

## **REGULAR PRACTICE REVIEW (RPR) Collegial Visit Framework**

### **Part A:**

#### **Pre-Visit Preparation**

##### **Documents to be provided to visitor:**

1. Copy of annual conversation/performance review with peer, colleague or employee (if non-confidential)
2. CPD Certificate for previous year
3. Evidence of Registration
4. Evidence of indemnity insurance
5. Current Professional Development Plan

### **Part B:**

#### **Visit**

This meeting should be held at least 4 weeks after the practitioner's annual conversation to allow for a reflection and review of practice and an updating of the professional development plan.

The reviewer/visitor is a senior peer of the practitioner who is independent of the practitioner's practice and employer. A face-to-face meeting at the practitioner's usual place of work is preferred but a virtual meeting is also possible.

The meeting should provide an in-depth review of the practice to identify successes and opportunities for improvement and further define activities which would be of most use to the practitioner's future professional development. It should include direct observations of the practitioner's work and work environment.

At the start of the meeting the reviewer and practitioner should agree on how the documentation can be shared. Should it remain confidential between them or shared with employers etc for credentialing and compliance purposes.

### **Part C:**

#### **Feedback, Review and Sign-off**

At the end of the process both the assessor and practitioner should be agreed on the results of the review, any remedial action and the appropriateness of the professional development plan

Collegial Visit – Reviewer to complete during and after collegial visit	
<b>Person being reviewed:</b>	
<b>Reviewer:</b>	
<b>Date and Time:</b>	
<b>Location:</b>	
<b>Length of meeting:</b>	

Part A: Current Practice	
Description of Practice	
<b>Does the practitioner's current practice:</b>	
Allow them to maintain their speciality skills?	
Allow them to acquire new knowledge and skills?	
Satisfy their career aspirations?	
Is the current workload appropriate and safe?  <ul style="list-style-type: none"> <li>- Is the practitioner able to maintain an appropriate work-life balance?</li> <li>- Did the practitioner raise any health issues?</li> </ul>	
Has the practitioner identified any issues or barriers to safe and appropriate practice?	
Does the practitioner intend to change their workload or practice during the next 12 months?	

<b>Part B: Maintaining and Developing Skills and Competence (based on current Professional Development Plan)</b>	
Discussion of continuing educational activities?	
Discussion of peer review activity including annual conversation and multi-source feedback	
Discussion of audit activities, measurement and improvement of outcomes and quality improvement activities	
Discussion of teaching and research	
Discussion of Cultural Safety and Health Equity issues within practice and actions to address these issues	
Discussion of CPD activities outside employed practice	

<b>Part C: Feedback</b>	
<b>1. Reviewers comments</b>	
Registration requirements met (including recency and medical indemnity insurance)	
CPD program meets requirements of College/Registration authority	
Practice is culturally safe and cognisant of health equity issues	

Critical issues within practice requiring attention	
Practice strengths	
Opportunities for improvement	
Suggested modifications to Professional Development Plan	
<b>2. Practitioner's comments on processes of visit and feedback</b>	

**Part D: Further discuss on feedback**

(Optional but may be useful if the feedback has raised unresolved issues)

Brief Description of discussions and agreed resolution	
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**Part E: Final sign-off**  
(after agreement on feedback and modification of Professional Development Plan)

Reviewer Name	
Date	
Reviewer Signature	
Practitioner's Name	
Date	
Practitioner's Signature	