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# Professional Portfolio

## Handbook

***Enhancing your  
Professional Knowledge and Skills***



College of  
Chiropractors  
of Ontario

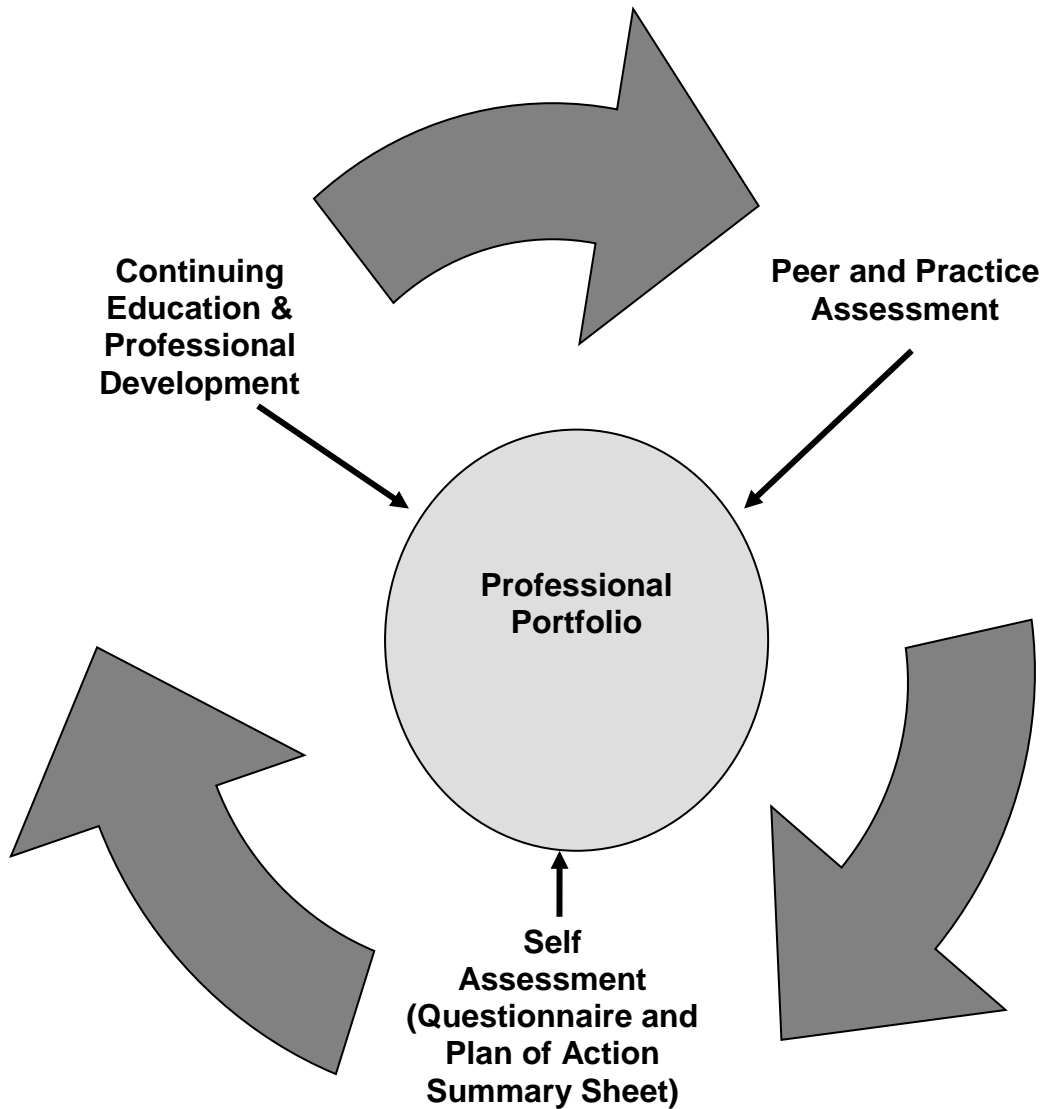
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## INTEGRATION

The following diagram illustrates the integration of the self assessment, continuing education and peer and practice assessment initiatives of the Quality Assurance Committee.



## BACKGROUND AND LEGISLATIVE CONTEXT

The statutory mandate of the College of Chiropractors of Ontario (CCO) under the *Regulated Health Professions Act, 1991 (RHPA)* is to regulate chiropractic in the public interest. CCO views continuing education and professional development as an important step in ensuring the people of Ontario receive competent and ethical chiropractic care. In addition, continuing education and self assessment is consistent with the legislative requirements of the *RHPA*.

On becoming registered with CCO, members have the right to call themselves chiropractors and to practise chiropractic within the scope of practice identified in the *Chiropractic Act, 1991*. 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 assessed learning needs.

At the same time, 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, such as a thorough history, pertinent examination, diagnosis/clinical impression, plan of care, and outcome evaluations.

