

Quality Assurance Program¹ Framework March 2016



1. Authority and Mandate

Protection of the public is a key objective of the COTBC, and programs that ensure the competence of occupational therapists and the quality of their services are one of the COTBC's core responsibilities as the regulatory body for occupational therapists. The COTBC Quality Assurance Program 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 is proclaimed in force.

2. Purpose, Objective, and Standard

Purpose

The most-often-noted purpose or goal of quality assurance programs (QAPs) is "to ensure [that] health care is delivered in a consistent manner of high quality across all members of a professional group."²

The purpose of this QAP is to support, monitor, and enforce the continued safe, ethical, and effective practice of occupational therapists in British Columbia.

Objective

COTBC will develop, implement, and maintain a recognized QAP that supports, monitors, and enforces the safe, ethical, and effective practice of occupational therapists in British Columbia.

Standard

The development and implementation of the QAP is based on the document *Essential Competencies of Practice for Occupational Therapists in Canada* (3rd Ed., ACOTRO, 2011). The program will focus on verifying that individual registrants demonstrate the essential competencies.

¹ In September 2009, the COTBC Board approved the framework for the Quality Assurance Program (QAP), then known as the Continuing Competence Program. Adjustments to the Guiding Principles and the new Competence Maintenance activities were later approved at the October 2012 Board meeting.

² Bilawka & Craig, 2003, p. 161

3. Defining Competence

An outcome of training to a specific standard or level of performance, “professional competence is the habitual and judicious use of communication, knowledge, technical skills, professional reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community being served.”³

4. Guiding Principles

These principles guide the development and implementation of the QAP.

1. *Public protection is the bottom line.*

- When components of occupational therapy practice are identified as posing a high risk to the public, the QAP will focus attention and resources on these areas.
- If any categories of practitioners are identified to be at a higher risk for competence gaps compared with the whole profession, the program will focus attention and resources on these practitioner categories.

2. *Maintaining and enhancing competence is the responsibility of the registrant.* The QAP will be designed to support registrants in understanding, applying, and demonstrating the essential competencies. The tools selected will help registrants identify ways in which they can demonstrate competence. The program will not be punitive and will provide feedback. This feedback will validate practice or provide guidance for improvement. When necessary, an appropriate amount of structure to support enhancement of practice will be provided.

3. *Competence requirements apply to all registrants.* All occupational therapists registered in practising categories will be required to participate in the QAP.

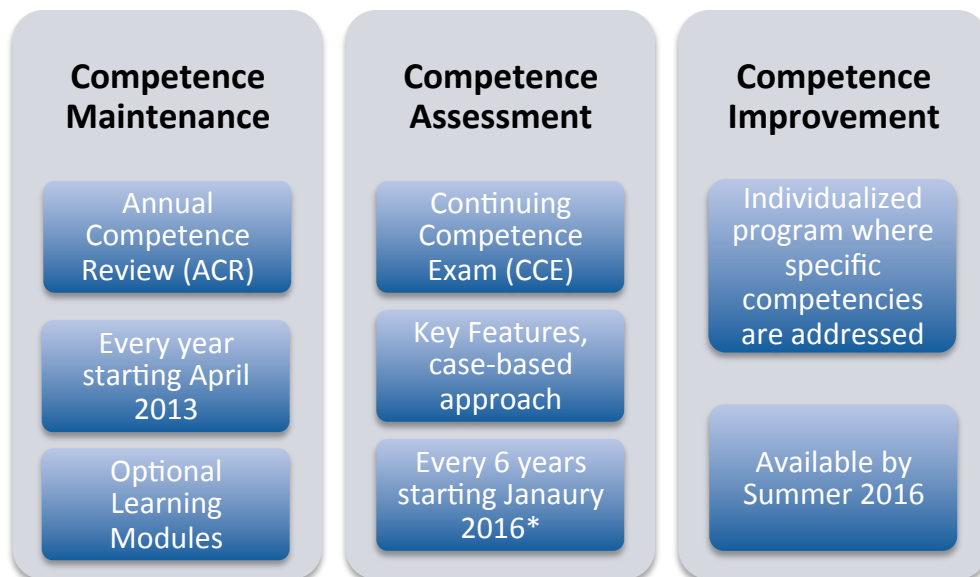
4. *Competence is multi-dimensional and dynamic.* The QAP, while based on common processes and tools, will have sufficient flexibility to reflect that competence changes with time, experience, and setting. It will be the individual registrant’s responsibility to understand and apply the essential competencies and to demonstrate that he or she does so within his or her practice.

5. *The program design will reflect quality, balance, fiscal responsibility, and fairness.*

³ Epstein and Hundert, 2002, p. 226

- **Quality:** The program will be based on best practices in the field of QAPs. Validity and reliability of methods and tools will be considered. Since this is a developing field of knowledge, the program will be based on the best available information, and it will be evaluated and improved over time.
- **Balance:** The program will balance the feasibility of registrant participation with the college's obligation to administer a QAP.
- **Fiscal responsibility:** The program will balance the demands for public protection against the costs associated with implementing the best practice given the resources available.
- **Fairness:** Competence Assessment and decision-making processes will be clearly defined and transparent. Registrants will be given reasonable opportunity to provide information before decisions related to their competence are made.

5. Program Elements



Competence Maintenance

The first element supports occupational therapists' continued competence. The Annual Competence Review is delivered online and required annually for registration renewal. It includes

- Tabulation of practice hours,
- Review of career transitions,
- Regulatory quiz,

- Links to resources,
- Decision-making tool (part of all practice guidelines), and
- Feedback report to registrant.

Starting in 2014–2015, a choice of learning modules will be available, which will help occupational therapists keep up to date with regulatory topics and apply these to their individual practice. Completing the Annual Competence Review may identify learning needs that may be met by completing a related learning module. These are considered practice resources and are not a requirement of the QAP.

