

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	1
		Create Date March 2, 2012

Intent/Purpose	To provide comprehensive policies governing the Quality Assurance Program of the College of Naturopaths of Ontario (the College).	
Definitions	Assessor	A person appointed under section 81 of the <i>Health Professions Procedural Code</i> (the Code), which is Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> (RHPA).
	Stratified Random Sampling	A sampling where groups are: (a) removed from the pool of Registrants to be sampled, or (b) weighted to increase or decrease the likelihood of their being selected.
	Continuing Education and Professional Development Log	Document approved by the College for Registrants to provide a summary of their continuing education and professional development learning activities.
	Professional Portfolio	An organizational tool that contains all the information related to a Registrant's participation in the College of Naturopaths of Ontario's (CONO) Quality Assurance (QA) Program.
General	Regulations	All aspects of the Quality Assurance Program will be managed in accordance with the <i>Health Professions Procedural Code</i> , and the College's Quality Assurance Regulation. Members of the Quality Assurance Committee (QAC) and Quality Assurance staff will act in accordance with these policies, regulations and the applicable procedures manuals.
	Confidentiality	Committee members have a general statutory duty of confidentiality, as set out in section 36 of the RHPA, which provides that all representatives of the College shall keep confidential all information that comes to their knowledge in the course of their duties, and shall not communicate any information to any person except to the extent the information is available to the public under the RHPA, in connection with the administration of the Act, or in certain other narrow, specified circumstances.
	Composition of the Committee and its Panels	The composition of the QAC is specified in the by-laws of the College. The Committee shall be appointed by the Council of the College and shall be comprised of at least six members, including: <ul style="list-style-type: none"> • At least three professional Registrants who are members of the Council, • At least two public members who are members of the Council, • At least one professional Registrant who is not a member of the Council. Section 3(1) of the QA Regulation provides that a panel must consist of

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	2
		Create Date March 2, 2012

at least three members of the QAC with at least one of those persons being a public member.

Quorum Section 3(2) of the QA Regulation provides that two members of a panel of the QAC constitute a quorum with at least one of those persons being a public member of the Council and one member being a professional Registrant who is a Registrant of the College.

Panel Chair A Panel Chair is selected by the chair of the QAC and acts as a moderator to ensure that all processes are conducted fairly, efficiently and in an orderly fashion in accordance with the law.

The Panel Chair may be either a public or professional member of the QAC and need not be the chair of the QAC as a whole.

Bias/Conflict of Interest Pursuant to the College’s by-laws, no member of a panel or Committee can have a real or perceived bias or conflict of interest. If a QAC member has a conflict of interest or bias, whether it is real or perceived, they must declare it and should excuse themselves from any discussions and votes pertaining to the matter whenever the matter is tabled.

Panel members must be objective and impartial with respect to the outcome of the matter coming before them for decision. Panel members may be disqualified because of an actual bias or conflict of interest or because of circumstances that give rise to a reasonable apprehension of bias or conflict of interest, even though an actual bias does not exist.

Powers of the Committee As outlined in section 80.2 of the Code the QAC may do only one or more of the following:

- Require individual Registrants whose knowledge, skill and judgment have been assessed and found to be unsatisfactory to participate in continuing education or remediation programs specified by the Committee,
- Direct the Chief Executive Officer (CEO) to impose terms, conditions or limitations, for a specified period of time to be determined by the Committee, on the certificate of registration of a Registrant whose knowledge, skill and judgment have been found to be unsatisfactory, or who has been directed to participate in continuing education or remediation programs by the Committee and has not completed those programs successfully,
- Direct the CEO to remove terms, conditions or limitations before the end of a specified period, if the Committee is satisfied that the Registrant’s knowledge, skill and judgment are now satisfactory,
- Disclose the name of the Registrant and allegations against the Registrant to the Inquiries, Complaints and Reports Committee if the QAC is of the opinion that the Registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated.

Notice of the QAC’s Intention to As outlined in section 80.2(2) of the Code, no direction shall be given to the CEO to impose terms, conditions or limitations, for a specified

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	3
		Create Date March 2, 2012

Give Direction to the CEO period to be determined by the Committee, on the certificate of registration of a Registrant unless the Registrant has been given notice of the QAC's intention to give direction, and at least 14 days to make written submissions to the Committee.

