are deficient but can be improved through remedial activities";
- a component to ensure the maintenance and improvement of individual members' competence; and
- a component aimed at raising the collective bottom-line performance of the profession."

This was restated by the Health Professions Regulatory Advisory Council as follows:

- "...we believe that the objectives of any quality assurance program must:
- focus on the competence of the individual practitioner;
- include strategies to enhance the standard of practice of the profession as a whole; and

reflect a client/patient orientation with emphasis on open communications, positive health processes and outcomes, clinical effectiveness and client/patient satisfaction."

In most other jurisdictions QA programs are implemented through mandatory continuing education. Why doesn't our College implement a similar program?

Although mandatory CE is the primary component for quality assurance in most of the United States, research indicates that it is not an effective vehicle for either maintaining or improving competency and performance in practice (Philips, 1994). Further, given the emphasis on activities such as courses, workshops, lectures and other activities that may be tracked through the acquisition of CE credits offered by an independent third party, a distortion of best learning practices occurs. A recent survey of members of the College, indicated that these types of activities were not the most frequently utilized methods for enhancing competence in the provision of psychological services. Informal self-study primarily through reading books and journals, receiving supervision, literature searches, in-service training and other less measurable activities were offered as preferred options.

quantifiable in a quality assurance program based on process. (*Editors Note: a report on the Survey of Professional Development Activities and Needs will appear in a future issue of the Bulletin*). Regulatory bodies which have tried to capture a broad range of professional development vehicles within their monitoring systems have found the task to be a paperwork nightmare. Finally,

computer mediated interactive learning through structures such as the Internet, distance education and CD-ROM's are also becoming available as continuing professional development tools. These provide flexibility to members regarding the kinds of continuing professional development they use. Many members may continue to seek to secure enhanced

Principles for Quality Assurance Program (QAP) Regulations*

1. A QAP regulation is consistent with the legislative framework of the RHPA, its intent, and the Ministry's policy and principles for QAPs.
2. A QAP regulation requires members to take responsibility for maintaining competencies and improving the quality of their practice.
3. A QAP regulation requires members:
 - whose practice does not meet the profession's standards or who lack the necessary knowledge, skills or judgment to cooperate with the college to develop and implement strategies (remedial actions) designed to correct identified problems or deficiencies;
 - to continually self-assess their individual knowledge and skills and determine their learning (developmental) needs with respect to their (1) clients'/patients' health care profile and needs, (2) their area of practice, and (3) the practice setting (environment);
 - to evaluate their practice (or to measure their performance) against college standards, to plan a course of action to fill any gaps, and to re-evaluate their performance;
 - to collaborate with peers in evaluating and improving their performance and to involve their clients/patients in this procedure;
 - to maintain continually current knowledge and skills relevant to their area of practice and identified needs;
 - to participate in education programs specified by the college where deemed necessary (i.e., where it is determined that a practitioner needs to have current knowledge and skill in a certain area to maintain the profession's standard of practice);
 - to maintain a record of their activities in maintaining current knowledge and skills and to report to the college in a manner and at times required by the college;
 - to participate in the college's quality assurance program and to cooperate with college activities related to quality assurance;
 - to participate in practice setting (e.g., employer, health care facility) initiatives on quality assurance; and
 - to report to the college any occurrences, developments, activities that may impact on the quality of the provision of health care services to clients/patients.

* *Quoted from Ministry of Health Principles for Quality Assurance Programs and Regulations Under the RHPA, 1991 (February, 1996)*

knowledge and skills through continuing education workshops and courses. This may have a positive impact on the availability and quality of such programs. Alternatively, members may seek less structured alternatives and methods that are more in keeping with their learning styles.

The QAC views the outcome of continuing improvement in performance as critical to the exercise rather than the process by which that outcome is attained.

That being said, a number of Colleges under RHPA have introduced mandatory CE as one component of a multi-faceted QA program. In the Survey of Professional Development Activities and Needs the members were divided on whether our college should formally adopt mandatory CE.

