

Monitoring Quality Practice

Occupational therapists have an obligation to remain current. By doing so, they continue to earn and maintain the public’s confidence, and the privilege of self-regulation. The College’s Quality Assurance Program (QAP) is designed to support and regularly assess occupational therapists to ensure that they meet the profession’s high standards and guidelines of care throughout their careers. In this past year, by completing the first Continuing Competence Exam (CCE), 80% of BC occupational therapists embraced the opportunity to demonstrate that they have been maintaining and enhancing their competence.

The QAP has three main components: Competence Maintenance/Enhancement, Competence Assessment, and Competence Improvement. A report for each of these follows below. Evaluation of the CCE will not be completed until December 2016, but a few highlights are presented in this annual report.

Competence Assessment

After seven years of development, the first administration of the CCE was held this year. It is a case-based, key features, exam delivered online and held every six years. Recognizing that occupational therapists’ scopes of practice can narrow over their career span, four different exam forms were offered:

Adult and Older Adult Physical Health (APH), Adult and Older Adult Neurological Health (ANH), Adult and Older Adult Mental Health (AMH), and Child and Youth Health (C&Y).

There were 1765 occupational therapists who completed the exam from either January 26 to 30 or during the makeup and deferral sessions on February 13 and 17. A further 25 received deferrals to take the exam on August 3. This was also the retake date for those registrants who were unsuccessful in meeting the standard on their first attempt. The total of 1790 represents 80% of the registrant base. The remaining 20% were given nonclinical exemptions or deferrals to the next administration of the CCE, currently scheduled for 2022. See Table 1 for a breakdown of participation.

Table 1. Breakdown of Registrant Participation in the 2016 Continuing Competence Exam

Category	Number	Percent (rounded up)
Wrote in January or February	1765	79
Wrote in August	22	1
Deferred to 2022 due to maternity, ill health, or work abroad	81	4
Deferred to 2022 due to non-clinical exemption	68	3
Deferred to 2022 due to participation in the pilot test	68	3
Deferred to 2022 due to writing the NOTCE in 2015	61	3
Deferred to 2022 Exam Development Subcommittee or Exam Technical Panel	27	1
Deferred to 2022 as provisional registrant (writing NOTCE in 2016) or in re-entry	101	5
Changed to non-practising or cancelled registration as of June 30, 2016	51	2
Total	2244	100

Preparation for the exam helped to build a stronger and more connected occupational therapy community, creating potential for future collaborations to support occupational therapists' continued competence.

Exam Preparation

There are few people who like exams, and many occupational therapists had not written an exam in over 25 years, let alone an online one. Therefore, assisting occupational therapists in their exam preparation was important to a successful administration. The popular Quality Practice and Exam Preparation webinars continued right up until the week before the exam. They were also recorded and posted on the College website. These links, along with the sample exam questions, were the most frequently visited webpages up until the exam administration.

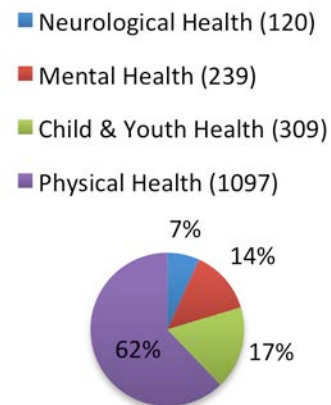
The QAP updates also continued, along with social media postings. The browser test was completed 1396 times, with some registrants completing it more than once to ensure that their system met the requirements. Access to the new learning module Ethics in Daily Practice as well as a national jurisprudence module provided additional learning opportunities.

College staff responded to twice the average practice consults and visited workplaces to assist registrants with their exam preparation. Many employers also provided assistance with education sessions, and occupational therapists organized study buddies and study groups.

There was a 33% response rate to the online feedback survey available for all examinees to complete after the January and February exam sessions. The top-rated College resources were the sample cases and questions (82%), followed by the Quality Practice webinars (69%), and the additional resources rated the highest were workplace learning opportunities (67%) and study buddies (63%).