Participation As outlined in section 4 of the QA Regulation, every Registrant other than a Registrant who holds an inactive certificate of registration, shall participate in the program.

Annual Renewal Form Registrants are required to provide the following information on their annual registration renewal form for the purposes of the QA Program:

- Annual currency,
- Declaration that they have completed their annual Self- Assessment and are compliant with the QA Program requirements.

Registrants who inform the College that they have not completed their annual Self-Assessment may be deemed to be non-compliant and will be managed according to the non-compliance section of this policy.

Currency Under sections 4(2)1 and 5(2)1 of the Registration Regulation, where a Registrants does not meet the College's currency requirements, the CEO may refer the Registrant to the QAC. The Committee shall determine the appropriate action to be taken and may do anything within its power as outlined in section 80.2 of the Code.

Non-compliance If a Registrant is deemed to be non-compliant by the QAC, under section 7(2)(b) of the QA Regulation the Registrant must undergo a peer and practice review. The College may appoint an assessor who will provide a report to the QAC. After considering the report and giving the Registrant the opportunity to make submissions, the QAC can exercise any of its powers outlined in section 80.2 of the Code. In more extreme cases, the QAC can disclose the name of the Registrant and allegations against the Registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the Registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated.

Annual Policy and Standards Review The Quality Assurance Committee will review the program policies and approximately 25% of the Standards of Practice and Guidelines, on an annual basis.

Professional Portfolio Participation Each Registrant holding a General certificate of registration must develop and maintain a professional portfolio.

Requirements Each professional portfolio must include at least:

- Completed Self-Assessments,
- Continuing Education and Professional Development Log,
- Proof of completion/materials gathered while fulfilling the Continuing Education and Professional development requirements,

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	4
		Create Date March 2, 2012

- The disposition report from any previous peer and practice assessments, and
- Proof of valid Health Care Provider level CPR certification.

	Format	Registrants may maintain their Professional Portfolios in a digital or hard copy format provided that all of the required documents are included and maintained in one accessible location.
	Review	Professional Portfolios will be reviewed as a part of the Registrant's peer and practice assessment.
	Retention	Registrants must retain their completed self-assessments and continuing education and professional development materials for a minimum of two reporting cycles (or six years), or until they have been peer assessed.
Self-Assessment	Participation	Pursuant to section 5 of the QA Regulation, each Registrant holding a General certificate of registration must participate in an annual self-assessment.
	Submission	Registrants are not required to submit their Self-Assessment Questionnaires to the College. However, they must be kept in the Registrant's Professional Portfolio as they will be reviewed for completion during the Registrant's peer and practice assessment.
	Credit Approval	At the discretion of the Quality Assurance Committee, the completion of the annual self-Assessment Questionnaire may be approved for Category A credits.
Continuing Competency and Professional Development	Participation	Pursuant to section 5 of the QA Regulation, each Registrant holding a General certificate of registration must participate in continuing education and professional development activities.
	Reporting Period	Registrants are required to report on their participation in, and compliance with, the continuing education and professional development requirements of the College on a 3-year cycle. Registrants are assigned to one of three reporting cycles based on their original date of registration.
	Monitoring Compliance	To monitor compliance with the QA continuing education requirements, Registrants will be required to complete and submit a Continuing Education and Professional Development Log summarizing the learning activities they have participated in over the 3-year reporting period.
	Requirements	In every 3-year reporting period, Registrants are required to complete 70 hours of continuing education and professional development related to the

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	5
		Create Date March 2, 2012

practice of naturopathy. The continuing education and professional development requirements are broken down as follows:

- Category A – Core Activities – 30 Credits
 - 3 credits of which are in jurisprudence
 - 6 credits of which are in pharmacology (only applicable to Registrants who have met the standard of practice for prescribing)
 - 6 additional credits in Intravenous Infusion Therapy (IVIT) (only applicable to Registrants who have met the standard of practice for IVIT)
- Category B – Self-Directed Activities – 40 Credits

Credit Maximum The maximum number of Category A credits that the QAC can assign to any individual course is 30 credits.