"Professional practitioners have the responsibility to accept and meet rising expectations of the profession and society by acquiring that new knowledge which maintains their skills at a level accepted by their profession. It is also the obligation of the professional to practice in the most responsible and effective manner possible, limiting services to only those areas where sufficient ability and skills have been developed."

Michigan Association of the Professions(1982)

What are the components of the College's QA program?

The Quality Assurance Committee has proposed a QA Program with five components which speak directly to the three requirements for QA Programs defined by the Ministry. The proposed regulation that defines these components has been drafted; the specific procedures continue to be developed. *(Editor's Note: See the annotated proposed regulation elsewhere in this issue)*

The cornerstone of the College's QA Program is **Self Assessment**. The maintenance and improvement of competent psychological services requires an attitude of continuous problem solving and self-evaluation. The QA Program's Self Assessment Guide is conceived as a mechanism to help members engage in that process. The outcome of the review is a program of time limited professional development objectives setting the member's continuing education agenda until the next Self Assessment. Although members of the College are expected to continuously review their learning needs, the formal Self Assessment process will be required of each member by the College every three years. There will be no requirement to forward the completed Self Assessment form to the College, although, when the member is asked to participate in the Peer Assisted Review component, the Self Assessment, particularly sections dealing with plans for practice enhancement, will provide useful supplementary information.

Each year a sample of 50 members of the College will be selected to participate in a **Peer Assisted Review** the second component of the QA Program. These members will be selected from among 350 who will receive and be requested to return to the College a Peer Assisted Review questionnaire very similar in content to the Self Assessment tool. Members will be selected to participate in Peer Assisted Review either, (1) on the basis of their responses on the Peer Assisted Review questionnaire, or, (2) as part of a random sample. The purpose of the Peer Assisted Review is to help members, assisted by colleagues appointed by the College and trained in this activity, to objectively examine what they do. Such a collaborative effort may give rise to the discovery of opportunities for improvements in the quality of psychological services offered in the practice.

It is anticipated that, in a few instances, inadequate practices may be identified that will require attention beyond that which can be offered during the peer visit. In such circumstances members will be offered a **Practice Enhancement Program** (the third component of the QA Program). Subsequent to completion of the Practice Enhancement Program the member may be offered a **Supplementary Peer Assisted Review**. In those rare cases when the QAC judges a member to be unresponsive to remediation efforts, it may make a referral to the Executive Committee for further action. Such action may include a referral to the Discipline or Fitness to Practice Committees. Should such a referral be made, these committees will not have access to the information acquired by the Quality Assurance Committee.

Generalizing from data available from the Ontario College of Physicians and Surgeons and L'ordre Des Psychologues du Quebec, both of whom have established practice review programs, it is projected that the Practice Enhancement Program will be made available to about 5 members per year. This program will help a member to develop an individualized professional development package in one or more practice areas in which a serious deficiency in knowledge, skills or judgment or adherence to standards of the profession was identified.

The fourth component requires a member to undertake **Psychological Assessment and Counselling** as a consequence of a verified report of inappropriate behaviour or remarks of a sexual nature towards a client. Counselling, including education and therapy, may be required by the QAC where the assessment has indicated that the

member has an emotional, behavioural, attitudinal or personality deficiency or condition and where the committee considers the deficiency or condition to be remediable.

The final component of the QA Program is in a developmental stage. The Ministry of Health and the Health Professions Regulatory Advisory Council have made strong recommendations that consumers of the services of health practitioners be involved in the evaluation and improvement of performance. The QAC is considering how best to seek such input from consumers of

Thinking about Quality Assurance has been changing!

- Health Care ↔ Health Status
- Implicit ↔ Explicit
- Assessment ↔ Improvement
- Punishment ↔ Rewards
- Blame ↔ Support
- Control ↔ Cooperation
- Regulation ↔ Motivation

psychological services in order to improve the bottom-line performance of the profession.

The Peer Assisted Review module speaks of panel members visiting member's offices to participate in a review of professional practices and to make suggestions for change. How will panel members be trained to make such judgments and to offer recommendations for improvement?