Competence Assessment

The second element of the QAP is a regular, objective assessment of the occupational therapist's competence. The Continuing Competence Exam (CCE) is an online, practice-based written test. Occupational therapists are required to pass the CCE every 6 years.

After a comprehensive review of assessment options—including written tests, clinical tests, on-site assessments, and portfolios—a written test was selected for COTBC as the best match to meet the purpose, objectives, and principles of the QAP. The type of test selected and developed has a key features approach, using a flexible format for questions and answers to assess knowledge, knowledge application, and clinical decision-making about occupational therapists' cases. The use of multiple question–answer formats was chosen as it better reflects the reality that in day-to-day practice there may be multiple correct answers or several steps to a solution. The use of multiple question–answer formats allows the questions to be written in a way that mirrors the knowledge or clinical decision being assessed. The question–answer formats that COTBC plans to use are matching/sorting, multiple choice (traditional MCQ), pick "X" from a list (multiple correct/long menu), rank (ordering), and multiple true–false.

Key features questions use a style of written assessment that focuses on the important aspects (key features) of safe, effective practice in a given case. The cases include questions on both occupational therapy practice contexts and COTBC–driven strategic content choices. Strategic content choices refer to issues that present possible risks to the public such as professional boundaries, consent, and use of support personnel.

Competence Improvement⁴

Competence Improvement, the third element of the QAP, applies only to those registrants who are not successful in the CCE. Most registrants will correctly answer the questions, which are designed to assess the “essential level” of performance for safe, effective, ethical practice. However, data from similar programs suggest that somewhere between 1 to 12% of registrants⁵ will not be successful on their first attempt.

⁴ This section is based on previous COTBC work (Glover Takahashi, 2009) and is still under development

⁵ Ko, Glover Takahashi, & Beggs, 2011

COTBC has established a policy allowing registrants to have one opportunity to retake the CCE. The experience of similar programs suggests that 1 to 3% of all registrants will not be successful when they do the retake.⁶ These registrants will participate in the Competence Improvement element.

The Competence Improvement element will involve an occupational therapist experienced and trained in competence assessment and practice standards working with the registrant in the development of a customized competence improvement plan. The customized improvement plan will be based on a variety of information such as detailed analysis of exam results, one-on-one consultation, on-site visits, chart-stimulated recall, and professional development plans. The plan could include strategies such as targeted continuing education courses, mentorship plans, supervision plans, regular reporting, and follow-up on-site visits. The experience will involve education and mentoring, with the goal of assisting the registrant in improving his or her level of competence.

6. Program Development Milestones

In 2006...

- The program began with the launch of the first element, Competence Maintenance and Ongoing Development, which included a self-assessment, professional development plan and the submission of a declaration form to COTBC.

In 2008...

- In part due to the provincial government's public consultation, *Conversation on Health*, the BC government made several significant amendments to the *Health Professions Act*. Of importance here was the move to include a quality assurance component in continuing competence programs and thus the focus on not only supporting but also monitoring continued competence.

In 2009...

- The College Board approved the new framework, including a written exam for the Competence Assessment element. Further information on its development can be found in *Developing the Continuing Competence Program for the College of Occupational Therapists of British Columbia: From Ideas to Design*.

In 2010...

- A program blueprint was developed and validated by registrants through an online survey. Details regarding this process can be found in *COTBC Continuing Competence Program Blueprint Development & Validation Report*.

⁶ Williams, 2006; Nayer, 2003; Nayer, 2006

- It also became apparent that the growing evidence regarding the limits of self-assessment and new insights regarding competence development required a review of the first element of the program.

In 2011...

- The Board approved a committee recommendation to review the evidence and best practices of other regulatory organizations, and to conduct a survey of all registrants regarding their perceptions of the present elements and supports available to maintain and/or enhance their competence.
- Case writers were appointed to the Exam Development Sub-Committee, and were provided training and ongoing support. Case writing began in earnest.
- Development of the online case development environment allowed for secure writing and reviewing of cases for the QAP.

In 2012...

- The Board approved the final report: *Redesigning the Next-Generation COTBC Competence Maintenance Element of the Continuing Competence Program: Inventory of the Past, Looking at the Present, Directions for the Future.*

In 2013...

- The online Annual Competence Review was launched, replacing the self-assessment and professional development plan previously required.
- Development proceeded on a secure online competence database to protect the privacy of registrants' personal information, and reflect the program blueprint, allowing for cost-effective program delivery and report generation.
- Policies and procedures for all aspects of the Continuing Competence Exam were developed and approved by the College Board.
- A review panel and subject matter expert were appointed to assist with the development of the Code of Ethics Learning Module.

In 2014...

- Second administration of the Annual Competence Review.
- Appointment and orientation of the Exam Technical Panel who oversee the scoring of the Continuing Competence Exam.
- Pre-testing of the Continuing Competence Exam.
- Pilot Testing of the Continuing Competence Exam.
- Decision made to place all registrants in the first administration of the Continuing Competence Exam.

In 2015...

- Third administration of the Annual Competence Review.
- Ethics in Daily Practice Learning Module launched.
- Improvements made to the online environment based on the Pilot Test results.
- Quality Assurance Program Blueprint revised to exclude neurological cases from the physical health form of the exam.
- Development of final policies including fee schedules for late bookings.
- Orientation materials, exam prep and quality practice webinars prepared and delivered.
- Browser test site launched.
- QAP updates published regularly.

In 2016...

- First administration of the Continuing Competence Exam from January 26-30 with makeup sessions on February 13 and 17th with 1,765 occupational therapists participating.
- Exam retake session for deferrals and those unsuccessful in meeting the standard during the January/February administrations scheduled for August 2016.

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