

## BRIEFING NOTE

**TO:** Council

**FROM:** Quality Assurance Committee

**DATE:** October 7, 2019

**SUBJECT:** 4.2 Quality Assurance Internal Policy Manual

☒ For Decision

☐ For Information

☐ Monitoring Report

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### **Purpose:**

To review proposed updates to the internal Quality Assurance (QA) policy manual, including the QA Non-Compliance policy.

### **Background:**

#### *Internal Policy Manual*

The QA Committee's policy manual was created in 2012 and is an internal document comprised of various policies which set out the details and parameters of the COO's QA program and how it will be administered by the QA Committee and staff. The QA policies and guidelines are published on the College's website and a handbook for Registered Opticians. The policy manual was last updated in May 2017.

#### *QA Non-Compliance Policy*

At meetings on April 30 and May 14, 2019, the Committee developed a draft Quality Assurance Non-Compliance Policy and flow-chart outlining the process for members who fail to report or upload their QA requirements to the College by December 31.

The draft QA Non-Compliance Policy was presented to Council together with various other proposed changes to the QA program on May 27, 2019. The draft policy was presented to Council as a stand alone policy as opposed to a proposed addition to the QA policy manual. At its meeting, Council gave a general direction that the proposed QA policy be circulated for stakeholder feedback.

### **For Consideration:**

#### *Further Guidance from Council Necessary*

Upon review, the QA Committee is seeking further direction from Council on whether the draft QA Non-Compliance Policy, should be circulated for feedback.

### *Additional Updates to the QA Policy Manual*

Since Council met on May 27, 2019, the QA Committee has made additional updates to the QA policy manual as follows:

Policy 2.4 has been updated to include:

- The ability for College staff to request that members remedy minor deficiencies and show compliance with the program before determining whether the submission will be reviewed by the committee.
- An update to the reasons for referral to Inquiries, Complaints and Reports committee to include falsely reporting information on their renewal about QA compliance.
- The ability for College staff to rely on summary information prepared by staff for the purpose of reviewing a member's portfolio submission. In the event that the committee consider requiring the member undergo a Peer and Practice Assessment or refer the member to ICRC for any allegations of professional misconduct the committee shall review the member's portfolio submission in full.

In addition, the QA Non-Compliance Policy, Policy 2.9 has been embedded within the manual.

An updated draft of the QA policy manual is attached for Council's consideration.

### **Recommendation:**

That Council approve the updated QA manual. As the policy manual is an internal document, it would generally not be circulated for stakeholder feedback. Updates to the QA handbook for Registered Opticians will be made and published on the College's website.

## 1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT

### 1.1 Defining a non-exclusive list of Continuing Education Hours

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education (CE) or professional development design to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

#### Principle:

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and industry/regulatory standards. The public expects opticians to be competent and provide up-to-date knowledge and patient-focused care.

#### Policy:

- 1.1.1 Continuing education hours is defined as hours spent engaging in activities that are accredited (i.e. attending an accredited conference or teleconference) and specific to contact lens and/or eyeglass technology (and refracting where applicable) and activities that are self-directed and non-accredited (e.g. reading a journal article, reviewing online resources, attending a non-accredited education session).

As part of QA Competency Enhancement requirements, members are required to complete annually:

1. 8 non-accredited self-directed continuing education hours, and
2. 8 accredited College pre-approved continuing education hours:
  - a. 4 accredited hours specific to contact lens technology
  - b. 4 accredited hours specific to eyeglass technology.

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3. An additional 2 accredited continuing education hours are also required for refracting opticians.

- 1.1.2 Members are allowed to claim the following activities as non-accredited self-directed continuing education hours (non-exhaustive list).
- Hour-for-hour for non-accredited self-directed learning activities, for example:
    - Live and/or multi-media presentations (seminars/lectures/workshops)
    - Distance learning activities (print/internet/video/television)
    - Scholastic (educational institution based courses)
    - Self-study or organized study groups
    - Emergency medical course (such as CPR and/or first aid)
    - Supervision of students and intern opticians
  - 1 non-accredited hour for each 1,000 practising hours to a maximum of 1 hour per year.
  - 1 non-accredited hour for 500 supervising hours in each year to a maximum of 2 hours per year.
  - 1 non-accredited hour for 500 teaching hours in each year to a maximum of 2 hours per year.
  - 1 non-accredited hour for participating as a Council member, an appointed Committee member, or a professional association board member in each year.
  - 1 non-accredited self-directed hour for one volunteer event (includes uncompensated opticianry volunteer missionary work abroad provided supporting documentation is submitted such as a letter of deployment/time abroad from the organization or a certificate of verification) to a maximum of 2 hours (events) in each year.
  - 1 non-accredited self-directed hour for examiners or peer assessors in each year per event to a maximum of 2 hours per year.

- 1.1.3 Members are allowed to claim the following activities as accredited continuing education hours.
- Hour-for-hour for presenting accredited hours. Members may claim accredited hours equal to the credits offered for the presentation. Members can only claim accredited hours for the first presentation conducted.
  - Hour-for-hour for activities that have been approved as accredited by the QA Committee, in accordance with the Continuing Education Accreditation Policy, as published on the College's website.

- 1.1.4 Every member who holds a certificate of registration as a registered optician shall participate in the required number of continuing education hours as described in Policy 1.1.1 annually.

- 1.1.5 The number of continuing education hours that newly registered ROs must complete will depend on the date the member is registered with the College, in accordance with the prorated chart below. The schedule applies to the first calendar year of registration only, and only applies to members who have not previously held an RO certificate of registration in Ontario.

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Dates Registered	Accredited CE Required	Unaccredited CE required
January 1 – March 31	8 (100%)	8 (100%)
April 1 – June 30	6 (75%)	6 (75%)
July 1 – September 30	4 (50%)	4 (50%)
October 1 – December 31	2 (25%)	2 (25%)

1.1.6 Opticians who reinstate with the College must complete 16 continuing education hours (8 accredited hours and 8 non-accredited hours) by the end of the calendar year in which they reinstate (i.e., by December 31). This applies regardless of when in the year the member decides to reinstate.

1.1.7 Members with a status of “current and inactive”, are to maintain a professional portfolio which includes engaging in a total of sixteen (16) continuing education hours, plus additional 2 CE accredited refracting hours as applicable described in Policy 1.1.1.

1.1.8 The annual cycle for completing the required number of continuing education hours is based on a calendar year, January 1 to December 31.

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## 1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT

### 1.2 Defining Professional Portfolio Requirements

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education or professional development design to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

#### Principle:

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and industry/regulatory standards. The public expects their optician to be competent and provide up-to-date knowledge and patient-focused care.

#### Policy:

1.2.1 A Professional Portfolio consists of:

- Member Demographic Information: Form 1
- Competency Self-Assessment: Form 2
- Professional Improvement Plan: Form 3
- Continuing Education Activity Log: Form 4
- Professional Activities: Form 5

1.2.2 Every member who holds a certificate of registration as a registered optician shall complete the Professional Portfolio materials as described in 1.2.1 annually.

1.2.3 Newly registered members must complete the Professional Portfolio materials as described in

1.2.1 by December 31 in the year that they are first registered, which contains the number of CE set out in 1.1.5, and annually thereafter.

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- 1.2.4 Reinstating members must complete the Professional Portfolio materials as described in 1.2.1 by December 31 in the year that they are reinstating, which contains the number of CE set out in 1.1.6, and annually thereafter.
- 1.2.5 Members with a status of “current and inactive”, are to maintain a professional portfolio, as described in Policy 1.2.1.
- 1.2.6 The annual cycle for completing the Professional Portfolio is based on a calendar year, January 1 to December 31.
- 1.2.7 Members must document and complete at least one new professional goal on their Continuing Quality Improvement Action Plan (Form 3).

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## 1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT

### 1.3 Professional Boundaries and Sexual Abuse Prevention Module Requirements

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education or professional development designed to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

As self-regulated professionals, it is critical to public protection that members are aware of and follow the applicable legislation and standards of the profession. It is the College's obligation to ensure the public that members have the appropriate knowledge to practice safely and ethically.

**Policy**

1.3.1 Members complete the Professional Boundaries and Sexual Abuse Prevention Module within the first twelve (12) months of initial registration and every three (3) years thereafter.