The QAC will be seeking nominations for peer reviewers from among the members of the College. There will be criteria established regarding the nature and duration of practice, peer recognition for quality of practice, etc. It is intended for the program to be a learning experience for both the reviewers and the members whose practices are enhanced in this manner. As the program matures it is hoped that it will become self seeding by drawing new reviewers from among those who have been participated in it.

Are there examples of other similar programs within professional psychology in North America?

Until recently, the focus throughout North America has generally been on mandatory continuing education. The exceptions have been in Quebec and Alberta, from which we have borrowed extensively in the development of the Ontario program, and most recently New Jersey which will be legislating a peer review program. The other source of information has been the College of Physicians and Surgeons of Ontario which has had similar programs in operation for over 15 years. We have tried to learn from the experiences of other regulatory bodies in

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formulating our College's program.

Will the Quality Assurance Program be evaluated?

The program must have an evaluation component and a report on program effectiveness must be submitted to the Minister of Health by 1998. Preliminary information on the expectations for an evaluation of the program were received only recently from the Health Professions Regulatory Advisory Council (HPRAC)(February, 1996). In addition, the HPRAC has a statutory obligation to monitor and evaluate the effectiveness of the Quality Assurance and Client Relations Programs. "HPRAC's program evaluations will aim to be unobtrusive, efficient and useful to Colleges in the evolution of their programs."

Whom does the program target?

The program targets all members although parts of the Self Assessment and Peer Assisted Review instruments are to be completed only by those who provide direct services to patients/clients, while others are directed at those who conduct research and/or teach.

References

Health Professions Regulatory Advisory Council (February 1996). Correspondence on Evaluation of Quality Assurance and Client Relations Programs.

Leacock, S. (1939). Too much College

Michigan Association of the Professions (1982)

Mingie, B. (October 1991). Notes on Continuous Learning, Culture and Organizations. Ottawa: Canadian Centre for Management Development.

Ontario Ministry of Health, Government of Ontario (February 1996). Principles for Quality Assurance Programs and Regulations Under the Regulated Health Professions Act, 1991.

Philips, L. (1994). A Study of Mandatory Continuing Education. Washington, D.C.: American Psychological Association.

Proposed Regulation xxx/96 under the Psychology Act, 1991

The Quality Assurance Program

1. The Quality Assurance Committee shall administer the quality assurance program, which shall include the following components:

1. self assessment
2. peer assisted review
3. practice enhancement
4. psychological assessment and counselling

Definitions

2. In this part,

- (a) "self assessment" means a self-administered review process as authorized in clause 82 (1) (e) of the Health Professions Procedural Code, designed to assist members in discovering areas in which knowledge, skill and judgment, and their resulting competence, may be enhanced;
- (b) "peer assisted review" means a process containing the steps in clauses 82 (1) (a) to (d) of the Health Professions Procedural Code and includes a participatory evaluation of the knowledge, skill and judgment, and the resulting competence, of a member to provide psychological services, and supplementary practice review has a corresponding meaning;
- (c) "practice enhancement program" means an educational program designed specifically to reduce or eliminate an identified deficiency in a member's ability to practice psychology as authorized in clause 95 (2) and 95 (2.1) (a) of the Health Professions Procedural Code;
- (d) "psychological assessment and counselling" means a program prescribed for a member who has been referred to the Quality Assurance Committee under RHPA subsection 26(3) or 79(1) for behaviour or remarks of a sexual nature towards a client; and

- (e) "deficiency in ability to practice psychology" means a level of psychological knowledge, skill or judgment or of the ability to integrate psychological knowledge, skill and judgment of a nature or to an extent that seriously affects a member's performance in the provision of psychological services.

Self Assessment

3. - (1) The Quality Assurance Committee shall establish, administer and develop the self assessment program, subject to the approval of the Council, to assist members to identify the extent to which their practices meet current standards, to identify opportunities for improvement of knowledge, skill and judgment and to plan a program of professional development.

(2) The Quality Assurance Committee shall direct members to maintain a record of the results of self assessments in the prescribed form.

