

# FPBC Competence Audit Guide



**Forest  
Professionals**  
BRITISH COLUMBIA

*Responsible for registering and regulating British Columbia's forest professionals.*

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## Introduction

The **Forest Professionals British Columbia (FPBC) Competence Audit Guide** outlines the competence audit process, timelines, content, and submission of completed competence audits required under Bylaw 11.

This guide helps registrants selected for a competence audit (auditee) and peer reviewers understand how to complete the competence audit.

The guide also provides information and other resources to ensure the competence audit is conducted without bias (i.e., conflicts of interest between the auditee and peer reviewer) and in an objective, reasonable, and transparent manner.

The purpose of a competence audit is to assess registrants' competence (skills, knowledge, and abilities), including registrants' understanding of ethical and professional standards, FPBC bylaws, guidance, and policies.

These audits are typically conducted by a peer reviewer and verify general competence, continuous professional development activities, professional development plans, and competence declaration records.

**Note:** The selection of registrants for audit under the [Professional Governance Act](#) (PGA), Bylaw 11, and audit and practice review policy exempts registrants previously selected for an audit in the previous three years. This is now in effect and is a change from the former FPBC policy regarding audits, which exempted registrants previously selected for audit in the previous 10 years.

The competence audit has the following key steps in Bylaw 11:

- select a peer reviewer and notify the FPBC;
- provide the peer reviewer with all the information and documentation required by the audit and practice review committee policy (e.g., job description, competence declarations, self-assessment forms, professional development records, and samples of professional work product);
- meet with the peer reviewer in person (or by video conference or telephone) and discuss all of the questions in the competence audit form; and
- peer reviewer prepares a draft competence audit form as a result of the discussions and information provided and provides the draft to the registrant for review;
- complete a competence audit form, signed by registrant and peer reviewer, is submitted to the FPBC by the peer reviewer.

If you have questions about the audit selection or requirements to complete or submit the competence audit, contact [audits@fpbc.ca](mailto:audits@fpbc.ca).

## Voluntary Participation

Practising registrants may volunteer for a competence audit by notifying FPBC before **June 30** of the year during which the competence audit would be completed. Registrants voluntarily completing a competence audit must select a peer reviewer to complete the competence audit.

## Selecting a Peer Reviewer

Within 28 days of receiving an audit notification, the auditee must select another registrant to conduct the competence audit who meets criteria specified in the audit and practice review committee policy, including criteria for avoidance of conflict of interest, and consents in writing to acting as your peer reviewer.

For the purpose of Bylaw 11, a registrant may only act as a peer reviewer for a competence audit if the registrant is a practising RPF or RFT in 'good standing' (see Bylaw 1 definition) and not in a real or perceived conflict of interest with the practising registrant selected for audit, as a result of personal, family, business, or other relationship (e.g., direct employee/employer of registrant selected for audit).

If you have questions about real or perceived conflict of interest as an auditee or peer reviewer, contact the FPBC ([audits@fpbc.ca](mailto:audits@fpbc.ca)) to disclose the conflict and discuss possible bias in conducting the competence audit.

## Competence Audit Checklist

The checklist is a tool to help auditees and peer reviewers prepare and complete a competence audit.

Auditee:

- Become familiar with competence audit requirements in Bylaw 11, the [Audit and Practice Review Committee Terms of Reference](#), and the [policy](#).
- Review the **Competence Audit Form** and consider in advance how to respond to each question or item.
- Select a peer reviewer who meets the criteria in the Audit and Practice Review Committee (APRC) policy. (**Note:** if a peer reviewer is not selected within 28 days of audit notification the, FPBC will appoint a peer review assessor to complete the competence audit.)
- Schedule meetings with the peer reviewer to complete the audit within the time periods specified in Bylaw 11. (Note: a late fee is levied on the registrant selected for the competence audit if Bylaw 11 timelines are not met).
- Gather the information prescribed in Bylaw 11 and the APRC policy for the competence audit (e.g., job description, competence self-assessments and declarations, Continuing

Professional Development (CPD) records and learning outcomes, samples of professional work, service or products).

