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| 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 *Health Professions Procedural Code* (the Code), which is Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA). |
| | Stratified Random Sampling | A sampling where groups are:<br>(a) removed from the pool of Registrants to be sampled, or<br>(b) weighted to increase or decrease the likelihood of their being selected. |
| | Continuing Education and Professional Development Log | A 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 *Health Professions Procedural Code,* and the College's Quality Assurance Regulation.<br>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 composed of no fewer than three, but as many individuals as the Council deems appropriate, including:<br>• At least one Council member who is a Public member;<br>• At least one Registrant who is a Council member;<br>• At least one Registrant who is not a Council member;<br>Any number of Public Representatives. |

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| Quorum | Pursuant to section 12.06 of the by-laws, quorum for the meetings of the Quality Assurance Committee shall be three members of the Committee. |
| Panel Chair | Where a Panel is established, a Panel Chair shall be 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.<br><br>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.<br><br>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 one or more of the following:<br>• 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,<br>• 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,<br>• 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,<br>• 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. |
| Non-compliance | Where a Registrant is deemed to be non-compliant by the QAC, under section 7(2)(b) of the QA Regulation the Registrant shall be required to undergo a peer and practice assessment at their own cost. |
| Notice of the | As outlined in section 80.2(2) of the Code, no direction shall be given to |

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| | QAC's Intention to Give Direction to the CEO | the CEO to impose terms, conditions or limitations, for a specified 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:<br>• Declaration that they have completed their annual Self- Assessment and are compliant with the QA Program requirements.<br>Registrants who fail to complete the annual requirement may be deemed to be non-compliant by the QAC and will be managed according to the non-compliance section of this policy. |
| 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:<br>• Completed Self-Assessments and/or confirmation of completion of the Self-assessments letter(s),<br>• Continuing Education and Professional Development Log,<br>• Proof of completion/materials gathered while fulfilling the Continuing Education and Professional development requirements,<br>• The disposition report from any previous peer and practice assessments, and<br>• 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). |
| Self-Assessment | Participation | Pursuant to section 5 of the QA Regulation, each Registrant holding a General certificate of registration must complete the annual self-assessment. |

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| | Submission | Registrants are not required to submit their Self-Assessment Questionnaires to the College. However, completed assessments or letters of completion from the College must be kept in the Registrant's Professional Portfolio as they will be reviewed during the Registrant's peer and practice assessment. |
| Continuing Competency and Professional Development | Participation | Pursuant to section 5 of the QA Regulation, every Registrant holding a General certificate of registration must participate in continuing education and professional development activities. |
| | Reporting Period | Registrants are required to report 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 practice of naturopathy. The continuing education and professional development requirements are broken down as follows:<br>• Category A – Core Activities – 30 Credits<br>  ○ 3 credits of which are in jurisprudence<br>  ○ 6 credits of which are in pharmacology (only applicable to Registrants who have met the standard of practice for prescribing)<br>  ○ 6 additional credits in Intravenous Infusion Therapy (IVIT) (only applicable to Registrants who have met the standard of practice for IVIT)<br>• 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:<br><br>Group II – cycle ends September 30, 2019, 2022, 2025, etc.…<br>• Category A – 30 credits<br>• Category B – 40 credits<br><br>Group III – cycle ends September 30, 2020, 2023, 2026, etc… |

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

Group I – cycle ends September 30, 2021, 2024, 2027, etc…

- 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 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 (e.g. 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/ 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.

Where a Registrant submits an amendment request related to CE Credits and provides documentation confirming a period of inactivity during the reporting cycle, staff are authorized to proportionally reduce the Registrant's CE reporting requirements to reflect the duration of their inactive status.

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.

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| | Incomplete Submissions | Where a Registrant submits a Continuing Education and Professional Development Log by the deadline, 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 | 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 perform the following functions:<br>• 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.<br>• Where a |
| | 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. |
| 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. |
| | 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 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. |
| | 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 supplemental 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).

