PEER & PRACTICE ASSESSMENT 2.0: *STREAM 1 REPORT*

Member Name and Registration # Assessor

Assessment Conducted: ☐ On Site ☐ Virtual/Remote

SUMMARY FINDINGS AND FEEDBACK:

	Satisfactory	Needs Improvement
Chiropractic Scope of Practice (pg. 1-2 of workbook)	☐	☐
Consent (pg. 3 of workbook)	☐	☐
Communication to the Public (pg. 4 of workbook)	☐	☐
Communication and Cooperation with CCO (pg. 5 of workbook)	☐	☐
Use of AI by CCO members (pg. 6 of workbook)	☐	☐
Observations of the Physical Premises and Office Space (pg. 7 of workbook)	☐	☐
PPA 2.0 File review: (pg. 41-50 of workbook) ***If any record keeping deficiency has been noted, it should be indicated below:***		
• Accurate representation	☐	☐
• Sufficient amount of information	☐	☐
• Logical flow	☐	☐
Review of PPA 1.0 implementation (pg. 42-50 of workbook)	☐	☐
Professional Portfolio (pg. 51-52 of workbook)		
• Self-Assessment Plan of Action Summary Sheet or Self-Assessment 2.0 for the current CE cycle is complete	☐	☐
• Member completed both structured and unstructured CE hours in areas related to learnings from their Self-Assessment in the last CE cycle	☐	☐
• Achieved, maintains and able to demonstrate clinical competency (e.g., examination, certification, or proof of training) in diagnostic or therapeutic procedures	☐	☐
• Aware of the new requirement regarding completion of five (5) hours of in-person, CE activities related to the chiropractic adjustment or manipulation (hands-on/instrument assisted) once every 3 CE cycles/6 years	☐	☐
• Aware of the new requirement regarding attending at CCO Regulatory Excellence Workshop once every 3 CE cycles/6 years	☐	☐
• Maintains a valid emergency first aid/CPR certificate	☐	☐

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Scenario Reviews (pg. 8-40 of workbook)	Satisfactory	Needs Improvement
Communication to the Public (MANDATORY SCENARIO)	☐	☐
1. Clinical Assessment	☐	☐
2. Scope	☐	☐
3. Scope, Clinical Assessment	☐	☐
4. Informed Consent	☐	☐
5. Diagnosis/Clinical Impression	☐	☐
6. Scope, Continuing Education	☐	☐
7. Communication with Patients	☐	☐
8. Scope, Acupuncture	☐	☐
9. Scope	☐	☐
10. Sexual Abuse	☐	☐
11. Billing Practices	☐	☐
12. Scope, Clinical Assessment, and Communication with Patients	☐	☐
13. Record Keeping, Ownership of Patient Records	☐	☐
14. Transitioning of Care	☐	☐
15. Consultation	☐	☐
16. Informed Consent	☐	☐
17. Scope	☐	☐
18. Billing Practices (A) (B) (C)	☐ ☐ ☐	☐ ☐ ☐
19. Boundary and Sensitive Practice	☐	☐
20. Communication to the Public	☐	☐
21. Delegation of Care	☐	☐
22. Informed Consent and Assessments	☐	☐
23. Assistive Devices in the Chiropractic Practice	☐	☐
24. Returning to Practice	☐	☐
25. Communication to the Public	☐	☐
26. Conflict of Interest	☐	☐
27. Insurance	☐	☐
28. Caring for Children	☐	☐
29. Chiropractic Care of Animals	☐	☐

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To be completed by the member undergoing the assessment:

THREE THINGS I LEARNED FROM THIS ASSESSMENT:

1.
2.
3.

THREE ACTION STEPS I WILL TAKE TO ADDRESS AREAS NEEDING IMPROVEMENT:

1.
2.
3.

FURTHER COMMENT OR FEEDBACK FROM THE ASSESSOR:

Confirmation of Review

- ☐ Assessor and member discussed the information contained in this report.
- ☐ Member assessed will implement the changes recommended by the assessor.
- ☐ Assessor advised member that the QA Committee will review the results of this report, and provide a disposition.

Assessor's Signature

Member's Signature

Date

Please provide a copy of this report to the member.

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