

PEER & PRACTICE ASSESSMENT 1.0 CHECKLIST 2025 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 <i>Chiropractic Act, 1991</i> , and,	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) appear to have been achieved, maintained and member can demonstrate clinical competency in diagnostic or therapeutic procedures used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. The member understands the expectations of a chiropractic visit, including:	<input type="checkbox"/>	<input type="checkbox"/>	_____
• 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 of 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:	<input type="checkbox"/>	<input type="checkbox"/>	_____
• provides nutritional counseling			
• prescribes orthotics			
• provides lifestyle, and exercise advice			
• utilizes various therapeutic modalities such as ultrasound, IFC, cold laser therapy			
• other: _____			

	Yes	No	Comments
4. Member appears to be providing diagnostic and therapeutic procedures specifically prohibited, such as: <ul style="list-style-type: none"> • Dark field microscopy • Hyperbaric oxygen therapy • Pelvic or prostate examinations • Vega testing 	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. In responding to general health-related questions by patients relating to controlled acts outside the chiropractic scope of practice, the member: <ul style="list-style-type: none"> • 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, which allows the patient to make fully informed decisions concerning their health care. 	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
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: <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/>	<input type="checkbox"/>	
8. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	
9. <i>If no</i> – How is the member non-compliant?			_____

Disposition: Satisfactory Needs Improvement

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.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. If member is in a “group” practice, there is an appropriate agreement in place regarding ownership of the patient health records.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member understands that the information in the patient health record is the property of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If the member uses abbreviations, there is an accompanying legend/key that explains the abbreviations and is made available upon request.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member’s electronic records capture the unique aspects of each particular patient encounter.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Member has an arrangement for patient health records in the event of a termination of the practice.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Member has appropriate retention* and destruction methods for records.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Member otherwise appears to comply with the standard of practice.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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

- Any storage devices are code 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.

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member maintains a professional portfolio <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The professional portfolio is on site for review	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. <i>If no</i> – Member must send professional portfolio to CCO’s Quality Assurance Committee for review	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. <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 (Online CE Log from Member Portal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) Materials member has gathered while fulfilling their CE requirements (e.g., course outlines, brochures, pamphlets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) Samples of recent communications to the public/advertisements (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
(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.	<input type="checkbox"/>	<input type="checkbox"/>	If “no”, please outline their plans to do this:

	Yes	No	Comments
(6) Member has successfully completed and is current with emergency first aid/CPR certification.	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member has reported a reportable disease to the local medical officer of health	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member can name three reportable diseases:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1) _____			
(2) _____			
(3) _____			

Disposition: Satisfactory Needs Improvement

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:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1) indications and contraindications to the application of adjustment/manipulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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., _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 (<i>if NO, go to question 3</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. <i>If yes:</i>			
(1) member reads the radiographs	<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,			_____

	Yes	No	Comments
consent, patient selection, follow-up and equipment registration, and safety and quality assurance components of the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. <i>If member does not take their own x-rays:</i>			
(1) identify where x-rays are taken	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) 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"/>	_____
(3) member complies with the billing guidelines, consent and patient selection and follow-up components of the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member has participated in CCO's X-ray Peer Review Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. <i>If yes</i> – 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member performs this authorized act in their practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. <i>If yes</i> – Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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 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"/>	_____
2. In the absence of a clear diagnosis, member complies with the clinical impression component of the standard of practice, such as:			
(1) member communicated the clinical impression to the patient	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) member recorded the clinical impression prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. 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"/>	_____
4. 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"/>	_____
5. Member discusses treatment with the patient prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member provides chiropractic care to animals (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member is a member of more than one health profession (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. <i>If yes:</i>			
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) member maintains appropriate separation of patient health records, financial records, appointment books, etc., as described in the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member is a member of an unregulated health profession (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. <i>If yes</i> – 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	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

ORTHOTICS

*Reference – Standard of Practice S-012: Orthotics

	Yes	No	Comments
1. Member is familiar with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member provides orthotics to patients (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) ensure orthotics dispensed meet the prescription and the contours of the patient's foot	<input type="checkbox"/>	<input type="checkbox"/>	_____
(5) provide advice to the patient with respect to the usage of the orthotics in accordance with the standard	<input type="checkbox"/>	<input type="checkbox"/>	_____
(6) comply with conflict of interest standards with respect to the prescribing, manufacturing, selling and dispensing of orthotics	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____

	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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(9) are familiar with policies and practices of patients' insurance or third-party payor coverage for orthotics	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member appears to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

CONSENT

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

	Yes	No	Comments
1. Consent to examination is documented in the records	<input type="checkbox"/>	<input type="checkbox"/>	_____
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)	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) the risks/benefits of treatment versus no treatment must be reviewed on an ongoing basis	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member understands that informed consent includes the following:			
(1) an explanation of the diagnostic and therapeutic procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) a statement of the anticipated goal or outcome	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
(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 diagnostic and therapeutic procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member understands how to determine capacity to consent and what steps to take if a patient lacks capacity to consent	<input type="checkbox"/>	<input type="checkbox"/>	_____
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.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Member provides appropriate accommodations for reasonable patient request (e.g. private treatment room)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Member understands that is it 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	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member understands that a concurrent sexual relationship with a current patient is strictly forbidden by law, no matter which was established first	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
4. Member can describe the penalties for a finding of professional misconduct relating to sexual abuse of a patient	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member can describe the differences between sexual abuse under the <i>RHPA</i> and sexual assault under the <i>Criminal Code of Canada</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Member has reviewed and is familiar with Guideline G-001: Communication with Patients	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. 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) <i>sexual intercourse or other forms of physical relations</i>			
(2) <i>touching of a sexual nature by the member or the patient</i>			
(3) <i>behaviour or remarks of a sexual nature by the member towards the patient</i>			
10. Member understands the importance of consent with respect to any touching of a patient	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
3. Member communicates to the public through advertising and/or uses social media (<i>if NO, go to question 7</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. <i>If yes:</i>			
(1) Member provides examples of communications to the public (e.g., advertisements or social media posts)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) Member's communications to the public (e.g., advertisements or social media posts) appear to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. <i>Advertising fees:</i> Member understands the parameters for advertising their fee for chiropractic services in their communications to the public	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. <i>Proceeds/donations to charity:</i> Member understands the parameters for advertising the exchange of products/ services for proceeds/donations to a charity in their communications to the public	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
<i>7. Diagnostic or Therapeutic Procedures:</i>			
Member understands that:			
(1) they can communication to the public specific services, diagnostic or therapeutic 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, diagnostic or therapeutic procedures must comply with all relevant standards of practice including Standard of Practice S-001: <i>Scope of Practice</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>8. Websites and social media:</i> Member understands that:			
(1) a member’s website and social media that falls under the definition of communication to the public ¹ applicable to the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) information on a member’s professional website and social media must be in compliance with Standard of Practice S-016: Communication to the Public	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>9. Policy P-016: 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"/>	_____

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.

	Yes	No	Comments
10. 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"/>	_____
11. <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 outlined in Policy P-016: Public Display Protocol)	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member is familiar with the importance of maintaining patient privacy and confidentiality in the use of social media	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member does not provide any clinical advice, communicate a diagnosis, and/or guarantee results using social media	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

	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	<input type="checkbox"/>	<input type="checkbox"/>	
6. Member maintains appropriate professional boundaries in use of social media and avoids posting information, comments or images that may be perceived as disgraceful, dishonourable or unprofessional	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Member maintains separation between their personal and professional social media pages (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Member does not post any information to social media that may be perceived as harassment, bullying or inflammatory	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	
2. Member provides acupuncture treatments to patients (if NO, go to next section)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member represents themselves as a chiropractor who uses acupuncture and is familiar with restricted titles with respect to acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If member provides acupuncture treatments to patients, they:			
(1) have appropriate training in acupuncture as described in the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
(2) perform a chiropractic consultation and examination, communicates a diagnosis or clinical impression within the chiropractic scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) deliver a plan of care that involves acupuncture, based on the consultation, examination and diagnosis or clinical impression	<input type="checkbox"/>	<input type="checkbox"/>	
(5) are familiar and compiles with clean needle techniques	<input type="checkbox"/>	<input type="checkbox"/>	
(6) are aware of contraindications to the use of acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	
(7) are aware of contraindications to the use of acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	_____
(8) only provide acupuncture as an adjunctive procedure to complement the recommended chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	
5. If member provides acupuncture treatments to patients, they appear to comply with the standard of practice	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member performs third-party evaluations in their professional capacity as a chiropractor (<i>if NO, go to next section</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) have the necessary and relevant education, training, experience and expertise to provide an opinion regarding the issue in dispute	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) maintain a reasonably balanced practice and does not solely perform third-party independent chiropractic evaluations	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) create a file and maintains proper records, as outlined in Standard of Practice S-002: Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
(5) obtain consent to every evaluation, as outlined in Standard of Practice S-013: Consent	<input type="checkbox"/>	<input type="checkbox"/>	_____
(6) maintain confidentiality and do not disclose personal health information to a third party without proper consent from the patient, unless required by law	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
(8) will act in the best interests of the patient being assessed	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(10) participates in continuing education courses specific to independent chiropractic evaluations/examinations	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
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)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. If “yes”:			
(1) member discloses their interest to patients	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) member informs patients of other available options or alternatives	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 <i>Regulated Health Professions Act, 1991 (RHPA)</i> , regulations made under the <i>Chiropractic Act, 1991</i> 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. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Disposition: Satisfactory Needs Improvement

ASSISTIVE DEVICES

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

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

	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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(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	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11) Member is familiar with policies and practices of patients' insurance or third-party payor coverage for assistive devices	<input type="checkbox"/>	<input type="checkbox"/>	_____
(12) Member only issues a receipt for payments that have been received.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Fees (including fees not payable by the patient) are disclosed to patients before service is provided	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member can comment/explain the correct practice for charging block fees (i.e., payment plan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member charges a block fee/payment plan/billing/financial arrangements <i>if NO, go to question 7)</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. If yes:			
(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 in reference to the number of services provided, multiplied by the established block fee unit cost per service)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) any billing/financial arrangement is directly representative of and connect to the treatment/care plan agreed upon by the member and patient	<input type="checkbox"/>	<input type="checkbox"/>	_____
(5) periodic re-assessments are included as part of any billing/financial arrangement	<input type="checkbox"/>	<input type="checkbox"/>	_____

	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	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Member can explain guidelines relating to unit billing	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Member provides an itemized account for patients	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Member can explain two-tiered billing and other guidelines relating to third-party payors	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Member appears to comply with the policy on two-tiered billing	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 <i>Regulated Health Professions Act, 1991</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member is familiar with reporting obligations under the <i>Child and Family Services Act, 1990</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member is familiar with reporting obligations under the <i>Long-Term Care Homes Act, 2007</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member is familiar with reporting obligations under the <i>Occupational Health and Safety Act, 1990</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member is familiar with permissive reporting of disclosure to prevent harm under the <i>Personal Health Information Protection Act, 2004</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member can name the four classes of registration: (1) <i>General (i.e., Active)</i> (2) <i>Inactive</i> (3) <i>Retired</i> (4) <i>Temporary</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member can provide a brief explanation of each class	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member understands the responsibilities and consequences when moving from one class to another	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member understands that they are responsible for everything that occurs in their office	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. If any concerns, Assessor identifies specific area(s) of concern	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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 <i>Ontario Human Rights Code, 1990</i> and the <i>Accessibility for Ontarians with Disabilities Act, 2005</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member is familiar with what is protected and how disability is defined under the <i>Ontario Human Rights Code, 1990</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member is familiar with requirements to provide health care services free of direct or indirect discrimination	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Member is familiar with practices to reconcile competing duties to accommodate	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member is familiar with limits of providing chiropractic services for legitimate reasons	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

CHIROPRACTIC ASSESSMENTS

*Reference – Guideline G-013: Chiropractic Assessments

	Yes	No	Comments
1. Member can list and define the variety of assessments commonly used in chiropractic clinical practice: <ul style="list-style-type: none"> a) <i>initial assessment</i> b) <i>subsequent visit</i> c) <i>comparative assessment</i> d) <i>new condition/goals assessment</i> e) <i>updated condition/goals assessment</i> f) <i>discharge assessment</i> 	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
3. The patient health record accurately and sufficiently reflects that the member is conducting the appropriate assessments at the appropriate time in the care of the patient, including when necessary:	<input type="checkbox"/>	<input type="checkbox"/>	_____
a) updating/revising diagnosis or clinical impressions			
b) updating consent to care/plan of care			
c) updating/revising recommendation, 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Member is familiar with what aspects of clinical care may and may not be assigned to a staff person	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Member is familiar with the requirements for assigning clinical care to a staff person	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Member is available or ensures that another member of CCO is available during assigned care.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Member is familiar with practices in providing a referral to a regulated health professional	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

VIRTUAL CARE

*Reference – Guideline G-015: Virtual Care

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

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 <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"/>	_____
2. Member can name three rights and/or responsibilities outlined in the document:	<input type="checkbox"/>	<input type="checkbox"/>	_____
1) _____			
2) _____			
3) _____			
3. Member provides this document to patients upon a patient's request	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement

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 relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) Representations about members and their qualifications	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4) Business practices	<input type="checkbox"/>	<input type="checkbox"/>	_____
(5) Miscellaneous matters	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition: Satisfactory Needs Improvement