

COLLEGE OF CHIROPRACTORS OF ONTARIO



CORE COMPETENCIES FOR CCO MEMBERS

(approved in principle by
Council: November 26, 2004)

Participants: Dr. Keith Thomson, Chair
Dr. Allan Gotlib
Dr. Dennis Mizel
Mrs. Regina Willmann

Staff Support: Ms Jo-Ann Willson, Registrar and General Counsel
Ms Sue Gargiulo, Communications Officer

College of Chiropractors of Ontario
130 Bloor St. W., Suite 902
Toronto, ON M5S 1N5
Tel.: 416-922-6355
Fax: 416-925-9610
www.cco.on.ca

CORE COMPETENCIES FOR CCO MEMBERS

TABLE OF CONTENTS

DESCRIPTION	PAGE No.
I Mission, Vision and Leadership Priorities	1
II Introduction	3
III Core Competencies	
1. Communication	5
2. Clinical Competency / Maintenance of Records	7
3. Life-Long Learning and Self-Assessment	9
4. Scope of Practice	11
5. CCO Regulations, Standards, Policies and Guidelines	13
6. Collaboration	14
7. Responsibility to Patients and the Public	15
8. Best Practices / Ethics	19
IV Conclusion	20
V Appendices	
A. List of Abbreviations	22
B. Examples of Appropriate and Inappropriate Communications	23
C. Membership Statistics as at November 5, 2004	25
D. Scope of Practice and Authorized Acts	26
E. Competency Circle	27

I CCO's MISSION ¹, VISION AND LEADERSHIP PRIORITIES

MISSION

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

The College examines, registers and regulates the chiropractic profession, respects the diversity of our profession and partners with other health professions, licensing bodies, organizations and government as needed.

Approved by Council: April 12, 2003

THREE-YEAR VISION (2002-2005)

We are recognized as a pre-eminent regulatory body that contributes to the health and well-being of Ontarians by:

1. Honouring our patients and assuring them of quality care. We agree on a complete definition of chiropractic care and celebrate a Patient's Charter of Rights. Furthermore, we celebrate member compliance with high professional standards and support our members through an efficient and comprehensive QA program and effective educational initiatives.
2. Strengthening thorough attention to our organizational arrangements. We are united as Council and supported in our leadership by strong and effective staff. Innovation, effective use of technology and fiscal responsibility are at the core of our operating values.
3. Recognition and respect as a full partner in the health care system and enjoying strong public confidence in CCO.

¹ There may be amendments to the mission statement arising from the Strategic Planning Session on September 11-12, 2004. The report, when available, will be presented to Council. The Core Competencies for CCO Members should include the most recent mission, vision and leadership priorities.

LEADERSHIP PRIORITIES FOR 2002-2005

Our leadership priorities:

1. Clearly define and communicate the definition of “chiropractic care” and “scope of practice” to members, other professionals, staff and the public. *(Responsibility: Council, the QA Committee and Staff)*
2. Gather and disseminate information about the efficacy of chiropractic for the benefit of the public. *(Responsibility: Advertising, Patient Relations and QA Committees, as well as partnering with other groups)*
3. The development of core competencies to group standards *(Responsibility: Council and Staff)*
4. Ensure that every potential patient in the province of Ontario has access to information describing a member’s treatment and techniques (i.e., a list of services) *(Responsibility: Council and Staff)*

II INTRODUCTION

In 2004, CCO initiated the core competency project (the “Project”), the purpose of which was to develop, establish and maintain a description of the core competencies expected of every member of the profession in Ontario². CCO, in exercising its statutory mandate under the *Regulated Health Professions Act, 1991* (“RHPA”) to regulate chiropractic in the public interest, views core competencies as an important step in ensuring the public of Ontario receive competent, ethical chiropractic care. The Project is also consistent with and furthers the mission, vision and strategic goals agreed to by Council in September 2002, as updated in September 2004.

