



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

Personal Profile

Name: _____ Registration #: _____

Reporting Year: _____

1. Number of months registered in the general or supervised practice class.

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: