L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO
THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

PEER ASSISTED REVIEW PROCESS
Information Members Participating in the Review and for
Reviewers

The College of Psychologists of Ontario has developed a process for randomly selected members to engage in the *Peer Assisted Review (PAR)* component of the Quality Assurance Program. This review is designed to meet the requirements delineated under the Regulated Health Professions Act, 1991. The goal of the *PAR* is to allow all participants, both reviewers and reviewee, to engage in a collegial exchange of information regarding the member's practice that will be educational and beneficial for all parties involved.

The process of the *PAR* will generally take the form outlined below. Please note that due to the wide variety of settings in which members work and the variation in the nature of members' practices, some items listed may not be applicable and may be omitted.

In discussing the *Peer Assisted Review* process with some of the members who have acted as reviewers, some reviewers have found it helpful to have some suggested questions available, while others found it more comfortable to discuss the topics in their own fashion. Whichever method is used, it is important to remain true to the concept and philosophy of a collegial discussion.

A   Tour of Facility
In touring the member's work setting, the reviewers will be interested in a variety of factors generally related to respect for the client. These may include: cleanliness, accessibility, easy to find, washrooms, lighting, privacy and soundproofing of rooms, comfortable, adequate seating. As well, the reviewers will note the storage and security of client files, test materials and other equipment.

B   Interview and Discussion
Areas of discussion will centre on issues relevant to the member's practice, including strengths, opportunities for change, and challenges. The following list outlines subject areas that may be reviewed, to varying degrees, dependent upon their relevance and applicability. Through the discussion, other relevant topics may also be introduced.

1.   Description of Practice
- Referral sources
- Types of clients and nature of presenting problems
- Description of services provided
- Use of formal and informal assessment materials
- Management of waiting list
- Reasons for, and management of, deferrals/non-acceptance
- Information provided to clients regarding:
  - limits to confidentiality such as; child abuse reporting, mandatory reporting, duty to warn, directions of the court, etc.
  - fees for services, and missed/late appointment charges
- Involvement with other professionals, e.g.,
  - other psychological service providers
  - multidisciplinary colleagues
  - supervised staff
  - supervisory staff
  - other service providers

Sample Questions
Overall, how does the member describe their practice?
What types of clients and nature of presenting problems does the member works with? Who would the member see? Who would the member not see?
What does the member do and not do? Does the member recognize and practice within limits of competence?
Who are the member's referral sources? How does the member manage his/her waiting list? Who does the member refer to and under what circumstances?
Who does the member work with? How are multidisciplinary interactions handled? (Are there issues in this setting that sometimes raise difficulties such as report writing, signing of reports, or file storage?)
What type of introduction does the member provide to clients in first session? What issues are covered, e.g., limits of confidentiality (legal and ethical), duty to warn, fees, missed appointment charges, lateness, other expectations?
How does the member explain limits of confidentiality?
How does the member describe the client's access to notes or records?
Does the member use any formal assessment materials? Which ones? How are they stored (may be noted in facility tour)? How does the member keep up to date?
How does the member use rough case notes? Are these kept as part of the formal client file?

2. **Exploration of Practice Issues**
   - Management of possible dual relationships
   - Description of other ethical dilemmas
   - Understanding of mandatory reporting obligations
   - Experience of a duty to warn situation
   - Recognition of safety issues
   - Existence of some form of QA program/system in the work setting
   - Management of supervisory relationships:
     - monitoring services provided
     - explanations of supervisory relationship to client
   - Management of records:
     - report writing and signing
     - security of file storage
     - system for destruction of records and confidential information
     - existence of psychological files separate from the facility file
   - Management of electronic records:
     - security of electronic records (passwords/access levels)
     - risk mitigation strategies
   - Type of arrangements:
     - for clients when the member is going to be away
     - with clients and for files in the event of the member's sudden illness or incapacity
   - Billing practices:
     - method of collecting from overdue accounts
     - example of itemization for services received
     - management of clients who are suddenly unable to pay
   - Provision of telepsychology Services
     - Familiarity with practice advisory guideline "Model Standards for Telepsychology Practice"
     - legally entitled to practice outside of home jurisdiction and familiarity with jurisprudence requirements
     - ensure privacy/software is PHIPA compliant
     - risk mitigation related to technological failure

Sample Questions
Dual relationships can be a problem particularly in some small communities, how does the member handle this? What has been his/her experience?

How does the member handle situations where the client may wish to refer a friend? Discuss an example of a case that posed a dilemma or problem of an ethical nature.
Has the member encountered a 'duty to warn' type of situation? What were the circumstances? What did they have to consider? How did they handle it?
Does the member understand their mandatory reporting obligations?
In the course of the member's work is he/she supervised? Does the member consult with others?
What arrangements does member make for clients when he/she is going to be away?
What arrangements has the member made with clients and for files in the event of his/her sudden illness or incapacity?
How are files stored, if electronically stored – what risk mitigation strategies are employed? How long are files kept? How are closed or archived files stored?
Is there a system for the destruction of old records? Is a log kept?
How is confidential information disposed of? (draft reports, rough notes, old files) Is there a separate psychological file from the facility file?
What does the member do if a client has lost a job and is not able to pay?
How does the member collect on slow payers?