1.3.2 When a member is selected to participate in the CRE, they will be asked to submit evidence of completion on the Professional Boundaries and Sexual Abuse Prevention Module.

1.3.3 Every member who holds a certificate of registration as a registered optician shall complete the Professional Boundaries and Sexual Abuse Prevention Module as described in 1.4.1.

1.3.4 Members must obtain a pass score of 80% to be considered completed.

1.3.5 Members are allowed unlimited attempts to obtain the 80% pass score.

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**1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT****1.4 Maintaining self-assessment, continuing education or professional development records****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94, S. 8 (3), 10(1)*

S. 8(3) The Committee shall administer the program, which shall consist of the following component:  
3. A mechanism for the College of to monitor members' participation in, and compliance with, the quality assurance program.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six years.

**Principle:**

As self-regulated professionals, opticians regularly engage in professional development and/or continuing education. It is a legislative requirement that the College monitor members' engagement in QA Competency Enhancement to ensure the public that opticians maintain ongoing competence. Maintaining records and submitting these records provides evidence of regular participation.

**Policy:**

1.4.1 Members will record the completion of their required continuing education hours in their Professional Portfolio Log and maintain supporting evidence of their participation in accredited continuing education hours such as a verification of attendance document.

1.4.2 Records stated in Policy 1.2.1 are maintained by members for a period of six (6) years.

1.4.3 Professional Portfolio materials stated in Policy 1.2.1 are maintained by members for a period of six (6) years.

1.4.4 Members are to maintain their Professional Boundaries and Sexual Abuse Prevention Module score reports for a period of six (6) years.

1.4.5 If due to extenuating circumstances the member does not complete the required Professional Portfolio materials, continuing education hours and/or Professional Boundaries and Sexual Abuse Prevention Module, the member will maintain documentation as to the reason for the omission (i.e. signed letter indicating reason for omission and/or proof of extenuating circumstance) and submit it to the College upon request.

1.4.6 Members will declare their participation in QA Competency Enhancement on the College's annual registration renewal form.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.1 Defining Competency Review and Evaluation and the Selection Process

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(3) Each year the Committee shall select at random, including stratified random sampling, the names of members required to undergo a peer and practice assessment.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skill and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records in the opinion of the Committee are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

Self-regulated professionals are held accountable to the College and the public. To ensure public protection and to engage ongoing learning the College must regularly engage members in a competency assessment process (QA Competency Review and Evaluation) and monitor member's participation in self-assessment, professional development and continuing education (QA Competency Enhancement).

**Policy:**

2.1.1 Competency Review and Evaluation is the College's peer and practice assessment component of the QA program.

2.1.2 Competency Review and Evaluation consists of a two-step process:

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**Step 1** When selected, members are:

- a. required to submit their completed Professional Portfolio mandatory materials for the past year and
- b. may be required to engage in a multi-source feedback survey process.
- c. The QA Committee may request that members submit Professional Portfolios for the past two years.

**Step 2** Members that Step 1 identified as requiring an in-depth assessment of their practice are required to participate in an:

- d. on-site practice assessment, a chart-review, and a dispensary inspection.

2.1.3 On an annual basis 20% of practising opticians will be selected for Competency Review and Evaluation. A stratified random selection criteria will apply as listed in 2.1.6.

2.1.4 On an annual basis, 10% of the members selected to participate in the CRE will submit the Professional Portfolio (Stream One).

2.1.5 On an annual basis, 10% of the members selected to participate in the CRE will complete the Multi-Source Feedback (MSF) process, in addition to submitting the Professional Portfolio (Stream Two).

2.1.6 Stratified random selection criteria includes members who:

- hold a current registration (includes members who are “current and active” and “current and inactive”) as a Registered Optician with the College
- are currently practising (dispensing, teaching, and/or supervising opticians)
- have been registered with the College for greater than twelve (12) months
- are practising in Ontario and
- have not engaged in QA Competency Review and Evaluation in the past two years.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.2 Defining the Competency Review and Evaluation Requirements

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(2) The purpose of a peer and practice assessment of a member's knowledge, skills and judgment is to ensure that the member continues to practice competently and adheres to the standards of practice of the profession.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

The Quality Assurance Committee is required to assess a member's knowledge, skill and judgment to ensure the public that all members maintain their competence throughout the life of their practice. When a member has demonstrated a lack of engagement in continuing education and/or professional development; and/or data generated from peers, colleagues and patients indicates his/her practice skills, knowledge and attitudes differ from their peers, a more in-depth assessment is required. The goal of the QA Program is to administer an assessment that assesses "action" or "real performance" of the member. The assessment should be practice relevant, educational in nature and promote self-reflection and self-remediation.

**Policy:**

2.2.1 The Competency Review and Evaluation step 2 assessment will include the following tools:

- Pre-questionnaire (completed in advance of the assessment to provide practice relevant information and demographics)
- Behaviour-based interview (case-based and/or situation based questions)
- Chart Review
- Premises Inspection

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.3 Competency Review and Evaluation: Step 1 Submissions

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six years.

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(2) The purpose of a peer and practice assessment of a member's knowledge, skill and judgment is to ensure that the member continues to practice competently and adheres to the standards of practice of the profession.

#### Principle:

Competency Review and Evaluation Step 1 provides a means to assess members' knowledge, skill and judgment based on the standards of practice and entry level competencies; screen those members who require a more in-depth assessment; monitor compliance and completion of the required QA Competency Enhancement mandatory materials; and provide formative feedback to a large number of practicing members to encourage ongoing learning and reflective practice.

#### Policy:

2.3.1 When a member is selected to engage in QA Competency Review and Evaluation, the member will submit the mandatory Professional Development Portfolio materials (as defined in 2.3.2) completed in the last year. The Committee may request that members submit Professional Portfolios completed in the past two years.

2.3.2 The member will submit the following completed Professional Portfolio materials when randomly selected from QA Competency Review and Evaluation:

- Form 1: Member Demographic Information (completed annually)
- Form 2: Competency Self-Assessment (completed annually)
- Form 3: Professional Improvement Plan - includes logging 8 self-directed, unaccredited continuing education (CE) hours annually, and reflecting on the new knowledge and effect on the member's practice (completed annually)
- Form 4: Professional Activities Tracking Sheet: includes logging 8 accredited CE hours, and an additional 2 accredited CE hours for refracting opticians specific to refraction

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- (completed annually)
- Form 5: Professional Activities Form (completed annually), if applicable, and
- Professional Boundaries and Sexual Abuse Prevention Module (completed every three years).

- 2.3.3 When a member is selected to engage in QA Competency Review and Evaluation, Stream Two (Portfolio and MSF), members who provide direct patient care (dispense optical appliances), the member will submit a minimum of nine (9) client surveys and six (6) colleague/co-worker surveys.
- 2.3.4 When a member is selected to engage in QA Competency Review and Evaluation, for those members who provide direct supervision and/or teach opticians, the member will submit a minimum of six (6) colleague/co-worker surveys.
- 2.3.5 The member is required to submit the mandatory Professional Portfolio materials within thirty (30) days, plus five (5) days for mail as per the RHPA from notification date.
- 2.3.6 The member is required to submit the required number of multi-source feedback survey tools within sixty (60) days, plus five (5) days for mail, as per the RHPA, from notification date.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.4 Competency Review and Evaluation: Step 1 Professional Portfolio Review

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if,

- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities.

#### Principle:

The goal of completing the Professional Portfolio mandatory materials is to encourage practice reflection, continuing education and professional development. The Committee is required, under the *Regulated Health Professions Act, 1991* (RHPA) and the QA Regulations to monitor a member's participation in the QA program. If a member demonstrates a lack of self-reflection and regular engagement in continuing education and professional development, the Committee has a responsibility to assess a member's competence and ability to meet the standards of the profession and entry level competences.

#### Policy:

2.4.1 A Portfolio is complete when all Portfolio materials described in policy number 2.3.2 are completed in full and the following items are demonstrated:

- at least one new professional goal completed (any other goals may be carried over to the following year)
- the completeness of the required CE hours as described in policy number 1.1.1, 1.1.2, 1.2.3
- supporting evidence of completeness of the accredited College pre-approved continuing education hours for accredited CE hours (e.g. receipts, certificates of attendance, course outlines) and
- the Professional Boundaries and Sexual Abuse Prevention Module certificate which represents a pass score of at least 80%.

