

Peer & Practice Assessment Program

Handbook

*Enhancing Learning Opportunities &
Ensuring Compliance*



College of
Chiropractors
of Ontario

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Chiropraticiens
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Introduction

This handbook contains the information about the Peer & Practice Assessment Program of the College of Chiropractors of Ontario (CCO), and how to prepare for the assessment.

Background Information & Legislative Context

CCO's Quality Assurance (QA) Committee developed the Peer & Practice Assessment Program to enhance your learning opportunities and ensure your compliance with the regulations, standards of practice, policies and guidelines.

On becoming registered with CCO, you have the right to call yourself a chiropractor and to practise chiropractic within the scope of practice identified in the *Chiropractic Act, 1991*. In assuming the right to practise, you also assume the responsibilities associated with this right, including the responsibility to maintain competence.

The public must feel confident that you, who demonstrated entry-level competencies when you registered with CCO, continue to be competent for as long as you are in practice. The public should reasonably expect some level of consistency of experience, such as a thorough history, pertinent examination, diagnosis/clinical impression, plan of care, and outcome evaluations.

Participation is Mandatory

You are required to participate in the Peer & Practice Assessment Program if you hold a General (i.e., General Active, General Non-Practising and General Non-Resident) Certificate of Registration.

If you are registered as General Active, your assessment will entail a review of 10 current patient files and your knowledge of CCO regulations, standards of practice, policies and guidelines (all posted on CCO's website – www.cco.on.ca).

If you are registered as General Non-Practising and General Non-Resident, you will undergo a modified assessment. For example, if you do not actively see patients (General Non-Practising), your assessment would entail a review of your knowledge of CCO regulations, standards of practice, policies and guidelines.

Peer & Practice Assessment Program

Member Selection

CCO randomly selects members to participate in the program and matches the selected member with an assessor in his/her electoral district. A colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct your assessment, designed to be educational, not punitive.

If you have any concerns and/or conflict with the assigned assessor, please contact Sue Gargiulo, Communications Officer, at 416-922-6355, ext. 106, or cco.info@cco.on.ca. You may request another peer assessor to conduct your assessment.

Action Steps

1. Review this handbook, which contains the two forms the peer assessors will use during the assessment – the Peer & Practice Assessment Checklist, and the Record Keeping Worksheet.
2. Complete the pre-visit questionnaire.
3. Send the following items to CCO within 15 days of receiving the assessment notification:
 - pre-visit questionnaire
 - one current sterilized patient file (name/other identifying information removed)
 - blank sample of clinical charts/forms
 - list of abbreviations and short forms used (if any)

When CCO receives your completed materials, the materials will be forwarded to your assessor, who will contact you (telephone or e-mail) to arrange a mutually convenient time to conduct the assessment.

The assessment does not have to occur during office hours.

Preparing for the Assessment

1. Review this handbook, which contains the two forms the peer assessors will use during the assessment – the Peer & Practice Assessment Checklist, and the Record Keeping Worksheet. The forms are for your review only. You are not required to complete them or submit them to CCO.

2. Review CCO's regulations, standards of practice, policies and guidelines (posted on CCO's website – www.cco.on.ca – in the "Members of CCO" section).
3. Prepare the professional portfolio for the assessor's review. The portfolio should include the following information:
 - Self-Assessment Plan of Action Summary Sheet (when completed)
 - Continuing Education and Professional Development Log (when completed)
 - materials gathered while fulfilling requirements (e.g., course outlines, brochures from conventions/conferences, etc.)
 - samples of recent advertisements (if applicable)

Please note: The portfolio may not be complete because mandatory continuing education is a new component of the program. However, there should be some indication that the member understands his/her obligation to participate in and record continuing education activities in his/her professional portfolio.

The Assessment

Plan your schedule to allow for two meetings with your peer assessor – before and after the assessment – and identify key staff to help the assessor select patient files for review.

