PEER & PRACTICE ASSESSMENT 1.0 CHECKLIST 2026 CYCLE

Member Assessed	Assessor

CHIROPRACTIC SCOPE OF PRACTICE

**Reference – Standard of Practice S-001: Chiropractic Scope of Practice*

	Yes	No	Comments
1. All activities and services, including all diagnostic and therapeutic procedures, performed by the member: (1) relate to the chiropractic scope of practice as set out in the *Chiropractic Act, 1991*, and, (2) appear to have been achieved, maintained and member can can demonstrate clinical competency in diagnostic or therapeutic procedures used.	☐ ☐	☐ ☐	
2. The member understands the expectations of a chiropractic visit, including: • a consultation related to the patient's presenting condition and/or goals • an assessment of chiropractic conditions related to the spine, nervous system and joints • a diagnosis or clinical impression related to the chiropractic scope of practice, consistent with Standard of Practice S-008: Communicating a Diagnosis • recommendations for care, including possible referral to an appropriate health care provider if necessary; and • obtaining informed consent, consistent with Standard of Practice S-013: Consent	☐	☐	
3. The member uses adjunctive diagnostic and therapeutic procedures that are in the public domain, such as: • provides nutritional counseling • prescribes orthotics • provides lifestyle, and exercise advice • utilization of various therapeutic modalities such as ultrasound, IFC, cold laser therapy • other:	☐	☐	

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	Yes	No	Comments
4. Member appears to be providing diagnostic and therapeutic procedures specifically prohibited, such as: • Dark field microscopy • Hyperbaric oxygen therapy • Pelvic or prostate examinations • Breast examinations • Vega testing	☐	☐	
5. In responding to general health-related questions by patients relating to controlled acts outside the chiropractic scope of practice, the member: • advises the patient that the performance of the act is outside the chiropractic scope of practice and the patient should consult with a health care professional who has the act within their scope of practice; • responds in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the chiropractic scope of practice; and • encourages the patient to be an active participant in their own health care, allowing the patient to make fully informed decisions concerning their health care.	☐	☐	
6. In responding to general, health-related questions, the member is aware that members are restricted from or advising outside the chiropractic scope of practice	☐	☐	
7. Member is aware and appears to comply with the CCO Professional Advisory that expressing views, or treating or advising in relation to vaccination is outside of the chiropractic scope of practice, including: • Counselling or providing information to patients or prospective patients with respect to vaccination; • Conducting seminars on vaccination; and • Providing information on vaccination on a member's website or social media account.	☐	☐	
8. Member appears to comply with the standard of practice	☐	☐	
9. *If no* – How is the member non-compliant?			

Disposition: ☐ Satisfactory ☐ Needs Improvement

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RECORDING KEEPING (INCLUDING ELECTRONIC RECORDS)

**Reference – Standard of Practice S-002: Record Keeping; S-022: Ownership, Storage, Security and Destruction of Patient Health Records and the Office of Information and Privacy Commissioner of Ontario at www.ipc.on.ca*

	Yes	No	Comments
1. Member maintains all records (including electronic records) in a secure location, ensures there are cyber securities and protections in place to protect patient health and financial information, and ensures all records (including electronic records) are secure from loss, tampering, interference, or unauthorized use/access.	☐	☐	
2. If member is in a "group" practice, there is an appropriate agreement in place regarding ownership of the patient health records.	☐	☐	
3. Member understands that the information in the patient health record is the property of the patient.	☐	☐	
4. If the member uses abbreviations, there is an accompanying legend/key that explains the abbreviations and is made available upon request.	☐	☐	
5. Member's electronic records capture the unique aspects of each patient encounter.	☐	☐	
6. Member has an arrangement for patient health records in the event of a termination of the practice.	☐	☐	
7. Member has appropriate retention* and destruction methods for records.	☐	☐	
8. Member otherwise appears to comply with the standard of practice.	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

**If storing records electronically, ensure the following:*

- *Any storage devices are encrypted*
- *Any off-site "cloud" storage complies with federal and provincial privacy legislation. For more information, please refer to the Office of Information and Privacy Commissioner of Ontario at www.ipc.on.ca and the privacy section of CCO's website.*