CCO is supportive of members in their role as primary health care providers in Ontario, as members of one of five health care professions with the controlled act of communicating a diagnosis within their scope of practise, and as members of one of five professions entitled to use the doctor title. CCO respects the diversity within the profession.

On becoming registered, 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 when going to different members for chiropractic care.

The core competencies reflect the knowledge, skills and judgement members need in order to perform the services and procedures within the scope of practice of the profession. Members assure the public that they are practising safely, effectively and ethically by demonstrating the eight core competencies in their practices. This document, along with CCO’s regulations, standards of practice, policies and guidelines, provides a model to ensure safe, effective and ethical outcomes for patients, and assists the public in assessing quality of care.

² The chart outlining core competencies is a “living document.” Core competencies are dynamic and evolutionary.

CCO would like to emphasize however that members are responsible for their own continuing competence and professional actions.

The Project involved a consideration and review of the core competencies developed by other members of the health care community, including colleges regulated pursuant to the *RHPA*. Project members benefited from and would like to acknowledge the significant work done by many other regulators who have developed profession specific core competencies.

III CORE COMPETENCIES

General Categories:

- 1. Communication**
- 2. Clinical Competency / Maintenance of Records**
- 3. Life-Long Learning and Self-Assessment**
- 4. Scope of Practice**
- 5. CCO Regulations, Standards, Policies and Guidelines**
- 6. Collaboration**
- 7. Responsibility to Patients and the Public**
- 8. Best Practices / Ethics**

1. COMMUNICATION ³



Competency	Behavioural Indicators / Cues ⁴
<p>Competent, professional doctors of chiropractic are committed to communicating effectively with:</p> <ul style="list-style-type: none"> • CCO (and other regulators) • patients / the public • colleagues • other health care providers • third-party payors • associations • government 	<p>General:</p> <ul style="list-style-type: none"> • Foster open, honest and clear communication • Communicate in a manner that is understandable, meaningful and non-judgmental • Consider verbal, non-verbal and written communication • Invite questions and clarification • Demonstrate timely and effective communication
	<p>CCO:</p> <ul style="list-style-type: none"> • Engage in respectful, professional, written and verbal communication with CCO (for example, registration, payment of dues, response to consultation documents, peer assessment, response to complaints, etc.)

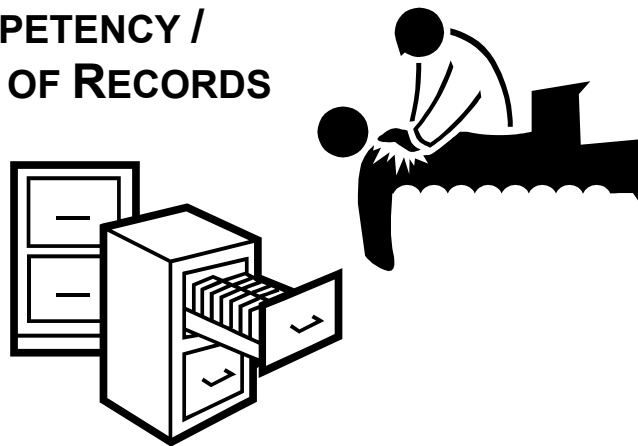
³ Sample appropriate and inappropriate communications are included in Appendix B.

⁴ Members should exhibit the behavioural indicators/cues for each core competency.

Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are committed to communicating effectively with:</p> <p>(cont.)</p>	<p>Patients⁵ / Public:</p> <ul style="list-style-type: none"> • Use patient-centred principles in the communication process • Address patients' expectations and desired outcomes • Communicate scope of practice and limitations to patients and relevant others • Provide clear and understandable information to the patient prior to, during and after treatment, taking into account the patient's language, culture, socio-economic environment • Provide an opportunity to patients to ask questions and provide answers consistent with members' scope of practice, knowledge and expertise • Direct the patient to other appropriate health care providers when the patient's questions are outside members' scope of practice, knowledge and expertise • Ensure consent is fully informed, voluntarily given and documented
	<p>Colleagues/Other Health Care Providers:</p> <ul style="list-style-type: none"> • Foster collaborative relationships in practice • Respect and consider the information and opinions of colleagues and other health care providers • Identify and communicate with key individuals, organizations and groups with whom collaboration is necessary • Maintain a professional relationship in all communications

⁵ Where patient is referred to, it includes substitute decision-maker in those cases in which a substitute decision-maker is acting for the patient.