3. **Continuing Education and Professional Involvement**
   - Description of continuing education activities in areas of present and any future practice areas being considered, changes in legislation, etc.
   - Participation in formal or informal groups and projects related to type of work

   Sample Questions
   How does the member stay up to date in the field?
   How does the member keep up to date with changes in legislation or Standards? Does the member have some form of QA program/system in the worksite?
   What groups or projects related to psychology has the member been involved in over the past few years that he/she would like to discuss with reviewers?
   Is the member involved in any formal groups or activities related to psychology (e.g., OPA, OAPA, College, CRHSPP, local academy or psychology group)?

4. **Research – if applicable**
   - Description of research activities
   - Description of ethical review process
   - Arrangement for ensuring:
     - informed consent of participants
     - confidentiality of research participants
     - feedback to participants

   Sample Questions
   Does the member conduct research in a setting which has an ethics committee? If no . . . How does the member ensure informed consent?
   How does the member ensure the confidentiality of research subjects?

5. **Administrative Activities – if applicable**
   - Structure of the member's organization and description of the member's role
   - Description of the structure of psychology services within the organization
   - Evaluation of quality of psychological services
   - Support for professional development activities
   - Structure used to assure adherence to College and organizational standards
   - Provision of supervision of non-regulated staff
   - Integration of psychology records within the organization

   Sample Questions
   What is the structure of the member's organization and how does psychology fit within it?

What are the positives and negative of this model? How does the member handle the negatives? What is the member's role in the organization and how do they fulfill that role?

What structure is in place to assure adherence to both College and institutional standards? What system is in place to ensure proper supervision of non-regulated staff?

How are performance appraisals done? Who does them and how are they used?

How does psychological record keeping work within the institution and how is it integrated into the institution's record keeping structure?

How does the institution support professional development?

6. **Other**

Additional information or areas of practice that may not have been covered but which the member may wish to discuss or describe.

Sample Questions

Are there items within the Standards of Professional Conduct, Code of Ethics or other expectations of the College that raise concerns for the member in his/her practice?

Does the member have any suggestions for the Standards, etc?

Is there other information not covered which the member wishes to discuss or describe?

C **Review of Self Assessment Guide and Professional Development Plan**
- Review of completed Self Assessment Guide
- Feedback regarding:
  - impact on practice or other professional activities
  - outcome of continuing education plans
- Was it helpful to the member?
- Did it result in any changes in what the member did or how they conducted their practice or activities?
- What did they get out of the continuing education they planned?

D **Review of Files**

A **minimum of two files** from the member's clinical practice will be reviewed, with the number to be reviewed dependent on the nature of the practice. Examples of record keeping from primary and additional work settings (if relevant) will be examined. Files will be selected randomly.

The member may take whatever steps they feel necessary or appropriate in handling concerns regarding confidentiality although Quality Assurance reviewers, as agents of the College may review files without expressed client consent. The reviewers will use discretion to ensure they do not review any file in which they may have a dual relationship or conflict of interest. The member and reviewers may discuss individual situations or files if there may be special concerns.

- Files will be examined for:
  - required elements as per Regulations, Standards of Professional Conduct
  - interrelationship between psychology documents and other information, other multidisciplinary team records (as appropriate)
  - logical flow of information leading to conclusions

E **Results of Review and Feedback to and from Member**

At the conclusion of the on-site visit and following a brief private meeting between reviewers, the member will be provided with immediate feedback regarding the reviewers' general impressions.

The member also receives a copy of the written summary, prepared by the reviewers, which is submitted to the Quality Assurance Committee.

One of three outcomes is possible from the review:

1. <u>Meeting Standards without any qualification,</u> no areas for improvement are identified, though some suggestions may be offered by the reviewers that the member may find helpful to incorporate into his/her practice.

2. <u>Could be improved with modifications,</u> minor areas for improvement are identified which the member has agreed, with the reviewers, to address within a specified time frame. The Quality Assurance Committee will confirm with the member that recommended and agreed upon changes have been completed.

3. <u>Is Significantly below Acceptable Standards,</u> major areas for improvement are identified that will be referred to the Quality Assurance Committee to address directly with the member.

Feedback will also be elicited from the member regarding suggestions for the *Peer Assisted Review* process. As well, the reviewers may request general input from members regarding College standards or expectations with specific emphasis on those that the member may find impractical or difficult to implement and would like to suggest as requiring review or updating.