Your assessor will provide you with a copy of the report form at the conclusion of your assessment. Prepare to discuss any issue or clarify any information you may have regarding the report.

After the Assessment

The assessor forwards the report form, the checklist, the record keeping worksheet, and any comments you may have, to the QA Committee for review. The QA Committee then makes one of four dispositions regarding your assessment provides you with a written report, the Quality Assurance Disposition Report.

The four options are as follows:

- no further action is required;
- you correct a significant deficiency in the area(s) identified by the assessor and/or QA Committee;
- you correct a minor deficiency in the area(s) identified by the assessor and/or QA Committee;
- you participate in a remediation process, such as submitting two sterilized patient files to the QA Committee).

Deficiencies

You will receive a **significant deficiency** disposition if any one of the following items is missing in a patient file (even if it is missing in one file):

- written diagnosis
- signed consent form (including orthotics and acupuncture)
- re-assessment on or before each 24th visit.

Confidentiality of Information

Pursuant to the *Regulated Health Professions Act, 1991*, any information regarding peer and practice assessment is confidential and will be shared only with the QA Committee. No other committee will have access to this information.

The QA Committee requires assessors to sign a confidentiality agreement and will consider a breach of this agreement a serious offence.

For Additional Information

Please contact Sue Gargiulo, Communications Officer, at 416-922-6355, ext. 106, or cco.info@cco.on.ca.

Materials for Your Review

The items that follow are the materials you will need to review to prepare for your peer and practice assessment. Please do not submit any of these items to CCO.

Self Evaluation

This document is for your personal use only. You are not required to submit it to CCO.

Auditing your own chiropractic records can help you identify strengths and weaknesses of your current system, including identifying opportunities for improvement with your record keeping.

Peer & Practice Assessment Checklist

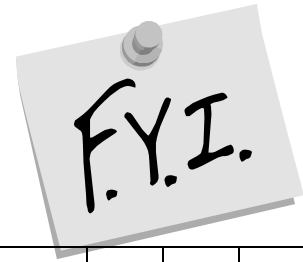
This is the checklist your assessor will use to gage your knowledge of CCO's regulations, standards of practice, policies and guidelines. We encourage you to review the checklist and the various regulations, standards, policies and guidelines on which the checklist is derived.

Please note, if you do not provide a particular service (e.g., orthotics, chiropractic care of animals), you are still required to know/be familiar with the standard of practice.

Record Keeping Worksheet

This is the checklist your assessor will use to review 10 current patient files and your compliance with standard of practice S-002: Record Keeping.

Self Evaluation



	Always	Needs Improvement	Not Applicable
My record keeping system allows for ready retrieval of an individual patient file.			
My records are legible.			
The patient's identity is clearly evident on each component of the file.			
Each patient file clearly shows full name, address, date of birth and gender.			
The date of each visit or consultation is recorded and included in the SOAP format or another equivalent format.			
My record keeping system includes a daily appointment record and a financial record for each patient.			
Each patient file includes the history, examination, diagnosis, therapeutic management and prognosis for each patient.			
Each patient file includes reasonable information on treatment and advice given, with appropriate consent.			
Each patient file includes evidence of re-assessment/ progress evaluations on or before each 24 th visit.			



Peer & Practice Assessment Checklist

Acupuncture¹

	Yes	No	Comments
1. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
2. Member provides acupuncture treatments to patients (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
3. If member provides acupuncture treatments to patients, he/she:			
(1) has appropriate training in acupuncture as described in the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
(2) obtains informed consent prior to performing acupuncture treatments (evidenced in a written form signed by the patient or otherwise documented in the patient's records)	<input type="checkbox"/>	<input type="checkbox"/>	
(3) is familiar with clean needle techniques	<input type="checkbox"/>	<input type="checkbox"/>	
(4) is aware of contra-indications to the use of acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	
4. If member provides acupuncture treatments to patients, he/she appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

