



QUALITY ASSURANCE PROGRAM



COTBC Continuing Competence Program Blueprint Development & Validation Report

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Note on Tables

Because of rounding, percentages in tables might not equal 100.0. A dash in a cell indicates that the data are not reported; a blank cell indicates that the data are not applicable. M refers to the arithmetic average, SD to the standard deviation, and N and n to the number of survey respondents. M and SD are rated out of 5. PIPA stands for Personal Information Protection Act and FOIPPA for Freedom of Information and Protection of Privacy Act.

1.0 Project Background

This paper focuses on the blueprint for the continuing competence program (CCP) of the College of Occupational Therapists of British Columbia (COTBC).

The COTBC Continuing Competence Program is an example of a quality assurance program which will be mandated under s. 16(2)(e) of the British Columbia *Health Professions Act*, RSBC 1996, c. 183 once the amendment to that provision enacted in 2008 (to include a requirement for a quality assurance program) is proclaimed in force. The CCP needs to meet the expectations of multiple stakeholders, including the following four groups:

1. The public. The CCP needs to look like it ensures public protection.
2. The COTBC Board. The CCP needs to look like it monitors and enforces the continued safe, ethical, and effective practice of occupational therapists.
3. Employers. The CCP needs to appear reasonable and appropriate.
4. Occupational therapists. The CCP needs to look like a viable approach to assessing— in a reasonably cost-efficient and feasible manner—day-to-day practice in a variety of contexts.

The description of the CCP Framework comprises the authority and mandate; purpose, objective, and standard; guiding principles; and program elements.

When selecting and developing a specific assessment tool, key measurement principles must be considered. Any tool designed to assess competence must have

- a systematic process (systematic administration, blueprinting, scoring, and knowledgeable developers and administrators);
- explicit criteria for what is being assessed, including a scoring rubric; and
- an explicit description of what is considered good enough (a passing score) and next steps for those who are unsuccessful.

In consideration of the face validity (for the four stakeholder groups mentioned above), the key jurisprudence content, and the essential competencies for ensuring the continued competence of occupational therapists in BC, in September 2009 the Board of Directors approved the use of a case-based written examination with a key features approach for the COTBC Competence Assessment Tool.

2.0 About the CCP Blueprint

The CCP Blueprint was produced using accepted methods for the development of a blueprint for use in performance assessment tools. Key steps in the development of the CCP Blueprint included

1. document analysis;
2. data analysis;
3. drafting, deliberation, and revision by subject matter experts (the Continuing Competence Committee);
4. validation via a registrant survey;
5. refinement by subject matter experts; and
6. approval by the governing committee (COTBC Board of Directors).

The draft blueprint has three dimensions:

1. jurisprudence areas,
2. essential competencies, and
3. contexts of occupational therapy practice.

Details about these dimensions are found in Appendix 1.

3.0 About the Registrant Consultation Survey

With steps 1–3 in the development of the CCP Blueprint completed, the Continuing Competence Committee decided to validate the content by surveying registrants. Rather than select a sample of registrants, the Committee elected to survey all registrants to afford everyone a chance to provide input on the blueprint.

4.0 Survey Results

4.1 Survey Design

The survey had four main sections, each exploring the validity of different aspects of the CCP Framework and Blueprint:

- **Section 1: Essential Competencies**

This section explored the extent to which registrants viewed the competency statements (key competencies or elements of the *Essential Competencies for Occupational Therapists in Canada*¹) as important for safe, effective, and ethical practice by occupational therapists.

- **Section 2: Experience With Regulatory Issues**

This section presented an inventory of regulatory issues. Registrants rated the frequency with which they deal with each issue in their practice or work life. Registrants were also asked to rate the importance of each issue to the safe, effective, and ethical practice and services of occupational therapists, and to rate their confidence in their ability to demonstrate safe and effective occupational therapy practice in the various regulatory areas.

- **Section 3: Level of Competence in Clinical Areas**

In this section, registrants were asked to rate, based on their current knowledge, skills, and attitudes, their confidence in their ability to demonstrate that they are competent in each of a list of clinical areas of practice and age ranges of patients.

- **Section 4: Demographic Data**

This section asked registrants a few questions about their demographics (age, gender, geographical region) and their occupational therapy practice (type of practice facility, types of client groups, primary area of clinical practice). This information was gathered to understand the demographic make-up of survey respondents as it compared with the population of practising occupational therapists in BC.

