

STANDARD OF PRACTICE

S-003

Professional Portfolio

Quality Assurance Committee
Approved by Council: May 24, 1996
Amended: February 28, 1998, November 30, 2002, December 2, 2009,
September 17, 2015, June 23, 2017

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

Note: For the purposes of this standard of practice, "member" refers to a CCO member registered in the "General" class of registration.

INTENT

To advise members of their government-legislated obligation to quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development.

To advise members that their professional portfolio is the file where they must record and store information about their participation in quality assurance initiatives.

OBJECTIVES

- To fulfill the requirements of the Quality Assurance Committee as set out in section 80.1 of the Health Professions Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)*.
- To facilitate continuous quality improvement through the concepts of peer and practice assessment, self assessment, self assessment action plans, and lifelong learning.
- To emphasize that each member is responsible for his/her own continuing competency and professional growth.
- To enable the Quality Assurance Committee to assist a member with specific remediation if it is requested or deemed necessary.
- To ensure the ongoing development of CCO's quality assurance program.

DESCRIPTION OF STANDARD

Type of Portfolio to be Maintained

A member is required to maintain a professional portfolio, which will be made

available to the Quality Assurance Committee or a peer assessor upon request. The contents of the professional portfolio remain confidential within the Quality Assurance Committee and will not be shared with any other committee.

A member is required to complete the four parts of the professional portfolio. A member must maintain his/her professional portfolio, including CE materials gathered in the current CE cycle and the immediate past complete CE cycle. Additional cycles may be discarded. However, CCO encourages every member to retain relevant materials for future use and reference.

Part 1: Professional Profile / Curriculum Vitae

- personal data: name, address, registration number
- education: post-secondary/academic degrees/certificates; specialties/ fellowships (if applicable)
- professional history: practice history and description
- professional membership and service: names of professional organizations in which the member holds current membership, and the services and activities provided to professional organizations (including positions held)
- volunteer work: service to profession; service to community
- awards /recognition
- other professional activities: professional presentations; professional publications
- references (optional): a separate sheet may be attached.

Part 2: Self Assessment

The self-assessment process consists of two parts: the self-assessment questionnaire with accompanying handbook and the plan of action summary sheet.

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A member is required to complete CCO's self-assessment process every two years as set out by CCO. It is highly recommended that the self-assessment is completed within 90 days from the start of a new CE cycle. The self-assessment questionnaire is completely confidential and will not be viewed by any committee.

Once a member has completed the self-assessment questionnaire and has identified areas that need improvement, the member should transfer the information to the self-assessment plan of action summary sheet. Using this summary sheet, a member shall develop a learning plan to help guide his/her CE and professional development.

The plan of action summary sheet is a component of the member's professional portfolio and will be reviewed by a peer assessor during the peer and practice

assessment to monitor compliance with the self-assessment process. A member may identify areas from the self-assessment questionnaire which he/she desires to strengthen and may incorporate these items into his/her CE activities.

Part 3: Continuing Education and Professional Development

CE activities should reflect the results of a member's self-assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.

A member is required to participate in 40 hours of CE over a two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires members to:

- participate in a minimum of 20 hours in structured CE activities (all 40 hours may be accumulated in structured activities);
- record up to a maximum of 20 hours towards unstructured CE activities;
- record participation in CE activities in his/her professional portfolio; and
- maintain in his/her professional portfolio materials gathered while fulfilling CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

To monitor compliance with the quality assurance initiatives, a member who is registered in the General class of registration for that entire cycle shall complete and submit a one-page summary sheet of their CE activities (entitled Continuing Education and Professional Development Log) for that entire cycle. This log will accompany CCO's registration renewal every two years.

CE activities must relate to a member's clinical practice and/or professional activities¹, with the goal of enhancing a member's professional knowledge and skill.

A member is not permitted to bank hours over the two-year period (i.e., transfer hours from one cycle to the next). The required 40 hours of CE is considered the minimum standard for the two-year cycle. CCO encourages all members to regularly participate in additional CE.

Structured Activities (20 hours minimum)

Structured activities are active/interactive learning programs. These activities generally have structured agendas, specified learning objectives and interaction with other members of the profession or other professions.

Structured activities include:

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer-assisted learning

Mandatory Components of Structured CE

As defined in the *RHPA*, the practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of: dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints.

In accordance with section 4 of the *Chiropractic Act, 1991*, a member is authorized to perform the following controlled acts:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

4 CCO requires that every member participate in a minimum of five hours of CE in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice². These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, exercise or nutritional counseling.

CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification.³

Unstructured Activities (20 hours maximum)

Unstructured activities are self-directed, independent learning activities.

Unstructured activities include:

- reading professional books, journals, articles, research papers
- viewing/reading/listening to professional audio/video/ internet material
- reviewing CCO regulations, standards of practice, policies, guidelines, other CCO material
- preparing/presenting professional presentations
- researching/writing/editing professional publications
- other (specify)

CCO requires that a member participate in CE activities that relate directly to his/her clinical practice and/or professional activities. These activities may include, but are not limited to, subjects such as communication, assessment, diagnosis, clinical impression, diagnostic imaging, patient care, and specialty training.

CCO will continue to review the CE process and make appropriate changes as necessary, which may include the introduction of mandatory elements to the program and/or approval/disapproval of specific programs.

Documentation of CE Activities

Personal Data: Name, Registration Number

Every member is required to record his/her CE activities in the Continuing Education & Professional Development section of the professional portfolio. Each activity must include the following information:

- date on which the member participated in the activity (month and year)
- activity code
- learning objectives code
- title and brief description of the activity
- provider/source
- total number of hours
- outcome code

Part 4: Accompanying Folder

A member is required to maintain the following in his/her professional portfolio:

- materials gathered while fulfilling his/her CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of his/her recent advertising (e.g., *Yellow Pages* advertisements,

newspaper advertisements or other similar types of advertising); and

- the disposition reports following the member’s peer and practice assessment.

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*

The Quality Assurance program is defined in section 1 (1) of the Code as “a program to assure the quality of the practice of the profession and to promote continuing competency evaluation, competence and improvement among members.”

Objects and Duties of CCO: Section 3 of the *Code*

Section 3(1): The College has the following objects:

3. To develop, establish and maintain standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members.

Section 80.1 of the Code defines the minimum requirements for a quality assurance program as follows:

- (a) A quality assurance program prescribed under section 80 shall include, continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members’ participation in, and compliance with, the quality assurance program.

Section 80.2 of the Code outlines the powers of the Quality Assurance Committee as follows:

The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

¹ N.B. - a member's CE activities are separate and apart from daily professional activities. For example, if the member is an educator, the preparation and presentation of classroom material would not be considered an acceptable CE credit.

² See Standard of Practice S-001: Chiropractic Scope of Practice for an explanation of "diagnostic or therapeutic procedures". Controlled acts may include the authorized activities listed in section 4 of the *Chiropractic Act, 1991* or the authorization to operate an X-ray machine or prescribe the operation of an X-ray machine under sections 5-6 of the *Healing Arts Radiation Protection Act, 1990*.

³ The minimum requirement is emergency first aid: CPR Level C + CPR + AED. This can be achieved through providers such as Red Cross and St John Ambulance as a 6.5 hour classroom instruction program.