Reporting Cycles Following their first CE cycle, Registrants will be required to complete and report on the full 70 hours of continuing education and professional development every three years as follows:

Group II – cycle ends September 30, 2019, 2022, 2025...

- Category A – 30 credits
- Category B – 40 credits

Group III – cycle ends September 30, 2020, 2023, 2026...

- Category A – 30 credits
- Category B – 40 credits

Group I – cycle ends September 30, 2021, 2024, 2027...

- Category A – 30 credits
- Category B – 40 credits

Banking Credits Registrants are not permitted to bank credits over the three-year reporting period to be used in the subsequent reporting period (i.e. Registrants may not transfer credits from one cycle to the next). The required 70 hours of continuing education and professional development is considered the minimum standard for the three-year cycle. The College encourages all Registrants to participate in additional learning activities to better serve the public interest.

Credit Approval Category A (Core Activities) credits must be approved by the QAC prior to the Registrant submitting their completed Continuing Education and Professional Development Log.

Category A Course Criteria The QAC will review all applications for approval and will base their decision on the following criteria:

- courses are structured learning activities,
- course providers are recognized subject experts,
- subject is related to the scope of practice of naturopathy in Ontario,
- references or links are provided to support the educational

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	<p style="text-align: center;">APPROVED</p> Quality Assurance Program	6
		Create Date
		March 2, 2012

material,

- absence of any commercial bias or product placement,
- clearly articulated and relevant learning outcomes for participants,
- accessibility to all Registrants equally,
- must contain information regarding contraindications, management of adverse reactions and relevant emergency procedures (Required for IVIT only).

Online Courses	In addition to the Category A course criteria, when reviewing online courses for approval the Quality Assurance Committee will consider what, if any, measures are in place to reasonably ensure that Registrants have fully participated in the activity.
Pharmaceutical Names	Generic pharmaceutical names must be used whenever possible. A brand name may be used for the purpose of clarity. If brand names are used, the brand name should appear after the generic name (eg. In parenthesis). Every drug mentioned should be referred to in a similar manner throughout the presentation.
Generic Names	Generic names must be used in presentations whenever possible for all natural health products, devices, laboratory tests, etc.
Adding Additional Dates to an Approved Course	Where a course has been approved for Category A credits, beginning April 1, 2017 a course provider within 24 months of the original date of approval, may submit additional dates for the course. If all information related to the original course remains the same and the only change being additional dates, the course and the additional dates may be added to the approved list of Category A activities without review by the QAC. QA staff will provide a report to the Committee of any courses that have met these criteria and added to the approved Category A activities list. If any aspect of the original course has changed with the 24-month period (e.g. number of credits, timing, presenter etc...) the application will be considered new and will require approval by the QAC.
Credits	Credit allotment and maximums in each continuing education category will be determined by the QAC and made available to Registrants. All credits submitted are subject to review and acceptance by the QAC.
Detailed Continuing Competency and Professional Development Review	Each year the QAC may randomly select 20% of the Registrants who are due to submit their Continuing Education and Professional Development Log to participate in a detailed continuing competency and professional development review. Registrants who are selected by the QAC to participate in a detailed continuing competency and professional development review will be notified in writing by the College and must submit acceptable proof, as determined by the Committee, to support their attendance/

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	7
		Create Date March 2, 2012

completion of the identified learning activities for the previous three years along with their Continuing Education and Professional Development Log.

If a Registrant does not provide the completed Continuing Education and Professional Development Log and proof of attendance/completion they may be deemed to be non-compliant and will be managed according to the non-compliance section of this policy.

Extension Requests
Registrants who are due to submit their Continuing Education and Professional Development Log may seek an extension if they are currently on parental leave, are seriously ill, are on a leave-of-absence, or have other extenuating circumstances. All extension requests will be reviewed by the QAC on an individual basis.

An application for an extension must be submitted in writing and received by the College a minimum of 30 days in advance of the deadline for submission of the Continuing Education and Professional Development Log, unless there are extenuating circumstances that affect the Registrant's ability to submit the application earlier.