¹ A pre-publication version of the third edition of the essential competencies was used knowing it would replace the second edition in the near future. Association of Canadian Occupational Therapy Regulatory Organizations. (2011). *Essential competencies of practice for occupational therapists in Canada* (3rd ed.). Toronto, ON: Author.

4.2 Responses

Requests to participate in the validation survey were sent to all registrants with email addresses, for a census sample of 1836 (99.6%) of the then 1844 COTBC registrants. The email had an invitation to participate and a functional link to the online survey. Follow-up emails and/or calls were sent or made for any undelivered messages. A reminder email was sent a couple of days before the deadline.

Of those sent the survey, 283 members completed it, for a response rate of 15.4%, which is considered acceptable for such a survey. The respondents represented 15.3% of all COTBC registrants.

4.3 Demographics of Respondents

The demographic characteristics of the 283 survey respondents are presented in Tables A through F (see Appendix 2, pp. 26–29) and compared with the target population (all COTBC members). Data on the target population in Tables B through F come from the Canadian Institute for Health Information (CIHI)²; comparable data were not available for Table A.

Two narrative ratings were used to compare the two groups:

- *Highly* resemble describes a survey feature where the two groups are similar in all or almost all aspects.
- *Generally* resemble describes a survey feature where the two groups are similar in most of the aspects.

Summary of Tables A–F

- The survey respondents appear to resemble the target population with respect to geographical region, though CIHI data are not available for direct comparison on this.
- The survey respondents *generally* resemble the target population in age range, role in primary practice setting, clinical practice area, and clinical practice setting.
- The survey respondents *highly* resemble the target population in gender.

Conclusion

The sample of survey respondents is very similar to the COTBC registrants' population on six demographic parameters of interest. Thus, the results of the survey can be considered to represent the viewpoint of the entire population of COTBC registrants.

² Canadian Institute for Health Information. (2011). *Occupational therapists in Canada, 2010: National and jurisdictional highlights and profiles*. Retrieved from <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1660&lang=fr&media=0>

4.4 Results on Essential Competencies and Regulatory Topics

4.4.1 Essential Competencies

This survey section refers to the competencies from the *Essential Competencies of Practice for Occupational Therapists in Canada*³, which are the standards of practice for occupational therapists in BC.

There are seven units of competencies:

1. Assumes Professional Responsibility,
2. Thinks Critically,
3. Demonstrates Practice Knowledge,
4. Utilizes a Practice Process for Occupational Enablement,
5. Communicates and Collaborates Effectively,
6. Engages in Professional Development, and
7. Manages Own Practice and Advocates Within Systems.

In this section, respondents were asked to rate the importance of each competency in the continued competence of occupational therapists to provide safe, effective, and ethical care, using a scale where 1 was “not at all important” and 5 was “very important.” Table 1 provides data about the responses.

Table 1: Mean Importance Ratings of Competencies

Competency	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
1.1 Demonstrates a commitment to their clients, public, and profession.	282	1	5	4.71	0.61
1.2 Practises within scope of professional and personal limitations and abilities.	282	3	5	4.88	0.34
1.3 Adheres to the COTBC Code of Ethics.	282	3	5	4.76	0.53

³ A pre-publication version of the third edition of the essential competencies was used knowing it would replace the second edition in the near future. Association of Canadian Occupational Therapy Regulatory Organizations. (2011). *Essential competencies of practice for occupational therapists in Canada* (3rd ed.). Toronto, ON: Author.

Competency	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
1.4 Applies ethical frameworks to solve ethical situations.	282	2	5	4.50	0.67
1.5 Demonstrates professional integrity.	282	3	5	4.84	0.40
2.1 Demonstrates sound professional judgment and clinical reasoning in decision-making.	283	3	5	4.80	0.41
2.2 Engages in a reflective and evaluative approach to practice that integrates findings into practice.	283	1	5	4.47	0.69
3.1 Uses current occupational therapy theory in day-to-day practice.	283	1	5	3.95	0.87
3.2 Demonstrates awareness of the physical, social, cultural, institutional, and economic environment relevant to the jurisdiction of practice.	283	2	5	4.28	0.72
3.3 Demonstrates awareness of experiential knowledge of client and occupational therapist.	282	1	5	4.30	0.73
3.4 Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.	282	1	5	4.22	0.79
4.1 Clarifies role of occupation and enablement when initiating services.	283	1	5	4.03	0.87
4.2 Demonstrates a systematic client-centred approach to occupational enablement.	283	2	5	4.39	0.69
4.3 Ensures informed consent prior to and throughout service provision.	283	2	5	4.61	0.63
4.4 Assesses occupational performance and enablement needs of client.	283	2	5	4.44	0.68
4.5 Develops client-specific plan with client, interprofessional team members, and other stakeholders.	282	3	5	4.61	0.58
4.6 Implements plan for occupational enablement.	282	1	5	4.41	0.67

