COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

PEER ASSISTED REVIEW REPORT

Review Details

Reviewee Name:		**Profession:** ☐ Psychology ☐ ABA
Review Date:		
Practice Setting:		
Business Address:		
College Assessor Name:		
Nominated Reviewer Name:		
Review Conducted:	☐ Virtually ☐ In-Person	

Summary Ratings

The ratings below reflect the selections made in each domain of the report form.

Summary Ratings				
	Meets Standards without Qualification	Would Meet Standards with Minor Modifications	Needs Improvement	Not Applicable (N/A)
Practice Setting	☐	☐	☐	☐
Professional Services	☐	☐	☐	☐
Ethical Conduct	☐	☐	☐	☐
Indirect Service Provision	☐	☐	☐	☐
Record Keeping	☐	☐	☐	☐
File Review	☐	☐	☐	☐
Self-Assessment and Continuing Professional Development	☐	☐	☐	☐

Summary Ratings scale described on page 2.

Instructions

The Peer Assisted Review (PAR) process assesses up to 7 domains of a registrant's (the "Reviewee") professional practice. The College Assessor and Nominated Reviewer, if applicable, (the "Reviewers") will conduct the PAR as a structured interview which provides an opportunity for the Reviewee to ask questions, describe practices and share their perspectives.

Based on the information discussed and reviewed in each domain, the Assessor must make an indication on the ratings scale to reflect their opinion of the Reviewee's knowledge, skill and judgment, and adherence to the *Standards of the Professional Conduct* (the "*Standards*"). The opinion outlined in this report will assist the Quality Assurance Committee in determining if the Reviewee is practising competently and ethically, or if there may be concerns which require support.

Ratings Scale

Meets Standards without Qualification
The Reviewers did not identify any concerns pertaining to the Reviewee's practices in the review domain.

Would Meet Standards with Minor Modifications
The Reviewers identified minor concerns with the Reviewee's practices in the review domain that may be rectified in a specified time through discussed recommendations.

Needs Improvement
The Reviewers identified substantive concerns with the Reviewee's practices in the review domain that may require the adoption of discussed recommendations or further support from the Quality Assurance Committee.

Not Applicable (N/A)
The review domain does not apply to the Reviewee's practice or the services they undertake.

Domain Prompts

Profession-neutral prompts are provided in each review domain to stimulate thinking and discussion about the Reviewee's adherence to the *Standards*. The prompts are intended to be used as a guide but may not be relevant in all circumstances. The Reviewers may also choose to ask additional questions of their own based upon their professional experience and understanding of relevant practice competencies. The Reviewers must exercise discretion to best evaluate the Reviewee within the context of their practice and professional activities.

Feedback

The Assessor will complete the report. Each domain provides space to record comments about the Reviewee's strengths, areas for improvement and other information regarding their knowledge, skill and judgment, and adherence to relevant *Standards*. If a Nominated Reviewer is included in the process, any difference in opinion they might share should be clearly indicated by the Assessor within the report.

DOMAIN 1: PRACTICE SETTING

Provide a brief description of the Reviewee's practice setting with consideration for accessibility, privacy, and safety.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

Practice Setting / Office Description

Private Practice Settings

- What steps are taken by the Reviewee to ensure privacy, safety and accessibility for clients, their caregivers, and themselves as the practitioner, when providing services within their practice?

Organizational, Institutional and Other Shared-Space Settings

- Does the Reviewee experience any difficulties ensuring privacy, safety or accessibility for clients, their caregivers, or themselves as the practitioner, when practising in a setting they do not have control over (e.g., in-home client services, correctional settings, academic institutions)?If yes, how does the Reviewee manage these challenges?
- Prior to practising in a shared space which the Reviewee does not have control over, do they discuss with clients, caregivers, or employers any requirements for service delivery?
- If institutional policies or safety measures restrict the Reviewee's ability to address concerns related to privacy, security or accessibility, how do they communicate to clients the effects these limitations may have on service provision?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