Advertising²

	Yes	No	Comments
5. Member is familiar with the proposed regulation, standard of practice, policy and guideline, including the prohibitions relating to advertising	<input type="checkbox"/>	<input type="checkbox"/>	
6. Member advertises (<i>if NO, go to question 8</i>)	<input type="checkbox"/>	<input type="checkbox"/>	

¹Review standard of practice S-017: Acupuncture

²Review proposed regulation R-016: Advertising; standard of practice S-016: Advertising; guideline G-016: Advertising; policy P-016: Public Display Protocol

	Yes	No	Comments
7. <i>If yes:</i>			
(1) Member provides examples of advertisements (including advertisements published in the <i>Yellow Pages</i> and other publications)	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Member's advertisement(s) appear to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Assessor encourages member to submit proposed advertisements to the Advertising Committee for review before publication	<input type="checkbox"/>	<input type="checkbox"/>	
8. <i>Advertising fees:</i> Member understands the parameters for advertising his/her fee for chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	
9. <i>Proceeds/donations to charity:</i> Member understands the parameters for advertising the exchange of products/ services for proceeds/ donations to a charity	<input type="checkbox"/>	<input type="checkbox"/>	
10. <i>Techniques, Technologies, Devices or Procedures:</i> Member understands that:			
(1) he/she can advertise specific services, techniques and/or products, but cannot claim superiority or endorse the exclusive use of such services, techniques or products	<input type="checkbox"/>	<input type="checkbox"/>	
(2) references to specific services, techniques, technologies, devices or procedures must comply with standard of practice S-010: Techniques, Technologies, Devices or Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
11. <i>Websites:</i> Member understands that:			
(1) a member's website is considered an extension of the member's office.	<input type="checkbox"/>	<input type="checkbox"/>	
(2) information on a member's website must be informative, educational and professional	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
(3) banner advertising on the Internet must comply with CCO's advertising standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
12. <i>Public Display Protocol</i> : Member understands that public displays/ health screenings are permissible provided:			
(1) the member complies with CCO's regulations and standards of practice (e.g., consent, record keeping)	<input type="checkbox"/>	<input type="checkbox"/>	
(2) assessment(s) performed comply with the Public Display Protocol and are for educational purposes	<input type="checkbox"/>	<input type="checkbox"/>	
(3) no controlled acts of diagnosis and/or adjustments are performed	<input type="checkbox"/>	<input type="checkbox"/>	
13. Member participates in public presentations/health screenings, as outlined in policy P-016: Public Display Protocol (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
14. <i>If yes:</i>			
(1) member informs the participant (i.e., potential new patient) that the purpose of the screening is not to fully assess or diagnose but to screen him/her for potential problems that may require further investigation in a formal setting	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member obtains consent before performing screening procedures (as per the Public Display Protocol)	<input type="checkbox"/>	<input type="checkbox"/>	

Business Practices³

	Yes	No	Comments
15. Member is familiar with the regulation, the policy and the guidelines related to business practices	<input type="checkbox"/>	<input type="checkbox"/>	

³ Review regulation R-008: Professional Misconduct (Business Practices section); policy P-036: Billing Practices; guideline G-007: Unit Billing; guideline G-008: Business Practices

	Yes	No	Comments
16. Member explains how he/she or staff handles fees in his/her office	<input type="checkbox"/>	<input type="checkbox"/>	
17. Fees (including fees not payable by the patient) are disclosed to patients before service is provided	<input type="checkbox"/>	<input type="checkbox"/>	
18. Member can comment/explain the correct practice for charging block fees (i.e., payment plan)	<input type="checkbox"/>	<input type="checkbox"/>	
19. Member charges a block fee (i.e., offers payment plan)? (if NO, go to question 21)	<input type="checkbox"/>	<input type="checkbox"/>	
20. <i>If yes:</i>			
(1) patient is given the option of paying for each service as it is provided	<input type="checkbox"/>	<input type="checkbox"/>	
(2) an established block fee unit cost per service is specified	<input type="checkbox"/>	<input type="checkbox"/>	
(3) member agrees to refund to the patient the unspent portion of the block fee (calculated reference to the number of services provided, multiplied by the established block fee unit cost per service)	<input type="checkbox"/>	<input type="checkbox"/>	
21. Member provides an itemized account for patients	<input type="checkbox"/>	<input type="checkbox"/>	
22. Member can explain two-tiered billing	<input type="checkbox"/>	<input type="checkbox"/>	
23. Member appears to comply with the policy on two-tiered billing	<input type="checkbox"/>	<input type="checkbox"/>	

Categories of Registration⁴

	Yes	No	Comments
24. Member is familiar with the policy	<input type="checkbox"/>	<input type="checkbox"/>	
25. Member can name the four classes of registration	<input type="checkbox"/>	<input type="checkbox"/>	

⁴ Review policy P-052: Categories of Registration

	Yes	No	Comments
26. Member can provide a brief explanation of each class	<input type="checkbox"/>	<input type="checkbox"/>	
27. Member can name the three categories of the 'General' class of registration:	<input type="checkbox"/>	<input type="checkbox"/>	
(1)			
(2)			
(3)			
28. Member understands the responsibilities and consequences when moving from one category to another	<input type="checkbox"/>	<input type="checkbox"/>	

Chiropractic Care of Animals⁵

	Yes	No	Comments
29. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
30. Member provides chiropractic care to animals (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
31. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

Communicating a Diagnosis/Clinical Impression⁶

	Yes	No	Comments
32. Where a diagnosis is made, member complies with the diagnosis component of the standard of practice, such as:			
(1) member communicated the diagnosis to the patient	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member recorded the diagnosis prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	
33. In the absence of a clear diagnosis, member complies with the clinical impression or working diagnosis component of the standard of practice, such as:			

⁵ Review standard of practice S-009: Chiropractic Care of Animals

⁶ Review standard of practice S-008: Communicating a Diagnosis/Clinical Impression

	Yes	No	Comments
(1) member communicated the clinical impression/ working diagnosis to the patient	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member recorded the clinical impression/working diagnosis prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	
34. Where more than one diagnostic possibility is present:			
(1) member considers the potential causes of the patient's complaint	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member advises patient to consult with another health professional when the member knows or ought to know that the patient's condition is beyond the scope of practice of chiropractic and competence of the member	<input type="checkbox"/>	<input type="checkbox"/>	
35. When additional tests are required to establish a clinical impression or diagnosis:			
(1) member fully informs the patient or an authorized person	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member recommends a course of action	<input type="checkbox"/>	<input type="checkbox"/>	
36. Member discusses treatment with patients prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	

Conflict of Interest⁷

	Yes	No	Comments
37. Member has an interest or gains benefit from any facility, service or supplier to which patients are referred (<i>if NO, go to question 39</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
38. <i>If yes:</i>			
(1) member discloses his/her interest to patients	<input type="checkbox"/>	<input type="checkbox"/>	

⁷ Review proposed regulation entitled "Conflict of Interest"

	Yes	No	Comments
(2) member informs patients of other available options or alternatives	<input type="checkbox"/>	<input type="checkbox"/>	
39. Member is engaged in research activities (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
40. <i>If yes:</i>			
(1) member obtains fully informed consent re: research from patient	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member advises patients that they may withdraw at any time without jeopardizing their health care	<input type="checkbox"/>	<input type="checkbox"/>	

Consent⁸

	Yes	No	Comments
41. Consent is properly documented in the records (fully informed, voluntarily given, and evidenced in written form signed by the patient or otherwise documented in the patient record)	<input type="checkbox"/>	<input type="checkbox"/>	
42. Member understands that:			
(1) consent is not a 'one-time' only event and must be updated if the patient's condition or plan of management changes	<input type="checkbox"/>	<input type="checkbox"/>	
(2) the risks/benefits of treatment vs. no treatment must be reviewed on an ongoing basis	<input type="checkbox"/>	<input type="checkbox"/>	

Core Competencies for CCO Members⁹

	Yes	No	Comments
43. Member has reviewed the document entitled <i>Core Competencies for CCO Members</i>	<input type="checkbox"/>	<input type="checkbox"/>	

⁸ Review standard of practice S-013: Consent

⁹ Review *Core Competencies for CCO Members* document – www.cco.on.ca

	Yes	No	Comments
44. Member can name and discuss the eight core competencies:	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Communication			
(2) Clinical Competency / Maintenance of Records			
(3) Life-Long Learning and Self-Assessment			
(4) Scope of Practice			
(5) CCO Regulations, Standards, Policies and Guidelines			
(6) Collaboration			
(7) Responsibility to Patients and the Public			
(8) Best Practices / Ethics			

Delegation¹⁰

	Yes	No	Comments
45. Member is aware that he/she is not permitted to delegate any of the controlled acts authorized to chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	
46. Member appears to comply with the regulation	<input type="checkbox"/>	<input type="checkbox"/>	

Dual Registrants¹¹

	Yes	No	Comments
47. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
48. Member is a dual registrant (<i>if NO, go to question 50</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
49. <i>If yes:</i>			
(1) member advises patient that the proposed treatment is outside the scope of chiropractic practice and CCO may not have jurisdiction over the matter	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member maintains separate patient records, financial records, appointment books, etc., as described in the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁰ Review proposed regulation entitled “Delegation”

¹¹ Review standard of practice S-011: Dual Registrants

	Yes	No	Comments
50. Member is a member of an unregulated health profession (if NO, go to next section)	<input type="checkbox"/>	<input type="checkbox"/>	
51. If yes – Member advises the patient that the proposed treatment is outside the scope of practice of chiropractic and CCO may have no jurisdiction over the matter	<input type="checkbox"/>	<input type="checkbox"/>	

Guidelines for the Office Staff of a Chiropractic Office¹²

	Yes	No	Comments
52. Member is familiar with the guideline	<input type="checkbox"/>	<input type="checkbox"/>	
53. Member understands that he/she is responsible for everything that occurs in his/her office	<input type="checkbox"/>	<input type="checkbox"/>	
54. If any – Assessor identifies specific area(s) of concern		

Immunization / Vaccination¹³

	Yes	No	Comments
55. In responding to requests from patients and members of the public regarding immunization/ vaccination, member:			
(1) advises that immunization/vaccination is outside the scope of practice of chiropractic and chiropractors do not have the legislative authority to immunize/ vaccinate patients	<input type="checkbox"/>	<input type="checkbox"/>	
(2) advises patients to consult with health providers who have immunization/vaccination within their scope of practice (e.g., physician nurses, nurse practitioners)	<input type="checkbox"/>	<input type="checkbox"/>	
56. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

¹² Review guideline G-005: Guidelines for the Office Staff of a Chiropractic Office

¹³ Review standard of practice S-015: Immunization/Vaccination

	Yes	No	Comments
57. <i>If no</i> – How is the member non-compliant? (provide examples)			

Orthotics¹⁴

	Yes	No	Comments
58. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
59. Member provides orthotics to patients (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
60. If member provides orthotics to patients, he/she:			
(1) has appropriate training, skill and competence to prescribe, manufacture, sell, and/or dispense orthotics, as described in the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
(2) prior to prescribing orthotics, gives a diagnosis based on case history, examination, (physical, diagnostic, imaging, laboratory), including gait and postural analysis and interpretation and differential diagnosis to rule out possible pathologies	<input type="checkbox"/>	<input type="checkbox"/>	
(3) prior to measuring and casting for orthotics, obtains consent from the patient that is fully informed, voluntarily given and evidenced in a written form which may be part of the general consent	<input type="checkbox"/>	<input type="checkbox"/>	
(4) complies with CCO's proposed conflict of interest regulation with respect to the prescribing, manufacturing, selling and dispensing of orthotics	<input type="checkbox"/>	<input type="checkbox"/>	
61. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁴ Review standard of practice S-012: Orthotics