Competency	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
4.7 Monitors plan to modify in a timely and appropriate manner.	283	2	5	4.42	0.61
5.1 Communicates effectively with the client, interprofessional team members, and other stakeholders using client-centred principles that address physical, social, cultural, or other barriers to communication.	283	3	5	4.65	0.54
5.2 Communicates using a timely and effective approach.	282	2	5	4.55	0.59
5.3 Maintains confidentiality and security in the sharing, transmission, storage, and management of information.	283	2	5	4.82	0.43
5.4 Collaborates with client, interprofessional team, and other stakeholders.	282	3	5	4.67	0.49
5.5 Works effectively with client, interprofessional team, and other stakeholders to manage positive professional relationships.	281	3	5	4.60	0.57
6.1 Uses self-evaluation, new learning, and evidence in professional development.	282	1	5	4.35	0.69
6.2 Demonstrates commitment to continuing competence.	280	2	5	4.42	0.66
6.3 Enhances personal competence through integration of on-going learning into practice.	281	2	5	4.46	0.62
7.1 Manages day-to-day practice processes.	281	2	5	4.30	0.68
7.2 Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.	282	2	5	4.23	0.71
7.3 Contributes to a practice environment that supports client-centred occupational therapy service which is safe, ethical, and effective.	283	2	5	4.52	0.65

Summary of Table 1

The results of these ratings indicate agreement with the national validation survey completed in 2009. Of the 29 competency statements, all but one were rated, on average, 4/5 on the scale of importance. Only one statement, “Uses current occupational therapy theory in day-to-day practice,” had an average rating below 4, at 3.95.

Conclusion

Very good evidence supports the use of the *Essential Competencies of Practice for Occupational Therapists in Canada* as the basis for the CCP Blueprint.

4.4.2 Jurisprudence: Experience With Regulatory Issues

Respondents were asked to think about their own practice over the past year and estimate the average frequency with which they have had to deal with specific regulatory issues in their practice or work life. Response options were “never,” “monthly,” “weekly,” and “daily.”

The most frequently encountered issues were “Collecting, recording, and protecting client information,” “Prioritization of client needs,” “Client autonomy,” and “Consent for OT services.” The issues least frequently encountered were “Capacity of occupational therapists (fitness to practise)” and “Conflict of interest.” See Table 2 for further details.

Table 2: Frequency of Dealing With Regulatory Issues

Regulatory issue	Never or monthly		Weekly or daily		N
	n	%	n	%	
Professional boundaries	139	55.4	112	44.6	251
Consent for OT services	75	29.4	180	70.6	255
Collecting, recording, and protecting client information	32	12.6	222	87.4	254
Capacity of occupational therapists (fitness to practise)	204	81.9	45	18.1	249
Understanding standards	155	61.3	98	38.7	253

Regulatory issue	Never or monthly		Weekly or daily		N
	n	%	n	%	
Use of support personnel	100	39.2	155	60.8	255
Client autonomy	73	29.0	179	71.0	252
Conflict resolution	150	58.8	105	41.2	255
Conflict of interest	225	88.9	28	11.1	253
Duty of care	145	59.4	99	40.6	244
Maintenance of essential competencies within workload demands	111	43.7	143	56.3	254
Prioritization of client needs	35	13.8	219	86.2	254
Professional autonomy	104	41.3	148	58.7	252
Infection control	114	44.9	140	55.1	254
Privacy laws (e.g., PIPA/FOIPPA)	137	54.6	114	45.4	251
Appropriate referral to others based on needs of client, limits of personal competence, etc.	101	40.1	151	59.9	252

Survey respondents were also asked to rate the importance of each area of jurisprudence in the continued competence of occupational therapists to provide safe, effective, and ethical care, using a scale where 1 was “not at all important” and 5 was “very important.”

All areas were rated, on average, a minimum of 4 in importance. The areas rated as most important were “Collecting, recording, and protecting client information,” “Prioritization of client needs,” and “Consent for OT services.” Table 3 provides further details.

