



Policy Name:	<b>QA Audit- Confirmation of Continuing Education and Professional Development</b>
Policy Category:	<b>Quality Assurance</b>
Developed by:	<b>Quality Assurance Committee</b>
Approved by:	<b>NLCHP Council</b>
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Review:	<b>Annually</b>

**Overview:**

The *Health Professions Act* in Part III- Quality Assurance sets out the requirement that the Newfoundland and Labrador Council of Health Professionals (NLCHP) develop and administer a quality assurance program. The continuing competency requirements (continuing education, professional development and hours of work), are established by the profession specific Colleges to promote continuing competency and a high standard of practice within each health profession. The QA program of the NLCHP is designed to promote continuing competency and continuing quality improvement. The Quality Assurance (QA) Committee on behalf of the NLCHP has the mandate to ensure registrants comply with the continuing competency requirements as set out of by profession specific Colleges.

Assessors appointed by the Quality Assurance Committee and approved by the NLCHP governing Council will review registrant continuing education portfolios to determine compliance with the continuing education (CE) and professional development (PD) requirements.

Verification of a registrant's continuing education and professional development is required to be submitted to the NLCHP as part of the renewal of registration.

Professional portfolios are the official documentation of registrant continuing education.



Registrants are expected to maintain CE/PD documentation for at least five (5) years. Registrants with the NLCHP can be expected to submit Audit CE/PD documentation for any, or up to five (5) calendar years prior to the request.

The NLCHP is a public body that must comply with the objectives and principles of the *Access to Information and Protection of Privacy Act* (ATIPPA)

**Policy:**

The Quality Assurance Committee through its NLCHP-QA Program will conduct random CE/PD audits.

Each year the Quality Assurance Committee will determine the percentage of registrants per year in each health profession to be audited.

QA Assessors will be appointed by the QA Committee and approved by the NLCHP governing Council.

Results of audits are reported to selected registrants and those who do not meet College criteria are given 30 days to submit additional documentation. General results of the NLCHP-QA Audit are reported to the Colleges.

Audited registrants who fail to meet the CE requirements will automatically be audited in the following year. These registrants will not be considered as part of the random audit of the health profession.

Registrants who have been registered for less than 12 months in their initial registration year will not be subject to CE/PD audit for the initial registration year.

All registrants (general status and non-practicing) must comply with the CE and PD requirements as outlined by the profession specific college, regardless of the number of hours worked during the registration year. Registrants who held an active registration for the year requested in the NLCHP-QA (CE/PD) Audit will be required to submit a professional portfolio.

Registrants unable to provide information regarding continuing education and professional development, who do not have the required number of hours/credits, may be reviewed by the QA Committee. Those who have submitted false or misleading information on CE credit verification shall be subject to penalty or sanctions. The guidelines for penalty and sanction will be established by the NLCHP and will be reviewed on a regular basis.



**Procedure:**

1. The NLCHP office staff on behalf of the QA Committee will notify registrants via e-mail or where no e-mail address is available by postal mail that their name has been selected for random audit of their CE and PD.

2. Registrants identified for CE/PD audit will be requested to submit their portfolios via scanned email or a photocopy to the Chair of the Quality Assurance Committee within **30 days**. Original documents should not be sent. Faxes will not be accepted.

3. Registrants unable to provide information regarding continuing education and professional development may be subject to penalties as established by the guidelines identified in Schedule A.

3.1 Registrants whose portfolio is mailed and postmarked after the submission deadline may be subject to late fee penalties and automatically be audited in the next auditing year.

3.2 Registrants whose portfolio is received electronically after the submission deadline may be subject to a late fee and automatically be audited in the next auditing year.

4. Portfolios received will be forwarded to QA Assessors for review.

5. QA Assessors will complete assessments and provide a written report to the Chair of the QA Committee within 30 days of receipt of the portfolio.

5.1 Where a QA Assessor requires clarification of the content of the CE portfolio, the QA Assessor will notify the NLCHP to request additional documentation. Registrants will be provided **10** days to submit the documentation to the NLCHP.

6. The QA Committee reviews reports of the QA Assessors and based upon the reports determines if the registrants are in compliance with their College requirement for CE and PD.

7. The NLCHP will notify the respective College of registrants who fail to comply with the continuing education (CE) and professional development (PD) requirements for membership in their respective college.

8. The NLCHP will provide a written response to each registrant of the results of their assessment. Registrant portfolios will **not** be returned to the registrant and will be shredded post-audit.