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PROFESSIONAL PORTFOLIO

**Reference – Standard of Practice S-003: Professional Portfolio*

	Yes	No	Comments
1. Member is aware of the requirements regarding self-assessment and continuing education	☐	☐	
2. Member maintains a professional portfolio *If the member is exempt from S-003 (e.g. the member registered in the middle of a CE cycle), the assessor will discuss the various requirements of the professional portfolio, found in question #5.*	☐	☐	
3. The professional portfolio is on site for review	☐	☐	
4. *If no* – Member must send professional portfolio to CCO's Quality Assurance Committee for review	☐	☐	
5. *If yes* – Professional portfolio is consistent with the standard of practice and contains the following:			
(1) Self-Assessment Plan of Action Summary Sheet	☐	☐	
(2) Continuing Education and Professional Development Log (Online CE Log from Member Portal)	☐	☐	
(3) Materials member has gathered while fulfilling their CE requirements (e.g., course outlines, brochures, pamphlets, etc.)	☐	☐	
(4) Samples of recent communications to the public/advertisements *(if applicable)*	☐	☐	
(5) Member has participated in a minimum of five hours of CE in every CE cycle, which consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice. 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.	☐	☐	If "no", please outline their plans to do this:

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	Yes	No	Comments
(6) Member has successfully completed and maintains a valid emergency first aid/CPR certification.	☐	☐	If "no", please outline their plans to do this:
(7) Member understands CE obligations that are required to be completed once every three CE cycles (six years) – Regulatory Excellence Workshop and 5 hour in-person hands-on or hand-held instrument adjustment or manipulation activity.	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement
☐ Member is currently exempt from complying with S-003.

REPORTING OF DESIGNATED DISEASES

**Reference – Standard of Practice S-004: Reporting of Designated Diseases*

	Yes	No	Comments
1. Member can explain how to handle and report a reportable, designated disease	☐	☐	
2. Member has reported a reportable disease to the local medical officer of health	☐	☐	
3. Member can name three reportable diseases: (1) _____ (2) _____ (3) _____	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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CHIROPRACTIC ADJUSTMENT OR MANIPULATION

**Reference – Standard of Practice S-005: Chiropractic Adjustment or Manipulation*

	Yes	No	Comments
1. Member has recorded sufficient information in the patient health record to demonstrate:	☐	☐	
(1) indications and contraindications to the application of adjustment/manipulation	☐	☐	
(2) the member adheres to an appropriate protocol prior to performing an adjustment/manipulation, e.g. obtaining informed consent to examination, conducting a consultation and examination, forming and providing a diagnosis or clinical impression including care/plan of care recommendations and prognosis and obtained informed consent to care or plan of care	☐	☐	
(3) the member makes efforts to ensure they are current with the knowledge and skills to enable the provision of safe and effective chiropractic care. e.g.,	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

ORDERING, Taking and Interpreting Radiographs

**Reference – Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs*

	Yes	No	Comments
1. Member takes their own radiographs *(if NO, go to question 3)*	☐	☐	
2. *If yes:*			
(1) member reads the radiographs	☐	☐	
(2) member writes the report	☐	☐	
(3) member maintains radiological records, logs and reports in accordance with the standard of practice	☐	☐	

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(4) member complies with the billing guidelines, consent, patient selection, follow-up and equipment registration, and safety and quality assurance components of the standard of practice ☐ ☐

3. *If member does not take their own x-rays:*

(1) identify where x-rays are taken ☐ ☐

(2) radiographic reports:

a) facility writes the report ☐ ☐

b) member writes a report for radiographic studies ordered but not taken by the member, or brought in by patient ☐ ☐

(3) member complies with the billing guidelines, consent and patient selection and follow-up components of the standard of practice ☐ ☐

4. Member has participated in CCO's X-ray Peer Review Program ☐ ☐

5. *If yes* – Identify date of participation (within the past five years)

Disposition: ☐ Satisfactory ☐ Needs Improvement

PUTTING A FINGER BEYOND THE ANAL VERGE FOR THE PURPOSE OF MANIPULATING THE TAILBONE

**Reference – Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone*

	Yes	No	Comments
1. Member is familiar with the standard of practice	☐	☐	
2. Member performs this authorized act in their practice	☐	☐	
3. *If yes* – Member appears to comply with the standard of practice	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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COMMUNICATING A DIAGNOSIS

**Reference – Standard of Practice S-008: Communicating a Diagnosis*

	Yes	No	Comments
1. Where a diagnosis is made, member complies with the diagnosis component of the standard of practice, such as:			
(1) member communicates the diagnosis to the patient	☐	☐	
(2) member records the diagnosis prior to treatment	☐	☐	
2. In the absence of a clear diagnosis, member complies with the clinical impression component of the standard of practice, such as:			
(1) member communicates the clinical impression to the patient	☐	☐	
(2) member records the clinical impression prior to treatment	☐	☐	
3. Where more than one diagnostic possibility is present:			
(1) member considers the potential causes of the patient's complaint	☐	☐	
(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	☐	☐	
4. When additional tests are required to establish a clinical impression or diagnosis:			
(1) member fully informs the patient or an authorized person	☐	☐	
(2) member recommends a course of action	☐	☐	
5. Member discusses treatment with the patient prior to treatment	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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CHIROPRACTIC CARE OF ANIMALS

**Reference – Standard of Practice S-009: Chiropractic Care of Animals*

	Yes	No	Comments
1. Member is familiar with the standard of practice	☐	☐	
2. Member provides chiropractic care to animals *(if NO, go to next section)*	☐	☐	
3. Member appears to comply with the standard of practice	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

MEMBERS OF MORE THAN ONE HEALTH PROFESSION

**Reference – Standard of Practice S-011: Members of More Than One Health Profession*

	Yes	No	Comments
1. Member is familiar with the standard of practice	☐	☐	
2. Member is a member of more than one health profession *(if NO, go to next section)*	☐	☐	
3. *If yes:* (1) member advises patient that the proposed treatment related to another profession is outside the scope of chiropractic practice and CCO may not have jurisdiction over the matter	☐	☐	
(2) member maintains appropriate separation of patient health records, financial records, appointment books, etc., as described in the standard of practice	☐	☐	
4. Member is a member of an unregulated health profession *(if NO, go to next section)*	☐	☐	
5. *If yes* – Member advises the patient that the proposed treatment related to the other profession is outside the scope of practice of chiropractic and CCO may have no jurisdiction over the matter	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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ORTHOTICS

**Reference – Standard of Practice S-012: Orthotics*

	Yes	No	Comments
1. Member is familiar with the standard of practice	☐	☐	
2. Member provides orthotics to patients *(if NO, go to next section)*	☐	☐	
3. If member provides orthotics to patients, they:			
(1) have appropriate training, skill, and competence to prescribe, manufacture, sell, and/or dispense orthotics, as described in the standard of practice	☐	☐	
(2) prior to prescribing orthotics, give 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	☐	☐	
(3) prior to measuring and casting for orthotics, obtain consent from the patient that is fully informed, voluntarily given and evidenced in a written form which may be part of the general consent or otherwise documented in the patient health record	☐	☐	
(4) ensure orthotics dispensed meet the prescription and the contours of the patient's foot	☐	☐	
(5) provide advice to the patient with respect to the usage of the orthotics in accordance with the standard	☐	☐	
(6) comply with conflict of interest standard with respect to the prescribing, manufacturing, selling and dispensing of orthotics	☐	☐	
(7) ensure that fees and accounts related to orthotics are not false or misleading, are disclosed in advance to the patient (including any fees that are not payable by the patient) and are itemized, upon request	☐	☐	

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	Yes	No	Comments
(8) apply consistent fees for orthotics in accordance with the fee schedule, based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record	☐	☐	
(9) are familiar with policies and practices of patients' insurance or third-party payor coverage for orthotics	☐	☐	
4. Member appears to comply with the standard of practice	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

CONSENT

**Reference – Standard of Practice S-013: Consent*

	Yes	No	Comments
1. ***Consent to examination*** is documented in the records	☐	☐	
2. ***Consent to care or a plan of care*** is documented in the records (indicating that consent was fully informed, voluntarily given, and evidenced in written form signed by the patient or otherwise documented in the patient record)	☐	☐	
3. 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	☐	☐	
(2) the risks/benefits of treatment versus no treatment must be reviewed on an ongoing basis	☐	☐	
4. Member understands that informed consent includes the following:			
(1) an explanation of the diagnostic and therapeutic procedure	☐	☐	
(2) a statement of the anticipated goal or outcome	☐	☐	

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	Yes	No	Comments
(3) alternatives, if any	☐	☐	
(4) effects, risks and side effects of both the use and non-use of the diagnostic and therapeutic procedure	☐	☐	
5. Member understands how to determine capacity to consent and what steps to take if a patient lacks capacity to consent	☐	☐	
6. Member understands that consent may not be assigned to a staff person and that it is the member's obligation to obtain and document consent.	☐	☐	
7. Member provides appropriate accommodations for reasonable patient requests (e.g. private treatment room)	☐	☐	
8. Member understands that it is considered a breach of privacy to require a patient to bring another individual to any future appointment, unless the patient requires a substitute-decision maker or support person	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

PROHIBITION OF A SEXUAL RELATIONSHIP WITH A PATIENT

**References – Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient; Policy P-003: Principle of Zero Tolerance; Guideline G-001: Communication with Patients*

	Yes	No	Comments
1. Member is familiar with Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient	☐	☐	
2. Member understands that a concurrent sexual relationship with a current patient is strictly forbidden by law, no matter which was established first	☐	☐	
3. Members understands that a patient is defined as someone who was a member's patient within one year from the date on which the individual ceased to be the member's patient	☐	☐	

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	Yes	No	Comments
4. Member can describe the penalties for a finding of professional misconduct relating to sexual abuse of a patient	☐	☐	
5. Member can describe the differences between sexual abuse under the *RHPA* and sexual assault under the *Criminal Code of Canada*	☐	☐	
6. Member has reviewed and is familiar with Guideline G-001: Communication with Patients	☐	☐	
7. Member understands the importance of verbal and non-verbal communication with patients to make the patient comfortable and understanding of examination and treatment related to chiropractic care	☐	☐	
9. Member is able to:			
(1) describe the philosophy and principles of zero tolerance	☐	☐	
(2) outline the three different categories of sexual abuse:	☐	☐	
(1) *sexual intercourse or other forms of physical relations*			
(2) *touching of a sexual nature by the member or the patient*			
(3) *behaviour or remarks of a sexual nature by the member towards the patient*			
10. Member understands the importance of consent with respect to any touching of a patient	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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COMMUNICATION TO THE PUBLIC

**References – Standard of Practice S-016: Communication to the Public; Policy P-016: Public Display Protocol; Guideline G-009: Code of Ethics; Guideline G-016: Communication to the Public (Please note, many of these reference documents have been consolidated into a new standard of practice and guideline as of February 21, 2025)*

	Yes	No	Comments
1. Member is familiar with the standard of practice, policy and guideline	☐	☐	
2. Member is familiar with the guidelines pertaining to generally acceptable evidence for making a health care claim, and understands factors for consideration as to the benefit of chiropractic care in advertising, websites and social media	☐	☐	
3. Member communicates to the public through advertising and/or uses social media *(if NO, go to question 7)*	☐	☐	
4. If yes:			
(1) Member provides examples of communications to the public (e.g., advertisements or social media posts)	☐	☐	
(2) Member's communications to the public (e.g., advertisements or social media posts) appear to comply with the standard of practice	☐	☐	
5. Advertising fees: Member understands the parameters for advertising their fee for chiropractic services in their communications to the public	☐	☐	
6. Proceeds/donations to charity: Member understands the parameters for advertising the exchange of products/ services for proceeds/donations to a charity in their communications to the public	☐	☐	

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	Yes	No	Comments
7. *Diagnostic or Therapeutic Procedures:* Member understands that:			
(1) they can provide communication to the public regarding specific services, diagnostic or therapeutic techniques and/or products, but cannot claim superiority or endorse the exclusive use of such services, techniques or products	☐	☐	
(2) references toward specific services, diagnostic or therapeutic procedures must comply with all relevant standards of practice including Standard of Practice *S-001: Scope of Practice*	☐	☐	
8. *Websites and social media:* Member understands that:			
(1) a member's website and social media falls under the definition of communication to the public[1] and are appliable to the standard of practice	☐	☐	
(2) information on a member's professional website and social media must comply with Standard of Practice S-016: Communication to the Public	☐	☐	
9. *Policy P-016: Public Display Protocol:* 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)	☐	☐	
(2) assessment(s) performed comply with the Public Display Protocol and are for educational purposes	☐	☐	
(3) no controlled acts of diagnosis and/or adjustments are performed	☐	☐	

[1] "Communication to the Public" is any message communicated through a public medium, promoting chiropractic services and/or products, including but not limited to: print advertising, materials and posters in member's office, video, audio, websites, social media, and podcasts, that can be seen or heard by the public, or any subset of the public.

