

Voluntary Peer Review

Form 1: Questions/Discussion Items



Date Review Conducted: _____
dd/mm/yyyy

Voluntary Peer Review Questions/Discussion Items

Refer to the Voluntary Peer Review Guide for direction on how to approach and answer the questions/discussion items on this form. The guide also includes checklists for reviewers and participants.

Peer Reviewer

Is the member practising? Yes No

Participant

Given Names

Last Name

Member Number

Membership Type (choose one): RPF RFT Special Permit Holder Associate Enrolled

Address (choose one) Business Home

Street Address

City

Province

Postal Code

The reviewer must complete the following questions and tasks with the participant.

1. List the member's main job duties below and highlight the job duties which fall within the definition of the practice of professional forestry.

2. Is the member practising within his or her authorized scope of practice? Yes No

3. Does the member have his or her completed self-assessment forms for the past three years readily available (hard copy or digital)? Yes No

4. Does the member have copies of his or her completed self-assessment professional development forms for the past three years readily available (hard copy or digital)? Yes No

5. Evaluate the member's self-assessment and professional development plan by completing Form 3.

6. Is the member's Certificate of Registration prominently displayed at his/her office or other place of business? Yes No

QUESTION/ENQUIRY	SUPERIOR	COMPETENT	NEEDS IMPROVEMENT	NOT APPLICABLE
7. Advocacy				
a) Discuss whether the member has opportunities to advocate good stewardship of forest lands. If yes, discuss the effectiveness of this advocacy.				
b) Does he/she have the opportunity to extend public knowledge of forestry?				
8. Professional Independence				
a) Discuss how the member would handle a situation where he/she is asked to compromise his/her professional principles. If the member believes this may be an issue with his/her present employment/client situation, would he/she be able to resolve the issue without assistance?				
b) If the member is a manager, is he/she confident in his/her ability to exercise management prerogative without being in conflict with professional principles?				
c) Does the member have opportunities to publicly voice his/her professional opinion? If yes, how does the member maintain his/her professional independence while voicing the opinion?				
d) Does the member make professional work decisions, recommendations or prescriptions based on input/ comments from a variety of sources such as peers, Aboriginal peoples, other types of resource professionals and/ or various publics? If so, discuss the process used and assess his/her ability to make professionally independent decisions.				
9. Professional Integrity				
a) Discuss how the member would handle a situation where he/she suspects or knows that another member may be guilty of infamous or unprofessional conduct, conduct unbecoming a member, negligence or be in breach of the Foresters Act or Bylaws? Does the member have adequate knowledge as to what steps he/she must take to resolve the situation?				
b) Discuss how the member would ensure that confidential or proprietary information that is available to him/her is not disclosed while executing his/her job duties, especially if consent is not given to disclose it. Does the member have adequate knowledge about this?				
c) Discuss how the member ensures work assignments do not create, or perceive to create, a conflict of interest. Does the member have adequate knowledge to recognize and avoid a conflict of interest?				
d) For consulting members being reviewed, discuss the general process used to determine charges for services rendered. Is it a fair process with rates that are reasonable for both the member and the clients?				
e) Discuss the methodology, thought processes and rationales used to review, approve and/or provide comments or recommendations about another member's professional work product. Does the member carry out a reasonable assessment of another professional's work?				
f) What steps does the member take to avoid disputes or resolve differences of opinion with other members, other types of resource professionals, Aboriginal peoples or the public? Are these steps adequate?				

QUESTION/ENQUIRY	SUPERIOR	COMPETENT	NEEDS IMPROVEMENT	NOT APPLICABLE
<p>g) Is the member presently sponsoring an enrolled member? If yes, assess how he/she:</p> <ul style="list-style-type: none"> • Guides the enrolled member's development towards professionalism; • Provides advice, direction and diversity for the enrolled member's work experience period; • Provides advice and direction for the enrolled member's development; • Assumes accountability for the sponsored member's work product; and • Assists the enrolled member to prepare for the registration exam. 				
10. Professional Competence				
a) Discuss and assess how the member remains competent in his/her field of practice. In the discussion, include how he/she relies on others to carry out work duties.				
b) Discuss and assess how the member works to improve practices and policies affecting the stewardship of forest land.				
c) Discuss and assess how the member shares his/her knowledge and experience with others.				
d) Assess the member's system for tracking his/her professional development. Can it be improved?				
e) Ask the member to provide a representative written example of professional work product. Review the work product against the appropriate recommendations listed under the Completeness and Correctness Standard of Professional Practice, Guidelines for Interpretation (Bylaw 12.2.2).				
f) Assess what the member would do if asked to practise or if he/she found him/herself practising outside his/her area of competence?				
g) Assess how the member provides opportunities for the professional development and advancement of other members he/she employs or supervises.				
11. Signing and Sealing				
a) Assess how the member signs and seals/stamps his/her professional work as per Bylaw 10.				
12. Due Diligence				
a) Does the member incorporate the work of other resource professionals, or non-professionals into any of his/her professional work? If so, assess the due diligence practices the member carries out to ensure his/her work through the use of others is carried out to professional standards.				

