QAC RISK ASSESSMENT FRAMEWORK

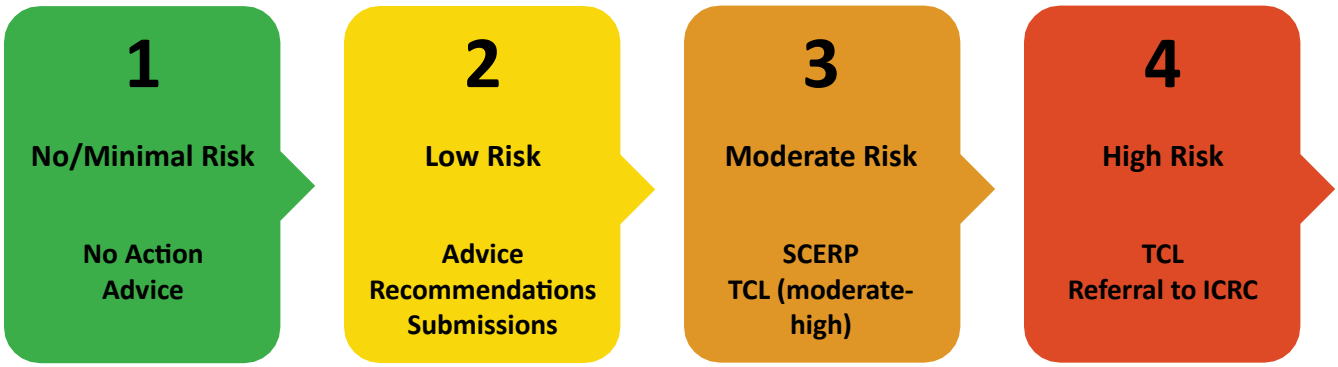
PURPOSE

The Risk Assessment Framework guides the QAC panel decision-making when reviewing Practice Assessment results. The purpose of the Framework is to ensure consistent, fair, and transparent decision-making that is guided by the panel's analysis and assessment of risk.

DESCRIPTIONS OF RISK CATEGORIES

RISK CATEGORY	DESCRIPTION
No or Minimal Risk	• Information does not support taking regulatory action.
Low Risk	• Unlikely to have a direct impact on patient care, safety, or the public interest.
Moderate Risk	• Issues requiring remediation or significant improvement through didactic or hands-on courses, mentoring, assessments and/or evaluations. • Concerns related to an aspect of the registrant's conduct or practice that may have a direct impact on patient care, safety, or the public interest if not addressed.
High Risk	• Serious concerns regarding the registrant's conduct or practice that are likely to have a direct impact on patient care, safety, or the public interest. • Concerns cannot be addressed through other remedial actions, or previous remedial actions have been attempted unsuccessfully. • Clinical issues requiring restrictions or conditions on practice.

QAC DECISION ASSESSMENT



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RISK ANALYSIS TOOL

	LEVEL OF CONCERN				
CLINICAL / PRACTICE FACTORS	**N/A**	**No Concerns**	**Somewhat Concerning**	**Moderately Concerning**	**Seriously Concerning**
Patient Harm / Patient Safety					
Clinical Knowledge / Understanding					
Clinical Skill / Execution					
Professional Judgment					
Record keeping					
Patient Informed Consent					
Communication / Patient Relations					
Scope of Practice					
Billing / Financial / Business Practices					
OTHER FACTORS					
Proactive Remediation / Willingness to Address Issues					
Insight / Reflection					
Dishonesty / Breach of Trust					
Prior History					
Effect on Public Interest / Confidence					
One Time Incident vs. Pattern of Conduct					
Governability					
Willfulness / Awareness / Level of Control					
Cooperation With College					
OTHER MITIGATING / AGGRAVATING FACTORS:					

QAC RISK ASSESSMENT FRAMEWORK

DEFINITIONS OF OUTCOMES AVAILABLE TO QAC

No Action

- Reflective of no or minimal risk and the information does not support taking any regulatory action.
- This outcome does not appear on the public register.

Advice or Recommendations

- Reflective of minimal or low risk, where it is unlikely that there is a direct impact on patient care, safety, or the public interest and the information does not support taking any regulatory action.
- Provided where some room for improvement has been identified.
- Can include best practice advice and/or recommendations to review particular standards, articles, guidelines, College publications, etc.
- This outcome does not appear on the public register.

SCERP: Specified Continuing Education or Remediation Program

- Reflective of moderate risk.
- SCERPs relate to clinical issues that can have a direct impact on patient care and safety, necessitating a requirement for a registrant to upgrade their skills in an area of practice.
- Clinical issues requiring remediation or significant improvement through didactic or hands-on courses, mentoring, assessments and/or evaluations.
- Can include a period of mentoring at the registrant's expense.
- This outcome does not appear on the public register.

TCL: Terms, Conditions, and Limitations

- Reflective of moderate-high risk.
- Clinical issues that can have a direct impact on patient care and safety, requiring a registrant's practice to be limited until an area of practice has been improved.
- Can be implemented when previous remedial actions (e.g. SCERP) have not been completed according to expectations.
- This outcome appears on the public register.

Referral to Inquiries, Complaints and Reports Committee (ICRC)

- Outcome is reflective of high risk.
- Serious concerns regarding the registrant's conduct or practice that are likely to have a direct impact on patient care, safety, or the public interest.
- Concerns cannot be addressed through other remedial actions, previous remedial actions have been attempted unsuccessfully, or registrant has not complied with the QA program.
- Information that can be provided to ICRC is limited, due to the legislated confidentiality requirements of the Quality Assurance Committee.