



Type of policy: Regulatory	Approved by: Quality Assurance Committee
Date approved: January 19, 2023	Next Review date: September 2027
Amendment dates: September 13, 2024	

Quality Assurance Program Policies¹

Contents

Introduction.....	1
Relevant legislation.....	2
Definitions.....	2
Policies	4
1.0 Self-assessment and professional development.....	4
1.1 Participation requirements	4
1.2 Reporting cycle	5
2.0 Peer and practice review	5
2.1 Selection criteria	5
2.2 Feedback report	6
2.3 Outcomes.....	6
2.4 Participation requirements.....	7
3.0 Quality Assurance Committee-directed remedial activities.....	8
4.0 Return to active practice.....	9
5.0 Compliance expectations	10
6.0 Extensions and deferrals.....	10
7.0 Accessibility and accommodations for QA program requirements.....	11
8.0 Limitations to confidentiality	12

Introduction

All health profession regulators in Ontario are required to establish and maintain a Quality Assurance (QA) Program. The framework that CRPO must abide by in establishing its QA Program is set out in section 80.1 of the Health Professions Procedural Code under the [Regulated Health Professions Act, 1991 \(RHPA\)](#) and in the [Quality Assurance Program Regulation \(O. Reg. 34/13\)](#) under the [Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R](#)

As regulated professionals, Registered Psychotherapists (registrants) engage in the QA Program to maintain the knowledge, skill, and judgment to practice in accordance with the standards of practice and ethics set by CRPO. The QA Program promotes continuing competence and assures the public that Registered Psychotherapists are committed to lifelong learning and providing safe client-focused care.

The QA Program includes the following components:

- a) self-assessment and professional development (PD);
- b) peer and practice review activities including
 - i. case-based assessment (CBA);
 - ii. self-directed review; and
 - iii. peer-assisted review and reassessment; and
- c) remedial education as directed by the Quality Assurance Committee.

Relevant legislation

RHPA, Schedule 2, [Health Professions Procedural Code](#)

[Quality Assurance Program Regulation](#) (O. Reg. 34/13) under the *Psychotherapy Act, 2007*, S.O. 2007, c. 10, Sched. R.

[Registration Regulation](#) (O. Reg 67/15) under the *Psychotherapy Act, 2007*, S.O. 2007, c. 10, Sched. R.

Definitions

Assessor – a person, including a peer coach, appointed under section 81 of the Health Professions Procedural Code.

Attestation form – an online declaration form, which is available in registrants' CRPO user accounts at the end of their reporting cycle.

Case-based assessment (CBA) – an online assessment that measures registrants' ability to apply CRPO Professional Practice Standards to situations they could encounter in their practice.

New registrants – registrants in their first calendar year of registration.

Peer and practice review (PPR) – an assessment and coaching process that guides registrants on where to focus their professional development efforts.

Peer coaching – a confidential process that connects colleagues (a registrant and an assessor) to explore issues in practice, generate insights, and address gaps in knowledge, skill, and judgement identified through peer and practice review activities.

Professional development activities (learning activities) – activities that assist a registrant to improve and/or maintain the knowledge, skills, and judgment required to practise the profession.

Self-assessment – an online questionnaire, which is always available in a registrant's CRPO user account, intended to help registrants reflect on their practice, identify areas for improvement, and inform their professional development.

Policies

1.0 Self-assessment and professional development

1.1 Participation requirements

All registrants are required to complete the following activities every two years within their reporting cycle:

a) Submit at least one self-assessment

At least one self-assessment must be completed for each two-year professional development reporting cycle. Registrants are expected to complete all sections of the self-assessment and provide responses that are complete, coherent, and related to the subject matter.

New registrants are expected to demonstrate that they are engaged in the professional development component of the QA program by completing a self-assessment within 60 days of their initial date of registration. New registrant requirements enable CRPO to monitor initial awareness of the requirements and engagement in the QA program.

b) Engage in a minimum of 40 hours of professional development activities

Professional development activities must take place during the relevant reporting cycle. Any activities before or after the reporting cycle are not counted towards the minimum 40-hour requirement. At least one of the learning activities must be didactic and one experiential.

CRPO does not require registrants to engage in “pre-approved” activities. Registrants should rely on their own prudence and judgment to invest their time and financial resources in learning activities that meet their individual learning needs, are relevant to the practice of psychotherapy, are credible and verifiable.

Professional portfolio

Registrants are required to keep records of their professional development activities in a professional portfolio. The professional portfolio must include at minimum a learning record log and documentation to verify their participation in the learning activities. Registrants must maintain the records in their professional portfolio for the current and previous reporting cycles (i.e., four years). Registrants are not required to submit their professional portfolios to CRPO unless requested by CRPO.

Activities reported in the professional portfolio must be

- i. relevant to the practice of the profession;
- ii. credible and require some form of participation; and
- iii. verifiable where some form of documentation exists that enables a registrant to demonstrate that they have completed the activity.

c) Report whether they have completed Items a) and b) to CRPO by submitting the online attestation form

All registrants must report whether they completed their professional development activities and self-assessment by submitting the online attestation form every two years by a date specified by CRPO.

Exclusions

Registrants in the Inactive or Temporary category are not required to report whether they have completed a self-assessment and 40 hours of professional development activities to CRPO. However, registrants in the Inactive category are expected to engage in professional development activities and maintain up-to-date records if they plan to return to active practice. (See 4.0 Return to Active Practice.)

1.2 Reporting cycle

Registrants are required to complete their self-assessment and professional development activities every two years, by December 31. A registrant’s reporting cycle is based on their year of registration, as follows:

- a) Registrants whose initial year of registration is an odd year will always have a two-year reporting cycle that ends on December 31 in an odd year, excluding the year they were initially registered. For example, a registrant initially registered in 2021 will have reporting cycles that end on December 31, 2023, 2025, etc.

- b) Registrants whose initial year of registration is an even year will always have a two-year reporting cycle that ends on December 31 in an even year, excluding the year they were initially registered. For example, a registrant initially registered in 2022 will have reporting cycles that end on December 31, 2024, 2026, etc.

2.0 Peer and practice review

The peer and practice review (PPR) is an assessment and coaching process that guides registrants on where to focus their professional development efforts. PPR activities include the following:

- a) case-based assessment (CBA);
- b) self-directed professional development; and
- c) peer-assisted review activities with a peer coach.

2.1 Selection criteria

Each year, the Quality Assurance Committee shall select registrants to undergo peer and practice assessments in order to assess the registrants’ knowledge, skill and judgment.

A registrant shall undergo a peer and practice assessment if,

- a) their name is selected at random, including by stratified random sampling;
- b) a request is made under subsection 6 (2) of the *Quality Assurance Program Regulation*, and either,
 - i) insufficient information is provided by the registrant, or
 - ii) the registrant's records do not demonstrate that the registrant has engaged in adequate self-assessment and professional development activities;
- c) the registrant is selected on the basis of other criteria specified by the Quality Assurance Committee and published on CRPO's website at least three months before the registrant is selected on the basis of those criteria; or
- d) the Registrar refers the registrant to the Quality Assurance Committee for completing fewer than 750 currency hours in the previous three calendar years (see section 8(2) of the Registration Regulation O.Reg 67/15.)

Random selection

Those registered on or before December 31, 2022, will be randomly assigned to complete the CBA in one of the next five years (2023–2027).

Registrants registered on or after January 1, 2023, will be assigned to complete the CBA in the fifth year after their initial year of registration.

Subsection 6(2) Records and information

A registrant may be directed to complete a PPR if they provide insufficient information and/or records that do not demonstrate that they have engaged in adequate self-assessment and professional development activities.

Subsection 7(2)(c) Criteria specified by the Quality Assurance Committee

A registrant may be selected to participate in a PPR on the basis of other criteria specified by the Quality Assurance Committee and published on CRPO's website at least three months before the registrant is selected on the basis of those criteria. (See 2.4.1, Participation requirements.)

2.2 Feedback report

All registrants shall receive a feedback report on each of their peer and practice review activities.

Results from PPR activities may be reported in an aggregate form to the Quality Assurance Committee.

2.3 Outcomes

a) Successful

Registrants who achieve an overall score of 80% on the CBA will receive a feedback report on their results. Any professional development decisions by the registrant will not involve specific direction from a CRPO staff person, assessor, or the Quality Assurance Committee.

b) Self-directed review

Registrants who are within one standard deviation of the required score of 80% on the CBA will receive feedback, resources, and recommendations on where to direct their professional development efforts.

Registrants who are required to complete a self-directed review must submit a self-assessment and their professional portfolio for review. (See 1.0 Self-assessment and professional development.) Submissions are due at the end of the registrant's next reporting cycle. The self-assessment and professional portfolio will be reviewed for adequate completeness.

c) Peer-assisted review and reassessment

Registrants who are more than one standard deviation below the required score of 80% will be required to engage in peer-assisted review activities with a peer coach, unless they write the next administration of the CBA and score within one standard deviation of the required score of 80% or higher.