**Other Criteria for a Peer and Practice Assessment**

A Registrant shall be required to undergo a peer and practice assessment, at their own cost, when ordered by the QAC due to failure to comply with the QA Program or when referred by the CEO, in accordance with the Naturopathy Act and the Regulations made thereunder.

**Exclusions**

Registrants are not required to undergo a peer and practice assessment if:

- 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 three years prior to the random selection date,
- they have been randomly selected and completed the College's peer and practice assessment prior to all eligible General class Registrants have been randomly selected and undergone a peer and practice assessment.

**Volunteering for an Assessment**

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.

**Resignation after Random Selection**

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, will not be required to complete the peer and practice assessment. However, if the Registrant re-registers in the General class, they will be required to complete the peer and practice assessment.

**General Certificate Holders**

Where a Registrant holds a General certificate of registration, the peer and practice assessment will include the following:

- 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 primary premises where the Registrant practices,
- a review of the Registrant's professional portfolio,
- a review of the Registrant's knowledge and understanding of the College's regulations, standards of practice, policies, and guidelines, and
- a chart stimulated recall.

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| Non-Clinical Term, Condition or Limitation | 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 be modified to review the Registrant's Professional Portfolio and knowledge and understanding of the College's regulations, standards of practice, policies, and guidelines. |
| New Registrants | New Registrants with the College of Naturopaths of Ontario will be exempt from the Peer and Practice Assessment Program for three years. |
| Extension Requests | 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.<br><br>Where a Registrant submits an extension request for a peer and practice assessment and provides acceptable documentation confirming parental leave or childbirth, staff are authorized to remove the Registrant from the current selection group and return them to the random selection pool for future assessment cycles.<br><br>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. |
| Ordered 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 via email to the address provided to the College. |
| 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 | 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.<br><br>The Registrant will be notified in writing via email in advance, of the name of the assessor who will conduct the peer and practice |

assessment.

No Registrant of the College who, to the knowledge of the College, 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.

No Registrant who, to the knowledge of the College, 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.

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 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 College on an individual basis. If the College determines that a conflict of interest exists a new assessor will be assigned.

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 before the fiscal year end, unless there are extenuating circumstances in which case the assessment is to be scheduled as soon as is reasonably possible.

Peer and practice assessments conducted in person must take place at the Registrant's primary practice location. When the assessment is completed virtually, the Registrant is to be in their primary practice location during the assessment.

Patient File Review

When a patient file review is included in the peer and practice assessment, the Registrant will select five patient records that best represent the scope and breadth of their practice and that are no more than 12 months old. The five patient records shall include an initial visit and a minimum of 2 follow up visits, and will be reviewed for compliance with the College's *Standard of Practice for 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 five patient records selected by the Registrant, one

patient chart will be selected for the chart stimulated recall exercise to assess their clinical reasoning and knowledge.

**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.

**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 approximately 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**

The QA Committee authorizes the Deputy CEO to confirm satisfactory practice reviews with Registrants.

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:

- 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.

Where one or more components of the assessment receives a rating of 3 or 4, indicating the Registrant's practice does not meet the standards in those areas, the Deputy CEO shall provide the Registrant with a preliminary opinion that the Registrant's knowledge, skill, and judgement in unsatisfactory in specified components of the assessment. The Registrant will be required to submit, within 30 days, additional

information and/or comments outlining any steps they have taken to remedy the deficiencies. The submission made by the Registrant will be forwarded to the Committee, along with the Assessor's Report, for review and final decision.

**Further Review**

The QAC will review the Assessor's Report and the Registrant submissions and issue a decision.

**Prior History**

The QAC may 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**

The QAC may:

- 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.

**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.

**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

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:

- 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 three 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 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 five years,
- has not been disqualified from Council or a committee of the College in the previous three 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 one year,
- is not currently or has not been a member of the College's Council or Quality Assurance Committee within the preceding one year.

Assessor Appointment

Assessors shall be appointed by the Quality Assurance Committee.

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.

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 of any outstanding peer assessments, does any of the following:

- resigns in writing, or
- is not re-appointed.