- Meet with the peer reviewer to discuss competence audit form Part A, and document that the auditee and peer reviewer meet specified criteria and there is adequate information from the auditee to proceed with the competence audit (i.e., complete Part A up to 'auditee registrant' information).
- Meet with the peer reviewer to discuss the remainder of Part A in the form to assess and verify the required standards of competence and conduct (Bylaw 9) are met, or where improvement may be needed.
- Complete Part B of the form with the peer reviewer to verify completed annual competence self-assessments and declarations and professional development plan(s) for any areas needing improvement.
- Review parts A and B of the form completed by the peer reviewer and provide comments or questions.
- Complete Part C of the form ([Professional Development Plan](#)) for any areas needing improvement as a result of Part A
- Complete Part D of the form acknowledging competence audit completion.

#### Peer reviewer:

- Ensure you meet the criteria for peer reviewers (APRC Policy).
- Become familiar with competence audit requirements in Bylaw 11 and APRC Policy.
- Review the [Competence Audit Form](#) and consider in advance how you will consider responses teach question or item by the auditee (i.e., what information, verbal or written, is necessary to verify the response is accurate and truthful).
- Confirm schedule meetings with the auditee within the time periods specified in Bylaw 11.
- Review all the information supplied by the auditee before meeting to undertake and complete the competence audit.
- Complete the competence audit form Part A to document that the auditee and peer reviewer meet specified criteria and there is adequate information provided by the auditee to proceed with the competence audit (i.e., complete Part A up to 'auditee registrant' information).
- Complete the remainder of Part A in the form with the auditee to assess and verify the required standards of competence and conduct (Bylaw 9) are met, or where the auditee may need improvement.
- Complete Part B of the form to verify the auditee has completed annual competence self-assessments and declarations, and has prepared a professional development plan for any areas needing improvement and has completed any actions required.
- Provide the completed Part A and B of the form to the auditee and request comments or questions from the auditee.
- After receiving any errors, omissions, or comments from the auditee prepare a final version of the competence audit form Part A and B.

- Complete Part C of the form (Professional Development Plan) with the auditee for any areas needing improvement as a result of Part A.
- Complete Part D of the form acknowledging competence audit completion.
- Submit the completed competence audit to the FPBC at [audits@fpbc.ca](mailto:audits@fpbc.ca).

**Note:** If, in the course of a competence audit, the peer reviewer concludes that there is reason to believe that the registrant might have contravened the act, the regulations or the bylaws, or failed to comply with a standard, limit, or condition imposed under the act, or acted in a manner that constitutes professional misconduct or conduct unbecoming a registrant, or acted in a manner that constitutes incompetent performance of duties undertaken while engaged in the practice of professional forestry, the peer reviewer must notify the audit and practice review committee of that conclusion in their report.

## Part A: Interpreting and Documenting Responses

For each question/discussion item, the peer reviewer must evaluate the response of the auditee and document evidence to verify if the standard has been met.

Using professional judgment, record whether the standard is met or improvement is needed. Record a summary (in the text box of the competence audit form) of the auditees' response underneath each question or discussion item.

If the auditee needs improvement on any particular question or item, record it as an item requiring improvement on Part C.

The following section provides information for the peer reviewer and auditee to complete the audit form.

### Practice of Professional Forestry (Scope of Practice)

List the registrant's main job duties below and highlight the job duties which fall within the definition of the practice of professional forestry (See Bylaw 1).

List the primary job functions and duties and indicate which are within the practice of professional forestry (text box in the competence audit form).

Discussion should concentrate on the elements of the practice of professional forestry in Bylaw 1 definition to identify the auditee's scope of practice. Indicate 'yes' or 'no' if the auditee is practising within an identified scope of practice (i.e., practice area declared in Bylaw 5-15 renewal).

## Competence Declaration and Self-Assessment Form

Does the registrant have their competence declaration form for the current and previous two years available?

Indicate 'yes' or 'no' if the auditee has provided recently completed competence declarations to FPBC, supported by completed self-assessment forms (i.e., last two or three years). If the auditee is unable to produce these records, indicate 'no.'

In Part B, any competence self-assessment(s) provided will be assessed and verified as accurate and truthful.

## Professional Development Plan

Does the registrant have completed professional development forms or other documented professional development plans for continuous professional development for the previous three years available?

Under Bylaw 5-15 (Registration Renewal), the auditee must complete a professional development plan that identifies areas requiring improvement from their competence self-assessment.

