



College of  
Chiropodists  
of Ontario

The Profile of

# Competencies

Required of the Members  
of the College of Chiropodists of Ontario

January 2002 – Updated 2010

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# I. Background Information

## Introduction

The College of Chiropodists of Ontario is one of 21 health regulatory bodies regulating health professionals in Ontario. The role of the College is to:

- Ensure that our registrants meet training and educational standards before they can practise and/or use the professional titles of Chiropodist or Podiatrist.
- Set the standards and guidelines for conduct and practice.
- Develop programs to ensure that our registrants keep improving their skills and knowledge.
- Address concerns about the conduct or practice of our registrants.

In January 2001, the College of Chiropodists of Ontario initiated a project to define and describe the competencies required of the registrants of the College. Assessment Strategies Inc. was commissioned by the College to provide consultation and facilitation services for the development of the competencies. As the mission of the College is to ensure that the public receives high quality foot care, it was felt that the development of a validated “Profile of Competencies” required for safe, ethical and effective practice would be a key element in reaching this goal.

## Uses of the Profile of Competencies

A competency is a cluster of related knowledge, skills, abilities, attitudes and / or judgment expected of a practitioner in order to practice competently in a particular activity or aspect of the profession. Competencies do not actually describe the specific knowledge required to perform competently nor do they describe the exact manner in which a procedure or activities should be performed. Rather, they focus on the desired outcomes and on the types of behaviours in which the professional should engage. Nevertheless, it is understood that the prerequisite knowledge to achieve these competencies is a vital component and is present in the entry-level practitioner.

The Profile will have several important uses. Among those uses it will:

- Serve as a guide for the development of an entry level examination;
- Serve as an instrument for the evaluation of training and education of applicants from outside Ontario;
- Provide a starting point for the development of new standards of practice;
- Serve as a resource to educators who are planning curricula for the profession;
- Serve as a resource for the review of complaints and disciplinary cases;
- Be used in the development of Quality Assurance Programs and practice assessment;
- Assist in conducting an occupational analysis.

## Focus of the Profile

The focus of the Profile is on the competencies that are required for safe and effective practice by all College registrants when they are at the entry-level in the practice of the profession.

The College of Chiropractors of Ontario regulates both Chiropractors and Podiatrists. The Chiropractic Act (1991) defines the scope of practice of Chiropractic as: “the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means”.

According to the Chiropractic Act, all registrants are authorized to perform the following acts:

- Cutting into the subcutaneous tissues of the foot;
- Administering by injection into feet, a substance designated in the regulations;
- Prescribing drugs designated in the regulations.

Podiatrists are also authorized to perform the following acts:

- Communicating a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms;
- Cutting into the subcutaneous tissues of the foot and bony tissues of the forefoot.

The Profile of Competencies reflects the scope of practice of the profession while taking into account the specific restrictions defined in the Chiropractic Act. In addition, the competencies are consistent with the Regulated Health Professions Act 1991, other applicable legislation and College requirements including Regulations, By-laws, Standards of Practice, College Policies, Guidelines and Position Statements. (Appendix A includes a list of some relevant documents).

The main focus of the Profile is on the competencies that should be seen in all members, irrespective of training and education. While it is understood that there are differences in the training and education of chiropractors and podiatrists, the Profile is not intended to reflect the actual level of performance or expertise with which a member will carry out the activities and demonstrate the competencies.

An additional goal in the development of the Profile was to identify, within the set of entry-level competencies, those competencies that could be considered as ‘Core’ competencies. ‘Core’ competencies are the competencies that are central to safe and competent practice at any point in one’s career, regardless of one’s particular practice, focus, experience or education. They are the competencies that would be expected in practitioners who are reentering the profession, in those who have developed a special focus in their practice or who have out-of-province training.

In summary, the Profile describes the competencies required to practise the profession in a safe and effective manner in order to ensure the protection of the public. The Profile does not, however, necessarily describe the full extent of competencies that members may possess due to their training, education or experience; nor is it the intention of the Profile to prevent members from developing their competencies beyond what is being described in this document.

## **Description of the Project**

The development of the Profile of Competencies is within the mandate of the Registration Committee of the College. The Steering Committee for this project was a working group reporting to the Registration Committee. It was comprised of a Chiropodist, a Podiatrist, an academic member, two public members and the Registrar.

The project to develop the Competencies took place in four phases:

- Phase 1** In this phase, the key objectives were identified and the methodology was designed and finalized with the direction of the Steering Committee. Assessment Strategies Inc. was commissioned to facilitate the development of the competencies and to manage the project. The project outline and methodology were presented to Council and accepted.
- Phase 2** The Competency Development Group (consisting of Chiropodists and Podiatrists) met for a two-day working session to develop the Draft Profile of competencies.
- Phase 3** The Draft Profile was submitted for review to a Focus Group of Chiropodists and Podiatrists. The participants had the opportunity to review the document in advance and to bring their suggestions and comments to the discussion. Their feedback was collected and submitted to the Steering Committee.
- Phase 4** The Draft Profile was sent to all College members practising in Ontario to obtain their individual feedback on each of the competencies. A high proportion of registrants provided their feedback and comments. Some modifications were made by the Steering Committee, based on member input from the survey. The final document was approved by Council on January 25<sup>th</sup>, 2002.

# I. Framework of the Profile

## The Competencies

The Profile is based on a framework that consists of four levels of description: Categories, Elements, Performance Criteria and Cues.

Categories define the various types of broad generic functions to be carried out by practitioners. Six broad categories of competencies were identified. They are subsets of the elements.

1. Professional Accountability
2. Assessment and Diagnosis
3. Implementation of Treatment
4. Communication
5. Management of Practice
6. Disease Prevention and Health Promotion

The Elements serve to break down the broad categories into smaller tasks and activities

The Performance Criteria, subsets of the elements, provide a more precise definition of the skills and abilities required to perform the tasks described in the Elements.

Cues provide specific examples of some of the behaviours and abilities that are referred to in the Performance Criteria and Elements.

Competencies that are specific to podiatrists are indicated by '(podiatrists only)' at the end of the competency.

In addition, the competencies are categorized as either 'Core' or 'Not core', 'Core' competencies being those that are to be maintained throughout one's career. This is indicated in the rightmost column in the list of competencies. Competencies that are specific to podiatrists are understood to be 'Core' or 'Not core' for that group only.

## II. The Competencies

<b>Category 1: Professional Accountability</b>	<b>Core</b>
1.1 Respect individuality of each patient regardless of background, history, socioeconomic status etc.	Core
1.2 Treat patients fairly with care and compassion.	Core
1.3 Strive for interactive communication with patients.	Core
1.4 Act as an advocate on patient's behalf with respect to treatment. <i>Cue: assisting a mentally challenged patient, reporting abuse, etc.</i>	Core
1.5 Respect patient privacy and maintain patient confidentiality.	Core
1.6 Ensure that the patient has all information about treatment options. <i>Cue: regarding nature of the treatment, complications, risks, benefits, other options including no treatment, etc.</i>	Core
1.7 Obtain informed patient consent.	Core
1.8 Treat patient to the best of one's ability.	Core
1.9 Conduct oneself in a manner becoming a member of the profession.	Core
1.9.1 Charge a reasonable and customary fee for the service provided.	Core
1.9.2 Practise in accordance with the College Code of Ethics.	Core
1.9.3 Provide care that is in the best interest of patient unless patient clearly chooses otherwise and gives fully informed consent.	Core
1.9.4 Demonstrate commitment to professional development and life-long learning <i>Cues: reading articles, attending educational activities, etc.</i>	Core
1.9.5 Demonstrate responsibility for your actions and for the actions of support staff in your office.	Core
1.9.6 Self evaluate one's own performance and continually improve.	Core
1.9.7 Comply with requirements provided by the College.	Core
1.9.8 Practise within one's scope and individual limitations.	Core
1.9.9 Recognize conditions beyond one's ability to treat and refer the patient to the appropriate health care provider.	Core
1.9.10 Respond to patient concerns in a timely manner.	Core
1.9.11 Discharge or transfer a patient appropriately, consistent with College requirements.	Core
1.10 Conduct self within legal requirements.	Core
1.10.1 Demonstrate knowledge of jurisprudence issues. <i>Cue: Chiroprody Act, HARP, Health Care Consent Act, etc.</i>	Core
1.10.2 Present qualifications honestly to the public.	Core

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|--------|--|------|
| 1.10.3 | Demonstrate knowledge and awareness of behaviour that may be considered harassment or sexually inappropriate.<br><i>Cue: observe appropriate boundaries, avoid harassment or abuse.</i>  | Core |
| 1.10.4 | Demonstrate ability to maintain appropriate boundaries with patients, teachers, employers, employees, sales representatives and close family members.<br><i>Cue: probing inappropriately into patient's personal life, inappropriate self-disclosure, dual relationship (e.g. Practitioner and teacher, employer, salesperson, close family member)</i>  | Core |
| 1.10.5 | Know when and how to report abuse of an adult and of a child.  | Core |
| 1.11   | Assign duties to competent individuals.  | Core |
| 1.12   | Delegate controlled acts to qualified individuals.   | Core |
| 1.13   | Disclose fees prior to undertaking treatment.  | Core |
| 1.14   | Maintain an open practitioner-patient relationship that ensures full disclosure of potential conflicts of interest and avoidance of improper relationships.<br><i>Cue: disclose any personal or commercial interest or any other possible conflicts described in College policies, guidelines, etc.</i><br><i>Cue: does not practise in the employment of, or in association with, a commercial business</i> | Core |
| 1.15   | Communicate to colleagues on research and clinical investigations in a way that is accurate and truthful.<br><i>Cue: disclose any commercial interests</i>   | Core |
| 1.16   | Maintain quality assurance by evaluating patient outcomes.   | Core |



<b>Category 2: Assessment</b>		<b>Core</b>
2.1	Perform a general assessment of patient	Core
2.1.1	Interview patient to collect information. <i>Cue: Complaints, past medical history including drug history, allergies and sensitivities, previous intervention, patient overall health, physical and occupational demands, socioeconomic factors, demographic specific factors, etc.</i>	Core
2.2	Perform relevant assessment of lower extremity.	Core
2.2.1	Dermatological	Core
2.2.2	Vascular	Core
2.2.3	Neurological	Core
2.2.4	Musculoskeletal	Core
2.2.5	Biomechanical	Core
2.2.6	Footwear	Core
2.2.7	Orthoses	Core
2.3	Perform relevant diagnostic testing. <i>Cue: dermal thermography, gait analysis, etc.</i>	Core
2.4	Access and review additional reports from other health care providers that are relevant to patient's concerns.	Core
2.5	Use diagnostic imaging techniques.	Core
2.5.1	Make appropriate use of the findings and reports from radiographic examinations.	Core
2.5.2	Order, take, interpret and report radiographic examination (podiatrists only).	Core
2.5.3	Order, take, use, interpret and report fluoroscopic examination without use of contrast media (podiatrists only).	Core
2.5.4	Perform diagnostic ultrasonography of the foot. <i>Cue: can only be done with a physician's order</i>	Core
2.6	Formulate a diagnosis of a patient's condition based on information gathered in general assessment, diagnostic testing and physical examination.	Core
2.6.1	Dermatological	Core
2.6.2	Vascular	Core
2.6.3	Musculoskeletal	Core
2.6.4	Neurological	Core
2.7	Formulate a differential diagnosis for relevant conditions	Core

<b>Category 3: Implementation of Treatment</b>		<b>Core</b>
3.1	Engage in consultation with the patient, discussing treatment options, etc.	Core
3.2	Develop appropriate treatment plan according to best standards and evidence based practices.	Core
3.3	Obtain informed consent.	Core
3.4	Recognize other possible conditions that may require referral.	Core
3.5	Use antiseptic precautions or aseptic techniques as appropriate to procedure according to best standards and evidence-based practices.	Core
3.6	Demonstrate use of universal precautions/ body substance precautions during treatment of patient. <i>Cue: Environment, patient, practitioner, instrumentation, etc.</i>	Core
3.7	Manage condition using the appropriate treatment and according to best standards and evidence based practices.	Core
	3.7.1 Prescribe medication according to regulation.	Core
	3.7.2 Administer injectables according to regulation.	Core
	3.7.3 Prescribe and / or modify orthoses.	Core
	3.7.4 Prescribe and / or modify footwear.	Core
	3.7.5 Prescribe support stockings <i>Cue: demonstrate knowledge of vascular implications</i>	Not Core
	3.7.6 Provide advice.	Core
3.8	Perform procedure according to best standards and evidence-based practices.	Core
	3.8.1 Perform debridement <i>Cue: Nails, hyperkeratotic lesions, soft tissue , bony tissue(podiatrists only)</i>	Core
	3.8.2 Perform joint mobilization / manipulation within scope of practice. <i>Cue: for subluxation, etc.</i>	Core
	3.8.3 Perform appropriate suturing	Core
	3.8.4 Perform non-surgical interventions <i>Cue: padding, taping, bandaging, digital splinting, joint immobilization, Aircast (reg. trademark), etc,</i>	Core
	3.8.5 Perform various therapeutic modalities <i>Cue: ultrasound, wax bath, TENS, hydrotherapy, physical, etc.</i>	Core
	3.8.6 Perform casting procedure	Core
	3.8.6.1 Perform casting for orthotics	Core
	3.8.6.2 Perform serial casting	Not Core
	3.8.6.3 Perform total contact casting	Not core
	3.8.6.4 Perform post surgical casting care	Not Core
	3.8.6.5 Perform post traumatic casting care	Not Core

3.8.7	Apply electricity for the purpose of fulguration.	Core
3.8.8	Apply electricity for the purpose of electrocoagulation.	Core
3.8.9	Perform surgical procedures	Not Core
	3.8.9.1 Soft tissue	Not Core
	<i>Cue: includes specialized epidermal tissue i.e. nail, warts etc.</i>	
3.8.10	Bony tissue of the forefoot (podiatrists only)	Not Core
3.8.11	Obtain specimen for analysis.	Core
	3.8.11.1 Obtain bone specimen for analysis (podiatrists only)	Not Core
3.9	Manage the pedal manifestations using the most appropriate treatment according to best standards and evidence-based practices.	Core
3.9.1	Biomechanical conditions	Core
3.9.2	Nail disorders	Core
3.9.3	Local mycotic infections	Core
3.9.4	Mechanical skin problems	Core
3.9.5	Local bacterial infections	Core
3.9.6	Ulcerative skin problems	Core
3.9.7	Inflammatory musculoskeletal problems	Core
3.9.8	Musculoskeletal conditions	Core
3.9.9	Endocrine disorders	Core
3.9.10	Forefoot deformities	Core
3.9.11	Mid foot deformities	Core
3.9.12	Rear foot deformities	Core
3.9.13	Ankle deformities	Core
3.9.14	Traumatic musculoskeletal problems	Core
	<i>Cue: foreign body, laceration, etc.</i>	
3.9.15	Congenital musculoskeletal problems	Core
3.9.16	Arterial peripheral vascular disorders	Core
3.9.17	Local viral infections	Core
3.9.18	Venous peripheral vascular disorders	Core
3.9.19	Peripheral nerve disorders	Core
3.9.20	Lymphatic peripheral vascular disorders	Core
3.9.21	Metabolic neuropathy	Core
3.9.22	Neoplastic dermatological problems	Core
3.9.23	Bacteremia	Core
3.9.24	Neoplastic musculoskeletal problems	Core
3.9.25	Central nervous system disorders	Core

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3.9.26	Pulmonary disease	Not Core
3.9.27	Hematologic disorders	Not Core
3.10	Ensure that contributing socioeconomic concerns are addressed <i>Cue: home care, home-based health care, etc.</i>	Core
3.11	Evaluate effectiveness of treatment.	Core
3.12	Reassess patient progress and adjust treatment plan accordingly.	Core
3.13	Discuss progress and modification of treatment plan with patient.	Core
3.14	Ensure appropriate follow-up and continuity of care for patient.	Core
3.15	Perform necessary emergency procedures <i>Cue: CPR, emergency medical measures, etc.</i>	Core
3.16	Manage complications arising from treatment.	Core
3.17	Demonstrate an awareness of common alternative therapies to help patients interested in them make informed choices.	Not Core

<b>Category 4: Communication</b>		<b>Core</b>
4.1	Demonstrate effective communication with patients, caregivers and other health care professionals.	Core
4.1.1	Exhibit professional demeanour with patient, caregivers and other health care professionals.	Core
4.1.2	Utilize appropriate verbal, non-verbal and written communication with patient, other health care professionals and caregivers. <i>Cue: using empathetic behaviour with patients; using appropriate terminology with patients and health care professionals.</i>	Core
4.1.3	Use non-judgmental, unbiased forms of communication with patients, caregivers and other professionals.	Core
4.2	Demonstrate knowledge of other health care practitioners' scope and refer appropriately when required.	Core
4.3	Provide patient with relevant information about his/her condition to allow the individual to make an informed decision.	Core
4.3.1	Convey information to patient clearly and objectively to facilitate understanding.	Core
4.4	Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms to the patient or their personal representative. (podiatrists only)	Core
4.5	Communicate a diagnosis of dysfunction to the patient or personal representative <i>Cue: A dysfunction relates to a disturbance or abnormality in the function of the foot or its part.</i>	Core
4.6	Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms to other health care providers.	Core
4.7	Keep and maintain records according to best practices and standards.	Core
4.7.1	Enter and record key elements of the assessment, diagnosis and treatment and any other relevant information pertaining to patient in an accurate and objective format.	Core
4.7.2	Complies with College requirements and, when applicable, institutional requirements for the production and maintenance of records.	Core
4.8	Respect confidentiality of patient information in accordance with College requirements.	Core
4.9	Ensure that staff is complying with the communication standards expected of a member of the profession	Core

**Category 5: Management of Practice** **Core**

- 5.1 Demonstrate practice management skills using best practices. **Core**
- 5.1.1 Keep patient information in a secure, confidential and easily accessible manner, within one's control or under a suitable arrangement (e.g., hospital record department). **Core**
- 5.1.2 Ensure the maintenance of accurate, complete and up to date financial records consistent with College requirements. **Core**
- 5.2 Ensure the maintenance of a clinical environment that complies with municipal, provincial and / or federal requirements. **Core**  
*Cue: Biohazardous material, pharmaceuticals, sharps, equipment, building/facility.*
- 5.3 Ensure safety in the clinical environment. **Core**  
*Cue: Lighting, ventilation, flooring, etc.*
- 5.4 Ensure safe and appropriate utilization of equipment and instruments. **Core**  
*Cue: May include, but is not limited to legislation such as HARP, OHS, etc.*
- 5.5 Ensure that an antiseptic environment is maintained according to College and other requirements. **Core**
- 5.6 Utilize effective management practices as appropriate to the health care delivery setting. **Core**  
*Cue: appointments, records, follow-up or monitoring systems, information systems, insurance, etc.*

**Category 6: Disease Prevention and Health Promotion** **Core**

- 6.1 Educate patient on preventative strategies and positive health choices. **Core**
- 6.2 Educate patient regarding expectations of treatment plan with regard to the resolution of his/her condition. **Core**
- 6.3 Advise patient on limitations associated with his/her condition. **Core**  
*Cue: activity level, change in shoe-gear, etc.*
- 6.4 Encourage and facilitate patient compliance. **Core**
- 6.5 Discuss the communicable factors associated with the patient's foot condition. **Core**
- 6.6 Participate in the provision and/or preparation of educational activities to the public for health promotion. **Not Core**

**Category 7: Pharmacotherapy**

- 7.1 Understand the basic principles of pharmacokinetics and pharmacodynamics and apply their relevance to clinical situations. **CORE**
- 7.2 Explain the principles of drug delivery and the clinical impact of available pharmaceutical dosage forms. **Core**

