
Effective Date:	April 2022
Date Last Updated:	February 18, 2025
Next Review Date:	February 2028
Policy:	Continuing Competence Program (CCP) Practice Visits Policy & Procedure
Applicable Legislation:	<i>Health Professions Act (HPA)</i> , Sections 11, 50 & 51
Applicable Bylaws:	Section 2 (1) & (2)
Persons Affected:	Registrants, CEO & Registrar, Competence Committee, Director of Competence and Practice, Complaints Director, Council and the Public

1.0 Purpose

The CCP Practice Visits Policy is guided by the principles of accountability, transparency, fairness and education. ACOT's objective in conducting practice visits is to maintain registrant competence and enhance the provision of professional occupational therapy services. This policy outlines the requirements and processes with respect to practice visits.

The intended outcomes of this policy are:

- Continuing Competence Program requirements of the *Health Professions Act* are met by ACOT and registrants.
- Registrants receive feedback about their practice and activities to support continuing competence.
- Registrants who require guidance to comply with ACOT's Standards of Practice and Code of Ethics are identified and given support.

2.0 Policy Statement:

In accordance with section 51 of the HPA and as authorized by ACOT's Standards of Practice, the Competence Committee may direct that a registrant participates in a practice visit, to ensure that continuing competence requirements are met. In doing so, the registrant must co-operate with the Competence Committee and any person

appointed under section 11 of the HPA. The Practice Visit Reviewer (“Reviewer”) must give a report of the findings of the practice visit to the Director of Competence and Practice who advises the registrant and the CEO & Registrar if the results are (a) satisfactory, (b) if the registrant must comply with directions imposed in accordance with the Standards of Practice, or (c) if the information obtained from the practice visit is to be referred to the Complaints Director as indicated in section 51.1 of the HPA. The Director of Competence and Practice is responsible and accountable for overseeing the practice visit procedures.

3.0 Scope

This policy applies to all ACOT employees, registrants, Council and any other person acting on behalf of ACOT including contracted staff.

4.0 Procedures

4.1 Selection of Registrant for a Practice Visit

- a) Selection of registrant for a practice visit may occur by:
 - i. Self-selection (at the request of the registrant)
 - ii. Non-compliance with CCP requirements including but not limited to not participating in a Coaching Conversation after the CCP submission is rated as Not Acceptable or corrections to CCP submission not incorporated within a 30-day requirement.
 - iii. Non-acceptable CCP submission more than once in a five (5) year period, or conditional (and/or Not Acceptable) CCP submissions twice or more in a five (5) year period.

4.2 CCP Practice Visit Reviewers

- a) The Director of Competence and Practice will oversee recruitment and training of Reviewers and assignment of practice visit components to the Reviewers.
- b) Registrants in good standing on the General Register are recruited to be part of the Competence Committee.

- c) A Competence Committee may appoint one or more people to be a Reviewer to perform a practice visit in accordance with sections 11, 20 and 51 (2-5) of the HPA.
- d) Registrants with a minimum of five (5) years of practice experience are eligible to be a Reviewer and may be selected from across the province and across practice areas.
- e) Each Reviewer is required to sign an Oath of Confidentiality, be familiar with the ACOT CCP, and participate in Reviewer training. Reviewers will be provided with training on the use of the Standards of Practice and Code of Ethics in the context of practice visits.
- f) Reviewers are provided with an opportunity to recuse themselves from practice visits of registrants who are close friends or colleagues whom they supervise or report to.
- g) Reviewers will serve 3-year terms, renewable up to two times.
- h) Reviewers will be paid an honorarium for each practice visit, at a rate of a mid-range OTII at Step 5 of the current HSAA contract, with one (1) day provided for each practice visit, including writing-up of findings.
- i) At least one member of the Competence Committee will be designated as a second Reviewer who can be consulted by any of the other Reviewers for a second opinion regarding a Registrant's adherence to the Standards of Practice and the Code of Ethics.

4.3 Conducting Practice Visits

- a) Registrants will be given thirty (30) days of notice by ACOT before a practice visit is to take place.
- b) Practice visits consist of two parts, Document Review and Multiple Source Feedback, as depicted in Appendix A. Registrants will begin by participating in Part I (Document Review). Registrants who do not successfully complete Part I will proceed to Part II (Multiple Source Feedback).

- c) At the beginning of Part I, the registrant will engage in a Coaching Conversation with the Director of Competence and Practice. Coaching Conversations will follow a standard, templated process that is aimed at being supportive, strength-based and non-punitive. The conversation will include explanation of the reason and process for a practice visit and promote the registrant's understanding of applicable legislation and regulation, and ACOT's Standards of Practice and Code of Ethics, as well as foster reflective practice.
- d) Practice visit Reviewers will be assigned to complete the remaining components of Part I and II as required and requested by the Director of Competence and Practice. A standardized format or template will be provided to the Reviewer for consistent documentation by the Reviewer of the practice visit details and findings.
- e) To conduct Part I of a practice visit, the Director of Competence and Practice or CEO & Registrar will oversee obtaining the following information, as available, from the registrant's employer and/or contracting agency, and provide to the practice visit Reviewer:
 - a. a copy of the registrant's job description and confirmation of the registrant's related practice area(s);
 - b. copies of the registrant's most recent performance reviews, (or internal competency reviews where available), conducted in the past two (2) to five (5) years; and
 - c. copies of a minimum of ten (10) client files, or for those in non-client facing roles, copies of a minimum of ten (10) work products such as briefing notes, presentations, reports, etc.
- f) Registrants engaged in a practice visit will be given the opportunity to identify any missing pieces of information outlined in 4.3(d), (for example informed consent documentation completed elsewhere in the clinical information system) to ACOT. Practice Visit Reviewers will report missing items to the Director of Competence and Practice, who in turn will collaborate with the employer/contracting agency or registrant to obtain the missing items.
- g) Throughout Part I and Part II, the Director of Competence and Practice and Reviewers will compare the requirements in ACOT's Standards of Practice and Code of Ethics to the registrant's practice as evidenced through the various

components of the practice visit. Templated forms will be used by the Reviewers and ACOT staff for consistent documentation throughout each component of the practice visit and to determine final results.

- h) Practice visits will occur in person or virtually. When occurring in person, Reviewers or ACOT staff will obtain permission from the occupant of a private dwelling or publicly funded facility where applicable to access the registrant's workplace or appropriate alternate venue for purposes of the practice visit, in accordance with HPA section 51 (4 a-b). Permission will be documented within the practice visit standardized documentation.
- i) Reviewers will have four (4) weeks to complete each assigned component of the practice visit, which they will forward to the ACOT office for final determination of results by the Director of Competence and Practice.

4.4 Results of Practice Visits

- a) The registrant will be advised by the Director of Competence and Practice of the practice visit results within ninety (90) days as required by section 51 (51-b) of the HPA.
- b) If the results of the practice visit are deemed unsatisfactory, the Competence Committee may direct a registrant or group of registrants to undertake any one or more of the following within a specified period of time:
 - i. To complete specific CCP requirements;
 - ii. To correct any problem identified in the practice visit;
 - iii. To submit to periodic review and evaluation;
 - iv. To report to the competence committee on specified matters.
- c) As required in section 51.1(2) of the HPA, the Competence Committee must make a referral to the Complaints Director if, on the basis of information obtained from a practice visit, it is of the opinion that:
 - i. The registrant displays a lack of competence in the provision of professional services that has not been remedied by participating in the CCP;
 - ii. The registrant may be incapacitated; or

- iii. The conduct of the registrant constitutes unprofessional conduct that cannot be readily remedied by means of the continuing competence program.
- d) Using a templated form, the Director of Competence and Practice will notify the registrant's manager(s) that a practice visit is complete and that the results are confidential between the registrant and ACOT. Practice visit results will not be shared with employers, and employers will be notified of this prior to conducting a practice visit by either ACOT staff or the assigned Reviewer.

4.5 Appeal Process

- a) Registrants can appeal the results of the practice visit by submitting an appeal to the ACOT office.
- b) An appeal request must be received by the ACOT office within thirty (30) days of the notification to the registrant of their practice visit results. Appeals will be completed within four (4) weeks of receipt of the appeal request.
- c) Practice visit results submitted for appeal are reviewed by a panel of two (2) new Reviewers who must come to a consensus on their practice visit recommendations. The two new Reviewers can either:
 - i. Uphold the recommendations of the original practice visit, or
 - ii. Update the recommendations from the original practice visit, at which point regular follow-up would be implemented as described in section 4.4 of this policy and procedure.
- d) The decisions of the two new Reviewers are final.

5.0 Approval

This policy requires approval by the Competence Committee and ACOT Council.

6.0 Related Resources

- *Health Professions Act, RSA 2000, Chapter H-7*
- *ACOT Bylaws*
- *ACOT Continuing Competence Program Manual*
- *ACOT Standards of Practice*
- *ACOT Code of Ethics*
- *CCP Review and Evaluation Rubric*
- *Oath of Confidentiality – Competence Committee Reviewers*
- *Continuing Competence Program (CCP) Review and Evaluation – Individual Level Policy and Procedure*
- *Continuing Competence Program (CCP) Review and Evaluation – Program Level Policy and Procedure*

7.0 Appendices

Appendix A: Practice Visits Overview