Table 3: Mean Importance Ratings in Areas of Jurisprudence

Area	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Professional boundaries	255	1	5	4.42	0.85
Consent for OT services	252	2	5	4.62	0.71
Collecting, recording, and protecting client information	254	2	5	4.79	0.51
Capacity of occupational therapists (fitness to practise)	242	2	5	4.53	0.68
Understanding standards	252	1	5	4.19	0.84
Use of support personnel	230	1	5	4.03	0.91
Client autonomy	250	2	5	4.43	0.76
Conflict resolution	251	1	5	4.22	0.82
Conflict of interest	243	1	5	4.14	0.94
Duty of care	234	1	5	4.30	0.86
Maintenance of essential competencies within workload demands	253	1	5	4.43	0.76
Prioritization of client needs	252	1	5	4.69	0.61
Professional autonomy	247	2	5	4.44	0.68
Infection control	243	1	5	4.16	1.04
Privacy laws (e.g., PIPA/FOIPPA)	245	1	5	4.32	0.85
Appropriate referral to others based on needs of client, limits of personal competence, etc.	244	2	5	4.44	0.66

Finally, survey respondents were asked to rate the extent to which they were confident in their ability to demonstrate safe, effective, and ethical occupational therapy practice and services. The scale ran from 1, “not at all confident,” to 5, “very confident.”

As Table 4 shows, the two areas where, on average, respondents rated their confidence as less than 4/5 were “Understanding standards” and “Privacy laws (e.g., PIPA/FOIPPA).” “Professional boundaries,” “Appropriate referral to others based on needs of client, limits of personal competence, etc.,” “Consent for OT services,” “Collecting, recording, and protecting client information,” and “Prioritization of client needs” were all rated 4.5 or higher, on average, by respondents.

Table 4: Mean Confidence Ratings in Areas of Jurisprudence

Area	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Professional boundaries	252	2	5	4.62	0.60
Consent for OT services	248	2	5	4.57	0.60
Collecting, recording, and protecting client information	250	2	5	4.57	0.61
Capacity of occupational therapists (fitness to practise)	237	1	5	4.32	0.81
Understanding standards	250	2	5	3.96	0.80
Use of support personnel	226	1	5	4.23	0.81
Client autonomy	247	1	5	4.48	0.67
Conflict resolution	250	2	5	4.09	0.72
Conflict of interest	244	1	5	4.29	0.72
Duty of care	228	1	5	4.20	0.82
Maintenance of essential competencies within workload demands	249	1	5	4.08	0.77
Prioritization of client needs	247	3	5	4.55	0.57

Area	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Professional autonomy	247	1	5	4.47	0.68
Infection control	236	2	5	4.03	0.86
Privacy laws (e.g., PIPA/FOIPPA)	245	1	5	3.89	0.90
Appropriate referral to others based on needs of client, limits of personal competence, etc.	239	3	5	4.58	0.57

Summary of Tables 2–4

In general, survey respondents stated a relatively high frequency of interaction with the areas of jurisprudence, with the exception of “Capacity of occupational therapists (fitness to practise)” and “Conflict of interest.”

Survey respondents rated all competency statements as important, with the average rating for all statements being 4/5 or higher.

Survey respondents indicated a high level of confidence in being able to demonstrate safe and effective practice in most competency areas. Only two statements had average confidence ratings of less than 4/5: “Understanding standards” and “Privacy laws (e.g., PIPA/FOIPPA).”

Conclusion

Survey respondents validated these areas of jurisprudence as both important and encountered frequently. Only two were reported to be encountered at a low frequency. Furthermore, respondents indicated that they would be able to demonstrate competence in most of these areas.

4.5 Results of Confidence in Four Proposed Context Categories of CCP Blueprint

4.5.1 Client Age Group, Areas of Practice, and Practice Setting

Respondents were asked to rate their confidence in their ability to demonstrate competence in clinical areas of practice and with different client age groups. A sample question is found in Figure 1.

Figure 1: Sample Question With Confidence Scale

1. Based on your *current* knowledge, skills, and attitudes, please indicate your confidence to demonstrate the OT process with each of the following age ranges of clients, where 1 is not at all confident to demonstrate competence in this area and 5 is very confident to demonstrate confidence in this area.

Age Range of Client

1

2

3

4

5

Not at all confident

Very confident

Tables G, H, and I (see Appendix 3, pp. 30–31) illustrate the mean confidence levels of the respondents as a group for “Client Age Group,” “Areas of Practice,” and “Practice Settings.” While on its own this information is not useful, it becomes very informative when these responses are mapped to the CCP Framework and Blueprint described below.