2.4.2 Portfolio materials will be reviewed and screened for completeness and/or adequacy by College staff to determine the submissions that will be reviewed by the Committee.

2.4.3 Where, upon review by College staff, a Portfolio is found to be missing supporting evidence of completeness of no more than 3 accredited CE hours, but is otherwise

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~~2.4.2~~—found by College staff to be complete and adequate, College staff may decide to give the member the opportunity to remedy their deficiency and show compliance with the program before determining whether the submission will be reviewed by the Committee.

~~2.4.3~~—The QA Committee will then review all professional portfolio submissions that continue to be identified by College staff as incomplete or inadequate to determine if the member is-should be required to engage in QA.

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**2.4.4** Competency Review and Evaluation Step 2 (an onsite peer and practice assessment).

**2.4.4.2.4.5** The QA Committee may also refer the member to the Inquiries, Complaints and Reports Committee (ICRC) for failure under O. Reg. 828/93 for one or more of the following: s. 1.(16), failure to respond to a registered letter; s. 1.(2), contravening a standard of the profession; ~~and~~ s. 1(26) contravening the QA regulation; s. 1(21) falsifying a record relating to the member's practice; s. 1(23) signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement; and s. 1(28) engaging in conduct or performing an act, in the course of practicing opticianry that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonorable or unprofessional.

**2.4.6** The QAC may decide to give members the opportunity to remedy their deficiency and show compliance with the program before referring a member for a Peer and Practice Assessment or to the ICRC. The QAC can recommend that the member complete ~~the~~ additional hours of CE in order to be deemed compliant with the QA program. If the member remedies the deficiency, the QAC may decide not to take any formal steps.

**2.4.5.2.4.7** The QA Committee may rely on summary information prepared by College staff for the purpose of reviewing a member's Portfolio submission, but in the event that the Committee considers requiring a member to engage in QA Competency Review and Evaluation Step 2 or referring the member to the ICRC for any of the allegations of professional misconduct set out in section 2.4.5, the Committee shall review the member's portfolio submission in full.

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**Commented [AS2]:** The QAC can refer a member to ICRC for any acts of professional misconduct (not just the ones listed in this policy), but if it's helpful to list them then I would recommend also including these ones which would cover members who falsify information on renewal about QA compliance.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.5 Defining Components of the Competency Review and Evaluation and the Selection Process

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

#### Principle:

The multi-source feedback survey process is a component of the College's QA Competency Review and Evaluation (peer and practice assessment) used to assesses the members' practice against the standards of practice and entry level competencies. The purpose of the multi-source feedback survey process is to provide objective formative feedback to members to promote self-reflection and engagement in professional development and to screen to determine those members who require a more in-depth peer and practice assessment.

#### Policy:

2.5.1 A member who is randomly selected is required to submit the required number of completed multi-source feedback surveys as described in policy number 2.3.3 and 2.3.4.

2.5.2 A Member whose multi-source feedback survey results are below the established threshold (cut score), as determined by the QA Committee, will be required to engage in QA Competency Review and Evaluation: Step 2 (a more in-depth onsite peer and practice assessment).

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.6 QA Competency Review and Evaluation- Step 1 Request for Deferral, Extension and Exemption

#### Policy date:

Council Approval of Policy – May 29, 2017

#### Applicable Regulation and Legislation:

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

#### Principle:

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). The Committee does recognize that illness and extenuating circumstances (such as death in the family or a personal/family crisis) and leave of absence from practising may affect a member's ability to engage in the Competency Review and Evaluation process.

#### Policy:

2.6.1 A deferral is a delay in engaging in QA-Competency Review and Evaluation until the following random selection cycle. The member automatically engages in QA Competency Review and Evaluation the following random selection.

2.6.2 An extension is a delay in submitting the Professional Portfolio mandatory materials and/or the completed multi-source feedback surveys. The member is expected to engage in the current random selection cycle however his/her deadlines for participation can be extended to a maximum of thirty (30) days.

2.6.3 An exemption is when a member does not participate in the current random selection process and will not be automatically included in the next random selection. However, the member will be placed back into the random selection pool if he/she meets the established criteria.

2.6.4 The member is required to submit his/her request for deferral, extension and/or exemption in writing addressed to the QA Committee.

2.6.5 A deferral may be granted for:

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- personal illness
- currently not practising (e.g. leave of absence from work, maternity leave)
- retirement (member still has an active status)
- illness of a close family member
- death in the family
- personal crisis or extenuating circumstances that impact the member's ability to cope with additional stress

2.6.6 A member will submit a signed doctor's note accompanied by his/her request for deferral when the request for deferral is based on illness, death in the family, and/or personal crisis.

2.6.7 A member will submit evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date/last day of work).

2.6.8 A member will be granted an exemption if he/she does not meet the established random selection criteria as described in policy number 2.1.3 when randomly selected.

2.6.9 Based on the written request and following the criteria in policy number 2.6.4-2.6.8, College staff in consultation with a member of the QAC (ie. Chair or Vice-Chair) may grant a member one (1) deferral. Following the granting of one (1) deferral a member's request for a second or subsequent deferrals will be reviewed by the Committee.

#### 2.6.5

- personal illness
- currently not practising (e.g. leave of absence from work, maternity leave)
- retirement (member still has an active status)
- illness of a close family member
- death in the family
- personal crisis or extenuating circumstances that impact the member's ability to cope with additional stress

2.6.6 A member will submit a signed doctor's note accompanied by his/her request for deferral when the request for deferral is based on illness, death in the family, and/or personal crisis.

2.6.7 A member will submit evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date/last day of work).

2.6.8 A member will be granted an exemption if he/she does not meet the established random selection criteria as described in policy number 2.1.3 when randomly selected.

2.6.9 Based on the written request and following the criteria in policy number 2.6.4-2.6.8, College staff in consultation with a member of the QAC (ie. Chair or Vice-Chair) may grant a member one (1) deferral. Following the granting of one (1) deferral a member's request for a second or subsequent deferrals will be reviewed by the Committee.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.7 QA Competency Review and Evaluation- Step 2 Request for Deferrals, Extension and Exemption

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

**Principle:**

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). The Committee does recognize that illness and extenuating circumstances (such as death in the family or a personal /family crisis), and leave of absence from practising may affect a member's ability to engage in the Competency Review and Evaluation process.

**Policy:**

2.7.1 A deferral is a lengthy delay in engaging in QA Competency Review and Evaluation Step 2 (onsite peer and practice assessment). The member will be required to engage in Competency Review and Evaluation Step 2 as directed by the College and the time frame will be based on the individual's circumstance.

2.7.2 An extension is request for a thirty (30) – sixty (60) day delay in participating in the Competency Review and Evaluation Step 2 processes beyond the required deadlines.

2.7.3 The member is required to submit his/her request for deferral or extension in writing addressed to the QA Committee.

2.7.4 A deferral may be granted for:

- personal illness
- currently not practising (e.g. leave of absence from work, maternity leave, retired etc.)
- planning retirement (member has an active status)

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- illness of an immediate family member or in circumstances where the member is the primary care giver
- death in the family
- personal crisis or extenuating circumstances which impact the member's ability to cope with additional stress

2.7.5 A member must submit a signed doctor's note accompanied by his/her request for deferral when the request for deferral is based on illness, death in the family, and/or personal crisis.

2.7.6 A member must submit evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date /last day of work, signed self-declaration).

2.7.7 Based on the written request and following the criteria in policy number 2.7.3 - 2.7.6, College staff in consultation with a member of the QAC (ie. Chair or Vice-Chair) may grant a member one (1) deferral or extension. Following the granting of one (1) deferral or extension a member's request for a second or subsequent deferral will be reviewed by the Committee.

2.7.8 An extension will not exceed sixty (60) days.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.8 QA Competency Review and Evaluation- Step 2 Member Participation Due Dates

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

S.12 (1) At least 14 days before the assessment begins, the Committee shall notify a member that he or she will undergo a peer assessment and in the notice, provide the member with the name of the assessor.

S. 12(2) Within 14 days of receiving the notice under subsection 1, the member may ask the Committee to appoint a different assessor so long as the assessor mentioned in the notice under subsection 1 has not yet begun the assessment.