2. CLINICAL COMPETENCY / MAINTENANCE OF RECORDS



Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic demonstrate clinical competency and maintain accurate, complete records.⁶	Perform: <ul style="list-style-type: none">• Case history• Examination• Diagnosis/clinical impression supported by data and evidence• Plan of management• Spinal adjustment/manipulation /mobilization• Physiological therapies• Progress evaluations /re-assessments• X-rays where appropriate• Modalities where appropriate• Discharge the patient when he/she has reached maximum improvement or will no longer benefit from chiropractic care• Advise the patient of the usual and reasonably accepted chiropractic treatment options, their risks, benefits and efficacy, as reflected by current best practices and evidence• Comply with the QA program, including peer assessment

⁶ All members are encouraged to participate in CCO's record keeping workshop. Contact Ms Sue Gargiulo (416-922-6355, ext. 106, or cco.info@cco.on.ca) to find out the next available date.

Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic demonstrate clinical competency and maintain accurate, complete records. (cont.)	<ul style="list-style-type: none">• Within practice, formulate, articulate and demonstrate sound clinical reasoning by gathering:<ul style="list-style-type: none">• Objective and subjective information; and• Relevant information to complete a thorough and appropriate diagnosis• Maintain timely and accurate records consistent with CCO's requirements and readily understandable by other members• Ensure clients are informed of their rights concerning their record (right to have access, to clarify and to comment on or modify the information)

3. LIFE-LONG LEARNING AND SELF-ASSESSMENT



Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are committed to life-long learning and self-assessment.⁷</p>	<ul style="list-style-type: none"> • Maintain an up-to-date professional portfolio • Participate in continuous learning activities – seminars, courses, articles, etc. • Participate in continuing education on specified topics (e.g., x-ray, techniques, “red flags” of practice) • Monitor and take steps to improve his/her practice environment • Maintain his/her competence and continuing education in clinical practice areas including clinical diagnosis, diagnostic radiology and instrumentation and treatment • Pursue a plan for continuing self-development and use an organized and focused approach in assessing his/her strengths and competence gaps/learning needs, and develops a plan to meet those needs

⁷ Standard of Practice S-001: Professional Portfolio, requires members to participate in continuing education. Although the total number of hours is self-directed, every member should participate in courses on the following topics: record keeping, x-rays (taking and interpreting), communication, and techniques, technologies, devices or procedures, consistent with Standard of Practice S-010: Techniques, Technologies, Devices or Procedures.

Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic are committed to life-long learning and self-assessment. <i>(cont.)</i>	<ul style="list-style-type: none">• Invest the time, effort and resources needed to maintain and improve the knowledge, skills and judgment required for his/her practice• Awareness of new and emerging collaborative areas with other health care providers that may impact on chiropractic care (i.e., understanding of the broader health care issues)• Recognize how their own values, language and culture affect their delivery of services

4. SCOPE OF PRACTICE



Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic practise within their scope of practice and in a manner consistent with their education and expertise.⁸	<ul style="list-style-type: none"> • Understand and practise chiropractic as defined in the <i>Chiropractic Act, 1991</i> • Understand what activities are outside the scope of chiropractic practice (i.e., immunization/vaccination) and what activities are in the public domain (e.g., nutritional supplements) • Ensure patients understand the capacity in which the member is acting • Comply with CCO's requirements for dual members • Comply with CCO's requirements to use in clinical practice only those techniques, technologies, devices or procedures taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited chiropractic educational institution or university in a manner intended to achieve clinical proficiency, or otherwise approved by CCO