Incomplete Submissions
Where a Registrant submits a Continuing Education and Professional Development Log, and applicable documentation, that is incomplete, the Registrant will be notified of the discrepancy and will be given an opportunity, at the discretion of the QAC, to remedy the deficiency. Failure to submit completed documentation may be deemed to be non-compliance and will be managed according to the non-compliance section of this policy.

Failure to Submit
Where a Registrant fails to submit their Continuing Education and Professional Development Log, and applicable documentation, the Registrant will be notified of the failure to comply with the QA Program and will be given 14 days to submit their requirements, at the discretion of the QAC. Failure to submit completed documentation may be deemed to be non-compliance and will be managed according to the non-compliance section of this policy.

Staff Authority
The Quality Assurance Committee authorizes the Deputy CEO to confirm compliance with the continuing education and professional development component of the QA Program where all requirements are successfully met by the Registrant. The Deputy CEO will direct that the Registrant receive a letter that indicates that they have successfully completed their continuing education and professional development review and are in compliance with the QA Program.

Outcome Reports
A report outlining the outcomes of all Registrant reviews will be provided to the QA Committee on a regular basis and decisions of the Deputy CEO may be audited, from time to time, by the Committee to ensure decision consistency and accuracy.

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	8
		Create Date March 2, 2012

ICRC & DC
Ordered
Remediation

Remediation programs ordered by a panel of the Discipline (DC) or Inquiries, Complaints and Reports Committee (ICRCare not eligible to be used by a Registrant to meet their continuing education requirements under the QA Program. This includes but is not limited to Specified Continuing Education and Remediation Programs (SCERPs) and educational courses, including courses that have been approved for Category A credits.

Peer and
Practice
Assessment

Participation

Pursuant to section 4 of the QA Regulation, each Registrant holding a General certificate of registration must participate in the Peer and Practice Assessment Program. Registrants who do not provide direct care to patients are still required to participate in the process.

General

Peer and practice assessments are a review of various aspects of a Registrant's practice in order to evaluate their knowledge and practise of the College's regulations, standards of practice, policies, and guidelines, and their participation in the Quality Assurance Program.

Components of the
Peer and Practice
Assessment

Prior to the annual selection of Registrants to participate in the upcoming cycle, the QAC will determine the components of the peer and practice assessments to be included for that cycle. The Committee will also determine if the assessments will be done in person or virtually.

Peer and practice assessments components may include:

- a review of selected patient files that are no more than 12 months old and best represent the scope and breadth of the Registrant's practice,
- a review of the premises where the Registrant practices,
- a review of the Registrant's professional portfolio,
- a review of the Registrant's knowledge and understanding of CONO's regulations, standards of practice, policies and guidelines, and
- a chart stimulated recall.

Selection

The QAC will randomly select up to 20% of Registrants to participate in the Peer and Practice Assessment Program every year. Registrants are selected using a random stratified sampling. A Registrant may be required to undergo a peer and practice assessment for reasons other than the annual random selection (e.g., non-compliance with any of the QA program requirements, or additional reasons as published on the College's website).

Registrants are given six (6) months from the date of selection to complete the peer and practice assessment.

Other Selection
Criteria

A Registrant shall be selected to undergo a peer and practice assessment where a report is received by the Quality Assurance Committee from the CEO, as a result of an inspection carried out under Part IV of the General Regulation, where it is suspected that a Registrant's knowledge, skill or judgment is unsatisfactory.

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	9
		Create Date March 2, 2012