*Regulated Health Professions Act, S. 39* When notice or decision given by mail received:

(2) If a notice or decision is sent by mail addressed to a person at the person's last known address, there is a rebuttable presumption that it was received by the person on the fifth day after mailing. 2007, c. 10, Sched. M, s. 11.

**Principle:**

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). Regulations require every member who holds a certificate of registration as an optician be required to engage in a peer and practice assessment. To ensure members uphold their legislative obligation and to ensure a transparent and fair process it is critical that due dates are established for completing the Competency Review and Evaluation Step 2 requirements.

**Policy:**

2.8.1 The member is granted 30 days (plus 5 days for mail as per the RHPA) from the date of the notification letter to complete the peer assessment pre-questionnaire.

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- 2.8.2    The member is granted 60 days (plus 5 days for mail as per the RHPA) from the date of the notification letter to engage in the onsite peer and practice assessment.
- 2.8.3    The member shall be notified of the name of the peer assessor, no less than 14 days (plus 5 days for mail) before the date of the assessment, and the member will be granted an opportunity to declare a conflict of interest with the peer assessor.
- 2.8.4    The peer assessor will also be given an opportunity to declare a conflict of interest with the member.
- 2.8.5    The peer assessor shall assess the member’s current scope of practice. For example, if the member is dispensing contact lenses and eyeglasses, these practice areas will be assessed. If the member is only dispensing eyeglasses, only this practice area will be assessed.

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## 2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION

### 2.9 QA Competency Review and Evaluation- Non-Compliance

#### Policy Date:

Council Approval of Policy – [DATE]

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#### Applicable Regulation and Legislation:

Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94

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S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program

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S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.

S.80.2(1) The Quality Assurance Committee may do only one or more of the following:

S.80.2(1)4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

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#### Principle:

All health professionals in Ontario are required to comply with a QA program prescribed by their College's Council which promotes continuing competency and ensures all members maintain a high standard of practice and professionalism in the public interest. To assist opticians in meeting these legislative obligations, the QA Committee has developed a QA program that requires opticians to engage in self-assessment and professional development each year through the completion of a Professional Portfolio. The General Regulation under the Opticianry Act, 1991 mandates that the Colleges establish mechanisms to monitor members' participation in, and compliance with, the Quality Assurance program.

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This policy outlines the QA program requirements and the QA Committee's approach to member non-compliance.

#### Policy:

2.9.1 Every year by December 31, members are required to complete a Professional Portfolio

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2.9.2 Every year by December 31, members are required to upload/report their accredited continuing education hours to the College via the Member Portal.

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2.9.3 After December 31 of each year, College staff will identify all members who have not uploaded/reported the minimum amount of accredited continuing education hours to the Member Portal. College staff will send a reminder email to those members requesting that they enter the information into their profile through the Member Portal within 30 days of the date of the email.

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2.9.4 After the submission deadline identified in the initial reminder email, College staff will identify all members who have still not uploaded/reported the minimum amount of accredited continuing education hours to the Member Portal. These members will receive a letter from the QA Committee requesting that the member;

1. Complete the outstanding requirements and upload/report the minimum amount of accredited continuing education hours by no later than the date specified; and
2. Submit a written response to the Committee that includes reason(s) for non-compliance and a plan of action by no later than the date specified

2.9.5 Failure to provide a response by the dates specified in the final reminder letter or failure to comply with the Committee’s requests may result in one or more of the following actions by the QA Committee;

- Refer the member for a Peer and Practice Assessment (at the member’s cost)
- Refer the member to the Inquiries, Complaints and Reports Committee (ICRC)

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**3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS****3.1 Defining the role and responsibilities of the College's peer assessors****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

QA Competency Review and Evaluation- Step 2 is an onsite peer and practice assessment that assesses the member's knowledge, skill and judgment mapped to the Professional Standards of Practice of Opticians in the Province of Ontario (Standards) and National Competencies for Canadian Opticians (Competencies). The onsite peer and practice assessment includes a:

1. behaviour-based interview
2. chart review
3. premises inspection

As part of the assessment process, under the *Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2. S. 81* the "Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program." The College is required to establish policies related to the role and responsibilities of the peer assessor.

**Policy:**

3.1.1 The role of the assessor is to conduct Competency Review and Evaluation onsite peer and practice assessments and develop a comprehensive, objective and accurate assessment report.

3.1.2 The peer assessor will report directly to the Quality Assurance Manager.

3.1.3 All appointed peer assessors will engage in regular training provided by the College and keep abreast of current standards of the profession.

It is a requirement that the peer assessor maintain a certificate of registration as a registered optician in good standing with the College, meet the established qualifications and demonstrate engagement in the annual quality assurance requirements.

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### 3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS

#### 3.2 Defining the Peer Assessor Hiring and Appointment Process

##### Policy date:

Council Approval of Policy – May 29, 2017

##### Applicable Regulation and Legislation:

*Regulated Health Profession Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

##### Principle:

QA Competency Review and Evaluation Step 2 is an onsite peer and practice assessment that assesses the members' knowledge, skill and judgment mapped to the *Professional Standards of Practice of Opticians in the Province of Ontario* (Standards) and the National Competencies for Canadian Opticians (Competencies). The onsite peer and practice assessment includes a:

1. behaviour-based interview
2. chart review
3. premises inspection

The assessment is conducted by skilled peer assessors and the Quality Assurance Committee is required to maintain a roster of qualified assessors. The College is required to circulate a call for peer assessor candidates announcing the peer assessor qualifications and hiring processes.

##### Policy:

3.2.1 To support transparency, a role description outlining peer assessor qualification requirements will be circulated with the call for peer assessor candidates (see Appendix A: Peer Assessor Job Description).

3.2.2 The College will maintain a roster of approximately 6-10 peer assessors and review the positions on an annual basis.

3.2.3 Peer assessor roster selection process includes:

1. Call for resumes will be sent to all members,
2. Telephone interview (following a skills matrix) conducted by College staff/Quality Assurance Manager in consultation with a member of the Committee (ie. Chair or Vice-Chair), and reference check by the Quality Assurance Manager/College staff.

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3. Formal evaluation process including engaging in a Competency Review and Evaluation Step 2 process.

3.2.4 The Quality Assurance Manager will apply the following peer assessor selection criteria for assigning each peer assessor to a specific assessment:

1. The peer assessor must demonstrate current knowledge with fitting contact lenses if applicable to the assessment.
2. The peer assessor must hold refraction status with the College if applicable to the assessment.
3. No conflict of interest (real, perceived or potential) is present between the member and peer assessor. Conflict of interest is defined as having current and/or prior personal and/or professional relationship with the respective party.

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### 3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS

#### 3.3 Defining the Peer Assessor Qualifications

##### Policy date:

Council Approval of Policy – May 29, 2017

##### Applicable Regulation and Legislation:

*Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

##### Principle:

It is an expectation that peer assessors appointed by the Quality Assurance Committee meet minimum qualifications. This list of qualifications will be circulated with the call for peer assessor candidates and will support the developed skills matrix used during the interview screening process.

##### Policy:

3.3.1 All appointed peer assessors will:

- have practised as an optician for the last 5 years or longer
- hold a current certificate of registration with the College as a Registered Optician
- demonstrate current knowledge, skill and judgment in the scope of practice to be assessed
- have no prior history with the College resulting in an unfavourable decision of the ICRC, the Executive Committee, the Fitness to Practise Committee or the Discipline Committee other than a decision to take no action
- successfully complete (or be up-to-date) with all quality assurance requirements
- demonstrate current computer skills
- demonstrate a willingness to travel
- it is also an asset to demonstrate skills in interviewing, adult education and/or conducting assessments/audits

3.3.2 The peer assessor annual requirements include:

1. Updating the College about any significant change in registration status or scope of practice and provide, if requested, an updated resume.

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2. Submitting a signed independent contractor agreement

3. Submitting a signed confidentiality and privacy agreement

4. Engaging in the required peer assessor training sessions, AODA training and performance review.

3.3.3. QA staff will confirm, on an annual basis, that the peer assessor continues to hold current registration and that the peer assessor has confirmed on the annual renewal that they are engaged in the Competency Enhancement.