⁸ If a member does anything to a patient while acting as a chiropractor and the matter is outside the scope of chiropractic practice but involves any risk whatsoever to the public, even if currently the matter is in the "public domain," the patient must know and understand that the member is not practising chiropractic and that what is being done to the patient may not be covered under the member's policy of insurance or regulated by any legal authority in the province. The patient's perception of what the member is doing is critical. The use of religion, guilt or pressure tactics in trying to persuade a patient to participate in any activity which is not core chiropractic is unacceptable.

Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic practise within their scope of practice and in a manner consistent with their education and expertise. <i>(cont.)</i>	<ul style="list-style-type: none">• Communicate scope of practice and limitations to patients and relevant others• Define and manage overlaps in scope of practice with other professions (i.e., medicine and physiotherapy)• Refer patients to other appropriate health care professionals when the patient's condition is outside the member's scope, education or expertise

5. CCO REGULATIONS, STANDARDS, POLICIES AND GUIDELINES



Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic know and apply CCO's legislation, regulations, standards, policies and guidelines.⁹	<ul style="list-style-type: none">• Be familiar with all relevant legislation (including the <i>Regulated Health Professions Act</i>, <i>Chiropractic Act</i>, <i>Healing Arts Radiation Protection Act</i>, federal and provincial privacy legislation)• Maintain current knowledge by reviewing, on a regular basis, distributions from CCO, and CCO's web site (www.cco.on.ca)• Understand the legal obligations to report sexual abuse by any health care provider to the appropriate regulatory college, specified diseases to the local Medical Officer of Health, and child abuse to the local Children's Aid Society• Assume responsibility for accessing accurate, up to date information about CCO's expectations of members• Take steps to ensure his/her practice complies with CCO's legislation, regulations, standards, policies and guidelines

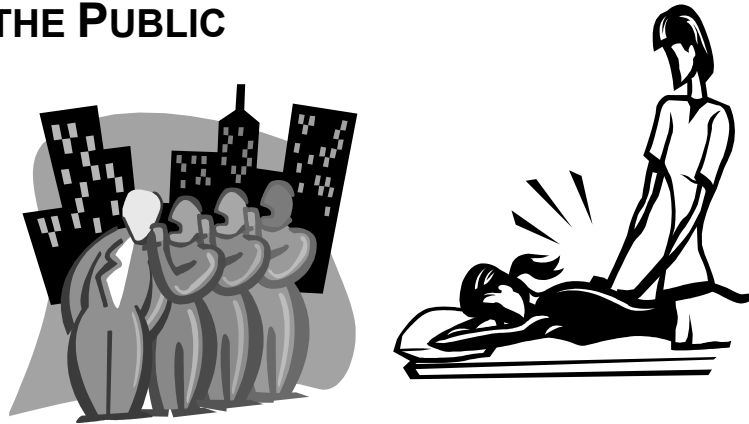
⁹ In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

6. COLLABORATION



Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic facilitate collaborative inter and intra professional relationships.	<ul style="list-style-type: none">• Submit proposed advertising to CCO for pre-approval• Maintain records readily understandable by other members, and transfer records when requested to do so by the patient• Collaborate in research and the collection of information relating to chiropractic that can be appraised qualitatively or quantitatively, so that new knowledge is created, shared and critically reviewed for the benefit of patients and the public in general

7. RESPONSIBILITY TO PATIENTS AND THE PUBLIC



Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are responsible to patients and the public.</p>	<p>General:</p> <ul style="list-style-type: none"> • Maintain a practice environment that supports patient centred care as well as safe, ethical and effective services • Demonstrate responsibility for patient care components assigned to staff, assistants, students and others within members' offices • Provide sufficient, accurate and complete information to allow patients to make informed choices, and to refer to or consult with others, when the member recommends it or it is otherwise required • Implement a collaborative process with the patient to: <ul style="list-style-type: none"> • build rapport and trust • enable the patient to be an educated consumer of health care services and to make informed choices • determine and clarify patient concerns, expectations and priorities

Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are responsible to patients and the public.</p> <p><i>(cont.)</i></p>	<p>Consent:</p> <ul style="list-style-type: none"> • Understand consent to treatment and ensure patient's consent is fully informed, voluntarily given, not obtained through fraud or misrepresentation, and is accurately documented • Respect the patient's right to refuse treatment • Disclose and discuss with patient accurate, comprehensive information about the degree to which tests, treatments, techniques, technologies, devices or procedures have been evaluated and the degree of certainty and predictability that exists about their efficacy and safety, regardless of the member's individual beliefs • Refrain from using religion, guilt, pressure tactics, fear to coerce patients into starting or continuing with chiropractic care
	<p>Treatment:</p> <ul style="list-style-type: none"> • Treat the patient as a partner in the health care relationship • Modify treatment based on the patient's needs and wishes • Determine the frequency and duration of chiropractic services based upon therapeutic necessity • Establish measurable and obtainable objectives to attain targeted outcomes • Understand that the goal of treatment must include improved outcomes for the patient

Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are responsible to patients and the public.</p> <p><i>(cont.)</i></p>	<p>Confidentiality / Privacy:</p> <ul style="list-style-type: none"> • Maintain confidentiality and security of information in the transmission, storage and management of patient information • Comply with requirements regarding protection of privacy and security of patient information
	<p>Touching:</p> <ul style="list-style-type: none"> • Respect the dignity, values, privacy and beliefs of an individual patient in practical terms by, for example, instructing the patient to only remove the clothing that would interfere with the examination or treatment, and providing the patient with a gown/sheet to cover areas where clothing was removed, explaining when and where the member may touch him/her and why • Establish and maintain appropriate professional boundaries • Understand issues relating to personal benefit and the power imbalance between the member and patient

Competency	Behavioural Indicators / Cues
<p>Competent, professional doctors of chiropractic are responsible to patients and the public.</p> <p><i>(cont.)</i></p>	<p>Conflict of Interest:</p> <ul style="list-style-type: none"> Recognize and disclose real or perceived conflicts of interests and allow the patient to make informed choices without concern for any adverse consequences for his/her care (e.g., in circumstances in which members provide products or services like orthotics, nutritional supplements, etc.) Place the patient's health and well being above their personal or financial benefit (i.e. refrain from using long term contracts which place the member's financial interests above the patient's health and well being)
	<p>Reporting:</p> <ul style="list-style-type: none"> Consider voluntary reporting of errors, unsafe practice, incompetence, or other professional misconduct to CCO

8. BEST PRACTICES / ETHICS



Competency	Behavioural Indicators / Cues
Competent, professional doctors of chiropractic employ evidence-based best practices and practise ethically.	<ul style="list-style-type: none">• Integrate:<ul style="list-style-type: none">• best research with clinical expertise and patient values for optimum care,• professional judgment with current evidence based knowledge• Participate in learning and research activities to the extent feasible• Base care plans on best practices/evidence that reflect realistic/ therapeutically necessary care, to be distinguished from practice management or financially driven care• Promote and use research findings that improve practice• Apply research findings to clinical challenges• Rely on expert opinions when necessary and appropriate• Review appropriate literature sources and competently integrate the knowledge• Critically evaluate research data

IV CONCLUSION

Once a member has graduated from an accredited chiropractic educational institution, passed the clinical competency and written examinations, and become licensed, he/she is considered competent. The impetus for the development of core competencies stemmed in part from CCO's conviction that there is a significant public interest in ensuring members continue to be competent throughout their chiropractic careers.

CCO intends the core competencies document to outline guiding principles for members, and to be of assistance to CCO committees in exercising their respective statutory responsibilities (including the Quality Assurance and Complaints committees). It is also intended to move towards standardizing the chiropractic experience for patients and their families in Ontario.