Exclusions	<p>Registrants are not required to undergo a peer and practice assessment if:</p> <ul style="list-style-type: none"> • they hold an inactive certificate of registration, • their certificate of registration is under suspension, • they have held a General certificate of registration for less than 3 years prior to the random selection date, • they have completed the College's peer and practice assessment within the previous 5 years.
Volunteering for an Assessment	<p>A Registrant may volunteer to undergo a peer and practice assessment by submitting a letter to the QAC stating their reasons for volunteering. A Registrant may not volunteer for a peer and practice assessment unless they have been in practice for more than one year.</p>
Resignation after Random Selection	<p>A Registrant who resigns from the College or moves to the Inactive class of registration after they have been selected for the College's peer and practice assessment, but before the date of the peer and practice assessment has been scheduled, will not be required to complete the peer and practice assessment. However, if the Registrant reapplies for registration, the Registrant will be required to complete the peer and practice assessment upon reinstatement.</p>
General Certificate Holders	<p>Where a Registrant holds a General certificate of registration, the peer and practice assessment will include, one or more of the following:</p> <ul style="list-style-type: none"> • a review of selected patient files that are no more than 12 months old and best represent the scope and breadth of the Registrant's practice, • a review of the premises where the Registrant practices, • a review of the Registrant's professional portfolio, • a review of the Registrant's knowledge and understanding of CONO's regulations, standards of practice, policies and guidelines, and • a chart stimulated recall.
Non-Clinical Term, Condition or Limitation	<p>Where a Registrant has a non-clinical term, condition or limitation placed on their certificate of registration, they will still be required to undergo a peer and practice assessment, if selected. The assessment will only review the Registrant's Professional Portfolio and knowledge and understanding of the College's regulations, standards of practice, policies and guidelines.</p> <p>An assessment of a Registrant who holds a General certificate of registration with a non-clinical term, condition or limitation may be conducted virtually.</p>
New Registrants	<p>New Registrants with the College of Naturopaths of Ontario will be exempt from the Peer and Practice Assessment Program for 3 years.</p>

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	10
		Create Date March 2, 2012

Extension Requests	<p>Any Registrant selected for a peer and practice assessment may seek an extension if they are currently on parental leave, are seriously ill, are on a leave-of-absence or have other reasons or extenuating circumstances. All extension requests will be reviewed by the QAC on an individual basis.</p> <p>An application for an extension of a peer and practice assessment must be submitted in writing and received by the College within 30 days of the Registrant being notified of their selection for a peer and practice assessment, unless there are extenuating circumstances that affect the Registrant's ability to submit the application earlier.</p>
Supplemental Assessments	Any Registrant requiring a supplemental peer and practice assessment that is not part of the Peer and Practice Assessment Program shall be charged a fee as outlined in the by-laws.
Notification	When a Registrant is selected to participate in a peer and practice assessment the QAC will notify them in writing.
Pre-Assessment Questionnaire	When a Registrant is selected to participate in a peer and practice assessment, the QAC will provide the Registrant with a Pre-Assessment Information and Declaration of a Conflict of Interest form that must be completed by the Registrant and returned to the College within at least 15 days.
Assignment of an Assessor	<p>Based on the information provided in the Pre-Assessment Information and Declaration of a Conflict of Interest form the QAC will assign an assessor who best matches the Registrant's practice.</p> <p>The Registrant will be notified in advance of the name of the assessor who will conduct the peer and practice assessment. Registrants selected to participate in a peer and practice assessment who have met additional standards of practice will be matched, to the best of the QAC's ability, to an assessor who has also met those standards of practice.</p> <p>No Registrant of the College who, to the knowledge of the QAC, has sat on a panel of the Discipline Committee and has heard allegations against a Registrant will be appointed as an assessor for that Registrant.</p> <p>No Registrant who, to the knowledge of the QAC, has demonstrated antagonism towards another Registrant or towards a form of treatment offered by that Registrant will be appointed as an assessor for that Registrant.</p>
Request for a New Assessor	A Registrant who is required to undergo a peer and practice assessment may make a request that another assessor be appointed by the Committee upon being notified of the assessor's

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	11
		Create Date March 2, 2012

name, if a legitimate conflict of interest exists with the chosen assessor.

All requests must be submitted in writing and must be received by the College within 15 days of the Registrant being notified of the assessor's name unless the Registrant becomes aware of a conflict of interest, at a later date. All requests will be evaluated by the QAC on an individual basis. If the QAC determines that a conflict of interest exists it will assign a new assessor.

Setting a Date and Time

The appointed assessor will contact the Registrant within 30 days of the Registrant being notified of the assessor's name to arrange a mutually convenient time to conduct the assessment.