The professional development plan does not need to be completed using the FPBC form. It may also be an employee development plan or employment performance assessment. If the auditee is unable to produce these records, indicate 'no.'

In Part B, any professional development plan(s) provided will be assessed and verified as accurate and truthful.

## Standard 1 – Competence

In verifying information provided by the auditee for Standard 1 – Competence, the peer reviewer should consider registrants must maintain sufficient knowledge, skill, and ability in order to address the matter in question.

Consequently, the peer reviewer should assess professional competence within and related to the auditee's scope of practice (i.e., identified practice area).

Professional governance competency (i.e., PGA, FPBC Bylaws, guidance) and interpersonal competency should be assessed from a broader perspective (i.e., applicable within and outside of scope of practice).

*(See the CPD policy for more information about competencies for registrants.)*

Is the registrant practising in a field (i.e., identified practice area) where their training and ability make the registrant competent? Is the registrant able to demonstrate how they have



maintained competence in their practice area(s) (e.g., creating and meeting annual professional development plan)?

Is the registrant maintaining and providing accurate information detailing their qualifications and experience (e.g., does the registrant have an updated resume or CV)?

The auditee should be able to describe actions and activities used to keep up to date with practice related research, technology, and methods to continually improve practices, knowledge, and experience. This question is related to various due diligence questions, so there may be some overlap in the information provided and discussions (e.g., does the auditee have records of completed learning activities).

It is important for the peer reviewer to verify that records of professional development are accurate and kept up to date. If the auditee does not keep a record of professional development, the peer reviewer should make this recommendation in the peer review professional development plan.

The peer reviewer must verify if the auditee is completing and reporting CPD qualifying hours in the [CPD Reporting Tool](#). See Bylaw 10 and the CPD policy for more information about mandatory CPD, acceptable learning activities, and reporting.

If an auditee is practising outside of their scope of practice, options to mitigate practice risk may include: a) declining the work assignment; b) acquiring necessary skills, knowledge, and abilities before commencing the work; or c) engaging appropriate specialists who are competent in the scope of practice to review the work.

The peer reviewer should verify if the auditee took appropriate steps to mitigate risk in these instances.

Is the registrant able to demonstrate knowledge about Indigenous Peoples, their culture, rights and title, and Indigenous use of forests?

To demonstrate knowledge about Indigenous Peoples, their culture, rights, and title, and Indigenous use of forests, the auditee should know and be able to describe the traditional territories of the First Nations where professional practice and work occurs.

The auditee should also be able to describe, generally, the interests of First Nations about the practice of forestry and, more specifically, the auditee's professional work. How the auditee has acquired knowledge of Indigenous Peoples should be discussed, particularly relationships the auditee may have with Indigenous people and communities which may help inform and prepare professional work.

To learn more about indigenous peoples and the practice of forestry, it is recommended the peer reviewer and auditee review Working with Indigenous Communities e-course to help assess the information provided by the auditee. The FPBC website also has related [CPD resources](#) for registrants to learn more about Indigenous people, culture, and history.

## Standard 2 – Independence

In verifying information and documents provided by the auditee for Standard 2 – Independence, the peer reviewer should consider registrants must exhibit objectivity and are professionally independent in fact and appearance.

Is the registrant able to demonstrate how they exhibit objectivity and uphold the public interest above the demands of employment or personal gain (i.e., can they provide an example of where and how the public interest was considered in their professional work)?

Is the registrant able to provide an example of identifying each registrant who has contributed professional work (e.g., where other registrants worked together)?

Is the registrant able to demonstrate how they inform clients or employers of the possible consequences if their professional decisions or judgments are disregarded?

To demonstrate independence, the auditee should provide examples of professional work that is truthful and accurate, including the names of other registrants who may have contributed to the work.

To verify independence, the peer reviewer should ensure the work samples do not include inaccurate or misleading information, or unrelated interests of the auditee, client, employer, or other groups. The peer reviewer must ensure the auditee has given independent consideration while also exercising professional judgment to make decisions, including informing clients and employers of the possible consequences if their decisions or recommendations are disregarded.

Peer reviewers and auditees can find more information about independence in the practice advice document, *Professional Independence and the ABCFP Registrant*, available on our [Practice Standards for Forest Resource Activities](#) webpage.

