

## Quality Assurance Program Barriers to Compliance

---

This form is designed to identify factors that contributed to a member's Quality Assurance Program (QAP) non-compliance and to develop a plan to support compliance with QAP requirements in the future. Your responses will be used by the Quality Assurance Committee (QAC) to understand each member's situation and determine a course of action. Once completed, please return this form to [qap@cmo.on.ca](mailto:qap@cmo.on.ca)

### Personal Profile

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

1. Number of months registered in the general or supervised practice class from October 1, 2017 to September 30, 2018

0    1    2    3    4    5    6    7    8    9    10    11    12

2. If you completed any QAP activities during the reporting year, please describe them here:

3. Reasons for non-compliance

Please explain your reasons for non-compliance with the QAP.

### Barriers for successful completion

Please list the barriers that prevented the successful completion of your QAP requirements. Add more lines if needed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Plans for addressing the barriers to successful QAP completion

Please reflect on the barriers identified above and develop a plan to help ensure you meet your QAP requirements in the future.

BARRIER #1	
How this barrier influenced my ability to complete my QAP requirements	
How I plan to address this barrier	

BARRIER #2	
How this barrier influenced my ability to complete my QAP requirements	
How I plan to address this barrier	

BARRIER #3	
How this barrier influenced my ability to complete my QAP requirements	
How I plan to address this barrier	

Member Signature:

Date: