

QUALITY ASSURANCE PROGRAMPEER ASSISTED REVIEW FINDINGS

Member Reviewed	Frank Earnestley
College Appointed Assessor	Serge Severre
Member Nominated Reviewer	Cathy Confrere
Facility or Work setting	Vital Clinic (1/2 time) Private Practice (1/2 time)
Date of Review	Dec 31, 2050

Summary Ratings				
	Meets standards without any qualification	Would meet standards with minor modifications	Significantly below standards	Not Applicable
Practice Setting/Office		•		
Professional Services	•			
Professional Conduct	0	0	•	0
Supervision and/or Consultation and/or Other Non-Direct Services	•			0
Administrative	•			0
Research/Teaching/Academic				•
Record Keeping	•	0	0	0
File Review	•		0	0
Self-Assessment and Continuing Professional Development	•		0	0

Sample questions are provided in each section to guide the review and may be used if relevant to the member's adherence to the *Standards of Professional Conduct*, 2017. You are welcome to ask any questions you believe to be relevant to the member's practice.

Practice Setting/Office - Brief Description of Practice Setting/Office (e.g., accessibility, privacy, safety, comfort):		
Reviewers familiar with Vital Clinic, well respected and professionally run, so did not see need to visit		
Visited home office: side door, basement office not easy to access for those with mobility issues		
Clean, well lit, soundproof; private- door to rest of house locked and family members have no contact with clients; locked filing cabinet		
Washroom has broken lock, sign provided to hang on doorknob if occupied		
Overall Rating:		
Meets standards without any qualification		
Would meet standards with minor modifications	•	
Significantly below standards	0	
Not Applicable	0	
Areas of Strength / Areas Requiring Ongoing Learning:		
Shows awareness of accessibility issue- member h	ias made arrangements with	

Shows awareness of accessibility issue- member has made arrangements with colleague to use accessible office in professional building for clients who are unable to use steps; would also consider telepsychology if client was amenable, in clinically appropriate cases

Member had not previously considered possible discomfort to client about not being able to control entry to washroom by others when in vulnerable state, also that this might undermine professionalism and provide a confusing message about boundariesmember seemed clearly to understand these things, expressed regret that he had "missed" this, said it was helpful feedback and that he will replace lock immediately;

Professional Services – Sample Questions to Consider:

- What are the member's authorized areas of practice and populations? Does the member recognize and practice within their limits of competence?
- What types of presenting problems does the member work with?
- Who are the member's referral sources?
- How does the member manage his/her waiting list?
- Who does the member refer clients to and under what circumstances?
- Does the member consult with colleagues? What kinds of issues do they consult on?
- Does the member engage in multidisciplinary work? If so, which other disciplines are involved and how are psychological services integrated with other services in terms of such things as clinical decision making, report writing, signing of reports and file storage?
- Does the member use any formal assessment materials? Which ones? How are they stored?
- Does the member monitor client progress and if so, how?

Meets standards without any qualification	
Would meet standards with minor modifications	
Significantly below standards	
Not Applicable	

Other issues discussed:		
Areas of Strength / Areas Requiring Ongoing Learning:		
At Vital, provides assessment and MBCBT group therapy for adults with OCD along with Social Worker; is in staff position and does not control referrals or manage wait lists		
Recognizes limits of competence- has focused on OCD and anxiety management with adults in private practice; although receives referrals for other presenting problems, does not believe he has enough recent expertise to treat other disorders without supervision and very busy already		
Values opportunity to discuss cases with colleagues at Vital, has a monthly meeting with other private practitioners in community for case consultation discussions		
Is investigating tools for client progress monitoring- is on CPD plan		

Professional Conduct – Sample Questions to Consider:

- Has the member had any experience with dual relationships? How did they handle them?
- In describing their own example of a case that posed an ethical dilemma or a problem of an ethical nature, how did the member address the issues?
- Has the member encountered a 'duty to warn' type of situation? What were the circumstances? What did they have to consider? Did they act appropriately?
- Does the member understand mandatory reporting obligations? Have they encountered such a situation and if so, did they act appropriately?
- Does the member provide telepsychology services? If so, do they do so in accordance with the Standards of Professional Conduct?
- Does the member bill clients? If so, do billing and receipt documents conform with the requirements set out in the Standards?
- How does the member manage collection of overdue accounts?
- How does the member manage collection of accounts from clients who have lost their jobs or are otherwise unable to pay for services?
- What arrangements have been made in the event of vacation leaves, or sudden illness or incapacity?
- How does the member obtain consent and explain the limits of confidentiality?
- How does the member explain client access to notes or records?

Meets standards without any qualification	
Would meet standards with minor modifications	
Significantly below standards	•
Not Applicable	

Other issues Discussed:

Member discussed case in which he treats both mother and 18-year-old daughter as separate clients in psychotherapy, treatment is mainly CBT, although some supportive work with mother. Each is working on overcoming her own independent traumatic experiences. Mother has expressed worries in her own therapy about the daughter's high-risk behaviour, including substance misuse and staying out all night with "undesirable" boyfriend. She has prohibited him from telling daughter what she has told him. He has decided to "park" daughter's focus on traumatic experiences and is redirecting focus to exploration and psycho-education re: risk taking and safety. We raised issues of consent from daughter to collect information, daughter's consent to change treatment focus and damage to therapeutic alliance if daughter found out about information he was acting on. We also discussed whether becoming mother's agent in protection of daughter was consistent with mother's treatment goals. Although feeling some discomfort about his position in all of this, he still believes that taking this direction is in daughter's best interests. We suggested that there may be some problems with respect to confidentiality, informed consent, dual relationships, self determination of capable individuals and whether this approach is in best interests of mother-daughter relationship. We suggested that treating two members of the same family in individual therapy is not advisable, particularly where there are no shortages of therapists in the area. We also discussed ways in which safety could be addressed in ways which do not compromise ethical principles. He said that he would give all of this further thought.

Areas of Strength / Areas Requiring Ongoing Learning:

In combination with door lock concern noted above, recommend that member review CPA Code of Ethics and take an ethics course or courses which focus on ethical thinking and decision making. He would also benefit from an opportunity to discuss such complex cases with experienced colleagues.

Clinical Supervision and/or Consultation and/or Other Non-Direct Services (if Applicable) – Sample Questions to Consider:

- Is the member providing clinical supervision and/or non- supervisory consultation and/or other non-direct services? If so, to how many individuals and to whom (i.e. supervised members, non- regulated individuals, regulated members of another college)?
- Is the member providing supervision and/or non-supervisory consultation and/or other non- direct services within the boundaries of their authorized areas of practice and/or populations?
- Is there a supervision and/or non- supervisory consultation agreement signed by the member and the supervisee/consultee for each supervision and/or nonsupervisory consultation relationship?
- If the member is providing non-supervisory consultation, do they have a clear written agreement signed by all parties that ensures the understanding that they are not taking on responsibility for client care?
- Are supervision records being maintained in accordance with the Standards of Professional Conduct?
- How is the member monitoring services provided under their supervision? How frequently are they with supervisee(s)?
- Are clients being informed of the supervisory relationship, limits to confidentiality, and how to contact the member (supervisor)?
- Are any non-regulated supervisees providing clinical supervision and/or nonsupervisory consultation to others?
- What system is in place to ensure proper clinical supervision and/or nonsupervisory consultation and/or oversight of other non-direct psychological services?
- Do any supervisees work offsite? If yes, does the member have access to the client records?

Meets standards without any qualification	
Would meet standards with minor modifications	
Significantly below standards	
Not Applicable	

Other issues discussed:
Areas of Strength / Areas Requiring Ongoing Learning:
Supervises psychometrist at Vital. Will only allow him to administer new tests if he has observed skillful administration. He provided copy of agreement and supervision record for review. Agreement contains all items required that are not already in the person's employment contact. Detailed documentation of regular supervision meetings showing that he is helping this individual develop as psychometrist. Has recently begun to allow psychometrist to analyze results and prepare first draft of report but reviews all scores and tabulations and develops own independent formulation before reviewing draft.

Administrative (if applicable) – Sample Questions to Consider:			
 What is the structure of the organization and how do psychological services fit within that structure? What are the benefits and challenges of this model? How does the member handle any challenges? What structure is in place to assure adherence to both College and institutional standards? 			
Overall Rating:			
Meets standards without any qualification	•		
Would meet standards with minor modifications			
Significantly below standards			
Not Applicable			
Other issues discussed:			

Areas of Strength / Areas Requiring Ongoing Learning:

Member recounted challenge with Vital regarding manner for obtaining consent and successfully advocated for change which allowed him to be confident that consent wat fully informed. Otherwise, description of Vital policies and procedures aligns well with CPO Standards and Legislation and Member is adherent to both.		

Research, Teaching and other Academic Activities – Sample Questions to Consider: • Does the member engage in research and/or academic/teaching activities and if so, of what nature? • If the member is engaged in research, what does the ethical review process entail? • How does the member ensure the confidentiality of research subjects? • How is feedback provided to research participants? Is the member aware of any institutional policies or procedures in place to ensure objectivity in evaluation and the avoidance of exploitation, abuse and/or harassment of any nature? **Overall Rating:** Meets standards without any qualification Would meet standards with minor modifications Significantly below standards Not Applicable (\bullet) Other issues discussed:

Areas of Strength / Areas Requiring Ongoing Learning:	
Member does not conduct any of these activities	

Record Keeping – Sample Questions to Consider:

- Is it clear who the legal custodian of records is?
- How are records stored and what security measures are utilized?
- If records are kept electronically, what risk mitigation strategies are employed?
- Are records legible?
- How long are records kept?
- Where are archived files stored?
- Is there a system for destruction of old records and is a record kept of which records were destroyed?
- How is confidential information disposed of?
- Are psychological files kept separately from facility records and if so, how are access, confidentiality and security of records handled?
- If the member works in an organization, how does psychological record keeping work within the setting and how is it integrated into the record keeping structure of the setting?
- What does the member do with rough case notes?
- Do records contain the required elements listed in the Standards of Professional Conduct?

Meets standards without any qualification	
Would meet standards with minor modifications	
Significantly below standards	
Not Applicable	

Other issues discussed:		
Areas of Strength / Areas Requiring Ongoing Learning:		
Vital is the HIC and responsible for Vital records. Vital is subject to Ministry accreditation standards and he is compliant with agency requirements. Keeps all private practice records in locked filing cabinet and marks all closed files with destruction dates. Recently began to keep records electronically- each has unique encryption password, which he has shared with his designated successor HIC, along with location of key to cabinet.		

File Review (At least two charts to be reviewed) – Sample Questions to Consider: • Is the file organized so that the member's professional activities can be easily understood? • Does the record show documentation of assessment, goals, and treatment plans? Is client progress monitored and if so, how? How are outcomes measured? • How did the member choose the assessment tools or interventions used for each client and is there a rationale for the choices evident? • Can the member describe any issues that might have prompted consultation with peers? • Has the member learned from the cases reviewed and if so, how has this influenced the care of other clients? **Overall Rating:** Meets standards without any qualification Would meet standards with minor modifications Significantly below standards Not Applicable Other issues discussed:

Areas of Strength / Areas Requiring Ongoing Learning:

Reviewed one paper file and two electronic files. Logical basis for intervention choices, file contents understandable and would make it easy to take over treatment of these individuals. No formal progress monitoring, although notes indicate reflection on progress at various points in time. Member unclear re: what he may have learned from each case but thought it was a good question and says he will start asking himself this when he does periodic case reviews. All content requirements met in all files.
when he does periodic case reviews. All content requirements met in all files.

Review of Self-Assessment & Continuing Professional Development Documents – Sample Questions to Consider:

- Has the member completed a SAG and CPD Plan as required?
- Does the member demonstrate self- awareness of strengths/challenges?
- How does the member determine professional development goals and develop their CPD Plan?
- Does the member take a reflective approach to maintaining continued competency and to developing practice?
- Are CPD goals specific, measurable, attainable, relevant, and time-based?
- Is there a reasonable connection between CPD activities, goals, and the nature of the member's practice?
- How has the member benefited from continuing professional development and how was this learning put into practice?
- Has peer/colleague interaction or discussion influenced or changed the member's practice and if so, how?
- Did participating in the SAG and CPD Program result in change to the member's practice?
- If near end of member's CPD cycle, is there reasonable number of credits and mix of activities?

Meets standards without any qualification	
Would meet standards with minor modifications	
Significantly below standards	
Not Applicable	

Other issues discussed:
Areas of Strength / Areas Requiring Ongoing Learning:
Member is highly experienced psychologist who still believes he has a lot to learn. Although early in the 2 year CPD cycle, he has already exceeded minimum requirements for entire period. Through discussion, member reflects that most activities have involved acquisition of information about interventions. Though he believes that this is a legitimate focus, he also sees the importance of increasing opportunities to discuss his own clinical experiences with colleagues. As mentioned before, is planning to learn about more formally looking at outcomes and wishes to do more self-reflection as a therapist.

Date PLEASE NOTE: THE COLLEGE APPOINTED ASSESSOR IS REQUIRED TO PROVIDE A		
College Appointed Assessor's Signature	Member Nominated Reviewer's Signature	
It was a pleasure to review this member's practice. He appears genuinely concerned about the welfare of his clients. The good quality of most of his work far outweighs the difficulties noted and it appears that he is receptive to our recommendations. We thanked him for his candour and for giving us good ideas with respect to implementing the new supervision requirements.		
Additional Comments:		
Recommendations: As discussed we believe Dr. Earnestley would re: ethical thinking and decision making by re taking a course, or courses, that include infor dual relationships, informed consent and condone on-line via the CPA or APA. We also rementorship relationship with an experienced cases, particularly those in which complex clinabove, can arise.	wiewing the CPA Code of ethics and mation about professional boundaries, fidentiality. It is likely that this could be commend that he establish a peer colleague to regularly discuss therapy	
We were impressed with how simply he had adapted the new requirement for a supervision agreement to his ongoing practice- his building upon the institutional contract with the psychometrist really simplified the process for constructing a supervision agreement and Serge will be adopting a similar practice.		

Areas of Strength/Areas Requiring Ongoing Learning not Included Above:

A highly personable, non-defensive professional is open to constructive feedback.

COPY OF THIS REPORT DIRECTLY TO THE REVIEWEE, ALONG WITH NOTICE THAT THE REVIEWEE MAY MAKE WRITTEN SUBMISSIONS TO THE QUALITY ASSURANCE COMMITTEE WITHIN 14 DAYS OF RECEIVING THE REPORT