## Standard 3 – Conflict of Interest

In verifying information and documents provided by the auditee for Standard 3 – Conflict of Interest, the peer reviewer should consider registrants must avoid situations and circumstances in which there is a real or perceived conflict of interest.

Is the registrant able to demonstrate how they avoid real or perceived conflicts of interest and how they have disclosed a conflict of interest?

If the registrant has been in a real or perceived conflict, can they demonstrate actions taken to resolve the conflict or steps taken to ensure the conflict did not bias their work?

The auditee should be self-evaluating real or perceived conflicts of interest in their professional work on a continuous basis (e.g., annually) or when professional practice or work changes (e.g., new job, changed responsibilities) or new family, or other personal or business relationships. If a real or perceived conflict has occurred with the auditee, the peer reviewer should verify the steps taken to disclose and resolve were reasonable (e.g., the conflict of interest was disclosed and resolved before work commenced).

The auditee should also retain written records of a conflict of interest, disclosure (i.e., to whom and when) and how it was resolved, or what steps were taken to ensure no bias in their work.

## Standard 4 – Due Diligence

Is the registrant able to provide examples of work that are complete, correct, and clear?

For the work examples provided, can the registrant describe what elements of the work are measurable and verifiable (e.g., how, when, and by whom are the elements measured and verified)?

Some documents and information provided by the auditee may have objectives, results, or outcomes that can be measured or verified (e.g., site plan, road deactivation plan). However, other samples of professional work or service may not have measurable elements (e.g., professional advice or recommendations, supervising, or directing work of others).

For professional work that is innovative (i.e., different from the norm or prescribed requirements), the peer reviewer should assess the rationale or discuss the explanation of the work provided by the auditee.

Does the registrant know and take effort to comply with common law and applicable legislation or regulation (e.g., can they describe how an operational or site plan, or road layout and design complies with the [Forest and Range Practices Act](#), or how a road permit or cutting permit complies with the Forest Act and license agreement)?

Assess how the registrant keeps, maintains, and stores professional work, journals and diaries, emails, phone conversations, and other records.

The auditee should be able to describe the professional ‘records’ relevant to the work and services provided in the samples discussed with the peer reviewer (e.g., contracts, pre-work forms and notes, inspections, amendments, notices, public responses, emails, etc.)

Professional journals or diaries should include dated notations, descriptions, and approximate time for professional work or services. The extent or fullness of notes from the auditee will vary depending on the risk of significant harm to the environment, public, or other group environment or other group as a result of professional work.

Peer reviewers should verify how the auditee assess risk regarding professional work and records and assess written rationales that support higher risk work or service.

Phone and email correspondence should include the date and time and briefly describe the nature or outcome of the conversation.

These records of phone, email, and in-person engagements may include professional work (e.g., providing advice or recommendations by email) or relate directly to the auditee’s professional work (e.g., notes from a discussion with individuals, public, or others about the professional work).

Assess the registrant's filing procedures with respect to effective filing and document storage/recovery, including changes or amendments that may be necessary over time.

The peer reviewer should verify if the auditee has the following elements in place for diligent recording, retaining, and retrieving of professional work and related records:

- adequate systems (information technology) to record, retain (store), and retrieve records;
- easy access to all records and files;
- system to track changes or amendments over time;
- secure computer access (password protected) to prevent unauthorized changes or theft of professional work.

Is the registrant able to demonstrate appropriate controls to prevent destruction and loss of professional work (e.g., back up storage off site or remote)?

The peer reviewer should verify if the auditee has appropriate controls to prevent or mitigate the risk of losing, or being unable to retrieve professional records

Is the registrant retaining professional work for a period of time sufficient for general or specific liability periods?

Generally, professional records should be stored for at least six years and possibly longer, depending on the risk or liability of the professional work or service provided.

The peer reviewer should verify the auditee has maintained records for previous and current work and how risk assessment may have been used by the auditee for record retention (i.e., low-risk work stored for less time than higher-risk work).

## Standard 5 – Integrity

In verifying information and documents provided by the auditee for Standard 5 – Integrity, the peer reviewer should consider registrants must always conduct themselves honourably and in ways which sustain and enhance their professional integrity and the integrity of the profession as a whole.