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**4.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO ACCREDITATION POLICY FOR PROVIDERS****4.1 QA Defining the criteria for providers to follow for course activity accreditation****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Professions Act, 1991 S.O. 1991*

Section 80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
  - (i) promote continuing competence and continuing quality improvement among the members
  - (ii) address changes in practice environments
  - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education or professional development design to,

- i. promote continuing competence and continuing quality improvement among the members
- ii. address changes in practice environment
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

Members are required to engage in continuing education and professional development. Competency Enhancement, a component of the QA program, requires members to engage in a minimum of 8 accredited continuing education hours per year (includes 4 eyeglass (EG) hours and 4 contact lens (CL) hours). Refracting opticians are required to accumulate an additional 2 accredited hours specific to refraction (RF).

Members are also required to complete an additional 8 non-accredited self-directed continuing education hours.

The Quality Assurance Committee is charged with accrediting continuing education hours to ensure relevant, high quality and current information and education is provided to members. The QA Committee and continuing education providers require policies to ensure a transparent and fair accreditation process. This policy shall be used in determining the number and types of credits that the Committee awards to continuing education (CE) activity submissions.

**Policy:**

4.1.1 The Committee shall accredit educational activities for the purposes of the QA program in accordance with the Continuing Education (CE) Accreditation Policy.

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**1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT****1.1 Defining a non-exclusive list of Continuing Education Hours****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education (CE) or professional development design to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and industry/regulatory standards. The public expects opticians to be competent and provide up-to-date knowledge and patient-focused care.

**Policy:**

- 1.1.1 Continuing education hours is defined as hours spent engaging in activities that are accredited (i.e. attending an accredited conference or teleconference) and specific to contact lens and/or eyeglass technology (and refracting where applicable) and activities that are self-directed and non-accredited (e.g. reading a journal article, reviewing online resources, attending a non-accredited education session).

As part of QA Competency Enhancement requirements, members are required to complete **annually:**

1. 8 non-accredited self-directed continuing education hours and
2. 8 accredited College pre-approved continuing education hours:
  - a. 4 accredited hours specific to contact lens technology
  - b. 4 accredited hours specific to eyeglass technology.

3. An additional 2 accredited continuing education hours are also required for refracting opticians.

1.1.2 Members are allowed to claim the following activities as non-accredited self-directed continuing education hours (non-exhaustive list).

- Hour-for-hour for non-accredited self-directed learning activities, for example:
  - Live and/or multi-media presentations (seminars/lectures/workshops)
  - Distance learning activities (print /internet/video/television)
  - Scholastic (educational institution based courses)
  - Self-study or organized study groups
  - Emergency medical course (such as CPR and/or firstaid)
  - Supervision of students and intern opticians
- 1 non-accredited hour for each 1,000 practising hours to a maximum of 1 hour per year.
- 1 non-accredited hour for 500 supervising hours in each year to a maximum of 2 hours per year.
- 1 non-accredited hour for 500 teaching hours in each year to a maximum of 2 hours per year.
- 1 non-accredited hour for participating as a Council member, an appointed Committee member, or a professional association board member in each year.
- 1 non-accredited self-directed hour for one volunteer event (includes uncompensated opticianry volunteer missionary work abroad provided supporting documentation is submitted such as a letter of deployment/time abroad from the organization or a certificate of verification) to a maximum of 2 hours (events) in each year.
- 1 non-accredited self-directed hour for examiners or peer assessors in each year per event to a maximum of 2 hours per year.

1.1.3 Members are allowed to claim the following activities as accredited continuing education hours.

- Hour-for-hour for presenting accredited hours. Members may claim accredited hours equal to the credits offered for the presentation. Members can only claim accredited hours for the first presentation conducted.
- Hour-for-hour for activities that have been approved as accredited by the QA Committee, in accordance with the Continuing Education Accreditation Policy, as published on the College's website.

1.1.4 Every member who holds a certificate of registration as a registered optician shall participate in the required number of continuing education hours as described in Policy 1.1.1 annually.

1.1.5 The number of continuing education hours that newly registered ROs must complete will depend on the date the member is registered with the College, in accordance with the prorated chart below. The schedule applies to the first calendar year of registration only, and only applies to members who have not previously held an RO certificate of registration in Ontario.

Dates Registered	Accredited CE Required	Unaccredited CE required
January 1 – March 31	8(100%)	8(100%)
April 1 – June 30	6(75%)	6 (75%)
July 1 – September 30	4(50%)	4 (50%)
October 1 – December 31	2(25%)	2(25%)

- 1.1.6 Opticians who reinstate with the College must complete 16 continuing education hours (12 accredited hours and 4 non-accredited hours) by the end of the calendar year in which they reinstate (i.e., by December 31). This applies regardless of when in the year the member decides to reinstate.
- 1.1.7 Members with a status of “current and inactive”, are to maintain a professional portfolio which includes engaging in a total of sixteen (16) continuing education hours, plus additional 2 CE accredited refracting hours as applicable described in Policy 1.1.1.
- 1.1.8 The annual cycle for completing the required number of continuing education hours is based on a calendar year, January 1 to December 31.

**1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT****1.2 Defining Professional Portfolio Requirements****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education or professional development design to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and industry/regulatory standards. The public expects their optician to be competent and provide up-to-date knowledge and patient-focused care.

**Policy:**

1.2.1 A Professional Portfolio consists of:

- Member Demographic Information: Form 1
- Competency Self-Assessment: Form 2
- Professional Improvement Plan: Form 3
- Continuing Education Activity Log: Form 4

1.2.2 Every member who holds a certificate of registration as a registered optician shall complete the Professional Portfolio materials as described in 1.2.1 annually.

1.2.3 Newly registered members must complete the Professional Portfolio materials as described in 1.2.1 by December 31 in the year that they are first registered, which contains the number of CE set out in 1.1.5, and annually thereafter.

- 1.2.4 Reinstating members must complete the Professional Portfolio materials as described in 1.2.1 by December 31 in the year that they are reinstating, which contains the number of CE set out in 1.1.6, and annually thereafter.
- 1.2.5 Members with a status of “current and inactive”, are to maintain a professional portfolio, as described in Policy 1.2.1.
- 1.2.6 The annual cycle for completing the Professional Portfolio is based on a calendar year, January 1 to December 31.
- 1.2.7 Members must document and complete at least one new professional goal on their Continuing Quality Improvement Action Plan (Form 3).

**1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT****1.3 Professional Boundaries and Sexual Abuse Prevention Module Requirements****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(1) Continuing education or professional development designed to

- i. promote continuing competence and continuing quality improvement among the members,
- ii. address changes in practice environment, and
- iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

As self-regulated professionals, it is critical to public protection that members are aware of and follow the applicable legislation and standards of the profession. It is the College's obligation to ensure the public that members have the appropriate knowledge to practice safely and ethically.

**Policy**

- 1.3.1 Members complete the Professional Boundaries and Sexual Abuse Prevention Module within the first twelve (12) months of initial registration and every three (3) years thereafter.
- 1.3.2 When a member is selected to participate in the CRE, they will be asked to submit evidence of completion on the Professional Boundaries and Sexual Abuse Prevention Module.
- 1.3.3 Every member who holds a certificate of registration as a registered optician shall complete the Professional Boundaries and Sexual Abuse Prevention Module as described in 1.4.1.
- 1.3.4 Members must obtain a pass score of 80% to be considered completed.
- 1.3.5 Members are allowed unlimited attempts to obtain the 80% pass score.

**1.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY ENHANCEMENT****1.4 Maintaining self-assessment, continuing education or professional development records****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94, S. 8 (3), 10(1)*

S. 8(3) The Committee shall administer the program, which shall consist of the following component:

3. A mechanism for the College of to monitor members' participation in, and compliance with, the quality assurance program.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six years.

**Principle:**

As self-regulated professionals, opticians regularly engage in professional development and/or continuing education. It is a legislative requirement that the College monitor members' engagement in QA Competency Enhancement to ensure the public that opticians maintain ongoing competence. Maintaining records and submitting these records provides evidence of regular participation.

**Policy:**

1.4.1 Members will record the completion of their required continuing education hours in their Professional Portfolio Log and maintain supporting evidence of their participation in accredited continuing education hours such as a verification of attendance document.

1.4.2 Records stated in Policy 1.2.1 are maintained by members for a period of six (6) years.

1.4.3 Professional Portfolio materials stated in Policy 1.2.1 are maintained by members for a period of six (6) years.

1.4.4 Members are to maintain their Professional Boundaries and Sexual Abuse Prevention Module score reports for a period of six (6) years.

