



## COLLEGE OF CHIROPODISTS OF ONTARIO

*Regulating Chiropodists and Podiatrists in Ontario*

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**Policy:** Quality Assurance Program Policies and Procedures

**Date Created:** October 2025

**Review Date:** October 2028

**Approved By:** Quality Assurance Committee

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### **Purpose of Policy:**

In order to ensure the continued competence of registered chiropodists and podiatrists, the College conducts practice assessments and evaluations on a sample of registrants each year. The objectives of the Practice Assessment & Evaluation Program are to ensure the continued competence of registrants, enhance registrants' knowledge, and encourage excellence in the delivery of care to the public.

In addition to selecting registrants for assessment randomly, a percentage of registrants will be selected based on risk factors identified by the Quality Assurance Committee.

### **Public Interest Rationale:**

Practice assessments and evaluations conducted through the Quality Assurance program provide a mechanism for the College to proactively ensure that registrants are providing competent care to the public. Applying criteria for selection for assessment that are based on identified risk factors allows the Quality Assurance program to operate more efficiently and effectively to protect the public and focus College resources where they are needed most.

### **Selection for Practice Assessment:**

A total of five percent (5%) of registrants holding a general certificate of registration will be selected for a Practice Assessment and Evaluation annually. Each year, the Executive Committee will direct that at least 50% of those selected for a practice assessment and evaluation will be selected based on risk factors identified by the Quality Assurance Committee. The remaining registrants will be selected at random by College staff.

Any previous registrants having submitted to a Practice Assessment from the random selection protocol within the past five years are exempt.

An Assessor will be matched with the selected registrant and asked to declare any conflicts of interest.

### **Criteria for Risk-Based Assessment:**

Based on a review of College complaints data, the Quality Assurance Committee has identified the following risk factors for selection for practice assessment:

- 25 years in practice or more without a practice assessment;
- 2 or more practice locations; or,

- History of non-compliance, or previous governability issues (e.g., action taken by ICRC, a finding by the Discipline Committee, or non-compliance with the Quality Assurance Program).

### **Notification to Registrant:**

The registrant will be notified of selection and asked to submit to a Practice Assessment with the named Assessor.

### **Procedure**

The registrant will be informed of selection identifying the local Assessor and will be provided with the following supporting documentation: the Pre-Assessment Tool, the Assessment Tool, the Chart Review Tool, the Care Plan Review Tool, and the College Policy and Procedures on Practice Assessment.

The registrant has 14 days to reply to notification; confirm cooperation via submission of the 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 the completed Pre-Assessment Tool, will open a Practice Assessment file, and provide a copy to the named Assessor. After confirmation of cooperation with the Practice Assessment process, the Assessor will contact the registrant and agree on a mutually convenient date and time for the assessment (within 60 days of confirmation). The Assessor will confirm the Assessment date and time with the registrant and notify the Registrar.

The Practice Assessment will take place at one or more of the Registrant's practice sites as determined by the College.

### **Exemptions & Non-Compliance**

Applications for exemption will be examined and considered on a case-by-case basis. Non-compliance with the Practice Assessment is considered professional misconduct.

### **Procedure**

Exemptions may be granted by the Registrar for medical/other considerations with documentation or for non-practicing registrants.

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. Non-compliance will be referred to the QA committee who may refer the matter to the Inquiries, Complaints and Reports Committee with an allegation of professional misconduct.

### **Conflict of Interest:**

An Assessor must not act in a conflict of interest.

### **Procedure**

If a conflict of interest is identified, a different assessor will be appointed to conduct the assessment and evaluation.

### **Conduct of the Assessment and Evaluation:**

In order to streamline the process, the assessment and evaluation components of the program are conducted together. This enables the Quality Assurance Committee to assess and evaluate a registrant's competence without requiring the registrant to participate in two separate visits with the Assessor. The Assessor assesses the registrant's practice and evaluates the registrant's knowledge, skill and judgment at one practice visit using the tools developed by the Quality Assurance Committee: the Pre-Assessment Tool, Practice Assessment Tool, Chart Review Tool, Care Plan Review Tool and the Evaluation Grid.

#### **Procedure**

The Assessor will arrive at the registrant's site of practice at the agreed upon date and time. The Practice Assessment Tool should take approximately half a day to complete.

### **Chart Review:**

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 last 12 months, 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.

Charting is reviewed using the Chart Review Tool. The Care Plan Review Tool will be used to review patient case management. The Assessor will complete the Chart and Care Plan review Tool. All charts will be reviewed on the premises.

### **Post Assessment Tool:**

The registrant will complete the Post-Assessment Tool and submit it to the Registrar.

#### **Procedure**

The registrant will be asked to complete the Post-Assessment Tool and submit/return it to the Registrar within 14 days. Upon receipt of the Post-Assessment Tool, the Registrar will update the Practice Assessment program file.

### **Assessor's Report:**

The Assessor will complete all the checklist tools and the Evaluation Grid. All documents will be provided to the Quality Assurance Committee.

#### **Procedure**

The final Assessment Report is completed within 1 week of the assessment and returned/submitted to the Registrar with the completed Pre-Assessment Tool, Practice Assessment Tool, Chart Review Tool, Care Plan Review Tool and the Evaluation Grid with all supporting comments.

### **Quality Assurance Committee Review:**

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 days 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:

- 1) Recommend to the registrant ways in which the deficiencies may be corrected.
  - 2) If the registrant's knowledge, skill or judgement is found to be unsatisfactory, require the registrant to participate in specified continuing education or remediation programs.
  - 3) If the registrant's knowledge, skill or judgement is found to be unsatisfactory, or if the registrant fails to complete a specified continuing education or remediation program successfully, direct the Registrar to impose terms, conditions or limitations on the registrant's certificate of registration for a specified period.
    - a. Prior to imposing terms, conditions or limitations, the Committee will give the registrant notice of its intention to do so and provide the registrant with 14 days to provide submissions.
  - 4) Disclose the name of the registrant 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<sup>1</sup>.
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**Related Policies:** None

**Review of Policy:** The policy will be reviewed every three years.

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<sup>1</sup> These powers are set out in section 80.2 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*.