Is the registrant able to describe an example and someone who can verify that their conduct has helped to sustain and enhance their professional integrity and the integrity of the profession as a whole?

Can the registrant describe an example and someone to verify that their conduct has inspired confidence in the profession?

In the examples of professional work and discussion with the auditee, the peer reviewer should assess how the auditee maintains high standards in daily conduct and work.

The discussions should also cover the content of public communications, including social media, to verify it did not misrepresent facts or may be considered undignified by others.

The peer reviewer may also ask about how the auditee verifies information as factual, if the auditee engaged other registrants with pertinent knowledge of the matter, or possibly had a peer review before making public communications.

## Standard 6 – Forest Stewardship

The auditee and peer reviewer should review FPBC principles of forest stewardship and the definition of forest stewardship within FPBC Bylaw 1 to help inform discussions about the questions for Standard 6, and to help verify if the standard is being met, or not.

The guidelines for interpreting the *Code of Ethical and Professional Conduct*, found on the [Standards and Ethical and Professional Conduct](#) webpage, also have more discussion about the forest stewardship standard and scenarios that may be helpful for a peer reviewer for context in assessing information and documents provided by the auditee.

Is the registrant able to demonstrate how their work improves practices and policies affecting forest stewardship?

Can the registrant demonstrate a clear understanding of objectives for land and resource use in the area(s) where their practice occurs (e.g., have the registrant describe the objectives for forest and forest land use in the area(s) where they work)?

Assess the registrant's responsible use of forest resources based on the application of an ecological understanding at the stand, forest, and landscape levels, which maintains and protects ecosystem function, integrity, and resilience (i.e., can the registrant describe the forest ecology for the area(s) where they work?).

Assess how the registrant would determine if a forest activity was good stewardship of forest land and has the registrant needed to raise identified concerns with another registrant about any practice that may be detrimental to forest stewardship?

If so, what steps and actions did they use to seek to resolve identified concerns with the other registrant?

FPBC principles of forest stewardship and the definition of forest stewardship should be fully considered to determine if a registrant's professional work is detrimental to good forest stewardship (e.g., has professional work omitted the affect of changes over time -- temporal considerations -- in climate or other factors which may affect forest ecosystem integrity and resilience).

The following are steps a peer reviewer should look for a registrant to consider taking when aware of any practice or conduct which may be detrimental to good forest stewardship:

- assess and verify the accuracy of information about the alleged conduct or practice;
- engage, in confidence, with competent peers, specialists, or subject-matter experts to better understand the facts and circumstances;

- discuss the facts and circumstances with the other registrant in a respectful, professional manner, including assumptions or opinions which may have formed about the forest stewardship matter, and any actions or activities to resolve the concern;
- use the FPBC practice advisory service, if necessary, to help identify further activities or actions to resolve concerns;
- if concerns remain unresolved, a formal complaint to FPBC or other applicable regulatory body may be warranted (see Standard 9, reporting).

## Standard 7 – Safety

Is the registrant able to demonstrate safe work practices that consider the safety of workers and others in the practice of professional forestry?

Can the registrant describe their specific actions to hold paramount the safety, health, and welfare of the public, and the promotion of health and safety in the workplace?

Self explanatory – see guidelines for interpreting the *Code of Ethical and Professional Conduct* in Bylaw 9 to help assess information and documentation provided by the auditee about the consideration of health and safety of workers and others in their professional work and also specific items or actions the auditee has completed in the workplace.

Specific actions by the auditee in the workplace for health and safety may include things outside identified practice area(s) or scope of practice (e.g., workplace safety committee, health or wellness program, volunteer counselling).

## Standard 8 – Professionalism

Can the registrant provide examples where they promoted public knowledge of forestry with truthful and accurate statements?

Is the registrant able to demonstrate or provide examples of any contribution to the advance of scientific and professional knowledge of the profession and others?

In Standard 8, registrants must provide professional service that is both respectful and appropriate to the circumstances. Consequently, there may be a wide array of information and documents provided by the auditee to help verify if the auditee promotes public knowledge of forestry with truthful and accurate statements on forestry matters.

For some auditees, there may be limited opportunity to promote public knowledge of forestry or to directly advance scientific or professional knowledge. If so, indicate 'n/a' in the form.