Anecdotally, registrants had commented that preparing for the exam had caused them to explore regulatory topics in more detail and brush up on conditions and interventions with which they were less familiar. In the same feedback survey, 350 out of 587 participants (60%) agreed or completely agreed that preparing for the exam had triggered improvements to their occupational therapy practice.

Figure 4. Breakdown of Practice Contexts Chosen on the Continuing Competence Exam



Exam Security

With exam content costly to develop and the exam a continuing competence requirement for renewing registration with the College, security was an important aspect of its administration.

Although occupational therapists had the choice of where to take the exam provided they had a computer and Internet connection that met the requirements, they were also asked to seek out qualified proctors. The proctor was responsible for confirming the identity of the examinee and ensuring that he or she did not duplicate the exam material or seek out resources to help in answering the questions. Proctors were also required to report any exam incidents that might affect the examinee's results. Only 7% of examinees disagreed or completely disagreed that completing an online exam was manageable, and only 8% disagreed or completely disagreed that finding a proctor who met the qualifications was manageable.

Proctors were also asked to provide feedback, and 306 of the 883 (35%) proctors responded. When asked if they would act as a proctor again, 95% agreed/strongly agreed, and 90% agreed or strongly agreed it was a reasonable request. Less than 6% disagreed or strongly disagreed that they felt comfortable reporting cheating.

Exam content was also designed to thwart theft and sharing of content by using different exam forms on different dates, and randomization of cases, questions, and answers.

The College is committed to continuous improvement based on rigorous evaluation and recognition of occupational therapists' changing roles, advances in health, and evolving delivery systems.

Technical Report

The full CCE reports will not be completed until late 2016, after the August session analyses are done. The following are some highlights from the January/February sessions:

- The majority of registrants writing in the January/February sessions chose the APH practice context, as illustrated in Figure 4.
- Nine different exam forms were used: three for APH and two for the other three. The cut scores ranged from 76% to 79%.
- Twenty-seven out of 1764 (less than 2%) who wrote in either January or February were required to take the exam again in August due to an unsuccessful attempt at meeting the standard (cut score). See Table 2.
- Of these 27 who required a retake, 2 registrants cancelled their registration rather than complete a retake. The results of the August retake will be announced in late September.
- Six out of 1765 (0.3%) examinees were required to do an exam makeup due to a computer problem resulting in their exam responses not being recorded. One of these 6 did the makeup in August.
- Seventy-seven (77%) of occupational therapists responding to the feedback survey agreed or strongly agreed that the practice context they chose best fit their current practice. See Table 3.
- As illustrated in Table 4, 47% of occupational therapists responding to the feedback survey agreed or strongly agreed that the exam content reflected occupational therapy practice in the practice context they chose.

Table 2. January/February Exam Results by Practice Context

Practice context	Met standard	Did not meet standard	Total
APH	1073*	22	1095
C&Y	306	4	310
AMH	238	1	239
ANH	120	0	120
Total	1737	27	1764

* One makeup was completed in August; results are not yet available.

Table 3. Examinee Responses to: *Having taken the CCE I am satisfied that I chose the practice context that best fits my current practice.*

Practice context	Disagree/strongly disagree	Neither agree not disagree	Agree/strongly agree	Total
APH	45	53	271	369
C&Y	6	8	109	123
AMH	5	6	50	61
ANH	8	5	21	34
Total	64 (11%)	72 (12%)	451 (77%)	587

Table 4. Examinee Responses to: *The CCE content reflected occupational therapy practice in the practice context I chose.*

Practice context	Disagree/strongly disagree	Neither agree not disagree	Agree/strongly agree	Total
APH	123	82	164	369
C&Y	32	28	63	123
AMH	15	8	38	61
ANH	15	8	11	34
Total	185 (32%)	126 (22%)	276 (47%)	587