

COLLEGE OF CHIROPRACTORS OF ONTARIO



CORE COMPETENCIES FOR CCO MEMBERS

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College of Chiropractors of Ontario
130 Bloor St. W., Suite 902
Toronto, ON M5S 1N5
Tel.: 416-922-6355
Toll Free: 1-877-577-4772
Fax: 416-925-9610
www.cco.on.ca

CORE COMPETENCIES FOR CCO MEMBERS

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I CCO'S MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

MISSION

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

VISION

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment.

VALUES

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017

II INTRODUCTION

In 2004, CCO initiated the core competency project (the “Project”), the purpose of which was to develop, establish and maintain a description of the core competencies expected of every member of the profession in Ontario. CCO, in exercising its statutory mandate under the *Regulated Health Professions Act, 1991* (“*RHPA*”) to regulate chiropractic in the public interest, views core competencies as an important step in ensuring the public of Ontario receive competent, ethical chiropractic care. In 2013, CCO began a process of revising this document, as it is understood that core competencies are dynamic and evolutionary.

Once a member has graduated from an accredited chiropractic educational institution, passed the clinical competency and written examinations, and become licensed, he/she is considered competent. The impetus for the development of core competencies stemmed, in part, from CCO’s conviction that there is a significant public interest in ensuring members continue to be competent throughout their chiropractic careers.

On becoming registered, members have the right to call themselves chiropractors and to practise chiropractic within the scope of practice identified in the *Chiropractic Act, 1991*, and further outlined in standard of practice S-001: Scope of Practice. In assuming the right to practise, members also assume the responsibilities associated with this right, including the responsibility to maintain competence. Members are accountable for their own practice and for implementing professional development activities based on continuous self-assessed learning needs.

The public must feel confident that members, who demonstrated entry-level competencies when they received their initial registration, continue to be competent for as long as they are in practice. Further, the public should reasonably expect some level of consistency of experience when going to different members for chiropractic care.

The core competencies reflect the knowledge, skills and judgement members need in order to perform the services and procedures within the scope of practice of the profession. Members assure the public that they are practising safely, effectively and ethically by demonstrating these core competencies. This document, along with CCO’s regulations, standards of practice, policies and guidelines, provides a model to ensure safe, effective and ethical outcomes for patients, and assists the public in assessing quality of care.

CCO would like to emphasize however that members are responsible for their

own continuing competence as outlined in standard of practice, S-003: Professional Portfolio.

CCO intends the core competencies document to outline guiding principles for members, and to be of assistance to CCO committees in exercising their respective statutory responsibilities (including the Quality Assurance and Inquiries, Complaints and Reports committees). It is also intended to move towards standardizing the chiropractic experience for patients and their families in Ontario.

CCO recognizes and supports the evolution of the profession, but emphasizes that:

- patient protection and improved patient outcomes are critical;
- patients must know and understand what is and will be done to them in a member's office; and
- members must know and understand that they operate within a statutory framework.

CCO also recognizes that professional competence can be recognized in a number of ways. Building on a number of definitions of competence, authors Epstein and Hundert (JAMA, January 9, 2002-VOL. 287, No. 2) propose that professional competence is “*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served*”.

It is expected that all members are fully aware of CCO's *Partnership of Care (Patient's Charter of Rights and Responsibilities/Partenariat de soins de Sante)*.

III CORE COMPETENCIES

Competent, professional doctors of chiropractic...

1. **Apply** current legislation, regulations, standards, policies and guidelines in all aspects of their professional practice.
2. **Practise** ethically, within their scope of practice and in a manner consistent with their education and expertise.
3. **Demonstrate** clinical competency in a patient-centred manner by maintaining accurate, complete records.
4. **Employ** relevant, safe, supportive evidence-informed best clinical practices and ethical, socially-responsible business practices.
5. **Facilitate** collaborative inter and intra professional relationships.
6. **Communicate** effectively in a culturally sensitive manner.
7. **Commit** to the life-long self assessment of their skills and continuous improvement in all areas of their professional life.

What to expect when attending a chiropractor appointment... an application of the core competencies:

Chiropractors offer a variety of approaches to care within the scope of practice. CCO regulates the full range of chiropractic approaches and it is expected that member are always practicing within the chiropractic scope of practice.

Patients present to a chiropractor for a variety of reasons. However, patients should expect basic procedures, rooted in the chiropractor's core competencies, to be followed which represent the chiropractor's unique role in the collaborative health care framework. The results and observations, based upon the performance of these basic procedures, should be recorded, in the record of personal health information, in such a way as to accurately recreate the doctor patient interaction.

