



The College of Naturopaths of Ontario

PEER AND PRACTICE ASSESSMENT PROGRAM

Assessor's Report

Registrant's name:		Registration number:	
Address:			
City:		Postal Code:	
Assessor's name:			
Date of peer and practice assessment:		Date report prepared:	

Please provide your observations of the strengths and areas for improvement found for this Registrant's assessment for each of the categories listed. Where applicable, include a summary of your discussions with the Registrant, their understanding of the areas identified as needing improvement, any suggestions you made, issues the Registrant has indicated they will address, and a suggested rating. Attach additional pages if needed.

Premises Review

Overall Impressions and Comments (Attach Premises Review Worksheet)

--

--

Suggested Rating (see rating guide below):

Patient Files Review

Overall Impressions and Comments (Attach Patient Files Review Worksheet)

--

--

Suggested Rating (see rating guide below):

Professional Portfolio Review

Overall Impressions and Comments (Attach Professional Portfolio Worksheet)

--

Suggested Rating (see rating guide below):

Chart Stimulated Recall

Overall Impressions and Comments (Attach Chart Stimulated Recall Worksheet)

--

Suggested Rating (see rating guide below):

Standards of Practice Review

Overall Impressions and Comments (Attach Standards of Practice Review Worksheet)

Standard of Practice for Infection Control

--

Telepractice Guideline

Standard of Practice and Guideline for Advertising, Regulatory Guidance – Do’s and Don’t’s for Websites and Bios, 10 Social Media Tips

Suggested Rating (see rating guide below):

Please provide a summary of the Registrant’s strengths that you found during the assessment and any steps the Registrant is planning on taking to improve their practice.

Please provide any additional suggestions for the Registrant to improve upon.

Peer and Practice Assessment Rating Criteria				
	Rating 1	Rating 2	Rating 3	Rating 4
Premises Review	Facilities clean, organized and well maintained.	Facilities satisfactory with only minor concerns.	Facilities fall below professional standards, poorly organized and maintained, potential compromise to patient care.	Inadequate facilities, places patients and/or staff at risk.

Patient Chart Review	Patient Records thorough, consistent and well documented. 90-100% of record keeping requirements were met.	Patient records satisfactory, minor issues/inconsistencies identified. 75-90% of record keeping requirements were met.	Patient records fall below professional standards, contain inconsistent and/or incomplete information.	Patient records inadequate, patient care compromised.
Chart Stimulated Recall	Answered all questions on the worksheet clearly, thoroughly and thoughtfully. Demonstrated sound clinical knowledge, skill and judgment.	Answered most questions on the worksheet clearly, thoroughly and thoughtfully. Demonstrated sound clinical knowledge, skill and judgment with few areas in need of improvement.	Answered only some questions on the worksheet. Demonstrated below standard clinical knowledge, skill and judgment with numerous areas in need of improvement.	Unable to answer most questions on the worksheet. Demonstrated poor clinical knowledge, skill and judgment that could impact the safety and welfare of patients.
Professional Portfolio Review	Professional Portfolio complete and up to date.	Professional portfolio satisfactory, however, one component deficient or incomplete.	Professional portfolio incomplete, deficiencies identified in two or more areas.	No professional portfolio, portfolio contains major deficiencies.
Standards of Practice Review	Knowledge of all relevant professional standards, applied consistently to practice.	Knowledge of all relevant professional standards, however, one area of practice identified in which a standard was not consistently applied.	Two or more professional standards identified which were not consistently applied to the Registrant's practice.	Insufficient knowledge of professional standards, standards consistently not applied to the Registrant's practice.
Overall Assessment	Registrant meets all established criteria → no safety concerns noted.	Registrant meets most criteria, only minor concerns identified → no safety concerns noted.	Registrant meets some criteria, a number of concerns identified → actual/potential safety concerns noted, potential compromise to patient care.	Registrant meets limited criteria, significant concerns identified → caution is needed; risky behaviours noted that impact the safety and welfare of patients and the public.