4.5.2 CCP Blueprint Categories: Specific Results

One of the survey aims was to get a sense of each respondent’s current confidence in his or her ability to demonstrate competence in one or more of the four practice areas which were the CCP Blueprint’s proposed context categories. The Continuing Competence Committee wanted to understand the confidence through the eyes of the individual with reference to the population view described in the section above.

The sample clinical presentation list currently in the approved blueprint has four proposed context categories:

1. Child and Youth,
2. Adult and Older Adult—Mental Health,
3. Adult and Older Adult—Neurological, and
4. Adult and Older Adult—General Physical Health.

An analysis was conducted to understand what proportion of registrants indicated confidence in their ability to demonstrate competence in at least one of these areas. Confidence was indicated by a rating of 4 or 5 on a 5-point scale. The results are shown in Tables 5 to 8 on the following pages.

Child and Youth

If respondents indicated confidence in working with either infants and children (0–11 years) or adolescents (12–18 years), they were considered confident in the category Child and Youth.

When all respondents are included in the analysis, 36% are confident in this category and 64% are not. When only those who indicated their primary role as “direct service provider” are included, 38% are confident and 62% are not.

Table 5: Number of Respondents Indicating Confidence in Child and Youth

Response	<i>n</i>	% of question respondents
Yes	89	36.2
No	157	63.8
Total responding	246	100.0
Did not respond	37	
Total survey participants	283	

Adult and Older Adult—Mental Health

If respondents indicated confidence in working with either adults (30–65 years) or older adults (older than 65) and confidence working in mental health, they were considered confident in the category Adult and Older Adult—Mental Health.

When all respondents are included in the analysis, 35% are confident in this category and 65% are not. When only those who indicated their primary role as “direct service provider” are included, 37% are confident and 63% are not.

Table 6: Number of Respondents Indicating Confidence in Adult and Older Adult—Mental Health

Response	<i>n</i>	% of question respondents
Yes	88	35.2
No	162	64.8
Total responding	250	100.0
Did not respond	33	
Total survey respondents	283	

Adult and Older Adult—Neurological

If respondents indicated confidence in working with either adults (30–65 years) or older adults (older than 65) and confidence working in the neurological area of practice, they were considered confident in the category Adult and Older Adult—Neurological.

When all respondents are included in the analysis, 45% are confident in this category and 55% are not. When only those who indicated their primary role as “direct service provider” are included, 46% are confident and 54% are not.

Table 7: Number of Respondents Indicating Confidence in Adult and Older Adult—Neurological

Response	<i>n</i>	% of question respondents
Yes	112	44.8
No	138	55.2
Total responding	250	100.0
Did not respond	33	
Total survey respondents	283	

Adult and Older Adult—General Physical Health

If respondents indicated confidence in working with either adults (30–65 years) or older adults (older than 65) and confidence working in the general physical health area of practice, they were considered confident in the category Adult and Older Adult—General Physical Health.

When all respondents are included in the analysis, 66% are confident in this category and 34% are not. When only those who indicated their primary role as “direct service provider” are included, 69% are confident and 31% are not.

Table 8: Number of Respondents Indicating Confidence in General Physical Health

Response	<i>n</i>	% of question respondents
Yes	165	66.0
No	85	34.0
Total responding	250	100.0
Did not respond	33	
Total survey respondents	283	

4.5.3 CCP Blueprint Categories: General Analysis

The survey responses were analyzed to understand the extent to which registrants would feel confident in their ability to demonstrate competence in at least one of the four proposed context categories. The analysis essentially consisted of a count of the four areas. If respondents indicated that they were confident in all four, they were given a score of 4/4.

The number of respondents indicating confidence in zero, one, two, three, or four of the categories is presented in Table 9. The corresponding analysis for only those respondents who indicated that their primary role was “direct service provider” is shown in Table 10.

Table 9: Number of Respondents Indicating Confidence in Proposed Context Categories

# of categories	<i>n</i>	% of question respondents	Cumulative % of question respondents
4	16	6.4	6.4
3	46	18.4	24.8
2	79	31.6	56.4
1	94	37.6	94.0
0	15	6.0	100.0
Total responding	250	100.0	
Did not respond	33		
Total survey respondents	283		

A similar pattern exists when only those respondents who indicated their primary role as “direct service provider” are included. In that case, 98% of respondents indicate confidence in at least one of the four areas.

