

Policies and Procedures

Policy 1

Five percent (5%) of eligible Members will be randomly selected for a Practice Assessment annually.

Procedure

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

Five percent (5%) of eligible Members will be 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 Member and asked to declare any conflicts of interest.

Policy 2

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

Procedure

The Member 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, the College Policy and Procedures on Practice Assessment, the Bias and Conflict of Interest Statement, and the Regulatory Authority Statement.

The Member 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 program file, and provide a copy to the named Assessor. After confirmation of cooperation with the Practice Assessment process, the Assessor will contact the Member 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 Member and notify the Registrar.

The Practice Assessment will take place at the primary site of practice as listed by the Member on the annual renewal.

Policy 3

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 Members.

Non-responsive/non-compliant Members 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 reported by the Member excuses the Assessor. An alternate Assessor will be matched to the selected Member.

Procedure

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

Policy 5

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

Procedure

The Assessor will arrive at the Member's site of practice at the agreed upon date and time. The Practice Assessment Tool should take approximately half a day to complete. A sample of the Member'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 Member 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 Member's practice in the number of hours worked and patient load.

The Assessor will complete the Chart and Care Plan Review Tool.

All charts will be reviewed on the premises.

Policy 7

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

Procedure

The Member 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.

Policy 8

Charts reviewed by the 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 will complete all the checklist tools and the Evaluation Grid. All documents will be forwarded/made available to the Quality Assurance Committee.

Procedure

Chart review is completed within 2 weeks 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 (Assessor's Report).

Policy 10

The Quality Assurance committee receives and reviews the Assessor's Report. The committee will provide the Member with a copy of the Assessor's Report. The Member 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 Member, 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 Member's practice.
- 2) Require the Member to undergo an evaluation
- 3) Refer the matter to the Executive Committee; Referrals to Executive are limited to professional misconduct, incompetence, or incapacity. (***The 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.