



PEER ASSESSMENT PROGRAM

INFORMATION FOR EMPLOYERS

DATE: AUGUST 2014

WHAT EMPLOYERS NEED TO KNOW WHEN THEIR SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST IS BEING PEER ASSESSED

All regulated health professionals are subject to peer assessments:

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

By ensuring that all speech language pathologists and audiologists focus on quality and professional development as they practice their respective professions is one of the most effective methods of protecting the public.

CASLPO PEER ASSESSMENT PROGRAM:

A number of members are randomly selected each year to participate in the Peer Assessment Program. The goal of Peer Assessment is to be a positive learning process. Our Peer Assessors are experienced practicing clinicians and come to the process with a strong sense of what is practical and reasonable.

4 PHASES OF THE PEER ASSESSMENT PROCESS:

1. Members 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/client files. The online tool used for this purpose stores the uploaded information on a separate secure server.

2. The member is paired up with a Peer Assessor (based on the member's clinical population, location, etc.), who reviews the evidence and arranges a site visit.
3. A site visit takes approximately $\frac{3}{4}$ of a day, and involves a review of at least ten patient/client files chosen by the member, a discussion around practice issues as well as a review of any onsite evidence. The Peer Assessor reviews the member's Learning Goals and continuous learning activity credits.
4. The Peer Assessor then submits a report to the Quality Assurance Committee. The Committee looks at all the information gathered, and determines if the member has the requisite knowledge, skills and judgement for your clinical practice, or if you would benefit from of follow-up actions.

The large majority of the membership is found to be meeting the standards in all areas.

ADVANTAGES OF PEER ASSESSMENT

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

- CASLPO believes that the majority of our members 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 member'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 member's dedication to providing quality clinical care in the best interests of the patient/client
- Assists the member in becoming more familiar with legislative and regulatory issues
- Enhances compliance with College standards of practice for patient/client care
- Provides the member the opportunity to consult with a peer assessor on service delivery issues and benefit from the assessor's experience and expertise
- 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 members registered with CASLPO. The relevant provisions are listed as follows:

Section 82. (1) Every member 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 member 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 member's care of patients shall allow an assessor to inspect the records.

CONSENT AND CONFIDENTIALITY

Consent is **not** required to access patient/client 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 member; or
- (b) relates to the member 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;