CCO recognizes and supports the evolution of the profession, but emphasizes that:

- patient protection and improved patient outcomes are critical;
- patients must know and understand what is and will be done to them in a member's office; and
- members must know and understand that they operate within a statutory framework.

The core competencies document for CCO members is intended to be a ***living, evolutionary document***. Accordingly, CCO would appreciate your feedback on the document and any suggested changes, which in your view will better protect the public, or provide better guidance to the profession. The Quality Assurance Committee is committed to reviewing the core competencies on an ongoing basis. CCO Council appreciates the input from members and other stakeholders, which has resulted in this first distribution of CCO's Core Competencies for all members.¹⁰

¹⁰ The most recent version of the Core Competencies for CCO members will be made available on CCO's web site and may be downloaded.

V APPENDICES

APPENDIX A: LIST OF ABBREVIATIONS

Abbreviation	Full Title
Chiropractic Act	<i>Chiropractic Act, 1991</i> , as amended
CCO	College of Chiropractors of Ontario
Council	Council of the College of Chiropractors of Ontario
member	Member of the College of Chiropractors of Ontario
Project	Core Competency Project initiated in 2004
QA	Quality Assurance
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i> , as amended

APPENDIX B: CORE COMPETENCIES FOR CCO MEMBERS

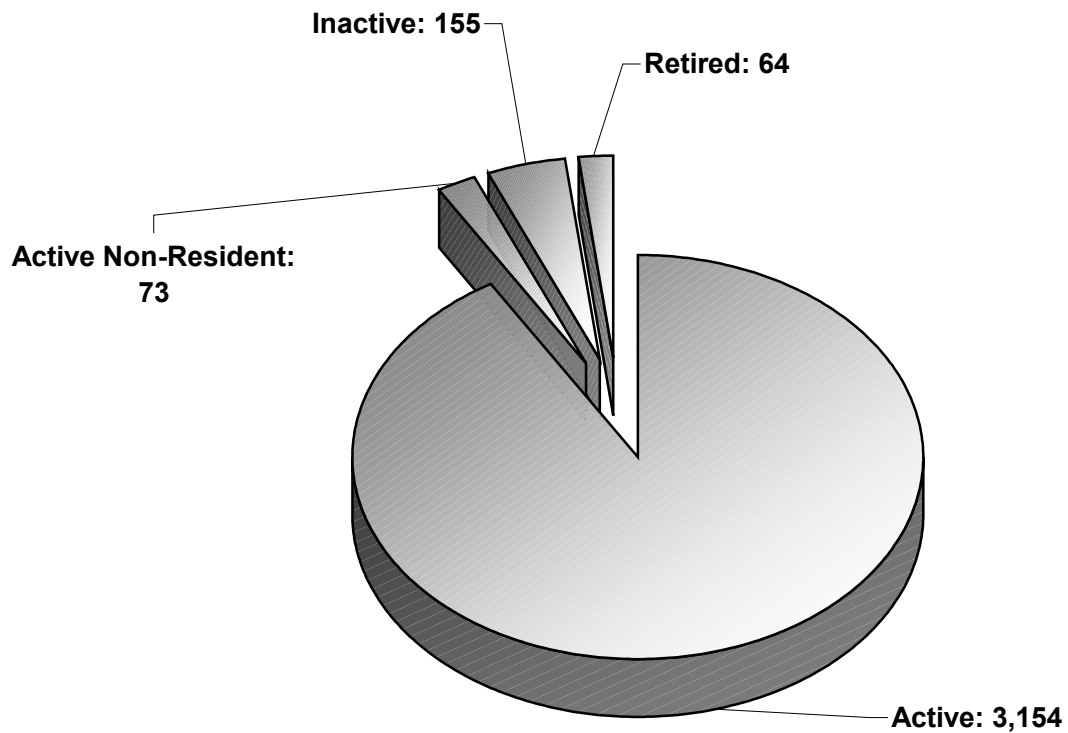
Examples of Appropriate and Inappropriate Communication