Registrants who complete peer-assisted review activities with a peer coach are required to complete the CBA again to reassess their knowledge at the next available administration.

d) Referral to the Quality Assurance Committee

Registrants who are more than one standard deviation of the required score of 80% on the CBA after completing peer-assisted review activities will be referred to a panel of the Quality Assurance Committee for review. (See Section 3.0.)

e) Peer-assisted review without a Case-based assessment (CBA) or reassessment

In some cases, a registrant may proceed directly to the second phase of a PPR, i.e., peer-assisted review, without undertaking the CBA assessment or reassessment, including in cases of non-compliance.

Registrants with satisfactory outcomes following peer-assisted review may be deemed successful or identified for self-directed review.

When gaps are identified in a registrant's knowledge, skill or judgement following the peer-assisted review, the registrant shall undertake a CBA reassessment or be referred to a panel of the Quality Assurance Committee for review.

2.4 Participation requirements

2.4.1 Case-based assessment (CBA)

All registrants must complete the CBA when selected to do so, approximately once every five years.

Registrants are selected to participate in the CBA, which is the first activity of the PPR, in accordance with the following criteria specified by the Quality Assurance Committee:

- a) They are registered in the RP or Qualifying category.
- b) Approximately one-fifth of registrants are selected to take the online assessment each year. This means each registrant will write the assessment at least once every five years.
- c) Registrants granted a deferral will be required to complete the CBA the following year, up to a maximum of two years or four CBA administrations (See 6.0, Extensions and deferrals.)
- d) Subject to any reassessment (see Item e and f), registrants who complete the CBA complete another one approximately five years after their most recent CBA.
- e) Registrants with low scores on the CBA may be selected to be reassessed in fewer than five years.
- f) Registrants returning to active practice (i.e., transferring from the Inactive category to RP) or who are reinstated (i.e., lifting a suspension or revocation) with low currency hours (fewer than 750 hours in the past three years) or seeking to return to a new practice area may be selected to be assessed or reassessed, as determined by the Registrar (see 4.0 [Return to Active Practice](#)).

Exclusions

- Registrants in the Inactive or Temporary category are not required to participate in PPR activities.
- Where an accommodation request for the CBA is not feasible, a peer-assisted review may be offered instead (see 2.3).

2.4.2 Peer-assisted review activities

Peer assisted review activities with a CRPO peer coach may include a behaviour-based interview, a clinical records review, and supportive coaching.

Registrants are selected to participate in a peer-assisted review, in accordance with the following criteria:

- a) They score more than one standard deviation below the required score of 80% on their first attempt of the CBA and choose not to complete a second CBA.
- b) They score more than one standard deviation below the required score of 80% on their second attempt of the CBA.
- c) They proceed directly to peer-assisted review without taking the CBA.

3.0 Quality Assurance Committee-directed remedial activities

Registrants that complete a peer-assisted review and score more than one standard deviation below the required score of 80% on their next attempt of the CBA will be referred to the Quality Assurance Committee.

Registrants will be notified and provided with an opportunity to make submissions to the Quality Assurance committee.

The powers of the Quality Assurance Committee are outlined in [Section 80.2 of the Health Professions Procedural Code](#) and may include the following:

- a) Require a registrant to participate in specified continuing education or remediation program.
- b) Direct the Registrar to impose terms, conditions, or limitations for a specified period to be determined by the Committee on the certificate of registration of a registrant,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
- c) Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the registrant's knowledge, skill and judgment are now satisfactory.
- d) Disclose the name of the registrant and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated.

4.0 Return to active practice

4.1 This section applies to registrants returning to active practice from the Inactive registration category, or returning from suspension, revocation, or resignation from CRPO. If returning registrants have missed QA milestones, including their most recent PD cycle reporting requirements, missing the CBA during their pre-assigned year, or both, they will be required to complete a self-assessment, submit their professional portfolio (see 1.2, Reporting cycle), and/or complete the CBA at the next available opportunity.

4.2 Registrants returning to active practice (i.e., transferring from the Inactive category to RP) or who are reinstated (i.e., lifting a suspension or revocation) with low currency hours may be selected to complete the CBA, as determined by the Registrar (see 2.4.1).

4.3 Registrants returning to active practice (i.e., transferring from the Inactive category to RP) or who are reinstated (i.e., lifting a suspension or revocation) who are seeking to change

their practice area may be selected to complete the CBA, as determined by the Registrar (see 2.4.1).