Peer and practice assessments do not have to occur during office hours. All assessments must be completed within 6 months of the Registrant being notified of their selection to participate in a peer and practice assessment, unless there are extenuating circumstances in which case the assessment is to be scheduled as soon as is reasonably possible.

Peer and practice assessments must take place at the Registrant's primary place of business.

Patient File Review

When a patient file review is included in the peer and practice assessment the Registrant will select 8-10 patient files that best represent the scope and breadth of their practice and that are no more than 12 months old. Of the 8-10 files selected, the assessor will review a minimum of 4 for compliance with the College's Standard of Practice on Record Keeping. The assessor may review additional patient care information and/or records if the assessor believes it is warranted.

Chart Stimulated Recall

When the chart stimulated recall is included in the peer and practice assessment, of the 8-10 patient files selected by the Registrant, the assessor will select one file for a chart stimulated recall, an interview where the assessor asks questions designed to help the Registrant to recall the patient experience, explain the thought process used, and demonstrate the clinical reasoning and reflection that occurred.

Premises Review

When the premises review is included in the peer and practice assessment, various physical requirements for the practice location will be assessed.

Review of Regulations, Standards, Policies and Guidelines

When the review of the College's regulations, standards of practice, policies and guidelines is included in the peer and practice assessment, Registrants will be assessed for their knowledge and understanding of the standards of practice, policies, regulation and/or guidelines selected by the QAC.

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	12
		Create Date March 2, 2012

Selection of College Documents for Review	The QAC will select up to 10 standards of practice, policies, regulations and/or guidelines that may be reviewed as a part of the peer and practice assessment in the upcoming year. Registrants will be notified in advance of the documents that will be included in the assessment.
Assessor's Report	At the conclusion of the assessment, the assessor will prepare a written report on the results of the Registrant's peer and practice assessment and will provide it to the College within 14 days of the completion of the assessment. Upon receipt of the Assessor's Report, Professional Practice staff will, send a copy of the report to the Registrant within 30 days.
Registrant Evaluation of the Assessment	The Registrant will be provided with a Registrant Peer and Practice Assessment Feedback form which they may complete and submit to the College following the peer and practice assessment.
Staff Authority	<p>The Committee authorizes the Deputy CEO to confirm satisfactory practice reviews with Registrants.</p> <p>The Deputy CEO may determine that the practice meets the standards and direct that the Registrant receive a letter indicating they have successfully completed their peer and practice assessment (with or without recommendations) in cases where:</p> <ul style="list-style-type: none"> • all components receive a rating of 1, or • the Registrant does not meet all criteria (but all components receive ratings of either 1 or 2) and there is sufficient and reasonable evidence in the report and/or the Registrant's submission that the Registrant has the knowledge, skill and judgment to meet standards. <p>The Deputy CEO may also determine that the practice does not meet the standards and shall provide the Registrant with 30 days to submit additional information and/or comments. Any submissions made by the Registrant will be forwarded to the Committee, along with the Assessor's Report, for review and decision. In cases where ratings fall below standards (ratings of 3 or 4) reports will be brought forward to the QA Committee for review and decision.</p>
Outcome Reports	College staff will provide a report outlining the outcomes of all Registrant assessments to the QA Committee on a regular basis and decisions may be audited, from time to time, by the Committee to ensure decision consistency and accuracy.
Committee Review	The QAC will review the Assessor's Report and any other information relevant to the assessment and make a preliminary determination of whether the Registrant's knowledge, skill or judgment is satisfactory.
Notice of Opinion	If the QAC identifies deficiencies in the Registrant's knowledge, skill or judgment it will notify the Registrant in writing of its preliminary opinion and may include recommendations for remedying the identified deficiencies.

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	13
		Create Date March 2, 2012

The Registrant will then be given 30 days to provide a written response including comments and feedback.

