

**COLLEGE OF CHIROPODISTS OF ONTARIO  
QUALITY ASSURANCE COMMITTEE  
PRACTICE ASSESSMENT**

Practitioner Name \_\_\_\_\_

Date \_\_\_\_\_

**Policies and Procedures**

**Policy 1**

One percent (1%) of eligible registrants will be randomly selected for a practice assessment on a bi-annual basis.

**Procedure**

Eligible registrants include all current registrants of the Ontario College of Chiropractors. Educational registrants are exempt. Any previous registrants having submitted to a practice assessment from the random selection protocol within the past ten years are exempt.

1% of eligible registrants selected at random by the Registrar of the College under third party observation on March 1st of the fiscal year. No weighing for geographic location or class of practitioner.

An assessor (from the local voting region) will be matched to the selected registrant and asked to declare any conflicts of interest.

**Policy 2**

Registrant will be notified of selection and asked to submit to a practice assessment with the named assessor.

**Procedure**

Registrant will be mailed notice of selection identifying the local assessor, the pre-assessment tool with pre-paid return postage, the assessment tool, the chart review tool, the care plan review tool, College policy and procedures on practice assessment, the bias and conflict of interest statement and the regulatory authority statement.

Registrant has 14 days to reply to notification: confirm cooperation via return of completed pre-assessment tool, make an application for exemption or make an application for bias or conflict of interest with the assessor.

The Registrar, upon receipt of complete pre-assessment tool, will open a practice assessment program file and forward a copy to the named assessor. After confirmation of cooperation with the practice assessment process, the assessor will contact the registrant by phone and agree on a mutually convenient date and time for the assessment (within 60 days of confirmation). The assessor will confirm by mail the assessment date and time with the registrant, and notify the Registrar.

Practice assessment will take place at the primary site of practice as listed by registrant on the annual registration renewal.

**Policy 3**

Applications for exemption will be examined and considered on a case-by-case basis.

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Non-compliance with the practice assessment is considered professional misconduct.

**Procedure**

Exemptions may be granted by the Registrar for medical considerations with documentation or for non-practising registrants, etc.

Non-responsive\non-compliant registrants will be granted an additional 30 day deadline extension following a direct request by the Registrar after detailing procedures and consequences of non-compliance. Repeated non-compliance will be referred to the QA committee who may refer the matter to the Executive Committee with a recommendation of professional misconduct.

**Policy 4**

A conflict of interest or bias excuses the assessor. An alternate **assessor** is matched to the registrant selected.

**Procedure**

Upon declaration of a conflict of interest or bias with written documentation, the Registrar will select an alternate assessor from outside the geographic region. Both assessor and registrant will be notified of the declaration and alternative.

**Policy 5**

The assessment will be performed by a trained Assessor using the checklist tools. **WHAT**

**Procedure**

Assessor will arrive at Registrant's place of practice at the agreed upon date and time. The Practice Assessment Tool should take approximately 1.5 to 2 hours to complete. A sample of the registrant's prescription pad, billing letterhead and business card will be reviewed as well for accuracy.

**Policy 6**

Ten charts from an agreed upon work period will be identified and selected for review.

**Procedure**

The registrant and the assessor will mutually agree randomly upon a work period within the past four weeks and ten patient charts will be randomly identified for review. A "mutually agreed upon work period" should be representative of the registrant's practice in the number of hours worked and patient load.

The assessor and registrant will complete two copies of Page One of the Chart Review Tool to confirm copies are true. One copy will be left with the registrant as a receipt. All charts will be reviewed on the premises.

**Policy 7**

Registrant will complete Post-assessment Tool and return it to the Registrar.

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**Procedure**

The assessor will give the Post-assessment Tool with prepaid postage to the registrant for completion and return to Registrar within 14 days. Upon receipt of Post-assessment Tool, the Registrar will update practice assessment program file.

**Policy 8**

Charts reviewed by practice assessor.

**Procedure**

Charting is reviewed using the Chart Review Tool. The Care Plan Review Tool will be used to review patient case management.

**Policy 9**

The assessor completes all the checklist tools and the Evaluation Grid. All documents are forwarded to the Quality Assurance Committee.

**Procedure**

Chart review is completed within 2 weeks and returned to the Registrar with the completed Pre-assessment Tool, Practice Assessment Tool, Chart Review Tool, Care Plan Review Tool and the Evaluation Grid and all supporting comments (assessor's report).

**Policy 10**

The Quality Assurance committee receives and reviews the assessor's report. The committee will provide the registrant with a copy of the assessor's report. The registrant is allowed 14 to make written submissions to the committee in response to the assessor's report. After considering the assessor's findings and the submissions of the registrant, the committee may do one of the following if the report identifies deficiencies in the member's practice:

**Procedure**

- 1) Recommend to the member ways in which the deficiencies may be corrected. This could include a reassessment of the registrant's practice.
- 2) Require the member to undergo an evaluation
- 3) Refer the matter to Executive Committee- Referrals to Executive are limited to professional misconduct, incompetence, or incapacity. (*Regulated Health Professions Act*, s.83(3)) Only the allegations and the name of the member may be relayed to the Executive. No files, accumulated notes or working notes can be passed to Executive committee.