Target	Appropriate	Inappropriate (real examples)
CCO / other regulators	<ul style="list-style-type: none"> I read your standard of practice and I think the public would be better protected if you did the following... 	<ul style="list-style-type: none"> I read your standard of practice and I think it's "crap".
Chiropractor to patient	<ul style="list-style-type: none"> Weight loss may ease some of your clinical symptoms. 	<ul style="list-style-type: none"> If you lost some weight, I'd date you myself. If you put some duct tape over your mouth, you wouldn't weigh so much.
	<ul style="list-style-type: none"> I recommend that you discuss your medications with your general practitioner. 	<ul style="list-style-type: none"> Stop taking all your medications. They're killing you.
Colleague to colleague	<ul style="list-style-type: none"> Thank you for providing me with that information. I will consider it and get back to you as soon as I can. 	<ul style="list-style-type: none"> You're wrong... Why would you listen to Dr. X? He's not a specialist.
	<p><i>Re: x-rays</i></p> <ul style="list-style-type: none"> I would be pleased to send you those x-rays when I get the patient's consent to release them. 	<ul style="list-style-type: none"> No! The x-rays belong to me and the patient owes me money.

Target	Appropriate	Inappropriate (real examples)
Colleague to colleague (cont.)	<i>Re: advertising</i> <ul style="list-style-type: none"> I have concerns about your advertisement because it doesn't follow the standard. Call CCO. 	<ul style="list-style-type: none"> Your ad sucks and I'm ripping it out of all the <i>Yellow Pages</i> I see.
Other health care providers	<i>Re: high blood pressure</i> <ul style="list-style-type: none"> On my assessment, I recognize that our mutual patient has high blood pressure and I would like you to take a look at him/her. 	<ul style="list-style-type: none"> I can't believe you didn't pick up the fact that this patient has high blood pressure.
	<ul style="list-style-type: none"> We are treating the same patient. How can we work together for the benefit of the patient? 	<ul style="list-style-type: none"> I won't see this patient if he/she is also seeing you.
Third-party payors	<ul style="list-style-type: none"> What other information do you need to help adjudicate this claim? 	<ul style="list-style-type: none"> What do you mean you're not paying!
Intra-professional	<ul style="list-style-type: none"> Thank you for your efforts. Have you considered... 	<ul style="list-style-type: none"> You're wrong... What have you done for me lately. I don't care what you think. I'm going to do what I like.

APPENDIX C: MEMBERSHIP STATISTICS AS AT NOVEMBER 5, 2004

Classes of Certificate for CCO Members (as at November 5, 2004)



APPENDIX D: SCOPE OF PRACTICE AND AUTHORIZED ACTS

Scope of Practice and Authorized Acts under the *Chiropractic Act, 1991*

The “scope of practice” of chiropractic is outlined in s. 3 of the *Chiropractic Act*:

- “3. 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,
- (a) 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
 - (b) dysfunctions or disorders arising from the structures or functions of the joints.”

The controlled acts, which are authorized to chiropractors, are outlined in s. 4 of the *Chiropractic Act*:

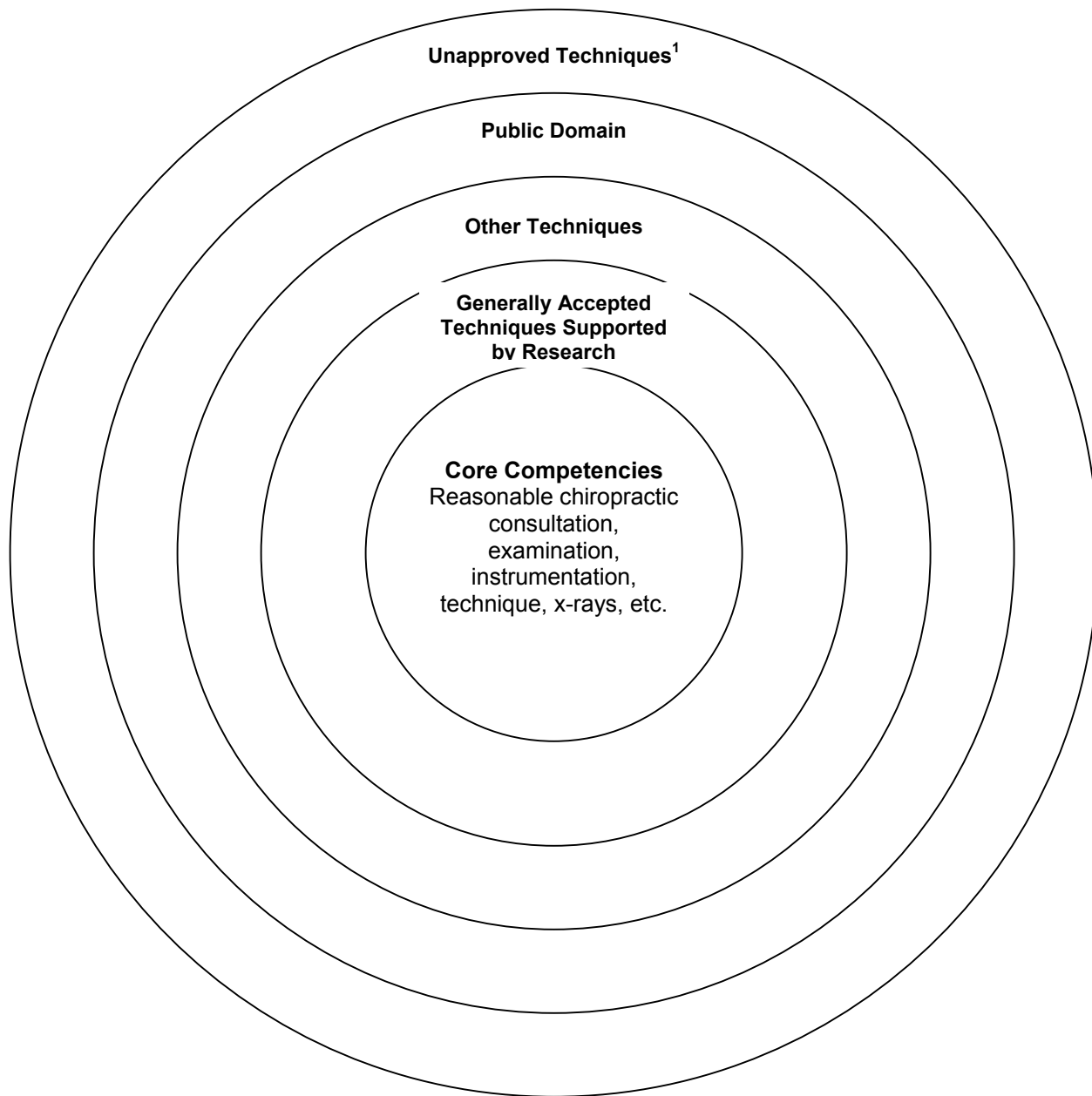
- “4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
- 1. Communicating a diagnosis identifying, as the cause of a person’s symptoms,
 - i. 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.”

APPENDIX E: COMPETENCY CIRCLE

As members move further out into the ring of circles, they become less able to be regulated by CCO because they are not practising in areas where they have demonstrated competency or efficacy, as taught in an accredited chiropractic college or tested by the Canadian Chiropractic Examining Board.

It becomes difficult for the Quality Assurance, Complaints and Discipline committees to deal with these members when they appear before them.

Ultimately, these members may become more of a risk to the public.



¹ Dark Field Microscopy, Hyperbaric Oxygen Therapy, Pelvic and Prostate Examinations, Vega Testing