DOMAIN 2: PROFESSIONAL SERVICES

Discuss the Reviewee's professional activities, which may include clinical services, administrative functions, research, or teaching and training. Consider these activities in relation to the Reviewee's scope of competence.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

General (Applicable to Most Practitioners)

- What is the Reviewee's scope of competence and/or their practice authorizations?
- How does the Reviewee present this information to clients and members of the public?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Practitioners Performing Clinical-Based Activities ☐ **N/A**

- What presenting problems or skill development areas does the Reviewee's work focus on?
- Does the Reviewee have a process for referring clients?
- Who are the Reviewee's referral sources and under what circumstances do they make referrals (e.g., if they are unable to meet specialized needs)?
- How does the Reviewee assess the social determinants of health-related issues and relevant historical/contextual factors when providing professional services? Do they consider the relationship between social identity/social location or other intersecting factors?
- Does the Reviewee engage in multidisciplinary work? If so, which other disciplines are involved and how are psychological or behavioural services integrated with their other services (e.g., clinical decision-making, report writing, signing of reports, and file storage)?
- Does the Reviewee use any formal assessment materials or tools? If yes, which are used? How are they integrated in service provision? How is the information stored?
- How does the Reviewee manage their waiting list?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Practitioners Performing Administrative Activities ☐ **N/A**

- What is the structure of the Reviewee's organization and how do psychological or ABA services fit within that structure?
- How does the Reviewee make decisions about the development, organization or assignment of services, programs or other workloads?
- Are there benefits or challenges with the model used?
- How does the Reviewee manage challenges or conflicts with organizational demands?
- Are there processes in place to assure practitioners within the organization can adhere to both College *Standards* and internal policies?
- Does the organization have a structure for addressing ethical dilemmas?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Practitioners Performing Research Activities ☐ **N/A**

- If conducting clinical research, how does the Reviewee involve other professionals with specialized knowledge in studies that are outside of their own scope of competence?
- How does the Reviewee make research participants aware of their role and qualifications when involved in research projects?
- How does the Reviewee ensure research participant consent is appropriately informed?
- What does the ethical review process typically entail?
- Which Research Ethics Board is used when conducting research (e.g., internal boards within academic institutions, external boards for private studies)?
- How does the Reviewee ensure the confidentiality of research participant information?
- Are research records stored separately from clinical service files? Who is able to access the files?
- Are research files anonymized and how/where is the identification master list stored?
- How is feedback provided to research participants (e.g., formal report, findings letter)?
- Is the Reviewee aware of any institutional policies or procedures in place to minimize bias, ensure objectivity in evaluation, and avoid exploitation, abuse, and harassment of any kind?
- Is the Reviewee familiar with research quality standards and relevant ethical codes of conduct for research involving humans?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Practitioners Performing Teaching Activities ☐ **N/A**

- Does the Reviewee ensure the content they are teaching is supported by current professional literature and/or research?
- Is the Reviewee responsible for teaching ethical standards within the profession(s) they are teaching about?
- Does the Reviewee teach content that is within their scope of competence?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

DOMAIN 3: ETHICAL CONDUCT

Discuss the Reviewee's approach for practising their profession(s) ethically and adhering to professional standards, legislation and relevant codes of ethics.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

General (Applicable to Most Practitioners)

- How does the Reviewee obtain consent and explain the limits of confidentiality?
- How does the Reviewee explain to clients their rights about accessing their notes or records?
- If the Reviewee implements the use of artificial intelligence (AI) tools in their practice, how do they ensure proprietary client information remains private and confidential?
- If the Reviewee implements the use of AI tools in their practice, how do they ensure they are using such technology responsibly and in a manner that does not substitute or replace their own knowledge, skill and judgment in decision-making or the writing of reports containing opinions or recommendations being made in their name?
- Does the Reviewee understand their mandatory reporting obligations?
- Has the Reviewee encountered a situation involving a 'duty to warn' or 'duty to report'? What were the circumstances? What factors did they have to consider? Did they act appropriately?
- Can the Reviewee describe an example of a case or situation that posed an ethical dilemma or a problem? How did they address the issue(s)?
- Has the Reviewee had any experience with dual relationships? How did they navigate this?
- Does the Reviewee provide virtual or teletherapy services? If yes, do they do so in accordance with the *Standards* and relevant privacy requirements?
- Does the Reviewee bill clients? If yes, do billing and receipt documents conform with the requirements set out by the *Standards*?
- How does the Reviewee manage the collection of overdue accounts?
- How does the Reviewee manage the collection of accounts from clients who have lost their jobs or are otherwise unable to pay for services?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Equity, Diversity and Inclusion

Ethical conduct also requires registrants to practice with consideration and respect for all individuals, including diverse populations, to ensure equitable access to effective services. Discuss the Reviewee's approach to maintaining or improving their ethical competency when responding to systemic social, cultural and economic factors encountered through their practice. Factors may include demographic variables, such as age, sex, race, ethnic origin, culture, indigeneity, gender identity, sexual orientation, language, disability, spirituality or religion, marital or family status, socio-economic background, record of offences, education level, citizenship, immigration experience, geographic location, and historical and proximal experiences of marginalization, oppression or colonization.

- How does the Reviewee consider demographic variables, individual backgrounds or systemic experiences when determining their ability to provide competent professional services?
- Does the Reviewee utilize any processes for self-assessing or reflecting on the limits of their expertise when practising or undertaking client services, supervision, consultation, and/or teaching with diverse populations? Are they currently working to address any gaps which they have identified?
- How does the Reviewee maintain an awareness of factors or conduct which may negatively impact the outcome of professional services within their practice (e.g., implicit biases, microaggressions)?
- Does the Reviewee seek out specialized knowledge to remain informed and perform competently in consideration of the diversity encountered within their professional work? Examples may include the study or use of cultural adaptations to assessments, tools, treatment plans or research protocols.
- How does the Reviewee determine whether they may need to consult with or involve knowledgeable colleagues, professional peers, and/or relevant community members with lived experience, such as Elders or Knowledge Keepers, and spiritual or religious leaders, regarding client issues or services that are outside their own area of expertise or experience?
- Does the Reviewee provide support for clients/supervisees/trainees to raise issues related to experiences of harassment or discrimination, including those which may have occurred during their own professional interactions or service provision?
- Are there structures in place within the Reviewee's practice to protect individuals and diverse populations from harassment and discrimination?
- Is the Reviewee familiar with relevant legislation which provide for protection against harassment and discrimination (e.g., the *Canadian Charter of Rights and Freedoms, 1982*; the *Ontario Human Rights Code, 1990;* and the *Criminal Code of Canada, 1985)*?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

DOMAIN 4: INDIRECT SERVICE PROVISION

Discuss the Reviewee's approach to providing supervision, consultation and/or other indirect professional services.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

Practitioners Providing Consultation ☐ **N/A**

If the Reviewee receives or provides **consultation** to other practitioners or students, discuss their practices for engaging in and documenting consultation or other forms of indirect, non-supervisory services.

Consultation: *the provision of information or advice, in a relationship where the recipient of the information or advice is not required to act on the information or advice and the consultee is not accountable to the consultant. Consultation is not supervision and does not include assessing, diagnosing or intervening with a client, regardless of whether there is direct contact between the registrant and the client. In these cases, the requirements applicable to the practice of the profession with those service recipients will apply.*

- Does the Reviewee receive consultation from colleagues? What types of issues do they seek consultation for?
- Does the Reviewee provide consultation or other indirect services? If yes, how often and to whom (e.g., other CPBAO registrants, other health professionals, non-regulated individuals)?
- Is the Reviewee providing consultation or other indirect services within their scope of competence?
- Is there a consultation agreement signed by the Reviewee and the consultee for each consultative relationship and does it meet the requirements set by the *Standards*?
- In non-private practice settings (e.g., organizational, institutional, academic), how does the Reviewee manage requests to provide consultation, or seek out consultation themselves?
- In non-private practice settings (e.g., organizational, institutional, hospitals), how does the Reviewee mediate conflicting requirements between their employer and the *Standards* as they relate to receiving or providing consultation?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Practitioners Providing Supervision ☐ **N/A**

If the Reviewee provides **supervision** to other practitioners or students, discuss their practices for education and ensuring the delivery of competent supervised services.

Supervision: *an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical. It is not consultation or delegation.*

- Is the Reviewee providing supervision? If so, to how many individuals and to whom (e.g., supervised CPBAO registrants, other health professionals, non-regulated individuals, students)?
- Is the Reviewee providing supervision within their scope of competence?
- Is there a supervision agreement signed by the Reviewee and the supervisee for each supervisory relationship, and do the agreements meet the requirements set by the *Standards*?
- How does the Reviewee monitor services provided under their supervision to ensure adequate oversight?
- Are clients who are receiving supervised services informed of the supervisory relationship, limits to confidentiality, and how to contact the Reviewee (supervisor)?
- Are supervision records being maintained and stored in accordance with the *Standards*?
- In non-private practice settings (e.g., organizational, institutional, academic), how does the Reviewee manage requests to provide supervision? How does the Reviewee mediate conflicting requirements between their employer and the *Standards,* as they relate to the arrangement and provision of supervision?
- Are any of the Reviewee's non-regulated supervisees providing clinical supervision and/or non-supervisory consultation to others?
- Do any of the Reviewee's supervisees work offsite? If yes, does the Reviewee maintain access to the supervised client records?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

DOMAIN 5: RECORD KEEPING

Most practitioners are required to retain records of their professional activities, whether they are administrative, clinical, supervisory, consultative or research based. Discuss the Reviewee's record keeping practices as they relate to the *Standards*. These prompts should also assist the Reviewers in preparing to conduct the File Review in Domain 6.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

- How does the Reviewee make clear the legal custodians of their records?
- If the Reviewee is working in a non-private practice, do they know how/where to identify the organization's records custodian or if the organization itself is considered the custodian?
- How are the Reviewee's records stored and what security measures are used?
- If records are stored electronically, what risk mitigation strategies are employed to protect the privacy of client information, as well as any other confidential or copyrighted materials which may be used?
- What does the Reviewee do with rough case notes?
- If the Reviewee works in an organizational or institutional setting, what modality is used for record keeping? How are the Reviewee's practices for record keeping integrated into the structure established by the organization?
- If working in an organizational or institutional setting where other individuals may have access to the Reviewee's records, what steps are taken to prevent the misuse or misunderstanding of private information or test data? Are client files stored separately from organizational records? If yes, how is record access, confidentiality, and security managed?
- If the Reviewee's records are non-clinical in nature, can they describe any organizational or institutional policies they must follow for file storage and retention?
- How long are records kept and where are archived files stored?
- Is there a system for the destruction of old records? Is a record kept of which files are destroyed?
- How is confidential information disposed of? If working in an organizational or institutional setting, has the Reviewee ensured that disposal practices are aligned with the *Standards*?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

DOMAIN 6: FILE REVIEW

A minimum of two (2) files shall be reviewed by the Reviewers to evaluate the Reviewee's adherence to the *Standards* and discuss their practices. If the Reviewee performs various professional activities (e.g., direct clinical services, research, supervision), at least two (2) of each file type shall be reviewed and discussed.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