5.0 Compliance expectations

Context: The following policies apply to all registrants.

5.1 Registrants are expected to comply with QA program requirements.

5.2 Registrants are considered non-compliant if they fail to do one or more of the following:

- a) respond to requests and communication from CRPO within 30 days;
- b) report and/or complete professional development activities and materials as required;
- c) participate in and complete peer and practice review activities when requested or directed by CRPO;
- d) report and/or complete remedial actions or activities as directed by CRPO staff or committees;
- e) meet deadlines subject to any pre-existing deferral, extension, or accommodation approvals; or
- f) provide sufficient and complete submissions of mandatory documents to CRPO.

5.3 Registrants demonstrating non-compliance as defined above will be notified of their non-compliance and may be subject to one or more of the following:

- a) a self-assessment and professional development audit (see 1.0) or a request to submit additional information;
- b) an administrative fee;
- c) a referral to PPR activities, potentially at their own expense;
- d) a referral to the Quality Assurance Committee for further consideration; or
- e) an administrative suspension.

5.4 Instances of non-compliance may be referenced in future CRPO proceedings should it be deemed relevant (See 8.0, Limitations to confidentiality.)

6.0 Extensions and deferrals

6.1 Registrants are required to make all requests for extensions and deferrals by completing a deferral form.

6.2 Extension or deferral from requirements related to QA Program components may be granted for the following reasons:

- a) personal illness;
- b) selected to complete PPR activities but currently not practising due to parental leave;

- c) not practising due to parental leave for one year or more during a reporting cycle;
- d) pending resignation at the time they are due to complete PPR activities;
- e) pending resignation within the four months following a reporting cycle deadline,
- f) illness of an immediate family member, or where the registrant is the primary care giver;
- g) bereavement; and
- h) personal crisis or other extenuating circumstances that impact the registrant's ability to cope with additional responsibilities.

In addition to the reasons listed above, RP (Qualifying) registrants may be granted an extension or deferral from the CBA if they are scheduled to write the CRPO Registration Examination in the same calendar year.

6.3 Requests for extensions and deferrals must be submitted in writing and include evidence relating to the reason. Such evidence may include, but is not limited to, the following:

- a) role description;
- b) employer letter;
- c) signed note from an appropriate health care professional;
- d) evidence of retirement (e.g., signed communication sent to the registrant's employer stating retirement date /last day of work, signed self-declaration);
- e) notice of death; and
- f) other documentation approved by the Quality Assurance Committee.

6.4 Staff may grant extensions or deferrals to a registrant where the registrant's request clearly meets the criteria outlined above. Where one extension or deferral has already been granted by staff, subsequent requests from the registrant may be reviewed by a panel of the Quality Assurance Committee. Where staff is uncertain whether a registrant's request for deferral clearly meets criteria set by policy, staff may refer the request to a panel of the Quality Assurance Committee for review.

6.5 An extension will not exceed 60 days. The CBA is not eligible for extensions.

6.6 A deferral will not exceed two years.

7.0 Accessibility and accommodations for QA program requirements

Context: CRPO is committed to being an inclusive regulator with accessible programming and expectations. While CRPO cannot exempt registrants from their responsibilities under the QA Program, individuals can apply for accommodations and accessibility requests for content or submission formats as well as timelines.

CRPO recognizes the dignity and value of every person and will strive to meet the needs of people requesting accommodations in the provision of the QA Program.

Requests for accommodation will be addressed on a case-by-case basis. CRPO will provide reasonable accommodations to allow a registrant to equally participate in QA Program activities.

8.0 Limitations to confidentiality

The information registrants share as a result of participation in the QA Program is confidential and, with limited exceptions, CRPO can only use the information provided for purposes related to quality assurance. CRPO will not post results of the review of QA Program requirements on the Public Register or share this information with employers. CRPO cannot share this information during other CRPO proceedings or with the public, except in the specific circumstances described below.

If the Quality Assurance Committee is of the opinion that a registrant may have committed an act of professional misconduct or may be incompetent or incapacitated, the Committee may disclose the registrant's name and the allegation against the registrant to the Inquiries, Complaints and Reports Committee (ICRC). If it elects to do so, the ICRC will carry out an independent investigation. However, in cases where a registrant knowingly gave false information to the Quality Assurance Committee, staff, an assessor or peer coach, the Committee may disclose information provided by the registrant to the Committee that is carrying out the proceeding.

¹ These policies replace the previous Quality Assurance Program Policies, approved by the Quality Assurance Committee on March 3, 2017 and last revised on October 30, 2019.