Table 10: Number of Direct Service Provider Respondents Indicating Confidence in Proposed Context Categories

# of categories	<i>n</i>	% of question respondents	Cumulative % of question respondents
4	14	7.4	7.4
3	35	18.6	26.1
2	60	31.9	58.0
1	75	39.9	97.9

# of categories	<i>n</i>	% of question respondents	Cumulative % of question respondents
0	4	2.1	100.0
Total responding	188	100.0	
Did not respond	1		
Total of direct service providers	189		

Summary of Tables 9 and 10

The results of the Continuing Competence Committee's analysis indicate the following:

- 94% of respondents are confident in one of the four categories,
- 56% in two,
- 25% in three, and
- 6% in all four.

Only 6% of respondents indicated they are not confident in any of the four proposed context categories.

Conclusion

Almost all respondents (98% of those who indicated that their primary role was direct service provision; 94% of all respondents) indicated a high degree of confidence (4 or higher on the 5-point scale) in their ability to demonstrate their competence in one or more of the four proposed context categories in the CCP Blueprint.

5.0 Summary and Next Steps

The validation process supports the implementation of the draft blueprint as outlined in Appendix 1.

The CCP Blueprint has three dimensions:

1. jurisprudence areas,
2. essential competencies, and
3. contexts of occupational therapy practice.

The Continuing Competence Committee recommends that the following occur:

- The COTBC Board approve the CCP Blueprint.
- Each registrant who is required to complete the key features case-based competency assessment also be required to demonstrate continued competence in one of the four occupational therapy practice contexts:
 1. Child and Youth,
 2. Adult and Older Adult—Mental Health,
 3. Adult and Older Adult—Neurological, and
 4. Adult and Older Adult—General Physical Health.
- Further clarification and description of each of these four contexts be developed and communicated to registrants.
- Registrants continue to be engaged with CCP plans for Competency Assessment and the blueprint.

Appendix 1: CCP Blueprint

Dimensions

The CCP Blueprint has three dimensions:

1. jurisprudence areas,
2. essential competencies, and
3. contexts of occupational therapy practice.

A. Jurisprudence Areas

1. Professional boundaries
2. Consent for OT services
3. Collecting, recording, and protecting client information
4. Capacity of occupational therapists (fitness to practise)
5. Understanding standards
6. Use of support personnel
7. Client autonomy
8. Conflict resolution
9. Conflict of interest
10. Duty of care
11. Maintenance of essential competencies within workload demands
12. Prioritization of client needs
13. Professional autonomy
14. Infection control
15. Privacy laws (e.g., PIPA/FOIPPA)
16. Appropriate referral to others based on needs of client, limits of personal competence, etc.

B. Essential Competencies

The essential competencies from the 3rd edition will be included.

<p>UNIT 1: Assumes Professional Responsibility</p> <p><i>Self-regulatory professional responsibilities are essential to safe, ethical, and effective practice by occupational therapists.</i></p>
1.1 Demonstrates a commitment to their clients, public, and profession.
1.2 Practices within scope of professional and personal limitations and abilities.
1.3 Adheres to the Code of Ethics recognized by the provincial regulatory organization.
1.4 Applies ethical frameworks to solve ethical situations.
1.5 Demonstrates professional integrity.
<p>UNIT 2: Thinks Critically</p> <p><i>Critical reasoning and reflection approaches are essential to safe, ethical, and effective practice by occupational therapists.</i></p>
2.1 Demonstrates sound professional judgment and clinical reasoning in decision making.
2.2 Engages in reflection and evaluation and integrates findings into practice.
<p>UNIT 3: Demonstrates Practice Knowledge</p> <p><i>Practice knowledge is essential to safe, ethical, and effective practice by occupational therapists.</i></p>
3.1 Uses current occupational therapy foundational knowledge in day-to-day practice.
3.2 Demonstrates awareness of the physical, social, cultural, institutional, and economic environment relevant to the jurisdiction of practice.
3.3 Demonstrates awareness of experiential knowledge of client and occupational therapist.
3.4 Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.
<p>UNIT 4: Utilizes a Practice Process for Occupational Enablement</p> <p><i>Systematic approaches to enabling occupation are essential to safe, ethical, and effective practice by occupational therapists.</i></p>
4.1 Clarifies role of occupation and enablement when initiating services.
4.2 Demonstrates a systematic client-centred approach to occupational enablement.