1) Initial visit(s) to a chiropractor (Consultation, Examination, Report of Findings)

- A clean and organized and welcoming environment;
- A careful explanation of any paper work to be completed;
- A clear and complete explanation of the costs of the services to be provided;
- A private consultation, with the doctor to provide the opportunity to review the case history, ask questions, review all the paperwork and any available reports;
- A verbal summary, by the chiropractor, demonstrating that he/she has understood what has been discussed and what the patient's goals are, for attending the office;
- An explanation of the physical examination, in order that consent to examine is obtained;
- A physical examination is conducted in order to assess conditions related to the spine, nervous system and joints or 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 functions of the joints;
- Based upon the findings of the consultation and a physical examination, the chiropractor may make a referral for further investigations which might include (but not be limited to): a radiographic study or a referral to another specialist;

- Once all the appropriate and necessary information has been obtained, the chiropractor will provide a complete explanation, including the diagnosis, of what has been found;
- Recommendations for care, based on findings, will be communicated to the patient and recorded in the record of personal health information. Such recommendations may include (but are not limited to): a course of chiropractic care (including an explanation of the style of adjusting that is recommended), any modalities that will be used, the frequency of visits and the appropriate time in which a re-evaluation will take place, along with expected outcomes and the approximate cost of care, suggestions for home care, or, if appropriate, referral for further consultation and/or care with another health professional;
- Only after the report of findings and all recommendations have been delivered, and there has been an opportunity for questions, will the patient be given the opportunity to provide their informed consent to undergo a course of care;

2) Subsequent Visit(s)

- Care should begin within a reasonable time of the scheduled appointment;
- The chiropractor should review his/her record of the previous visit(s) with the patient along with reviewing what the patient has experienced, subjectively, since the last visit;
- As appropriate and related to the most recent evaluation and recommendations for the patient's care, the chiropractor will conduct an examination in order to assess conditions related to the spine, nervous system and joints or 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 functions of the joints
- Appropriate care is delivered in accordance with the findings at each visit and with the overall goals and plan of management based on the most recent evaluation;
- Records of all patient interactions are to be kept contemporaneously;

- Care should continue to be given in a caring yet professional manner with any comments about the process and the progress explained in a patient-centered manner;
- If the care is substantially different from previous care or, if a new condition is presented, informed consent to care should be revisited and updated in the patient health record after an appropriate examination has been conducted and report of findings has been delivered;
- Re-evaluations of progress should be done at appropriate intervals and further recommendations for care based upon those findings and the patient's goals;
- If, at any time, further investigations or referrals are warranted (eg. Those that fall outside the practitioner's scope), those recommendations should be made and noted in the patient record;
- Chiropractors are encouraged to participate in inter-professional; collaborative care when appropriate, in the patient's best interests;
- When applicable, chiropractors shall make every effort to monitor and record patient compliance with any recommended adjunctive procedures, eg, exercise or nutritional advice.

3) **In general:**

- At all times, chiropractors and staff act with empathy, respect and integrity remembering the "golden rule"... *One should treat others as one would like others to treat oneself*;
- Confidentiality and security of all record of patient health information and interactions is maintained by the chiropractor and staff of the office;
- Application, in the clinical setting, of continuous learning and skill improvements as appropriate;
- All issues and any concerns related to billing of professional services or goods should be dealt with in a prompt and helpful manner in accordance with established regulations, standards, policies and guidelines;
- The essence of trust in the doctor/patient relationship is an understanding, by the patient, that the doctor will not proceed with unnecessary and/or uncalled for treatment;

- Respect the dignity, values, privacy and beliefs of an individual patient in practical terms by, for example, instructing the patient to only remove the clothing that would interfere with the examination or treatment, and providing the patient with a gown/sheet to cover areas where clothing was removed, explaining when and where the member may touch him/her and why;
- Refrain from using pressure tactics or fear to coerce patients into starting or continuing with chiropractic care;
- Establish and maintain appropriate professional boundaries;
- Understand issues relating to personal benefit and the power imbalance between the member and patient;
- Recognize and disclose real or perceived conflicts of interests and allow the patient to make informed choices without concern for any adverse consequences for his/her care (e.g., in circumstances in which members provide products or services like orthotics, nutritional supplements, etc.);
- Place the patient's health and well being above their personal or financial benefit;

IV APPENDICES

APPENDIX A: LIST OF ABBREVIATIONS

Abbreviation	Full Title
Chiropractic Act	<i>Chiropractic Act, 1991</i> , as amended
CCO	College of Chiropractors of Ontario
Council	Council of the College of Chiropractors of Ontario
member	Member of the College of Chiropractors of Ontario
Project	Core Competency Project initiated in 2004
QA	Quality Assurance
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i> , as amended

APPENDIX B: SCOPE OF PRACTICE AND AUTHORIZED ACTS

Scope of Practice and Authorized Acts under the *Chiropractic Act, 1991*

The “scope of practice” of chiropractic is outlined in s. 3 of the *Chiropractic Act*:

- “3. 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,
- (a) 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
 - (b) dysfunctions or disorders arising from the structures or functions of the joints.”

The controlled acts, which are authorized to chiropractors, are outlined in s. 4 of the *Chiropractic Act*:

- “4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
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.”