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	Yes	No	Comments
10. Member participates in public presentations/health screenings, as outlined in Policy P-016: Public Display Protocol *(if NO, go to next section)*	☐	☐	
11. If yes:			
(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 them for potential problems that may require further investigation in a formal setting	☐	☐	
(2) member obtains consent before performing screening procedures (as outlined in Policy P-016: Public Display Protocol)	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

USE OF SOCIAL MEDIA

**Reference – Standard of Practice S-016: Communication to the Public, Guideline G-016: Communication to the Public*

	Yes	No	Comments
1. Member is familiar with legal, regulatory and professional obligations when engaging in the use of social media	☐	☐	
2. Member is familiar with the importance of maintaining patient privacy and confidentiality in the use of social media	☐	☐	
3. Member does not provide any clinical advice, communicate a diagnosis, and/or guarantee results using social media	☐	☐	
4. Member only provides general health information related to the chiropractic scope of practice through social media and does not provide any information outside the chiropractic scope of practice	☐	☐	

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	Yes	No	Comments
5. Member is cognizant of risks of using social media for professional reasons, and exercises caution when posting health-related information to ensure that it is only used for educational or informational purposes, and not for clinical advice	☐	☐	
6. Member maintains appropriate professional boundaries when using social media and avoids posting information, comments or images that may be perceived as disgraceful, dishonourable or unprofessional	☐	☐	
7. Member maintains separation between their personal and professional social media pages (recommended)	☐	☐	
8. Member does not post any information to social media that may be perceived as harassment, bullying or inflammatory	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

ACUPUNCTURE

**Reference – Standard of Practice S-017: Acupuncture*

	Yes	No	Comments
1. Member is familiar with the standard of practice and understands that use of acupuncture is only for the purposes as an adjunctive procedure to complement the recommended chiropractic care	☐	☐	
2. Member provides acupuncture treatments to patients *(if NO, go to next section)*	☐	☐	
3. Member represents themselves as a chiropractor who uses acupuncture and is familiar with restricted titles with respect to acupuncture	☐	☐	
4. If member provides acupuncture treatments to patients, they:			
(1) have appropriate training in acupuncture as described in the standard of practice	☐	☐	

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	Yes	No	Comments
(2) perform a chiropractic consultation and examination, communicate a diagnosis or clinical impression within the chiropractic scope of practice	☐	☐	
(3) obtain informed consent prior to performing acupuncture treatments (evidenced in a written form signed by the patient or otherwise documented in the patient health record)	☐	☐	
(4) deliver a plan of care that involves acupuncture, based on the consultation, examination and diagnosis or clinical impression	☐	☐	
(5) are familiar and comply with clean needle techniques	☐	☐	
(6) are aware of contraindications to the use of acupuncture	☐	☐	
(7) only provide acupuncture as an adjunctive procedure to complement the recommended chiropractic care	☐	☐	
5. If member provides acupuncture treatments to patients, they appear to comply with the standard of practice	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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THIRD PARTY INDEPENDENT CHIROPRACTIC EVALUATIONS

**Reference – Standard of Practice S-018: Third Party Independent Chiropractic Evaluations*

	Yes	No	Comments
1. Member is familiar with the standard of practice	☐	☐	
2. Member performs third-party evaluations in their professional capacity as a chiropractor *(if NO, go to next section)*	☐	☐	
3. If member performs third-party evaluations, they:			
(1) perform independent chiropractic evaluations and file reviews within their area of expertise and within the scope of practice of chiropractic	☐	☐	
(2) have the necessary and relevant education, training, experience and expertise to provide an opinion regarding the issue in dispute	☐	☐	
(3) maintain a reasonably balanced practice and do not solely perform third-party independent chiropractic evaluations	☐	☐	
(4) create a file and maintain proper records, as outlined in Standard of Practice S-002: Record Keeping	☐	☐	
(5) obtain consent to every evaluation, as outlined in Standard of Practice S-013: Consent	☐	☐	
(6) maintain confidentiality and do not disclose personal health information to a third party without proper consent from the patient, unless required by law	☐	☐	
(7) communicate to the patient being assessed the purpose of the evaluation, what questions will be answered as a result of the evaluation, how the evaluation will proceed, and where the report will be sent	☐	☐	

