

NLCHP

NEWFOUNDLAND AND LABRADOR
COUNCIL OF HEALTH PROFESSIONALS

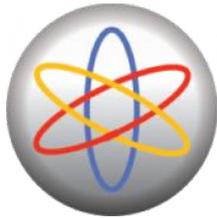
Policy Name:	QA Assurance Program : Confirmation of Continuing Education and Professional Development Audit Process
Policy Category:	Quality Assurance
Developed by:	Quality Assurance Committee
Approved by:	NLCHP Council
Approval date:	December 8, 2021
Review:	Annually

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 College policies.

In 2021, the NLCHP launched an online continuing education (CE) portal that allows the registrants to store and track the continuing education and professional development online within their NLCHP profile. Registrants are required to maintain an electronic portfolio of their completed education with documentation including but not limited to copies of certificates, verification of participation. Acceptable documentation is outlined within each College's policy.

Verification of a registrant's continuing education and professional development is part of the online renewal of registration. Registrant's who indicate on renewal that they have not met requirements will be given 90 days to meet requirements and will be subject to the audit. Falsifying or misrepresenting information on a renewal application is professional misconduct and may result in an allegation of conduct deserving of sanction being filed against a registrant.

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



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any, or up to five (5) calendar years prior to the request. The online CE Portal will store portfolios for registrants. Registrants are required to keep paper documentation for years prior to the CE portal implementation until they have five years of documentation in the online portal.

Assessors appointed by the Colleges and approved by the QA Committee will review registrant continuing education portfolios to determine compliance with the continuing education (CE) and professional development (PD) requirements.

Policy:

The Quality Assurance Committee through its NLCHP-QA Program will conduct annual 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 College and approved by QA Committee.

Results of audits are reported to selected registrants within 60 days. General results of the NLCHP-QA Audit are reported to the Colleges.

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/PD requirements as outlined by the profession specific college. Registrants who held an active registration (including non-practicing registration) for the year requested in the NLCHP-QA (CE/PD) Audit will be required to submit a professional portfolio even if they are no longer registered.

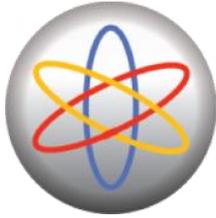
Registrants unable to provide information regarding CE/PD requirements, who do not have the required number of hours/credits, may be reviewed by the QA Committee. Audited registrants who require follow-up in order to meet the CE/PD requirements will automatically be audited in the following year. These registrants will not be considered as part of the random audit of the health profession.

Those who have submitted false or misleading information on CE credit verification shall be subject to penalty and/or sanctions. The guidelines for penalty and sanction will be established by the QA Committee and will be reviewed annually.

Procedure:

1. The NLCHP office staff on behalf of the QA Committee will notify registrants via e-mail and/or by postal mail that assessors will review their portfolio submitted through the CE Portal.

2. QA Assessors will complete assessments and provide a written report to the NLCHP within 30 days of receipt of the portfolio.



2.1 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.

3. NLCHP 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.

4. The NLCHP will notify the respective College of registrants who fail to comply with the CE/PD requirements for membership in their respective college.

5. The NLCHP will provide a written response to each registrant of the results of their assessment via email.

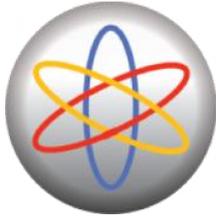
6. Registrants who fail to provide documentation or do not meet the CE/PD requirements of the College will be considered to not be in good standing with the NLCHP until requirements of the CE/PD program are met. Registrants who are not in good standing will not be eligible for registration renewal. Registrants may also be referred to the Complaints Authorization Committee for failing to comply with an order of the QA Committee.

7. 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.

8. 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 retained in the NLCHP Portal

References: *Health Professions Act, 2010*
 ATIPPA

Original Policy: June 25, 2013
Revised: June 12, 2014
 Dec. 1, 2015
 Feb. 22, 2017
 December 12, 2018
 December 8, 2021



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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 investigated for a QA concern.

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.