4.3 Ensures informed consent prior to and throughout service provision.
4.4 Assesses occupational performance and enablement needs of client.
4.5 Develops client-specific plan with client, interprofessional team members, and other stakeholders.
4.6 Implements plan for occupational enablement.
4.7 Monitors plan to modify in a timely and appropriate manner.
<p>UNIT 5: Communicates & Collaborates Effectively</p> <p><i>Effective communication and collaboration approaches are essential to safe, ethical, and effective practice by occupational therapists.</i></p>
5.1 Communicates effectively with client, interprofessional team, and other stakeholders using client-centred principles that address physical, social, cultural, or other barriers to communication.
5.2 Communicates using a timely and effective approach.
5.3 Maintains confidentiality and security in the sharing, transmission, storage, and management of information.
5.4 Collaborates with client, interprofessional team, and other stakeholders.
5.5 Works effectively with client, interprofessional team, and other stakeholders to manage professional relationships.
<p>UNIT 6: Engages in Professional Development</p> <p><i>Engaging in professional development is essential to safe, ethical, and effective practice by occupational therapists.</i></p>
6.1 Uses self-evaluation, new learning, and evidence in professional development.
6.2 Demonstrates commitment to continuing competence.
6.3 Enhances personal competence through integration of on-going learning into practice.
<p>UNIT 7: Manages Own Practice and Advocates Within Systems</p> <p><i>Managing the quality of practice and advocating within systems is essential to safe, ethical, and effective practice by occupational therapists.</i></p>
7.1 Manages day-to-day practice processes.
7.2 Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.

7.3 Contributes to a practice environment that supports client-centred occupational therapy service which is safe, ethical, and effective.

7.4 Demonstrates commitment to client and provider safety.

7.5 Participates in quality improvement initiatives.

7.6 Advocates for the occupational potential, occupational performance, and occupational engagement of clients.

C. Occupational Therapy Practice Contexts

1. Child and Youth

2. Adult and Older Adult—Mental Health

3. Adult and Older Adult—Neurological

4. Adult and Older Adult—General Physical Health

Appendix 2: Demographics of Survey Respondents

Tables A through F show the distribution of survey respondents on six different demographic characteristics. Five of the six tables also include the proportion of all registrants in the COTBC, for comparative purposes. A summary of these findings is provided on page 10 of the report.

Table A: Geographical Region of Survey Respondents

Region	<i>n</i>	% of question respondents
Vancouver Island and Gulf Islands	55	22.0
Metro Vancouver	103	41.2
Fraser Valley	31	12.4
Sunshine Coast/Whistler Areas	2	0.8
Thompson Okanagan	35	14.0
Kootenay Rockies	4	1.6
Cariboo and Chilcotin Coast	3	1.2
Northern BC	13	5.2
Don't currently work in BC	4	1.6
Total responding	250	100.0
Did not respond	33	
Total survey respondents	283	

Note: No CIHI data are available for comparison.

Table B: Gender of Survey Respondents

Gender	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
Female	229	92.0	88.7
Male	20	8.0	11.3
Total responding	249	100.0	100.0
Did not respond	34		
Total survey respondents	283		1676

The difference in proportions between respondents and registrants is not statistically significant. The survey respondents *highly* resemble the target population in gender.

Table C: Age Range of Survey Respondents

Range	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
20–29	18	7.2	11.5
30–39	69	27.6	35.9
40–49	76	30.4	29.2
50–59	74	29.6	23.4 ^a
60 and over	13	5.2	
Total responding	250	100.0	100.0

Range	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
Did not respond	33		
Total survey respondents	283		1676

^a CIHI statistics are reported as 50+, so the comparator in the COTBC sample would be $29.6 + 5.2 = 34.8\%$.

The survey respondents *generally* resemble the target population in age range.

Table D: Role in Primary Practice Setting of Survey Respondents

Role	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
Direct service provider	189	75.9	83.6
Educator	12	4.8	1.7
Manager	9	3.6	4.8
Professional Leader/Coordinator	18	7.2	6.1
Researcher	5	2.0	0.4
Other	16	6.4	2.7
Total responding	249	100.0	100.0
Did not respond	34		—
Total survey respondents	283		1676

The survey respondents *generally* resemble the target population regarding their role in their primary practice setting.

Table E: Area of Practice of Survey Respondents

Area	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
Neurological	23	9.2	14.5
Musculoskeletal	12	4.8	9.3
General physical health	47	18.9	33.1
Mental health	29	11.6	11.2
Vocational rehabilitation	4	1.6	4.9
Palliative care	8	3.2	0.5
Health promotion and wellness	3	1.2	1.1
Other areas of direct service provision	22	8.8	12.0
Client service management	32	12.9	3.4
Medical/legal	7	2.8	2.5
Research	5	2.0	0.5
Teaching	17	6.8	2.1
Service administration	33	13.3	2.2
Other areas of practice	7	2.8	2.1
Total responding	249	100.0	100.0
Did not respond	34		—
Total survey respondents	283		1676

The survey respondents *generally* resemble the target population in clinical practice area.