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	Yes	No	Comments
(8) will act in the best interests of the patient being assessed	☐	☐	
(9) prepares a report that is accurate, impartial and objective, substantiated by fact and sound clinical judgment, and defensible through the identification of objectives related to the issues under dispute	☐	☐	
(10) participates in continuing education courses specific to independent chiropractic evaluations/examinations	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

CONFLICT OF INTEREST IN COMMERCIAL VENTURES

**Reference – Standard of Practice S-019: Conflict of Interest in Commercial Ventures*

	Yes	No	Comments
1. Member understands what acts constitute a conflict of interest	☐	☐	
2. Member has an interest or gains benefit from any facility, service or supplier to which patients are referred *(if NO, go to question 5)*	☐	☐	
3. If "yes":			
(1) member discloses their interest to patients	☐	☐	
(2) member informs patients of other available options or alternatives	☐	☐	
(3) Member informs the patient of their choice of facility, services or suppliers will not affect the quality of health care services provided by the member	☐	☐	

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4. Members sells or dispenses products. ☐ ☐
5. If "yes", member establishes and discloses reasonable and customary fee ☐ ☐

Disposition: ☐ Satisfactory ☐ Needs Improvement

COOPERATION AND COMMUNICATION WITH CCO

**Reference – Standard of Practice S-020: Cooperation and Communication with CCO*

	Yes	No	Comments
1. Under the *Regulated Health Professions Act, 1991 (RHPA),* regulations made under the *Chiropractic Act, 1991* and CCO by-laws members are expected to cooperate with CCO and its statutory committees. When CCO makes reasonable requests for information, requires a specific action from a member or when attendance at a CCO meeting or hearing is requested to address an area of concern, the member understands it is the professional responsibility of each member to cooperate with these requests and communicate with CCO in a timely manner.	☐	☐	
2. Member understands that it may be considered an act of professional misconduct for a member to refuse to reasonably cooperate with CCO and could lead to a referral to the Discipline Committee.	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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ASSISTIVE DEVICES

**Reference – Standard of Practice S-021: Assistive Devices*

	Yes	No	Comments
1. Member understands the Standard of Practice S-021: Assistive Devices	☐	☐	
2. If member recommends and dispenses assistive devices in their practice:			
(1) member discloses their interest to patients	☐	☐	
(2) member informs patients of other available options or alternatives	☐	☐	
(3) member has the appropriate training, skills, and competence to recommend and/or dispense assistive devices Please list training:	☐	☐	
(4) Member conducts a thorough consultation, examination related to recommending and/or dispensing assistive devices	☐	☐	
(5) Member provides a diagnosis or clinical impression, which is recorded in the patient health record, related to recommending and/or dispensing assistive devices	☐	☐	
(6) Member obtains consent in compliance with Standard of Practice S-013: Consent	☐	☐	
(7) Member only prescribes or dispenses an assistive device when indicated for conditions within the chiropractic scope of practice	☐	☐	
(8) Member complies with all business practice provisions as outlined in the Professional Misconduct Regulation under the *Chiropractic Act, 1991* and Guideline G-008: Business Practices	☐	☐	

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	Yes	No	Comments
(9) Member ensures that fees and accounts related to assistive devices are not false or misleading, are disclosed in advance to the patient (including any fees that are not payable by the patient) and are itemized, upon request	☐	☐	
(10) Member applies consistent fees for assistive devices in accordance with the fee schedule, based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record	☐	☐	
(11) Member is familiar with policies and practices of patients' insurance or third-party payor coverage for assistive devices	☐	☐	
(12) Member only issues a receipt for payments that have been received.	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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BUSINESS PRACTICES