QUESTION/ENQUIRY	SUPERIOR	COMPETENT	NEEDS IMPROVEMENT	NOT APPLICABLE
b) Assess how the member becomes familiar with client/employer objectives and requirements.				
c) Evaluate how the member assesses and manages risk for important job activities.				
d) Assess how the member keeps, maintains and stores professional diaries and phone logs.				
e) Assess how the member takes and documents all necessary steps to ensure that desired outcomes are achieved or the chances of negative consequences or outcomes are minimized (due diligence).				
<p>f) Assess the member's filing procedures with respect to:</p> <ul style="list-style-type: none"> • having an effective filing and document storage/recovery system; • tracking and managing professional documents and the changes that may be necessary over time, especially changes that have an impact on outcomes; • being the only one who can make a change to his/her professional documents; • accessing his/her professional documents even if he/she is no longer an employee; • having supporting or ancillary materials underlying his/her professional documents on file and appropriately cross-referenced; • having appropriate controls in place to prevent accidental destruction and loss of his/her professional documents (e.g. storage of documents and files offsite); and • retaining professional documents long enough to cover his/her liability period. 				
g) Assess how the member deals with issues as they arise. Are they tracked? Is his/her method of issue resolution, management and tracking adequate? For example, does he/she follow up with issues that affect his/her work or other people's work?				
h) Assess how the member ensures all legal requirements, record keeping and required systems updates are completed in a timely manner.				
13. Stewardship				
a) Assess how the member would determine if a practice was good stewardship of forest land.				
b) Assess what the member would do if he/she becomes aware of any practices which are detrimental to good stewardship of forest land.				
c) Assess how the member keeps informed, assesses practices, develops options, monitors, participates and advocates when managing species at risk.				

QUESTION/ENQUIRY	SUPERIOR	COMPETENT	NEEDS IMPROVEMENT	NOT APPLICABLE
14. Safety				
a) Does the member need to improve how he/she keeps up-to-date with environmental, industrial and construction safety legislation and policy related to his or her job duties?				
b) Does the member need to improve how he/she maintains safe work practices and considers the safety of others during his/her job duties and incorporates safe practices into his/her work and the work of others whom he/she is responsible for?				
15. Other Professional Issues				
Ask the member if there are any other professional issues he/she would like to discuss or is there anything else either of you would like added to the peer review professional development plan (enter below)? This is a chance to provide closure and discuss or implement any other ideas for improvement which came up during the peer review.				
a)				
b)				
c)				

Peer Reviewer

Given Names	Last Name	Member Number
Signature	Seal/Stamp (if a registered member)	

Print forms then sign and seal/stamp.

Voluntary Peer Review

Form 2: Combining a Peer Review with another Type of Previously Completed Review



To be completed by the peer reviewer before starting the peer review.

DESCRIPTION OF THE OTHER TYPE OF REVIEW BEING COMBINED WITH THE PEER REVIEW	DATE THE OTHER TYPE OF REVIEW WAS DONE	METHODOLOGY OF HOW THE OTHER REVIEW WAS COMBINED WITH THE PEER REVIEW	SIGNED AUTHORIZATION TO USE THE OTHER REVIEW

Peer Reviewer

Given Names _____ Last Name _____ Member Number _____

Signature _____ Seal/Stamp (if a registered member) _____

Print forms then sign and seal/stamp.

Voluntary Peer Review

Form 3: Self-Assessment and Professional Development Evaluation



Has the participant completed annual self-assessments? Yes No
 If no, see the peer review guide for further follow-up.

SELF-ASSESSMENT ITEM REQUIRING ACTION	ITEM COMPLETED BY PLANNED COMPLETION DATE?	IF THE ITEM WAS COMPLETED, WAS COMPLETION DOCUMENTED?	IF THE ITEM WAS NOT COMPLETED, IS THERE A DOCUMENTED REASON?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Peer Reviewer

Given Names	Last Name	Member Number
Signature	Seal/Stamp (if a registered member)	

Print forms then sign and seal/stamp.

Voluntary Peer Review

Form 4: Peer Review Professional Development Plan



List improvements needed from the Peer Review (Form 1) and Peer Review Self-Assessment and Professional Development Plan Evaluation (Form 3).

ITEM REQUIRING IMPROVEMENT	ACTION(S) TO BE TAKEN	PLANNED COMPLETION DATE	DATE COMPLETED

Peer Reviewer

_____	_____	_____
Given Names	Last Name	Member Number
_____	_____	
Signature	Seal/Stamp (if a registered member)	

Print forms then sign and seal/stamp.

Voluntary Peer Review

Form 5: Peer Review Declaration of Completion



We declare that _____ RPF/RFT/Special Permit Holder/Enrolled Member/Associate Member
Participant (choose one)

has completed an independent peer review with out conflict of interest of _____
Reviewer

RPF/RFT/Special Permit Holder/Enrolled Member/Associate Member to the standards spelled out in the Voluntary Peer Review Guide.
(choose one)

Date

Signatures

Peer Reviewer (print full name)

Reviewer Signature and Stamp/Seal (if a registered member)

Participant (print full name)

Participant Signature and Stamp/Seal (if a registered member)

Print forms then sign and seal/stamp.