1.4.5 If due to extenuating circumstances the member does not complete the required Professional Portfolio materials, continuing education hours and/or Professional Boundaries and Sexual Abuse Prevention Module, the member will maintain documentation as to the reason for the omission (i.e. signed letter indicating reason for omission and/or proof of extenuating circumstance) and submit it to the College upon request.

1.4.6 Members will declare their participation in QA Competency Enhancement on the College's annual registration renewal form.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.1 Defining Competency Review and Evaluation and the Selection Process****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(3) Each year the Committee shall select at random, including stratified random sampling, the names of members required to undergo a peer and practice assessment.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skill and judgment if

(a) the member is selected under subsection (3) or

(b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records in the opinion of the Committee are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities or

(c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

Self-regulated professionals are held accountable to the College and the public. To ensure public protection and to engage ongoing learning the College must regularly engage members in a competency assessment process (QA Competency Review and Evaluation) and monitor member's participation in self-assessment, professional development and continuing education (QA Competency Enhancement).

**Policy:**

2.1.1 Competency Review and Evaluation is the College's peer and practice assessment component of the QA program.

2.1.2 Competency Review and Evaluation consists of a two-step process:



**Step 1** When selected, members are:

- a. required to submit their completed Professional Portfolio mandatory materials for the past year and
- b. may be required to engage in a multi-source feedback survey process.
- c. The QA Committee may request that members submit Professional Portfolios for the past two years.

**Step 2** Members that Step 1 identified as requiring an in-depth assessment of their practice are required to participate in an:

- d. on-site practice assessment, a chart-review, and a dispensary inspection.

- 2.1.3 On an annual basis 20% of practising opticians will be selected for Competency Review and Evaluation. A stratified random selection criteria will apply as listed in 2.1.6.
- 2.1.4 On an annual basis, 10% of the members selected to participate in the CRE will submit the Professional Portfolio (Stream One).
- 2.1.5 On an annual basis, 10% of the members selected to participate in the CRE will complete the Multi-Source Feedback (MSF) process, in addition to submitting the Professional Portfolio (Stream Two).
- 2.1.6 Stratified random selection criteria includes members who:
  - hold a current registration (includes members who are “current and active” and “current and inactive”) as a Registered Optician with the College
  - are currently practising (dispensing, teaching, and/or supervising opticians)
  - have been registered with the College for greater than twelve (12) months
  - are practising in Ontario and
  - have not engaged in QA Competency Review and Evaluation in the past two years.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.2 Defining the Competency Review and Evaluation Requirements****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(2) The purpose of a peer and practice assessment of a member's knowledge, skills and judgment is to ensure that the member continues to practice competently and adheres to the standards of practice of the profession.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

The Quality Assurance Committee is required to assess a member's knowledge, skill and judgment to ensure the public that all members maintain their competence throughout the life of their practice. When a member has demonstrated a lack of engagement in continuing education and/or professional development; and/or data generated from peers, colleagues and patients indicates his/her practice skills, knowledge and attitudes differ from their peers, a more in-depth assessment is required. The goal of the QA Program is to administer an assessment that assesses "action" or "real performance" of the member. The assessment should be practice relevant, educational in nature and promote self-reflection and self-remediation.

**Policy:**

2.2.1 The Competency Review and Evaluation step 2 assessment will include the following tools:

- Pre-questionnaire (completed in advance of the assessment to provide practice relevant information and demographics)
- Behaviour-based interview (case-based and/or situation based questions)
- Chart Review
- Premises Inspection

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.3 Competency Review and Evaluation: Step 1 Submissions****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six years.

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(2) The purpose of a peer and practice assessment of a member's knowledge, skill and judgment is to ensure that the member continues to practice competently and adheres to the standards of practice of the profession.

**Principle:**

Competency Review and Evaluation Step 1 provides a means to assess members' knowledge, skill and judgment based on the standards of practice and entry level competencies; screen those members who require a more in-depth assessment; monitor compliance and completion of the required QA Competency Enhancement mandatory materials; and provide formative feedback to a large number of practicing members to encourage ongoing learning and reflective practice.

**Policy:**

2.3.1 When a member is selected to engage in QA Competency Review and Evaluation, the member will submit the mandatory Professional Development Portfolio materials (as defined in 2.3.2) completed in the last year. The Committee may request that members submit Professional Portfolios completed in the past two years.

2.3.2 The member will submit the following completed Professional Portfolio materials when randomly selected from QA Competency Review and Evaluation:

- Form 1: Member Demographic Information (completed annually)
- Form 2: Competency Self-Assessment (completed annually)
- Form 3: Professional Improvement Plan - includes logging 8 self-directed, unaccredited continuing education (CE) hours annually, and reflecting on the new knowledge and effect on the member's practice (completed annually)
- Form 4: Professional Activities Tracking Sheet: includes logging 8 accredited CE hours, and an additional 2 accredited CE hours for refracting opticians specific to refraction

(completed annually)

- Form 5: Professional Activities Form (completed annually), if applicable, and
- Professional Boundaries and Sexual Abuse Prevention Module (completed every three years).

- 2.3.3 When a member is selected to engage in QA Competency Review and Evaluation, Stream Two (Portfolio and MSF), members who provide direct patient care (dispense optical appliances), the member will submit a minimum of nine (9) client surveys and six (6) colleague/co-worker surveys.
- 2.3.4 When a member is selected to engage in QA Competency Review and Evaluation, for those members who provide direct supervision and/or teach opticians, the member will submit a minimum of six (6) colleague/co-worker surveys.
- 2.3.5 The member is required to submit the mandatory Professional Portfolio materials within thirty (30) days, plus five (5) days for mail as per the RHPA from notification date.
- 2.3.6 The member is required to submit the required number of multi-source feedback survey tools within sixty (60) days, plus five (5) days for mail, as per the RHPA, from notification date.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.4 Competency Review and Evaluation: Step 1 Professional Portfolio Review****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 10(1) Every member shall retain records of his or her self-assessment, continuing education or professional development, in the form and manner approved by the Committee for six (6) years.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if,

- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities.

**Principle:**

The goal of completing the Professional Portfolio mandatory materials is to encourage practice reflection, continuing education and professional development. The Committee is required, under the *Regulated Health Professions Act, 1991* (RHPA) and the QA Regulations to monitor a member's participation in the QA program. If a member demonstrates a lack of self-reflection and regular engagement in continuing education and professional development, the Committee has a responsibility to assess a member's competence and ability to meet the standards of the profession and entry level competences.

**Policy:**

2.4.1 A Portfolio is complete when all Portfolio materials described in policy number 2.3.2 are completed in full and the following items are demonstrated:

- at least one new professional goal completed (any other goals may be carried over to the following year)
- the completeness of the required CE hours as described in policy number 1.1.1, 1.1.2, 1.2.3
- supporting evidence of completeness of the accredited College pre-approved continuing education hours for accredited CE hours (e.g. receipts, certificates of attendance, course outlines) and
- the Professional Boundaries and Sexual Abuse Prevention Module certificate which represents a pass score of at least 80%.

2.4.2 Portfolio materials will be reviewed and screened for completeness and/or adequacy by College staff to determine the submissions that will be reviewed by the Committee.

2.4.3 Where, upon review by College staff, a Portfolio is found to be missing supporting evidence of completeness of no more than 3 accredited CE hours, but is otherwise

found by College staff to be complete and adequate, College staff may decide to give the member the opportunity to remedy their deficiency and show compliance with the program before determining whether the submission will be reviewed by the Committee.

- 2.4.4 The QA Committee will then review all professional portfolio submissions that continue to be identified by College staff as incomplete or inadequate to determine if the member should be required to engage in QA Competency Review and Evaluation Step 2 (an onsite peer and practice assessment).
- 2.4.5 The QA Committee may also refer the member to the Inquiries, Complaints and Reports Committee (ICRC) for failure under O. Reg. 828/93 for one or more of the following: s. 1.(16), failure to respond to a registered letter; s. 1.(2), contravening a standard of the profession; s. 1(26) contravening the QA regulation; s. 1(21) falsifying a record relating to the member's practice; s. 1(23) signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement; and s. 1(28) engaging in conduct or performing an act, in the course of practicing opticianry that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonorable or unprofessional.
- 2.4.6 The QAC may decide to give members the opportunity to remedy their deficiency and show compliance with the program before referring a member for a Peer and Practice Assessment or to the ICRC. The QAC can recommend that the member complete additional hours of CE in order to be deemed compliant with the QA program. If the member remedies the deficiency, the QAC may decide not to take any formal steps.
- 2.4.7 The QA Committee may rely on summary information prepared by College staff for the purpose of reviewing a member's Portfolio submission, but in the event that the Committee considers requiring a member to engage in QA Competency Review and Evaluation Step 2 or referring the member to the ICRC for any of the allegations of professional misconduct set out in section 2.4.5, the Committee shall review the member's portfolio submission in full.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.5 Defining Components of the Competency Review and Evaluation and the Selection Process****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection(3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

**Principle:**

The multi-source feedback survey process is a component of the College's QA Competency Review and Evaluation (peer and practice assessment) used to assesses the members' practice against the standards of practice and entry level competencies. The purpose of the multi-source feedback survey process is to provide objective formative feedback to members to promote self-reflection and engagement in professional development and to screen to determine those members who require a more in-depth peer and practice assessment.

**Policy:**

- 2.5.1 A member who is randomly selected is required to submit the required number of completed multi-source feedback surveys as described in policy number 2.3.3 and 2.3.4.
- 2.5.2 A Member whose multi-source feedback survey results are below the established threshold (cut score), as determined by the QA Committee, will be required to engage in QA Competency Review and Evaluation: Step 2 (a more in-depth onsite peer and practice assessment).

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.6 QA Competency Review and Evaluation- Step 1 Request for Deferral, Extension and Exemption****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection(3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

**Principle:**

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). The Committee does recognize that illness and extenuating circumstances (such as death in the family or a personal/family crisis) and leave of absence from practising may affect a member's ability to engage in the Competency Review and Evaluation process.

**Policy:**

- 2.6.1 A deferral is a delay in engaging in QA-Competency Review and Evaluation until the following random selection cycle. The member automatically engages in QA Competency Review and Evaluation the following random selection.
- 2.6.2 An extension is a delay in submitting the Professional Portfolio mandatory materials and/or the completed multi-source feedback surveys. The member is expected to engage in the current random selection cycle however his/her deadlines for participation can be extended to a maximum of thirty (30) days.
- 2.6.3 An exemption is when a member does not participate in the current random selection process and will not be automatically included in the next random selection. However, the member will be placed back into the random selection pool if he/she meets the established criteria.
- 2.6.4 The member is required to submit his/her request for deferral, extension and/or exemption in writing addressed to the QA Committee.
- 2.6.5 A deferral may be granted for:



- personal illness
- currently not practising (e.g. leave of absence from work, maternity leave)
- retirement (member still has an active status)
- illness of a close family member
- death in the family
- personal crisis or extenuating circumstances that impact the member's ability to cope with additional stress

- 2.6.6 A member will submit a signed doctor's note accompanied by his/her request for deferral when the request for deferral is based on illness, death in the family, and/or personal crisis.
- 2.6.7 A member will submit evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date/last day of work).
- 2.6.8 A member will be granted an exemption if he/she does not meet the established random selection criteria as described in policy number 2.1.3 when randomly selected.
- 2.6.9 Based on the written request and following the criteria in policy number 2.6.4-2.6.8, College staff in consultation with a member of the QAC (ie. Chair or Vice-Chair) may grant a member one (1) deferral. Following the granting of one (1) deferral a member's request for a second or subsequent deferrals will be reviewed by the Committee.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.7 QA Competency Review and Evaluation- Step 2 Request for Deferrals, Extension and Exemption****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

**Principle:**

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). The Committee does recognize that illness and extenuating circumstances (such as death in the family or a personal /family crisis), and leave of absence from practising may affect a member's ability to engage in the Competency Review and Evaluation process.

**Policy:**

- 2.7.1 A deferral is a lengthy delay in engaging in QA Competency Review and Evaluation Step 2 (onsite peer and practice assessment). The member will be required to engage in Competency Review and Evaluation Step 2 as directed by the College and the time frame will be based on the individual's circumstance.
- 2.7.2 An extension is request for a thirty (30) – sixty (60) day delay in participating in the Competency Review and Evaluation Step 2 processes beyond the required deadlines.
- 2.7.3 The member is required to submit his/her request for deferral or extension in writing addressed to the QA Committee.
- 2.7.4 A deferral may be granted for:
  - personal illness
  - currently not practising (e.g. leave of absence from work, maternity leave, retired etc.)
  - planning retirement (member has an active status)

- illness of an immediate family member or in circumstances where the member is the primary care giver
- death in the family
- personal crisis or extenuating circumstances which impact the member's ability to cope with additional stress

- 2.7.5 A member must submit a signed doctor's note accompanied by his/her request for deferral when the request for deferral is based on illness, death in the family, and/or personal crisis.
- 2.7.6 A member must submit evidence of retirement (e.g. signed communication sent to his/her employer stating retirement date /last day of work, signed self-declaration).
- 2.7.7 Based on the written request and following the criteria in policy number 2.7.3 - 2.7.6, College staff in consultation with a member of the QAC (ie. Chair or Vice-Chair) may grant a member one (1) deferral or extension. Following the granting of one (1) deferral or extension a member's request for a second or subsequent deferral will be reviewed by the Committee.
- 2.7.8 An extension will not exceed sixty (60) days.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.8 QA Competency Review and Evaluation- Step 2 Member Participation Due Dates****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

S. 11(4) A member shall undergo a peer and practice assessment of his or her knowledge, skills and judgment if

- (a) the member is selected under subsection (3) or
- (b) a request is made to review the records of a member's self-assessment, continuing education or professional development activities under section 10 and the records, in the opinion of the Committee, are not complete or fail to demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or
- (c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

S.12 (1) At least 14 days before the assessment begins, the Committee shall notify a member that he or she will undergo a peer assessment and in the notice, provide the member with the name of the assessor.

S. 12(2) Within 14 days of receiving the notice under subsection 1, the member may ask the Committee to appoint a different assessor so long as the assessor mentioned in the notice under subsection 1 has not yet begun the assessment.

*Regulated Health Professions Act, S. 39* When notice or decision given by mail received:

(2) If a notice or decision is sent by mail addressed to a person at the person's last known address, there is a rebuttable presumption that it was received by the person on the fifth day after mailing. 2007, c. 10, Sched. M, s. 11.

**Principle:**

As self-regulated professionals, it is critical to public protection that members participate in QA Competency Review and Evaluation (a peer and practice assessment). Regulations require every member who holds a certificate of registration as an optician be required to engage in a peer and practice assessment. To ensure members uphold their legislative obligation and to ensure a transparent and fair process it is critical that due dates are established for completing the Competency Review and Evaluation Step 2 requirements.

**Policy:**

2.8.1 The member is granted 30 days (plus 5 days for mail as per the RHPA) from the date of the notification letter to complete the peer assessment pre-questionnaire.

- 2.8.2 The member is granted 60 days (plus 5 days for mail as per the RHPA) from the date of the notification letter to engage in the onsite peer and practice assessment.
- 2.8.3 The member shall be notified of the name of the peer assessor, no less than 14 days (plus 5 days for mail) before the date of the assessment, and the member will be granted an opportunity to declare a conflict of interest with the peer assessor.
- 2.8.4 The peer assessor will also be given an opportunity to declare a conflict of interest with the member.
- 2.8.5 The peer assessor shall assess the member's current scope of practice. For example, if the member is dispensing contact lenses and eyeglasses, these practice areas will be assessed. If the member is only dispensing eyeglasses, only this practice area will be assessed.

**2.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO COMPETENCY REVIEW AND EVALUATION****2.9 QA Competency Review and Evaluation- Non-Compliance****Policy Date:**

Council Approval of Policy – [DATE]

**Applicable Regulation and Legislation:**

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(3) A mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program

S. 9 Every member who holds a certificate of registration as a registered optician shall participate in the program and fulfill its requirements.

*Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S.80.2(1) The Quality Assurance Committee may do only one or more of the following:

S.80.2(1)4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

**Principle:**

All health professionals in Ontario are required to comply with a QA program prescribed by their College's Council which promotes continuing competency and ensures all members maintain a high standard of practice and professionalism in the public interest. To assist opticians in meeting these legislative obligations, the QA Committee has developed a QA program that requires opticians to engage in self-assessment and professional development each year through the completion of a Professional Portfolio. The General Regulation under the *Opticianry Act, 1991* mandates that the Colleges establish mechanisms to monitor members' participation in, and compliance with, the Quality Assurance program.

This policy outlines the QA program requirements and the QA Committee's approach to member non-compliance.

**Policy:**

2.9.1 Every year by December 31, members are required to complete a Professional Portfolio

2.9.2 Every year by December 31, members are required to upload/report their accredited continuing education hours to the College via the Member Portal.

2.9.3 After December 31 of each year, College staff will identify all members who have not uploaded/reported the minimum amount of accredited continuing education hours to the Member Portal. College staff will send a reminder email to those members requesting that they enter the information into their profile through the Member Portal within 30 days of the date of the email.

2.9.4 After the submission deadline identified in the initial reminder email, College staff will identify all members who have still not uploaded/reported the minimum amount of accredited continuing education hours to the Member Portal. These members will receive a letter from the QA Committee requesting that the member:

1. Complete the outstanding requirements and upload/report the minimum amount of accredited continuing education hours by no later than the date specified; and
2. Submit a written response to the Committee that includes reason(s) for non-compliance and a plan of action by no later than the date specified

2.9.5 Failure to provide a response by the dates specified in the final reminder letter or failure to comply with the Committee's requests may result in one or more of the following actions by the QA Committee:

- Refer the member for a Peer and Practice Assessment (at the member's cost)
- Refer the member to the Inquiries, Complaints and Reports Committee (ICRC)

**3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS****3.1 Defining the role and responsibilities of the College's peer assessors****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

QA Competency Review and Evaluation- Step 2 is an onsite peer and practice assessment that assesses the member's knowledge, skill and judgment mapped to the Professional Standards of Practice of Opticians in the Province of Ontario (Standards) and National Competencies for Canadian Opticians (Competencies). The onsite peer and practice assessment includes a:

1. behaviour-based interview
2. chart review
3. premises inspection

As part of the assessment process, under the *Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2. S. 81* the "Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program." The College is required to establish policies related to the role and responsibilities of the peer assessor.

**Policy:**

- 3.1.1 The role of the assessor is to conduct Competency Review and Evaluation onsite peer and practice assessments and develop a comprehensive, objective and accurate assessment report.
- 3.1.2 The peer assessor will report directly to the Quality Assurance Manager.
- 3.1.3 All appointed peer assessors will engage in regular training provided by the College and keep abreast of current standards of the profession.

It is a requirement that the peer assessor maintain a certificate of registration as a registered optician in good standing with the College, meet the established qualifications and demonstrate engagement in the annual quality assurance requirements.



### 3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS

#### 3.2 Defining the Peer Assessor Hiring and Appointment Process

**Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Profession Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

QA Competency Review and Evaluation Step 2 is an onsite peer and practice assessment that assesses the members' knowledge, skill and judgment mapped to the *Professional Standards of Practice of Opticians in the Province of Ontario* (Standards) and the National Competencies for Canadian Opticians (Competencies). The onsite peer and practice assessment includes a:

1. behaviour-based interview
2. chart review
3. premises inspection

The assessment is conducted by skilled peer assessors and the Quality Assurance Committee is required to maintain a roster of qualified assessors. The College is required to circulate a call for peer assessor candidates announcing the peer assessor qualifications and hiring processes.

**Policy:**

3.2.1 To support transparency, a role description outlining peer assessor qualification requirements will be circulated with the call for peer assessor candidates (see Appendix A: Peer Assessor Job Description).

3.2.2 The College will maintain a roster of approximately 6-10 peer assessors and review the positions on an annual basis.

3.2.3 Peer assessor roster selection process includes:

1. Call for resumes will be sent to all members,
2. Telephone interview (following a skills matrix) conducted by College staff/Quality Assurance Manager in consultation with a member of the Committee (ie. Chair or Vice-Chair), and reference check by the Quality Assurance Manager/College staff.

3. Formal evaluation process including engaging in a Competency Review and Evaluation Step 2 process.
- 3.2.4 The Quality Assurance Manager will apply the following peer assessor selection criteria for assigning each peer assessor to a specific assessment:
1. The peer assessor must demonstrate current knowledge with fitting contact lenses if applicable to the assessment.
  2. The peer assessor must hold refraction status with the College if applicable to the assessment.
  3. No conflict of interest (real, perceived or potential) is present between the member and peer assessor. Conflict of interest is defined as having current and/or prior personal and/or professional relationship with the respective party.

**3.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO PEER ASSESSOR HIRING AND SELECTION PROCESS****3.3 Defining the Peer Assessor Qualifications****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Professions Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2.*

S. 81 Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94*

S. 8 The Committee shall administer the program, which shall consist of the following components:

S. 8(2) Self, peer and practice assessment

S. 11(1) The peer and practice assessment shall include an assessment of the member's knowledge, skill and judgment.

S. 11(5) An assessor may conduct an assessment in stages and may conduct the assessment with the assistance of others.

**Principle:**

It is an expectation that peer assessors appointed by the Quality Assurance Committee meet minimum qualifications. This list of qualifications will be circulated with the call for peer assessor candidates and will support the developed skills matrix used during the interview screening process.

**Policy:**

3.3.1 All appointed peer assessors will:

- have practised as an optician for the last 5 years or longer
- hold a current certificate of registration with the College as a Registered Optician
- demonstrate current knowledge, skill and judgment in the scope of practice to be assessed
- have no prior history with the College resulting in an unfavourable decision of the ICRC, the Executive Committee, the Fitness to Practise Committee or the Discipline Committee other than a decision to take no action
- successfully complete (or be up-to-date) with all quality assurance requirements
- demonstrate current computer skills
- demonstrate a willingness to travel
- it is also an asset to demonstrate skills in interviewing, adult education and/or conducting assessments/audits

3.3.2 The peer assessor annual requirements include:

1. Updating the College about any significant change in registration status or scope of practice and provide, if requested, an updated resume.

2. Submitting a signed independent contractor agreement
  3. Submitting a signed confidentiality and privacy agreement
  4. Engaging in the required peer assessor training sessions, AODA training and performance review.
- 3.3.3. QA staff will confirm, on an annual basis, that the peer assessor continues to hold current registration and that the peer assessor has confirmed on the annual renewal that they are engaged in the Competency Enhancement.

**4.0 QUALITY ASSURANCE COMMITTEE POLICY PERTAINING TO ACCREDITATION POLICY FOR PROVIDERS****4.1 QA Defining the criteria for providers to follow for course activity accreditation****Policy date:**

Council Approval of Policy – May 29, 2017

**Applicable Regulation and Legislation:**

*Regulated Health Professions Act, 1991 S.O. 1991*

Section 80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
  - (i) promote continuing competence and continuing quality improvement among the members
  - (ii) address changes in practice environments
  - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council

*Opticianry Act, 1991 S.O. 1991, Part III of Ontario Regulation 219/94 S.8(1), 9, 10(3)*

The Committee shall administer the program, which shall consist of the following components:

- S. 8(1) Continuing education or professional development design to,
- i. promote continuing competence and continuing quality improvement among the members
  - ii. address changes in practice environment
  - iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

S. 10(3) Every member shall participate in self-assessment, continuing education or professional development activities as approved by the Committee to ensure that, in the Committee's opinion, the member's knowledge, skill and judgment are satisfactory.

**Principle:**

Members are required to engage in continuing education and professional development. Competency Enhancement, a component of the QA program, requires members to engage in a minimum of 8 accredited continuing education hours per year (includes 4 eyeglass (EG) hours and 4 contact lens (CL) hours). Refracting opticians are required to accumulate an additional 2 accredited hours specific to refraction (RF).

Members are also required to complete an additional 8 non-accredited self-directed continuing education hours.

The Quality Assurance Committee is charged with accrediting continuing education hours to ensure relevant, high quality and current information and education is provided to members. The QA Committee and continuing education providers require policies to ensure a transparent and fair accreditation process. This policy shall be used in determining the number and types of credits that the Committee awards to continuing education (CE) activity submissions.

**Policy:**

- 4.1.1 The Committee shall accredit educational activities for the purposes of the QA program in accordance with the Continuing Education (CE) Accreditation Policy.