College of Speech and Hearing Health Professionals of BC

Regulator of Audiologists, Hearing Instrument Practitioners and Speech-Language Pathologists

QAPP Practice Review Pilot Project

Summary Outcomes & Next Steps

Summary of the Quality Assurance & Professional Practice (QAPP) Practice Review Pilot Project for the Hearing Instrument Dispensing (HID) profession

Beginning in the Summer of 2017, a pilot project was conducted to begin fulfilling Ministry of Health requirements to assess practice competence and performance of our registrants. This is in addition to our current and pending Quality Assurance & Professional Practice (QAPP) program areas, including:

1. **Knowledge requirement** -- *Continuing Competency Credits (CCCs) over a 3-year cycle;*
2. **Advanced Certifications (AC)** -- *for high risk practices;*
3. **Authorizations** -- *Knowledge, skills and abilities in new and emerging areas of practice (in development); and*
4. **Practice hours requirement** -- *for practice currency (in development)*.

CSHHPBC began with Registered Hearing Instrument Practitioners, who are not also registered in another profession, for the Practice Review Pilot Project because they are the smallest registrant group with the most homogenous client population. Over time, all registrants will participate in the program for each of the professions they are registered in. A separate screening and review process will be developed for registrants from all 3 professions who do not interface directly with clients. This includes registrants in roles such as: educators, supervisors, practice leaders, policy developers, and administrative managers.

What were the project objectives?

The four questions we endeavored to answer with a pilot group of 30 active RHIPs included:

1. Can practice screening accurately predict which registrants require an onsite practice review?
2. Does it matter who conducts the anonymous screening?
3. Following an onsite practice review, are there minor and/or major recommendations which need to be remediated?
4. Is the practice review process helpful and relevant to registrants in enabling them to meet the required practice standards?

What did we do?

We had the 30 pilot RHIP participants anonymously screened by three independent QAPP Screeners who all received the same screener training -- one RHIP, one non-clinical professional, and one with a clinical background but not in hearing instrument dispensing.

All 30 pilot participants were scheduled for an onsite practice review by one of six trained QAPP Assessors. The Assessors were not aware of the screening outcomes for any participating registrant. Each Assessor and each participant had an opportunity to note any potential conflict of interest and this resulted in three changes in Assessor assignments.

The categories for screening and practice review included:

1. Clinical environment;
2. Supplies, equipment, and calibration;
3. Records, reports, and consent;
4. Assessment parameters;
5. Hearing aid fitting and verification;
6. Follow-up and reassessment;
7. Sales agreements;
8. Use of Communication Health Assistants (support personnel); and
9. Other.

After each review, if there were minor recommendations for remediation, the specifics were decided on between the participant and the Assessor. If there were major recommendations, the issue of remediation was reviewed to an independent QAPP HIP panel (composed of three RHIPs and one public representative). An example of a minor concern would be where a registrant is obtaining consent but not documenting it. An example of a major concern would be where a registrant is not obtaining client consent. At all points along the way, registrants were informed that their information and results do not need to be shared with anyone else including employers.

Each participant was asked to complete a feedback form to help inform future phases of the project and any recommended changes to the process.

What did we find?

Screening:

- Screening was predictive of the eventual results of an onsite practice review for minor and major recommendations.
- Inter-screener reliability was 100% across the three Screeners; however, the RHIP Screener was faster and therefore more cost effective than the other two screeners.

Practice Review:

- 29 (out of 30) participants had minor concerns with recommendations to remediate in an average of 4.2 categories.
- 3 (out of 30) participants had major concerns (in addition to minor concerns) that were for distinctly different reasons; hence the recommended remediations ranged from specific education needs, re-visit after remediation by the Assessor, and a three-month mentorship program with specific learning outcomes.

To date, all participants have completed their remediation of minor and major recommendations. There has been no need for further intervention or referrals to the Inquiry Committee.

What did we learn?

Feedback:

- Feedback was received from all Screeners and Assessors. Collectively, they had several suggestions for: screening simplification, expansion of the infection control and consent categories, and the need for targeted standards and information on the areas showing the highest number of recommendations for remediation (including infection control, consent, ear impressions, outcome measures, REM).
- Over 80% of participants completed the registrant feedback form. Of those who responded, all except one felt the process was relevant and helpful. One respondent felt the project was unnecessary and a waste of time and money.
- Several participants felt some anxiety about the process; however, that appears to have dissipated once they met the Assessor and were able to discuss the process and objectives.
- A few participants would have preferred more time to implement the recommendations, and in future, this can likely be accommodated by the Assessor.
- The most frequent comment was that this Practice Review would have been very helpful earlier in the RHIP's career (some specified within the first 2-3 years). This was followed by several participants who recommended a requirement to undergo this process every 5 years, as well as after any lengthy absence from practice.

A sample of specific comments from participants:

"Provided great resources and feedback"

"Thanks to the Assessor for their professionalism"

"Great Assessor: clear, respectful, and open to discussion of the recommendations"

"Provided great recommendations for positive improvements"

"Thank you to the Assessor and the College for the opportunity to become a more consistently, excellent hearing instrument practitioner"

What's next?

We will revise the screening tools and processes as recommended by the screeners, assessors and participants. Tools which may be useful for registrants (e.g. consent standard) are in the development process, as is a complete redesign of the CSHHPBC website and registrant database, making the website far more searchable and user friendly.

All active RHIPs (regardless of other professional registrations) who see clients will be screened by a RHIP Screener and, if necessary, referred for an onsite practice review by an Assessor. Once all registrants have participated, a future goal is to require all new HIP registrants to be screened within the first 2-3 years of practice.

The screening and review tools for the professions of Audiology and Speech-Language Pathology will begin development. Registrants who are registered in more than one profession will be required to participate in the practice review for each profession.

Development work will begin for all registrants who are in non-clinical roles.
We are sharing the results and recommendations with pilot participants, all other registrants, key stakeholders (e.g. HIPSBC), and plan to publish the results to share with other regulatory colleges.

Our sincere thanks to all those who participated in the pilot project!