## REVISIONS TO THE RHPA

The provincial government introduced revisions to the *RHPA* in June 2007, which went into effect on June 4, 2009. Amendments include revisions to the Quality Assurance program of all colleges regulated by the *RHPA*. The Quality Assurance Committee's statutory responsibility is reflected in Section 80 (1) of the *Health Professions Procedural Code (Code)*, schedule 2 of the *RHPA*, which reads as follows:

80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
  - (i) promote continuing competence and continuing quality improvement among the members,
  - (ii) address changes in practice environments, and
  - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

## Professional Portfolio

The QA Committee developed the professional portfolio, posted on [www.cco.on.ca](http://www.cco.on.ca), to help members document their continuing education and professional development activities. In addition, members shall maintain the following items in their professional portfolios:

- Self-Assessment Plan of Action Summary Sheet;
- Continuing Education and Professional Development Log;
- materials gathered while fulfilling CE requirements (e.g., course outlines, brochures from conventions/conferences, etc.);
- samples of recent advertisements; and
- the disposition report following the peer and practice assessment.

Peer assessors will review the member's professional portfolio when selected to be peer assessed. The QA Committee may ask members to submit their professional portfolios for review.

## Peer and Practice Assessment

Every member of CCO holding a 'General' (Active, Non-practising, Non-resident) certificate of registration is required to participate in the peer and practice assessment program, even if the member does not provide care to patients.

CCO randomly selects members to participate in the peer and practice assessment program every year. The assessment is an on-site review of members' patient files and knowledge of CCO regulations, standards of practice, policies, and guidelines. Members are required to have their professional portfolios ready for review by the peer assessor, which will be reviewed at the time of the assessment.

## Self Assessment

Self assessment consists of two sections – a self-reflective questionnaire and a plan of action summary sheet.

The self-assessment questionnaire is designed to help members reflect on their current professional proficiency, identify areas of strength and areas for improvement, and develop a learning plan that will address those areas that need improvement. Members must complete the self assessment process once every two years, as determined by CCO.

Members will not be required to submit their self-assessment questionnaire to CCO. It is for their personal review only.

Once a member has completed the self-assessment questionnaire and has identified areas that need improvement, the member should transfer the information to the self-assessment plan of action summary sheet. Using this summary sheet, the member will develop a learning plan to guide his/her CE and professional development. The plan of action summary sheet is a component of the member's professional portfolio. It will be reviewed by a peer assessor during the member's peer and practice assessment to monitor his/her compliance with the self-assessment process.

Please review this handbook when completing the self assessment. It will provide you with important information that explains the clinical relevance and professional standards associated with each response.

### **Continuing Education and Professional Development**

Participating in CE activities and maintaining a log of these activities in a professional portfolio is an integral part of striving for excellence and enhancing chiropractors' professional knowledge and skill.

CE activities should reflect the results of a member's self assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.

Members are required to participate in 40 hours of CE over a two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires members to:

- participate in a *minimum* of 20 hours (out of the 40 hours) in structured CE activities;
- record up to a *maximum* of 20 hours (out of the 40 hours) of participation in unstructured CE activities;
- record participation in CE activities in their professional portfolios; and maintain the following in their professional portfolios:
  - materials gathered while fulfilling CE requirements (e.g., course outlines, brochures from conventions/conferences, etc.);
  - samples of recent advertisements; and
  - the disposition report following the peer and practice assessment.

To monitor compliance with the Quality Assurance initiatives, members will be required to complete and submit a one-page summary sheet (entitled Continuing Education and Professional Development Log) of their CE activities, which will accompany CCO's registration renewal every two years.

In addition, CCO requires that members participate in CE activities that relate directly to their clinical practice and/or professional activities with the goal of enhancing members' professional knowledge and skill. These activities may include, but are not limited to,

subjects such as communication, assessment, diagnosis/clinical impression, diagnostic imaging, patient care, and specialty training.

Members are not permitted to bank hours over the two-year period (i.e., transfer hours from one cycle to the next). The required 40 hours of CE is considered the minimum standard for the two-year cycle. CCO encourages all members to participate in additional CE to better serve the public interest.

### ***Structured Activities (20 hours minimum)***

Structured activities are active/interactive learning programs. These activities generally have structured agendas, specified learning objectives and interaction with other members of the profession or other professions.

Structured activities include:

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive Internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer assisted learning

### ***Mandatory Components of Structured CE***

As defined in the RHPA, the practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of: dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints.

In accordance with section 4 of the Chiropractic Act, 1991, a member is authorized to perform the following controlled acts:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
  - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
  - ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the

tailbone.

CCO requires that every member participate in a minimum of five hours of CE in every CE cycle that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of 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.

CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification.<sup>1</sup>

### ***Unstructured Activities (20 hours maximum)***

Unstructured activities are self-directed, independent learning activities.

Unstructured activities include:

- reading books, journals, articles and research papers
- reading/viewing/listening to audio/video, computer and/or internet material
- reviewing CCO regulations, standards of practice, policies and guidelines
- preparation and presenting of professional presentations
- research, preparation and editing of professional publications
- other (specify)

CCO requires that a member participate in CE activities that relate directly to his/her clinical practice and/or professional activities. These activities may include, but are not limited to, subjects such as communication, assessment, diagnosis, clinical impression, diagnostic imaging, patient care, and specialty training.

CCO will continue to review the CE process and make appropriate changes as necessary, which may include the introduction of mandatory elements to the program and/or approval/disapproval of specific programs.

### ***Documentation of CE Activities***

Every member is required to record his/her CE activities in the Continuing Education & Professional Development section of the professional portfolio. Each activity must include the following information:

- Date in which the member participated in the activity (month and year)
- Activity code
- Learning objectives code

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<sup>1</sup> The minimum requirement is emergency first aid: CPR Level C + CPR + AED. This can be achieved through providers such as Red Cross and St John Ambulance as a 6.5 hour classroom instruction program.

- Title and brief description of the activity
- Provider/source
- Total number of hours
- Outcome code

### ***Activity Codes for Structured & Unstructured Activities***

Activity codes are meant to simplify the process of completing the continuing education section. Members will receive one hour of CE for every hour of the activity. If the codes provided do not match the member's activity, the member should simply provide a description of the activity in the appropriate column.

#### **Structured Activity Codes**

1. Attending courses, seminars, workshops, presentations, conferences
2. Participating in interactive Internet courses, seminars, workshops, conferences, webinars
3. Participating in correspondences courses
4. Participating in clinical rounds
5. Participating in computer assisted learning

#### **Unstructured Activity Codes**

1. Reading books, journals, articles, research papers
2. Reading/viewing/listening to audio/video, computer and/or internet material
3. Reviewing CCO regulations, standards of practice, policies, guidelines, or other CCO material
4. Preparation/presenting of professional presentations
5. Research, preparation and editing of professional publications
6. Other (specify)

### ***Learning Objectives Codes***

Learning objective codes refer to why a member is participating in a particular activity. Members are reminded to pay special attention to those areas identified as needing improvement from the self assessment, and peer and practice assessments. Members may also select activities related to emerging interests.

#### **Learning Objectives Codes**

I am taking this course based on the following:

1. results of my self assessment



2. results of my peer assessment
3. Professional interest
4. Adding to a strength of my practice or changing my current practice

### ***Outcome Codes***

Outcome codes refer to the impact of the activity on a member's practice, and are an important component of continuing education. Members are required to include outcome code(s) for all activities listed because outcome codes indicate that a member has reflected on and gained from the activity in which he/she has participated. More than one outcome code per activity is acceptable.

Outcome Codes:

1. I plan to introduce what I have learned in my practice.
2. I plan to pursue additional information.
3. Findings reaffirm my knowledge / no change needed to my practice.
4. I plan to pursue a different course of action.

### ***Accompanying Folder***

Members are required to maintain the following items in their portfolios:

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

Peer assessors will review members' professional portfolio when selected to be peer assessed. In addition, the QA Committee may ask members to submit their professional portfolios for review.

Members must maintain CE materials for a minimum of two CE cycles (or four years); that is, the current cycle and the immediate preceding cycle, or until they have been peer assessed.

### **Reporting**

As mandated in Section 80.1 of the *Code*, a quality assurance program shall include, "a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program."

The self assessment and continuing education is as follows:

1<sup>st</sup> Cycle: July 1, 2010 – June 30, 2012

2<sup>nd</sup> Cycle: July 1, 2012 – June 30, 2014

3<sup>rd</sup> Cycle: July 1, 2014 – June 30, 2016

4<sup>th</sup> Cycle: July 1, 2016 – June 30, 2018

5<sup>th</sup> Cycle: July 1, 2018 – June 30, 2020

Members will be required to complete their self assessment and CE requirements (i.e., 40 hours) once in each of the above cycles.

Following completion of each cycle, members will be required to complete the Continuing Education and Professional Development Log as part of their registration renewal. The first log, which will reflect CE activities between 2010 and 2012, will be due with the 2013 registration renewal.

### **NON-COMPLIANCE**

Self-regulation is a privilege.

As mandated in the Section 80.1 (1) of the *Code*, every health regulatory college in Ontario must have minimum requirements of a quality assurance program, such as continuing education, self assessment, peer and practice assessment, and a monitoring mechanism.

To ensure members comply with the *RHPA* requirements, the QA Committee has the following powers under section 80.2 of the *Code*:

80.2 The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
  - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82<sub>1</sub> and have been found to be unsatisfactory, or
  - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance

Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

In addition, CCO may impose a financial penalty on members who fail to submit their CE logs.

**If, for any reason, a member anticipates he/she may be unable to fulfill his/her obligation of completing the 40 hours of CE within the timeframe set out by CCO, he/she should contact CCO immediately.**