- 7.3 Understand and communicate drug action at the molecular, cellular, and physiological levels. Core
- 7.4 Understand the factors that contribute to patient variability with respect to pharmacotherapy. Core
- 7.5 Accurately determine the patient's current medication regimen and drug history, including drug allergies, prior adverse drug reactions, contraindications, the use of natural health products or other therapies, and identify potential compliance issues. Core
- 7.6 Select appropriate medications, dosages, and dosage forms and effectively communicate to patients the appropriate use of medications. Core
- 7.7 Effectively predict, mitigate, and prevent adverse drug reactions and drug interactions. Core
- 7.8 Understand the importance of laboratory tests to direct medication selection and to monitor the effectiveness of pharmacotherapy. Core
- 7.9 Understand the indications, mechanisms of action, contraindications, adverse effects, drug interactions, dosages, and dosage forms for the following classes of drugs: Core
- 7.9.1 Cytoprotective agents
  - 7.9.2 Medical gases
  - 7.9.3 Oral and topical Antimicrobial drugs
  - 7.9.4 Oral and topical Anti-fungal drugs
  - 7.9.5 Oral and topical Anti-viral drugs
  - 7.9.6 Vitamins, Dietary Supplements and Herbal medications
  - 7.9.7 Non-Steroidal Anti-inflammatory drugs
  - 7.9.8 Local Anaesthetics
  - 7.9.9 Viscosupplementation agents
  - 7.9.10 Sclerosing agents
  - 7.9.11 Injectable & Topical Corticosteroids
- 7.10 Understand the pathophysiology, non-drug treatments, and pharmacotherapy with respect to the following disease states and how they impact chiropractic practice: Core
- 7.10.1 Arthritis

- 7.10.2 Diabetes
- 7.10.3 Emergency situations
- 7.10.4 Gout/Pseudogout
- 7.10.5 Local/systemic infections
- 7.10.6 Osteomyelitis
- 7.10.7 Osteoporosis
- 7.10.8 Pain management
- 7.10.9 Peripheral vascular disease

7.11 Understand the roles of other health professionals and communicate with other health professionals regarding patient pharmacotherapy and refer to other health professionals where appropriate.

Core

## **Appendix A**



## **Legislation and Other documents that make up “College Requirements”**

This is a list of some of the relevant legislation, regulations, by-laws, guidelines, policies, standards etc. that regulate the practice of registrants of this College. This list is neither all-inclusive nor exhaustive.

Legislation may change, new acts may be adopted and the College may be required to establish new standards, policies and guidelines.

### **Legislation**

- Regulated Health Professions Act and Procedural Code, 1991 (RHPA)
- The Chiropractic Act 1991
- College Specific Regulations under the Act
- Other profession specific Acts and their regulations under the RHPA
- Health Care Consent Act
- Public Hospitals Act
- Ontario Health Insurance Act
- Healing Arts Radiation Act
- The Good Samaritan Act
- Personal Health Information Protections Act (Not yet enacted)
- Ontario Health and Safety Act
- WHIMIS
- Employment Standards Act
- Human Rights Code
- Health Protection and Promotion Act
- Health Cards and Numbers Control Act, 1991
- Health Care Accessibility Act
- Child and Family Services Act
- Laboratory and Specimen Collection Centre Licensing Act
- Long-Term Care Act, 1994
- Nursing Homes Act
- Workplace Safety and Insurance Act, 1997
- Insurance Act and Statutory Accident Benefits Schedule

### **College Relevant Materials**

- Bylaws
- Policies and Procedures
- Code of Ethics
- Policy statements
- Abuse Prevention Plan
- Standards of Practice
- Profile of Competencies
- Guidelines

# Appendix B

## Glossary of Terms

### Definitions

*Scope of practice:* The breadth and limits of the practice, as defined by legislation. Includes the activities and acts that can be legitimately engaged in by the profession at large or by the individual practitioner.

*Standards of practice:* The practices, guidelines and regulations that the practitioner must follow in order to practice effectively, safely and ethically within the profession and within the jurisdiction. Usually represents minimum requirements.

*Educational objectives:* Describe the outcomes that must be obtained at the end of the educational program. An example of an educational objective might be: “Is able to distinguish between an acute case of a specific disease and a benign case”. Educational objectives often describe the method by which mastery of the objective will be assessed, e.g. “Is able to list at least four features of pericarditis.”

*Competence:* The combination of knowledge, skills, attitudes and judgment required to provide services in a safe and effective manner.

*Competency:* A behaviour statement that describes the required knowledge, skills, abilities, attitudes and/or judgment expected of a practitioner in order to practice competently.

*Entry-level competencies:* Those competencies that are expected of the practitioner who has just entered practice in order to practise safely and effectively. This does not include those competencies that are acquired through more advanced experience, specialized knowledge or additional training.

*Core competencies:* For the purpose of the development of this Profile, “core competencies” are defined as those competencies that one would have to maintain throughout one’s career. These would be required for safe, effective and ethical practice in professionals who are reentering the profession, those who have developed a special focus and those educated outside of Ontario.