Further Review	The QAC will review any submissions from the Registrant and issue a decision.
Prior History	The QAC will review the Registrant's prior history with regard to QA, investigations and/or complaints and discipline and may take this into account when making its decision.
Decision	<p>The QAC may:</p> <ul style="list-style-type: none"> • require individual Registrants whose knowledge, skill and judgment have been assessed and found to be unsatisfactory to participate in continuing education or remediation programs specified by the Committee, • direct the CEO to impose terms, conditions or limitations, for a specified period of time to be determined by the Committee, on the certificate of registration of a Registrant whose knowledge, skill and judgment have been found to be unsatisfactory, or who has been directed to participate in continuing education or remediation programs by the Committee and has not completed those programs successfully, • direct the CEO to remove terms, conditions or limitations before the end of a specified period, if the Committee is satisfied that the Registrant's knowledge, skill and judgment are now satisfactory, • disclose the name of the Registrant and allegations against the Registrant to the Inquiries, Complaints and Reports Committee if the QAC is of the opinion that the Registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated.
Access to Personal Health Information	As outlined in section 82 of the Code, every Registrant and person who controls a premises or records relating to a Registrant's practice must permit the assessor to enter and inspect the premises and records of the care of patients.
Assessors	Peer and practice assessors shall be clinical practitioners in good standing with the College of Naturopaths of Ontario who have been trained on the Quality Assurance Program and the assessment process.
Assessor Criteria	<p>A Registrant shall be eligible for appointment as a peer assessor if, on the date of and throughout the entire term of the appointment, the Registrant:</p> <ul style="list-style-type: none"> • holds a General certificate of registration with the College, • has been registered in the General category of registration for at least three years, • has actively practised naturopathy in Ontario for at least 3 years, • has undergone a peer and practice assessment, • practises primarily in Ontario, • is not in default of payment of any fees prescribed by the by- laws or

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	14
		Create Date March 2, 2012

any fine or order for costs to the College imposed by a College committee or court of law,

- is not in default in completing and returning any form required by the College,
- is not the subject of any disciplinary or incapacity proceeding,
- has not had a finding of professional misconduct, incompetence, or incapacity against them in the proceeding 5 years,
- has not been disqualified from Council or a committee of the College in the previous 3 years,
- is not a member of the Council or Committee of a college of any other health profession,
- is not currently or has not been a member of the College's staff at any time within the preceding 1 year,
- is not currently or has not been a member of the College's Council or Quality Assurance Committee within the preceding 1 year.

Assessor
Appointment

The term of a peer assessor is approximately 3 years from the date they are appointed.

An assessor may request a deferral for appointment and/or leave of absence for up to one year provided they provide the QA Committee with reasons for the request that are satisfactory to the Committee.

When the assessor's 3-year appointment nears its completion, they may apply for re-appointment.

A Registrant who has served as a peer assessor for 3 consecutive terms is ineligible for re-appointment as a peer assessor until a full year has passed since they last served as a peer assessor.

Assessor
Application

A Registrant may apply or re-apply to the Quality Assurance Committee to become a peer assessor by submitting a Peer Assessor Application form, resume/CV and a cover letter outlining the reasons(s) they are interested in being appointed or re-appointed as a peer assessor. The Quality Assurance Committee may request that the Registrant submit their professional portfolio or any other relevant documentation.

QA Considerations

When appointing peer assessors, the QA Committee will consider the following:

- need for peer assessor(s),
- geographical location of the Registrant's practice,
- type of practice and/or practice style,
- experience,
- additional professional qualifications, expertise and/or specialty,
- languages spoken,
- communication skills
- additional qualifications and characteristics to complement the attributes of the Peer and Practice Assessment Program,
- interview evaluation.

DATE POLICY APPROVED		REVIEW DATE
November 27, 2013		February 22, 2022

Section	Subject	Page
Quality Assurance	APPROVED Quality Assurance Program	15
		Create Date March 2, 2012

Assessor
Disqualification

A Registrant will be discharged as a peer assessor if they:

- breach one of the qualifications required to become an assessor as outlined in this policy,
- breach confidentiality of any information learned through the peer and practice assessment and/or other QA programs,
- fail to properly or honestly meet the duties and responsibilities of the position for which they have been appointed.

Completion of
Appointment

An assessor will be considered to have completed their appointment and thanked for their services if they, having made arrangements with the Quality Assurance Committee for the completion any outstanding peer assessments, does any of the following:

- resigns in writing,
- completes their term of service and is not re-appointed, or
- completes 3 consecutive terms.

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