If the peer reviewer verifies the auditee is using untruthful and inaccurate statements in public or other forums (e.g., social media) which may mislead or confound public knowledge of forestry, indicate 'no' in the form.

In Standard 8, peer reviewers may also seek to assess and verify, where possible, if the auditee is refraining from unfairly criticizing the work of other registrants or attempting to injure the professional reputation or business of another registrant.

Has the registrant needed to raise identified concerns with another registrant about their professional competence or conduct? If so, what steps and actions did the registrant use to seek to resolve those concerns?

The following are steps a peer reviewer should look for a registrant to consider taking when aware of conduct or professional practice which may be unprofessional (i.e., conduct unbecoming a registrant):

- assess and verify the accuracy of information about the alleged conduct or practice;
- engage, in confidence, with competent peers, specialists, or subject-matter experts to better understand the facts and circumstances;
- discuss the facts and circumstances with the other registrant in a respectful, professional manner, including assumptions or opinions which may have formed about the matter, and any actions or activities to resolve the concern;
- use the [FPBC Practice Advisory Program](#), if necessary, to help identify further activities or actions to resolve concerns;
- If concerns remain unresolved, a formal complaint to FPBC or other applicable regulatory body may be warranted (see Standard 9 reporting).

## Standard 9 – Reporting

Has the registrant reported to FPBC and, if applicable, any other appropriate authority that the practice of another registrant might pose a risk of significant harm to the environment or to the health or safety of the public or a group of people?

If so, based on the information provided, assess how the auditee determined the other registrants' professional work posed a significant risk of harm to the environment or the health and safety of the public, or others.

The peer reviewer should not verify or comment if reporting was appropriate, but rather verify if the auditee determined a risk of harm in a reasonable, fair, and objective manner and can rationalize, preferably in writing, their decision to report another registrant, or not.

## Part B: Competence Declaration and Professional Development Plan Evaluation

The peer reviewer must complete Part B of the Competence Audit Form to verify that the auditee has completed competence declarations, including self-assessment records. The current and recent past registration years (i.e., previous two years) records should be provided and assessed for accuracy.

If the auditee had identified 'improvement needed' items in a competence declaration or self-assessment, the peer reviewer will verify if the auditee developed and achieved a professional development plan to address the areas needing improvement.

For each item requiring action, check to see if appropriate action(s) were identified and completed as planned. If actions were not identified or completed, verify any reasons or circumstances impeding completion.

If there is not a reasonable explanation for not identifying or completing learning activities, record this finding in Part B and ensure it is included in Part C.

Similarly, any items identified in Part A as 'no' or 'yes' with identified or described areas for improvement, record these items in Part B and ensure it is included in Part C (i.e., identify specifically what needs to be improved and the learning activities planned to achieve improvement).

The peer reviewer completing Part B must be identified (enter full name in text box) on the competence audit form.

## Part C: Competence Audit Professional Development Plan

The purpose of Part C in the competence audit form is to document the learning activities identified to address all areas where 'needs improvement' was identified during parts A or B of the audit.

The peer reviewer and auditee should complete the Professional Development Plan together.

Key steps to complete Part C:

- list the items needing improvement from questions/discussion items in Part A;
- describe the actions required to achieve improvement, include what needs to be completed and how it will be completed, and, if appropriate, include who will help the auditee achieve the required action, as well as discuss these recommendations together and record the anticipated completion date for each actions or activity;
- after the competence audit is complete, auditees will record when each activity is complete and retain this information (i.e., records) as part of the next registration renewal and competence self-assessment;
- record the date Part C was completed.

## Part D: Declaration of Competence Audit Completion

When the competence audit is complete, the peer reviewer and auditee must sign and affix a stamp or seal to the competence audit form in Part D declaring the competence audit was



completed in a manner required under Bylaw 11 and the audit and practice review policy, without any real or perceived conflicts of interest between the auditee and peer reviewer.

Record the date Part D was completed.

## Submit Competence Audit

After completing the competence audit, the peer reviewer must submit the completed competence audit form to [audits@fpbc.ca](mailto:audits@fpbc.ca).

If registrants selected for audit and peer reviewers have questions or need further guidance to complete the competence audit form, contact [audits@fpbc.ca](mailto:audits@fpbc.ca).