(3) The Quality Assurance Committee shall direct members to maintain a record of continuing professional development and education programs undertaken as a result of self assessment or otherwise, in the prescribed form, and

(4) The Quality Assurance Committee may direct members to forward self assessment records to the College as authorized in clause 95 (1) (29) of the Health Professions Procedural Code.

Peer Assisted Review

4. - (1) The Quality Assurance Committee shall establish, administer and develop a peer assisted review program, subject to the approval of the Council, for the assessment of the standards of practice of members in the provision of psychological services.

"Self assessment" means a self-administered assessment process designed to assist members in discovering areas in which knowledge, skill and judgment, and their resulting competence, may be enhanced.

The Quality Assurance Committee may require a member to participate in a practice enhancement program .

- (2) A member whose practice has been subjected to a peer assisted review or a supplementary peer assisted review shall be provided with a copy of the report of the reviewer.
- (3) The Quality Assurance Committee may require a supplementary peer assisted review of the member's practice if the committee considers that a supplementary peer assisted review is warranted after,
 - (a) considering the report of a peer assisted review or of a previous supplementary peer assisted review
 - (b) providing the member with the report; and
 - (c) providing the member with the opportunity to confer with the committee.

Practice Enhancement

5. - (1) The Quality Assurance Committee may require a member to participate in a practice enhancement program if the committee believes, based upon the report of a peer assisted review or a supplementary peer assisted review of a member's practice or other written information, that a member has a deficiency in the ability to practice psychology that is remediable.

(2) A practice enhancement program may include a supplementary peer assisted review.

(3) If the Quality Assurance Committee is of the opinion that the deficiency is not remediable, it may refer the member to the Executive Committee as authorized in section 83 (3) of the Health Professions Procedural Code.

(4) When the Quality Assurance Committee specifies a practice enhancement program for a member, the committee shall fix a maximum amount payable by the member to the College for the cost of the program.

Restricting Practice

6. - (1) The Quality Assurance Committee may direct the Registrar to impose terms, conditions or limitations, for a specified period not exceeding six months, on the certificate of registration of a member if,

(a) a peer assisted review or a supplementary peer assisted review has demonstrated a deficiency in the ability to practice psychology on the part of the member which, in the opinion of the committee based upon information it has received, is,

(i) not likely to be remediated by a practice enhancement program, and

(ii) likely to expose the member's clients to harm or injury;

(b) the member has failed to participate in a practice enhancement program specified by the committee; or

(c) the member has not satisfactorily completed a practice enhancement program specified by the committee.

(2) The committee may direct the Registrar to re-impose the terms, conditions or limitations for a further period not exceeding six months unless,

(a) a supplementary review of the member's knowledge, skill and judgment has demonstrated remediation of the deficiency in the ability to practice psychology; and

(b) the member has satisfactorily completed the practice enhancement program specified by the committee.

(3) The committee may direct the Registrar to remove any terms, conditions or limitations before the end of the specified period if the committee is satisfied that the member no longer has a deficiency in the ability to practice psychology.

Procedural Safeguards

7. - (1) The Executive Committee shall appoint a panel of three assessors for each member whom it considers may have a deficiency in the ability to practice psychology.

(2) No person who conducted a peer assisted review or a supplementary peer assisted review of a member's practice shall be a member of a board of assessors for the member.

(3) The Quality Assurance Committee shall not take action under section 5 [practice enhancement] or 6 [restricting practice] unless,

(a) the member is,

(i) provided with an opportunity to confer with the board of assessors, and

(ii) provided with any report or other written information to be considered by the board, and

(iii) given at least 30 days notice of the conference, and

(b) if, following the conference or opportunity to confer, the board is of the opinion that action may be warranted, and the member is,

(i) notified of the action the board is proposing to the Quality Assurance Committee and of the ground for proposing it,

(ii) provided with any report or other written information to be considered by the committee, and

(iii) provided with at least 14 days in which to make written submissions to the committee; and

(c) if, following the opportunity to make written submissions and, if written submissions are made, after their considera-

tion by the committee, the committee is of the opinion that the action may be warranted, the member is,

(i) notified of the action the committee is considering taking,

(ii) provided with an opportunity to confer with the committee, and

(iii) given at least 14 days notice of the conference.

Psychological Assessment

8. As authorized under section 95 (2.1) (d) of the Health Professions Procedural Code, the Quality Assurance Committee may require a member to undergo a psychological assessment or another assessment of a type indicated by the committee if a matter respecting the member is referred to the committee under subsection 26(3) or section 79.1 of the Health Professions Procedural Code.

Counselling

9. - (1) As authorized under section 95 (2.1) (e) of the Health Professions Procedural Code, the Quality Assurance Committee may specify a measure, such as education, therapy or counselling, for a member if,

(a) the member has undergone an assessment under section 8;

(b) the assessment has demonstrated an emotional, behavioural, attitudinal or personality deficiency or condition on the part of the member; and

(c) the committee is of the opinion that the deficiency or condition may be remediable.

(2) If the Quality Assurance Committee is of the opinion that the deficiency or condition is not remediable, it may refer the member to the Executive Committee as authorized in section 83 (3) of the Health Professions Procedural Code.

...the Quality Assurance Committee may specify a measure, such as education, therapy or counselling, for a member

(3) When the Quality Assurance Committee specifies a measure under subsection (1) for a member, the committee shall fix a maximum amount payable by the member to cover the cost of the measure.

Restricting Practice

10 - (1) The Quality Assurance Committee may direct the Registrar to impose terms, conditions or limitations, for a specified period not exceeding six months, on the certificate of registration of a member if,

- (a) the member refuses to undergo an assessment under section 8; or
- (b) the committee has specified measures under section 9 which the member refuses to undertake or which the member has not yet completed.

(2) The committee may direct the Registrar to remove any terms conditions or limitations before the end of the specified period if the committee is satisfied that the terms, conditions or limitations are no longer needed.

Procedural Safeguards

11 - (1) The Quality Assurance Committee shall not take action under section 8 [psychological as-

essment], 9 [counselling] or 10 [restricting practice] unless,

- (a) the member admits to the behaviour or remarks towards the client which the member is said to have exhibited or made;
- (b) there is no pending allegation of sexual abuse against the member before the Discipline Committee and no finding of sexual abuse has been made against the member by the Discipline Committee;
- (c) there is no pending review by the Health Professions Board of the referral to the committee and no disposition by the Health Professions Board inconsistent with the referral to the Committee; and
- (d) the member and the client are provided with an opportunity to confer with the committee.

(2) A member's admission to behaviour or remarks for the purpose of clause (1) (a) and the results of any action taken under section 8 or 9 shall not be used as evidence that the member has committed an act of professional misconduct.

A member's admission to behaviour or remarks... shall not be used as evidence that the member has committed an act of professional misconduct.

The Quality Assurance Committee invites your comments on the proposed regulation for the Quality Assurance Program.

We want to launch a program that will maximally assist members in providing the public with exemplary psychological services.

Please complete the feedback page, and return it to the College.

Sections of the Regulated Health Professions Act Referenced in the Proposed Regulation for the Quality Assurance Program of the College of Psychologists of Ontario

The following are those sections of the Regulated Health Professions Act to which reference was made in the preceding proposed regulation for the College's Quality Assurance Program. These requirements together with the QA guidelines of the Ministry of Health circumscribe the nature of the Quality Assurance Programs that are being developed by the 21 colleges that are subsumed under the RHPA. As of the date that this publication was written, only the College of Physicians and Surgeons of Ontario had received approval from the Ministry of Health for its Quality Assurance Program regulations.

Copies of the complete Regulated Health Professions Act and the College of Psychologists Act may be obtained from the College office at cost.

- 26** (3) If the complaint is about sexual abuse as defined in clause 1 (3) (c), the panel may refer the matter to the Quality Assurance Committee. 1993, c. 37, s. 8.
- 79.1** When the Executive Committee, Complaints Committee or Board receives a report under section 79 of the results of an investigation conducted into a possible act of sexual abuse as defined in clause 1 (3) (c), it may refer the matter to the Quality Assurance Committee. 1993, c.37, s. 21.
- 82.** (1) Every member shall cooperate 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 with 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.

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 member; or

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

(2) Information described in subsection (1) may be disclosed for the purpose of showing that the member knowingly gave false information to the Quality Assurance Committee or an assessor.

(3) If the Quality Assurance Committee is of the opinion, based on an assessment, that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the Committee may disclose the name of the member and allegations against the member to the Executive Committee.

(4) Information that was disclosed contrary to subsection (1) shall not be used against the member to whom it relates in a proceeding before the Discipline or Fitness to Practise Committees, 1991, c. 18. Sched. 2, s. 83.

95. (1) Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations,

25. prescribing a quality assurance program;

29. requiring members to give the College information about their participation in continuing education programs and prescribing the form and manner in which the information shall be given;

31. requiring members to pay prescribed annual fees for registration, examinations and continuing education programs and for anything the Registrar is required or authorize to do and requiring members to pay prescribed penalties for late payment of any fees;

(2) Regulations made under paragraph 25 of subsection (1) may require

embers to participate in continuing education programs. 1991, c. 18, Sched. 2, s. 95 (2)

(2.1) Regulations made under paragraph 25 of subsection (1) may,

(a) authorize the Quality Assurance Committee to require individual members whose knowledge, skills and judgment have been assessed under section 82 (1) (e) and found to be unsatisfactory to participate in specified continuing education programs.

(b) authorize the Quality Assurance Committee to direct the Registrar to impose terms, conditions or limitations, for a specified period of time not exceeding six months, on the certificate of registration of a member whose knowledge, skills and judgment have been assessed or reassessed under section 82 and found to be unsatisfactory, or who has failed to participate in specified continuing education programs as required by the Committee or has not completed those programs successfully.

(c) authorize the Quality Assurance Committee to direct the Registrar to remove terms, conditions or limitations imposed under a regulation made under clause (b) before the end of the specified period, if the Committee is satisfied that the member's knowledge, skills and judgment are now satisfactory.

(d) authorize the Quality Assurance Committee to require a member to undergo a psychological or other assessment if a matter respecting the member is referred to the Committee under subsection 26 (3) or section 79.1;

(e) authorize the Quality Assurance Committee, after receiving a report of an assessment required under a regulation made under clause (d), to require the member to undertake specified measures, such as receiving education, therapy or counselling;

(f) authorize the Quality Assurance Committee to direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration, for a specified period not to exceed six months, if,

(i) the member refuses to undergo an assessment,

(ii) the Committee has required the member to undertake specified

measures which have not yet been completed , or

(iii) the member refuses to undertake the specified measures;

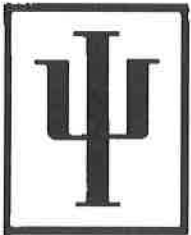
(g) authorize the Quality Assurance Committee to direct the Registrar to remove terms, conditions or limitations imposed under a regulation made under clause (f) before the end of the specified period, if the Committee is satisfied that the terms, conditions or limitations are no longer needed.

(2.2) If the Council makes a regulation as described in clause (2.1) (b) or (f), it shall also make a regulation providing that no direction shall be given to the Registrar unless the member has been given notice of the Quality Assurance Committee's intention to give the direction and at least fourteen days to make written submissions to the Committee. 1993, c. 37, s 27 (2).

(20) requiring and providing for the inspection and examination of premises used in connection with the practice of the profession and of equipment, books, accounts, reports and records of members relating to their practices;

Note: Sexual abuse within the purview of the Quality Assurance Committee only includes "behaviour or remarks of a sexual nature by the member towards the patient" . Excluded are behaviour or remarks of a clinical nature appropriate to the service provided

The Quality Assurance Committee will be seeking continuing consultation with members as it develops procedures and pilots instruments related to the evolving quality assurance program. Announcements of these activities will appear in the Bulletin. Members are encouraged to participate in this consultative process.



Q&A



April 1996

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inside...

**Proposed Regulations for the Quality Assurance Program
Ministry of Health Principles for QAP Regulations
How thinking about quality assurance has been changing
Request for feedback**