Partnership of Care/Partenariat de soins de santé¹⁵

	Yes	No	Comments
62. Member has reviewed the document <i>Partnership of Care (Patient's Charter of Rights and Responsibilities) / Partenariat de soins de santé (Charte des droits due patient/e des responsabilités à l'égard du patient/e)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
63. Member can name three rights and/or responsibilities outlined in the document: (1) (2) (3)	<input type="checkbox"/>	<input type="checkbox"/>	
64. Member provides this document to patients upon patients' request	<input type="checkbox"/>	<input type="checkbox"/>	

Professional Misconduct¹⁶

	Yes	No	Comments
65. Member is aware of the grounds of professional misconduct outlined in the regulation re: (1) The Practice of the Profession and the Care and Relationship with Patients (2) Representations About Members and Their Qualifications (3) Record Keeping (4) Business Practices (5) Miscellaneous Matters	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁵ Review this document (available in English and French) – www.cco.on.ca

¹⁶ Review regulation R-008: Professional Misconduct

Professional Portfolio¹⁷

	Yes	No	Comments
66. Member is aware of the new requirements regarding self assessment and continuing education	<input type="checkbox"/>	<input type="checkbox"/>	
67. Member maintains a professional portfolio	<input type="checkbox"/>	<input type="checkbox"/>	
68. Member provides professional portfolio on site	<input type="checkbox"/>	<input type="checkbox"/>	
69. <i>If no</i> – Member will send professional portfolio to CCO’s Quality Assurance Committee for review	<input type="checkbox"/>	<input type="checkbox"/>	
70. <i>If yes</i> – Professional portfolio is consistent with the standard of practice and contains the following:			
(1) Self-Assessment Plan of Action Summary Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Continuing Education and Professional Development Log	<input type="checkbox"/>	<input type="checkbox"/>	
(3) materials member has gathered while fulfilling his/her CE requirements (e.g., course outlines, brochures, pamphlets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
(4) samples of recent advertisements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

Prohibition Against a Sexual Relationship with a Patient¹⁸

	Yes	No	Comments
71. Member is familiar with standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient	<input type="checkbox"/>	<input type="checkbox"/>	
72. Member understands that a sexual relationship with a current patient is strictly forbidden by law	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁷ Review standard of practice S-003: Professional Portfolio

¹⁸ Review standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient; policy P-003: Principle of Zero Tolerance; guideline G-001: Prevention of Sexual Abuse of Patients

	Yes	No	Comments
73. Member can describe the penalties for a finding of professional misconduct relating to sexual abuse of a patient	<input type="checkbox"/>	<input type="checkbox"/>	
74. Member is familiar with guideline G-001: Prevention of Sexual Abuse of Patients	<input type="checkbox"/>	<input type="checkbox"/>	
75. Member is able to:			
(1) describe the philosophy and principles of zero tolerance	<input type="checkbox"/>	<input type="checkbox"/>	
(2) outline the three different categories of sexual abuse:	<input type="checkbox"/>	<input type="checkbox"/>	
(1)			
(2)			
(3)			
76. Member understands the importance of consent with respect to any touching of a patient	<input type="checkbox"/>	<input type="checkbox"/>	

Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone¹⁹

	Yes	No	Comments
77. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
78. Member performs this authorized act in his/her practice	<input type="checkbox"/>	<input type="checkbox"/>	
79. <i>If yes</i> – Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	

Reporting of Diseases²⁰

	Yes	No	Comments
80. Member can explain how to handle a reportable disease	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁹ Review standard of practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone

²⁰ Review standard of practice S-004: Reporting of Diseases

	Yes	No	Comments
81. Member has reported a reportable disease to the local medical officer of health	<input type="checkbox"/>	<input type="checkbox"/>	
82. Member can name three reportable diseases	<input type="checkbox"/>	<input type="checkbox"/>	
Technical and Interpretative Components for X-ray²¹			
	Yes	No	Comments
83. Member takes his/her own x-rays (<i>if NO, go to question 85</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
84. <i>If yes:</i>			
(1) member reads the x-rays	<input type="checkbox"/>	<input type="checkbox"/>	
(2) member writes the report	<input type="checkbox"/>	<input type="checkbox"/>	
(3) member maintains radiological records, logs and reports in accordance with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
(4) member complies with the billing guidelines, consent, patient selection and equipment registration components of the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
85. If member does not take his/her own x-rays:			
(1) identify where x-rays are taken	<input type="checkbox"/>	<input type="checkbox"/>	
(2) reports are stored in the patient file	<input type="checkbox"/>	<input type="checkbox"/>	
(3) radiographic reports:			
(a) facility writes the report	<input type="checkbox"/>	<input type="checkbox"/>	
(b) member writes a report for radiographic studies ordered but not taken by the member, or brought in by patient	<input type="checkbox"/>	<input type="checkbox"/>	

²¹ Review standard of practice S-006: Technical and Interpretative Components for X-ray

	Yes	No	Comments
(4) member complies with the billing guidelines, consent and patient selection components of the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
86. Member has participated in CCO's X-ray Peer Review Program	<input type="checkbox"/>	<input type="checkbox"/>	
87. <i>If yes</i> – Identify date of participation (within the past five years)		

Techniques, Technologies, Devices or Procedures²²

	Yes	No	Comments
88. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
89. Member understands that informed consent includes the following:			
(1) an explanation of the technique, technology, device or procedure	<input type="checkbox"/>	<input type="checkbox"/>	
(2) a statement of the anticipated goal or outcome	<input type="checkbox"/>	<input type="checkbox"/>	
(3) alternatives, if any	<input type="checkbox"/>	<input type="checkbox"/>	
(4) effects, risks and side-effects of both the use and non-use of the technique, technology, device or procedure	<input type="checkbox"/>	<input type="checkbox"/>	

²² Review standard of practice S-010: Techniques, Technologies, Devices or Procedures

Spinal Adjustment/Manipulation²³**ASSESSOR WILL NOT REVIEW AT THIS TIME**

	Yes	No	Comments
90. Member appears to know which form of adjustive technique to use in specific situations, such as:			
(1) indications and contraindications to application of adjustment/manipulation			
(2) patient's health			
(3) goal of treatment and prognosis			
91. Member demonstrates features of the skills required for adjustment/manipulation, such as:			
(1) accurate amplitude (depth and distance) for the adjustive thrust			
(2) quantity of thrust for the procedure			
(3) sense in providing minimum risk to the patient			
92. Member makes efforts to ensure he/she is current with the knowledge and skills to enable safe and effective treatment			
93. Member adheres to the following protocol prior to performing an adjustment/manipulation:			
(1) diagnosis			
(2) informed consent			
(3) treatment protocol			

²³ Reference: standard of practice S-005: Spinal Adjustment/Manipulation

Record Keeping Worksheet²⁴



	Always	Usually	Sometimes	Never	Comments
Equipment Maintenance and Safety					
Member ensures that all equipment (e.g., ultrasound, interferential current) and adjusting tables are hygienic and in safe working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily Appointment Record					
Member maintains a daily appointment record that sets out the surname and initials of each patient the member examines or treats or to whom member renders any service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Record					
Member maintains a financial record for each patient that includes:					
(1) date of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) services billed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) payment received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) balance of account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

²⁴ Review standard of practice S-002: Record Keeping

IV Patient Health Record

Your peer assessor will review 10 randomly selected patient files and determine if each file contains the following components:

	Yes	No	Comments
Member maintains a patient health record for each patient that includes:			
(1) patient's name	<input type="checkbox"/>	<input type="checkbox"/>	
(2) patient's address	<input type="checkbox"/>	<input type="checkbox"/>	
(3) patient's birth date	<input type="checkbox"/>	<input type="checkbox"/>	
(4) patient's gender	<input type="checkbox"/>	<input type="checkbox"/>	
(5) dates of each of patient's visits to member	<input type="checkbox"/>	<input type="checkbox"/>	
(6) name of primary treating chiropractor (on each separate page)	<input type="checkbox"/>	<input type="checkbox"/>	
(7) address of primary treating chiropractor (of each separate page)	<input type="checkbox"/>	<input type="checkbox"/>	
(8) name(s) of relevant referring health professionals, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
(9) history of patient, including:			
(a) patient's chief complaint(s)/concern(s)	<input type="checkbox"/>	<input type="checkbox"/>	
(b) supporting data	<input type="checkbox"/>	<input type="checkbox"/>	
(c) relevant past health history	<input type="checkbox"/>	<input type="checkbox"/>	
(d) family and social history when indicated by presenting condition(s)/concern(s)	<input type="checkbox"/>	<input type="checkbox"/>	
1. Reasonable information about every examination performed by member	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
2. Reasonable information about every x-ray examination performed by member	<input type="checkbox"/>	<input type="checkbox"/>	
3. Reasonable information about every re-assessment on or before each 24 th visit	<input type="checkbox"/>	<input type="checkbox"/>	
4. Reasonable information made by member re:			
(1) every clinical finding	<input type="checkbox"/>	<input type="checkbox"/>	
(2) diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	
(3) assessment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Record of therapeutic management of patient that includes:	<input type="checkbox"/>	<input type="checkbox"/>	
(1) reasonable information about every order made by member for examinations, including <i>x-ray examinations, tests, consultations</i> and <i>treatments</i> , to be performed by any other person			
(a) <i>x-ray examinations</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) <i>tests</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) <i>consultations</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) <i>treatments</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) every written report received by member with respect to <i>examinations, tests, consultations</i> and <i>treatments</i> , performed by other health professionals			
(a) <i>examinations</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) <i>tests</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) <i>consultations</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) <i>treatments</i>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
6. Reasonable information about all advice given by member to patient (in written form)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Reasonable information about every treatment involving the controlled acts authorized to chiropractors:			
(1) communicating a diagnosis/clinical impression	<input type="checkbox"/>	<input type="checkbox"/>	
(2) moving the joints of the spine	<input type="checkbox"/>	<input type="checkbox"/>	
(3) putting a finger beyond the anal verge for the purpose of manipulating the tailbone	<input type="checkbox"/>	<input type="checkbox"/>	
8. Reasonable information about a procedure that was commenced but not completed, including reasons for non-completion	<input type="checkbox"/>	<input type="checkbox"/>	
9. Copy of every written consent	<input type="checkbox"/>	<input type="checkbox"/>	
10. Every part of a patient health record has a reference identifying the patient or the health care record	<input type="checkbox"/>	<input type="checkbox"/>	
11. Every entry in a patient health record includes:			
(1) date	<input type="checkbox"/>	<input type="checkbox"/>	
(2) the person who made the entry can be identified	<input type="checkbox"/>	<input type="checkbox"/>	
12. Member maintains <i>every patient health record</i> , <i>every financial record</i> and <i>every x-ray</i> for at least seven years following the patient's visit; or, if the patient is younger than 18 years old at the time of his/her last visit, the day the patient became or would have become 18 years old			
(1) <i>every patient health record</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) <i>every financial record</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) <i>every x-ray</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Techniques, Technologies, Devices or Procedures²⁵

	Training/ Proficiency	Type of Consent ²⁶		Comments
		General	Specific	
13. Member uses the following techniques, technologies, devices or procedures:				
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				

²⁵ Review standard of practice S-010: Techniques, Technologies, Devices or Procedures

²⁶ Indicate if the member uses a general consent form, or a separate/specific consent form.