Table F: Practice Setting of Survey Respondents

Setting	n	%	
		Question respondents	COTBC registrants (CIHI data)
General hospital	42	17.1	23.9
Rehabilitation hospital/facility	16	6.5	11.1
Mental health hospital/facility	11	4.5	6.3
Residential care facility	20	8.1	5.9
Assisted living residence	0	0.0	unavailable ⁴
Community health centre	58	23.6	22.1
Visiting agency/business	6	2.4	1.3
Group professional practice/ clinic	19	7.7	8.3
Solo professional practice/ clinic	16	6.5	7.0
Post-secondary educational institution	8	3.3	1.4
School or school board	16	6.5	4.4
Assoc./government/para-governmental	12	4.9	2.5
Industry/Manufacturing/Commercial	0	0.0	unavailable ⁵

⁴ Values suppressed in accordance with CIHI's privacy policy to ensure confidentiality where numbers are small

⁵ Ibid.

Setting	<i>n</i>	%	
		Question respondents	COTBC registrants (CIHI data)
Other	22	8.9	4.9
Total responding	246	100.0	100.0
Did not respond	37		—
Total survey respondents	283		1676

The survey respondents *generally* resemble the target population in clinical practice setting.

Appendix 3: Confidence Ratings in Client Age Groups, Clinical Areas of Practice, and Practice Settings by Survey Respondents

Respondents were asked, “Based on your *current* knowledge, skills, and attitudes, please indicate your confidence to demonstrate the OT process with each of the following age ranges of clients, where 1 is not at all confident to demonstrate competence in this area and 5 is very confident to demonstrate confidence in this area.” Table G gives the results.

Table G: Confidence Rating in Age Ranges by Survey Respondents

Range	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Infant & child	246	1	5	2.30	1.46
Adolescent	246	1	5	2.78	1.29
Young adult	248	1	5	3.83	1.12
Adult	249	1	5	4.24	1.01
Older adult	247	1	5	4.11	1.06

Respondents were asked “Based on your *current* knowledge, skills, and attitudes, please indicate your confidence to demonstrate the OT process with each of the following areas of practice, where 1 is not at all confident to demonstrate competence in this area and 5 is very confident to demonstrate confidence in this area.” Table H presents data about the responses.

Table H: Confidence Rating in Areas of Practice by Survey Respondents

Area	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Neurological	250	1	5	3.49	1.10
Musculoskeletal	250	1	5	3.77	1.06

Area	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Cardiovascular/respiratory	249	1	5	2.65	1.13
Digestive/metabolic/endocrine	249	1	5	2.26	1.02
General physical health	250	1	5	3.94	0.99
Mental health	248	1	5	3.03	1.37
Vocational rehabilitation	248	1	5	2.75	1.43
Palliative care	249	1	5	3.01	1.28
Health promotion and wellness	248	1	5	3.71	1.03
Other areas of direct service	214	1	5	3.64	1.01
Client service management	245	1	5	3.58	1.18
Medical/legal	245	1	5	2.48	1.25
Research	249	1	5	2.29	1.12
Teaching	251	1	5	3.46	1.06
Service administration	248	1	5	3.22	1.17

Finally, respondents were asked, “Based on your *current* knowledge, skills, and attitudes, please indicate your confidence to demonstrate the OT process within each of the following practice settings, where 1 is not at all confident to demonstrate competence in this setting and 5 is very confident to demonstrate confidence in this setting.” See Table I for the results.

Table I: Confidence Rating in Practice Settings by Survey Respondents

Setting	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
General hospital	250	1	5	3.52	1.18
Rehabilitation hospital/facility	250	1	5	3.62	1.08
Mental health hospital/facility	250	1	5	2.81	1.41

Setting	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Residential care facility	249	1	5	3.68	1.20
Assisted living residence	249	1	5	3.71	1.18
Community health centre	250	1	5	3.77	1.10
Visiting agency/business	245	1	5	2.82	1.21
Group professional practice/clinic	249	1	5	3.08	1.29
Solo professional practice/clinic	246	1	5	2.94	1.35
Post-secondary educational institution	248	1	5	2.55	1.22
School or school board	248	1	5	2.60	1.42
Assoc./government/para-governmental	248	1	5	2.46	1.28
Industry/manufacturing/commercial	248	1	5	2.15	1.15