9. Registrants who do not meet the CE/PD requirements of the College may be subject to a penalty as identified in Schedule A below.

10. A copy of the report letter of each registrant assessed is maintained in the NLCHP electronic General Office Files under QA (year). Documentation is also entered into the registration database.

**References:**                    *Health Professions Act*  
                                      *ATIPPA*

**Original Policy:**              June 25, 2013

**Revised:**                      June 12, 2014  
                                      Dec. 1, 2015  
                                      Feb. 22, 2017



## Schedule A

***The following guidelines may be actioned by the QA Committee as part of its mandate to ensure competent practice of a practitioner. If at any time, there is an indication of questionable competence then the registrant will be referred to the CAC.***

### **Guidelines for registrants not meeting CE/PD requirements submission timeline:**

- First Offence: The registrant will be subject to a QA CE/PD audit in the next year. In addition, a fine of \$50 will be applied.
- Second offence: The registrant will be subject to a QA CE/PD audit for the next year. In addition, a fine of \$100 will be applied.
- Third offence: The registrant will be subject to a CE/PD audit for the next year. A fine of \$250 will be applied. In addition, the QA Committee will order a review of the registrant's practice.

### **Guidelines for registrants who do not submit documentation of CE/PD**

- First offence: The registrant who does not provide documentation of CE/PD within 30 days of notification will be informed that they are "not in good standing for CE/PD" with the NLCHP until the required documentation is submitted. Registrants "not in good standing for CE/PD" will be required to complete a program of continuing education as defined by their College, will be subject to a QA CE/PD audit in the following year.

If the NLCHP is requested by the registrant to provide a Letter of Good Standing in that timeframe before a required program is completed as stated above, (i.e. for registration in another jurisdiction, confirmation of registration for employment and/ or insurance purposes etc.) the letter will indicate "not in good standing for CE/PD" for the audit year in question. In addition, a fine of \$50 will be applied.

- Second Offence: The registrant who fails to provide documentation of CE/PD within 30 days of notification in addition to the sanctions for first offence will have a fine of \$100. In addition, the registrant will be required to appear before the QA Committee. The QA Committee will order a review of the registrant's practice to determine competency.



## Guidelines for registrants not meeting CE/PD requirements:

*The guidelines apply where the registrant's portfolio does not meet the CE/PD as declared on renewal of registration.*

- First offence: The registrant will be required within 30 days of notification to provide documentation to support completion of the number of the CE hours/credit shortfall. If there is proof that the registrant knowingly declared a false number of CE/PD hours/credits, the registrant will also be subject to paying a fine of \$100.
- Second Offence: The registrant will be required within 30 days of notification to provide documentation to support completion of the number of CE/PD hours/credit shortfall. The registrant will be subject to a QA CE/PD audit for the following year and will be subject to paying a fine of \$500. The QA Committee will order a review of the registrant's practice to determine competency.
- Third Offence: The registrant will be required within 30 days of notification to provide documentation to support completion of the number of CE/PD hours/credit shortfall. The registrant will be subject to an audit for the following year. With the 3<sup>rd</sup> offense it is assumed that the registrant knowingly declared a false number of CE/PD which is considered to be a conduct deserving of sanction. The findings of the QA CE/PD audit will be forwarded to the CAC for review to include determination of sanction/penalty.

<sup>1</sup> **Continuing education (CE)** refers to the college-approved training acquired following a formal education program which is intended to improve or enhance basic professional skills and to ensure the health practitioner keeps pace with evolving knowledge and technology to retain credentials and licensure. Such education may include related seminars, webinars, conferences, in-service education, multi-discipline clinical rounds, distance or e-learning, credit-based learning, or discipline specific professional journal review.

**Professional development (PD)** refers to skills and knowledge attained for both personal development and career advancement. Professional development encompasses all types of facilitated learning opportunities, ranging from formal higher learning -directed programs and conferences to informal learning opportunities in practice. The British Columbia Teacher's Federation defines PD as a process of personal growth through programs, services and activities designed to enable members, individually or collectively, to enhance professional practice.



<http://www.bctf.ca/professionaldevelopment.aspx>

The Federation of Medical Regulatory Authorities of Canada (FMRAC, the organization composed of the Colleges of Physicians and Surgeons or Medical Boards of all the provinces and territories) states that Continuing Professional Development (CPD) consists of any educational activity which helps to maintain, develop or increase knowledge, problem-solving, technical skills or professional performance standards all with the goal that physicians can provide better health care.