**References – Regulation R-008: Professional Misconduct (Business Practices section); Guideline G-008: Business Practices*

	Yes	No	Comments
1. Member is familiar with the regulation, and guidelines related to business practices	☐	☐	
2. Member explains how they or staff handle fees in their office, including billing of third-party payors and services that were assigned to staff	☐	☐	
3. Fees (including fees not payable by the patient) are disclosed to patients before service is provided	☐	☐	
4. Member can comment/explain the correct practice for charging block fees (i.e., payment plan)	☐	☐	
5. Member charges a block fee/payment plan/billing/financial arrangements *if NO, go to question 7)*	☐	☐	
6. If yes:			
(1) patient is given the option of paying for each service as that is provided	☐	☐	
(2) an established block fee unit cost per service is specified	☐	☐	
(3) member agrees to refund to the patient the unspent portion of the block fee (calculated in reference to the number of services provided, multiplied by the established block fee unit cost per service)	☐	☐	
(4) any billing/financial arrangement is directly representative of and in relation to the treatment/care plan agreed upon by the member and patient	☐	☐	
(5) periodic re-assessments are included as part of any billing/financial arrangement	☐	☐	

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	Yes	No	Comments
(6) the member ensures that any billing/financial arrangement is evidenced in a signed written contract or agreement and that the patient is comfortable with any billing/financial arrangement and understands their right to opt out of it at any time and receive a refund for any unused portion of it within 30 days	☐	☐	
7. Member can explain guidelines relating to unit billing	☐	☐	
8. Member provides an itemized account for patients	☐	☐	
9. Member can explain two-tiered billing and other guidelines relating to third-party payors	☐	☐	
10. Member appears to comply with the policy on two-tiered billing	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

MANDATORY AND PERMISSIVE REPORTING

**Reference – Guideline G-010: Mandatory and Permissive Reporting*

	Yes	No	Comments
1. Member is familiar with reporting obligations under the *Regulated Health Professions Act, 1991*	☐	☐	
2. Member is familiar with reporting obligations under the *Child and Family Services Act, 1990*	☐	☐	
3. Member is familiar with reporting obligations under the *Long-Term Care Homes Act, 2007*	☐	☐	
4. Member is familiar with reporting obligations under the *Occupational Health and Safety Act, 1990*	☐	☐	
5. Member is familiar with permissive reporting of disclosure to prevent harm under the *Personal Health Information Protection Act, 2004*	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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CLASSES OF REGISTRATION

**Reference – Policy P-053: Returning to the General Class of Certificate of Registration*

	Yes	No	Comments
1. Member is familiar with the policy	☐	☐	
2. Member can name the four classes of registration: *(1) General (i.e., Active)* *(2) Inactive* *(3) Retired* *(4) Temporary*	☐	☐	
3. Member can provide a brief explanation of each class	☐	☐	
4. Member understands the responsibilities and consequences when moving from one class to another	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

GUIDELINES FOR MEMBERS CONCERNING OFFICE STAFF

**Reference – Guideline G-005: Guidelines for Members Concerning Office Staff*

	Yes	No	Comments
1. Member is familiar with the guideline	☐	☐	
2. Member understands that they are responsible for everything that occurs in their office	☐	☐	
3. If any concerns, Assessor identifies specific area(s) of concern	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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ACCOMMODATION OF HUMAN RIGHTS AND DISABILITIES

**Reference – Guideline G-011: Accommodation of Human Rights and Disabilities*

	Yes	No	Comments
1. Member is familiar with the duty to accommodate under the *Ontario Human Rights Code, 1990* and the *Accessibility for Ontarians with Disabilities Act, 2005*	☐	☐	
2. Member is familiar with what is protected and how disability is defined under the *Ontario Human Rights Code, 1990*	☐	☐	
3. Member is familiar with requirements to provide health care services free of direct or indirect discrimination	☐	☐	
4. Member is familiar with practices to reconcile competing duties to accommodate	☐	☐	
5. Member is familiar with limits of providing chiropractic services for legitimate reasons	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

CHIROPRACTIC ASSESSMENTS

**Reference – Guideline G-013: Chiropractic Assessments*

	Yes	No	Comments
1. Member can list and define the various assessments commonly used in chiropractic clinical practice: *a) initial assessment* *b) subsequent visit* *c) comparative assessment* *d) new condition/goals assessment* *e) updated condition/goals assessment* *f) discharge assessment*	☐	☐	
2. Member understands and can explain the difference between the various assessments taking place on each daily/subsequent visit and the other types of assessments	☐	☐	

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	Yes	No	Comments
3. The patient health record accurately and sufficiently reflects that the member is conducting the appropriate assessments at the appropriate time during the patient's care, including when necessary: a) updating/revising diagnosis or clinical impressions b) updating consent to care/plan of care c) updating/revising recommendations, goals and expectations for care/plan of care d) providing referral	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

DELEGATION, ASSIGNMENT AND REFERRAL OF CARE

**Reference – Guideline G-014: Delegation, Assignment and Referral of Care*

	Yes	No	Comments
1. Member is aware that they are not permitted to delegate any of the controlled acts authorized to chiropractors	☐	☐	
2. Member is familiar with what aspects of clinical care may and may not be assigned to a staff person	☐	☐	
3. Member is familiar with the requirements for assigning clinical care to a staff person	☐	☐	
4. Member properly and clearly communicates to the patient any assignment of care, including the roles and responsibilities of the staff member performing the assigned care, the direction and supervision provided by the member, and the right of the patient to communicate with an ask any questions of the member at any time during the performance of the assigned care	☐	☐	
5. Member is available or ensures that another member of CCO is available during assigned care.	☐	☐	
6. Member is familiar with practices in providing a referral to a regulated health professional	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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VIRTUAL CARE

**Reference – Guideline G-015: Virtual Care*

	Yes	No	Comments
1. Member performs virtual care	☐	☐	
2. Member uses a safe, secure and confidential platform for virtual care	☐	☐	
3. Member's patient health records and billing records indicate virtual care, when performed	☐	☐	
4. Member understands the limitations of virtual care, and refers patient for in-person care, when appropriate	☐	☐	
5. Member understands jurisdictional issues with virtual care	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

USE OF ARTIFICIAL INTELLIGENCE BY CCO MEMBERS

**Reference –Guideline G-017: Use of Artificial Intelligence by CCO Members*

	Yes	No	Comments
1. Member uses AI for clinical purposes, business practices or communication to the public	☐	☐	
2. Member understands the benefits, risks, biases and limitations with AI, and how to adjust the AI system to different patient populations and circumstances	☐	☐	
3. Member understands that they are responsible for overseeing the results of any AI output and that it does not replace sound clinical judgement.	☐	☐	
4. Member must obtain documented consent (may be obtained verbally and documented in the health record) from patients prior to using AI in practice. This includes transparency with what type of AI will be used, how it applies to patient care, if it involves audio recording or transcription of record keeping, benefits and risks.	☐	☐	

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	Yes	No	Comments
5. Member provides alternative options if a patient is uncomfortable with the use of AI.	☐	☐	
6. Member complies with all relevant privacy legislation (e.g. PHIPA and S-002: Record Keeping) when using AI for patient personal health information.	☐	☐	
7. Member understands the difference between a closed AI system vs. an open AI system, and the member ensures that the use of their AI system protects the confidentiality and privacy of patient personal health information.	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

PARTNERSHIP OF CARE/PARTENARIAT DE SOINS DE SANTÉ

**Reference – Partnership of Care/Partenariat de soins de santé*

	Yes	No	Comments
1. Member has reviewed the document *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)*	☐	☐	
2. Member can name three rights and/or responsibilities outlined in the document: 1) _____ 2) _____ 3) _____	☐	☐	
3. Member provides this document to patients upon a patient's request	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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PROFESSIONAL MISCONDUCT

**Reference – Regulation R-008: Professional Misconduct*

	Yes	No	Comments
1. Member is aware of the grounds of professional misconduct outlined in the regulation re:			
(1) The practice of the profession and the care and Relarelationship with patients	☐	☐	
(2) Representations about members and their Qualificqualifications	☐	☐	
(3) Record keeping	☐	☐	
(4) Business practices	☐	☐	
(5) Miscellaneous matters	☐	☐	

Disposition: ☐ Satisfactory ☐ Needs Improvement

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