- Are the records organized so that the Reviewee's professional activities and services can be easily understood? Are records legible and in a manner that would support the continuity of client care?
- Do the files contain all required elements listed in the *Standards*?
- Do clinical records show documentation of assessments, goals, and treatment plans? Are specific psychological or ABA factors considered by the Reviewee when documenting progress and/or updating a client's file?
- How did the Reviewee choose the assessment tools or interventions used in the records? Is their rationale for their choices evident within the records?
- Were there any issues within the records that may have prompted the Reviewee to seek peer consultation?
- Does the Reviewee use any tools or mechanisms to monitor file progress or outcomes? Do they use this data to enhance future interventions, treatments, research practices, etc.?
- If the Reviewee works in an organization or institutional setting, were there any materials from the records being reviewed that could not be provided for the PAR? Were there any limitations which prevented the Reviewee from providing their records entirely? If yes, who is responsible for monitoring their records within the organization?
- If providing supervision, how does the Reviewee ensure supervised client records are being maintained in accordance with the *Standards*?
- If research records are reviewed, has the Reviewee included approval documentation from the relevant Research Ethics Boards?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

Note: do not record any identifying client or research information which has been reviewed. The Committee may request further information if deemed necessary.

DOMAIN 7: SELF-ASSESSMENT AND CONTINUING PROFESSIONAL DEVELOPMENT

All registrants of the College are required to participate in self-assessment and continuing professional development activities as part of the mandatory Quality Assurance Program. Discuss the Reviewee's participation efforts during their current and/or most recently completed cycle.

☐ **Meets Standards** ☐ **Minor Modifications** ☐ **Needs Improvement** ☐ **N/A**

- Has the Reviewee completed the *Self-Assessment Guide* (SAG) as required?
  Note: the Reviewers are not asked to view the Reviewee's *Self-Care Plan* but may confirm that they have attested to its completion on the last page of the SAG.
- Does the Reviewee demonstrate self-awareness of their professional strengths/challenges?
- How does the Reviewee determine goals for their *Professional Development Plan*? Are their goals specific, measurable, attainable, relevant, and time-based?
- Is there a reasonable connection between the nature of the Reviewee's practice (e.g., direct clinical, supervision, research, teaching, etc.), the *Professional Development Plan* they created, and their completed or planned Continuing Professional Development (CPD) activities?
- Does the Reviewee take a reflective approach to maintaining their professional competency?
- How has the Reviewee benefitted from continuing education and professional development? What activities have they found to be of greatest value for enhancing their practice within their last two-year cycle?
- How does the Reviewee engage in professional interaction or interdisciplinary activities to prevent practitioner isolation?
- If the PAR is taking place towards the end of the Reviewee's two-year cycle, have they completed a reasonable number of CPD hours across the required activity sections and content areas?
- Is the Reviewee mindful of maintaining their knowledge, skill and judgment in relation to professional ethics and practices consistent with equity, diversity and inclusion?
- If the Reviewee provides supervision to CPBAO registrants, other regulated health professionals, or non-regulated individuals, how do they maintain their knowledge to ensure they are offering competent supervision?
- Did preparation for this review lead to any changes in the Reviewee's practices or inspire further self-reflection?

Areas of Strength, Opportunities for Improvement and/or Other Feedback

OTHER AREAS OF DISCUSSION

If other areas or professional topics were discussed that you believe cannot be categorized in a previous domain, you may list additional comments, strengths and areas for improvement below. Please be specific regarding the nature of the discussion as it relates to the Reviewee's practice.

OPINION SUMMARY

Suggestions Discussed

If any concerns or suggestions for practice improvement were discussed throughout the review, summarize below and indicate if the Reviewee has acknowledged that they intend to address those areas.

Summary of Opinion

Use the space below to summarize your opinion on the Reviewee's professional practice and adherence to the *Standards* based on the information reviewed and discussed. Any difference in opinion between the College Assessor and Nominated Reviewer must be clearly noted.

REPORT ATTESTATION

The College Assessor, and Nominated Reviewer (if applicable), must sign the final report before submitting copies to the College and the Reviewee.

The undersigned attest that the opinion provided in this report is an accurate reflection of the Reviewee's practice based upon the information made available for consideration throughout the Peer Assisted Review process.

	College Assessor Signature
Date	**Nominated Reviewer Signature**