

PROFESSIONAL PORTFOLIO



Standard of Practice S-003

Quality Assurance Committee

Approved by Council: May 24, 1996

Amended: February 28, 1998, and November 30, 2002, December 3, 2009,

September 17, 2015, June 23, 2017, June 22, 2022 (came into effect July 1, 2022)

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.

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 their 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

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

Standard of Practice S-003: Professional Portfolio

with any other committee. A member is required to complete the four parts of the professional portfolio (as outlined below). A member must maintain their 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.

For the purposes of this standard of practice and for compliance with the Quality Assurance program, it is acceptable and recommended for a member to use their Continuing Education and Professional Development Log in their [CCO Member Portal](#) as their Professional Portfolio/record of continuing education, in combination with [the Self-Assessment Questionnaire 1.0 or 2.0 and Plan of Action Summary Sheet \(fillable PDF\)](#), instead of the [Fillable PDF Professional Portfolio](#).

Part 1: Professional Profile / Curriculum Vitae

Please note: this should be maintained by the member but does not need to be submitted unless required to do so.

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 (1.0 or 2.0)

There are two versions of the mandatory [self-assessment](#) available for completion. Each self-assessment process consists of two parts: the self-assessment questionnaire with accompanying handbook and the plan of action summary sheet.

A member is required to complete, every two years, either

- Self-assessment 1.0 (recommended in the first two complete CE cycles) or
- Self-assessment 2.0 (recommended in all subsequent CE cycles).

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 their CE and professional development to address those items identified in the completion of the self-assessment. Members should be aware that those areas identified for improvement or further learning in one's self-assessment should be addressed in appropriate and applicable CE activities in the CE cycle.

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 they desire to strengthen and may incorporate these items into their CE activities.

Part 3: Continuing Education (CE) 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 in which they are a member in the General class of registration for entire two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires every member 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 their online continuing education and professional development log; and
- maintain materials gathered while fulfilling CE requirements for the current CE cycle (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

To monitor compliance with the Quality Assurance initiatives, members who are registered in the General class of registration for that entire cycle shall complete and submit the online Continuing Education and Professional Development Log, available in the [online member portal](#).

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 participate in additional CE on a regular basis.

Structured Activities (20 hours minimum)

Structured activities are active/interactive learning programs completed either in person or virtually. These activities generally have structured agendas, specified learning objectives and/or the opportunity for interaction with other members of the profession or other professions and the ability for the member to interact and/or gain feedback (e.g., live attendance at a seminar/webinar, question and answer period with presenters/others while participating in the program of study, interactive quiz/competency examinations at a prerecorded webinar, etc.).

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

There are three mandatory components of Structured CE, as follows (all of which can be counted towards structured activities as outlined above):

1. 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

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.

- 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.

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, soft tissue therapies, exercise or nutritional counseling.

2. CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification³.
3. It is a requirement that every member attend CCO's [Regulatory Excellence for CCO Members Online/Virtual Workshop](#) at least once every three CE cycles (or six years). This workshop is offered free to members and applicants online three times per year (Dates and times posted on the CCO website).

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)

Guidelines for CE Activities

CCO requires that every member participate in CE activities that relate directly to their clinical practice and/or professional activities. These activities may include, but are not limited to,

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.

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

Every member is required to log and submit their CE activities in the CCO member portal as part of each CE cycle.

Part 4: Accompanying Folder

A member is required to maintain the following in their professional portfolio:

- materials gathered while fulfilling their CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of their recent advertising; and
- the disposition reports following the peer and practice assessment

LEGISLATIVE CONTEXT

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

The QA 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 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,

Standard of Practice S-003: Professional Portfolio

- (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 QA 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.