CPTBC
College of Physical Therapists of British Columbia

CPTBC Quality Assurance Program

Preparing for the Registrant Practice Support Component

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College of Physical Therapists of British Columbia (CPTBC)

Quality Assurance Program:

Preparing for the Registrant Practice Support Component

This information package, with relevant materials and references data, including data from the Annual Self Report (ASR) is use to develop the Registrant Competency Assessment (RCA) component of the Quality Assurance Program.

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Updated & Approved September 2011

BLUEPRINT FOR THE CPTBC QUALITY ASSURANCE PROGRAM

A. QUALITY ASSURANCE PROGRAM

Purpose of the CPTBC Quality Assurance Program

The purpose of the CPTBC Quality Assurance Program (QAP) is to monitor and support the continuing competence of physical therapists in British Columbia.

Definition of 'continuing competence'

'Continuing competence' is the ongoing ability of a practitioner to demonstrate competent practice in such areas as safety, effectiveness and ethics.
'Competent' refers to the skill level of a practitioner, which meets or exceeds the minimal and ongoing performance expectations.

'Competent practice' is depended on three elements:

1) Context of practice,
2) Capacity of practitioner (e.g., intellectual, physical, emotional, psychological), and
3) Competencies demonstrated by the practitioner.[1]

Standard for the Quality Assurance Program

For development and implementation of the CPTBC QAP, the *Essential Competency Profile for Physiotherapists in Canada*[2] and any subsequent revisions or updates, will be used to describe the standard for safe, ethical and effective physical therapy practice in British Columbia.

[1] Glover Takahashi, S., McIlroy, J., & Beggs, C. (2008). *Assessing the competence of internationally educated occupational therapists for practise in Canada: Towards a common approach and an assessment toolkit.* Victoria, BC: College of Occupational Therapists of British Columbia.

[2] Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council. (2004). *Essential Competency Profile for Physiotherapist in Canada*. Toronto: Authors

B. THE BLUEPRINT

Purpose of the Blueprint

The purpose of the blueprint for the CPTBC QAP is to:

1) Communicate the relative importance of each area of competence for the assessment of continuing competence of CPTBC registrants, and
2) Itemize what parts of a registrant's continuing competence will be tracked or assessed in each of the components of the QAP (i.e., the Annual Self Report and the Registrant Competence Assessment).

The blueprint was developed and approved in consideration of the CPTBC standards of practice, and with the input and oversight of registrants including the Board of Directors, Quality Assurance Committee, Registrant Competence Assessment Subcommittee, and CPTBC College staff. Based on the development of the blueprint, an assessment tool was developed.

A more detailed outline of what may be included within the blueprint is found in Appendix A. The examples of what may be included in the Annual Self Report (ASR) or the Registrant Competence Assessment (RCA) assist in the development of the assessment tool and contribute to registrant information. Appendix A is a working inventory, and is updated under the supervision of the Quality Assurance Committee from time to time as required.

Dimensions of the Blueprint

The blueprint for the Continuing Competency Program includes three dimensions:

1. *Contexts* of Physical Therapy Practice,
2. Key Regulatory Topic areas to be assessed, and
3. Essential Competencies to be assessed.

1. Physical Therapy Practice Contexts

The Quality Assurance Program will assess the various Physical Therapy Practice Contexts. Aspects of practice contexts that may be represented within the QAP include:

1.1 Practice Setting

a) Facility-based such as: hospitals, rehabilitation centres, nursing homes.

b) Office / clinic-based such as: private practice, ambulatory care clinics.

c) Community-based such as: client residences, schools, group homes, community access centres, urban/rural/remote areas.

1.2 Goals of Care

a) Health promotion in wellness and managing activity limitations

b) Disease / injury / disability prevention

c) Restoration and rehabilitation

d) Maintenance and support

Choosing a practice context for assessment in the Registrant Competence Assessment

For the Registrant Competence Assessment (RCA), each physical therapist registered in British Columbia is required to demonstrate continuing competence in one or two of the key physical therapy practice contexts listed below:

Key Physical Therapy Practice Contexts
1. Adults & Older Adults - Musculoskeletal
2. Adults & Older Adults - Neuromuscular
3. Adults & Older Adults - Cardiorespiratory
4. Paediatrics

Registrants will be able to choose, from the list of key physical therapy practice contexts, the context in which they will demonstrate their continuing competence. This choice enables registrants' assessments to focus on one or two of the four key physical therapy practice contexts (i.e. all cases can be in one area; alternately, half of the cases can be completed in one area with the balance in a second area).

2. Regulatory Topics

The QAP will assess key regulatory topics including the following standards, guidelines and policies developed by CPTBC. Visit the CPTBC website for a complete updated list of current documents at www.cptbc.org

2.1 Adherence to CPTBC Practice Standards, including:

a) Standard #1: Clinical Records
b) Standard #2: Electro-physical Agents
c) Standard #3: Assignment of Task to Physical Therapist Support Worker
d) Standard #4: Consent to Treatment
e) Standard #5: Spinal Manipulation
f) Standard #6: Sexual Misconduct
g) Standard #7: Infection Control
h) Standard #8: Conflict of Interest
i) Standard #9: Complementary and Alternative Therapies
j) Standard #10: Acupuncture & Dry Needling for Physical Therapists
k) Standard #11: Draping for Patients
l) Standard #12: Intrapelvic Assessment and Treatment
m) Standard #13: Use of Title and Credentials

2.2 Adherence to Advisory Statements including:

a) Concurrent Treatment Practices
b) Intrapelvic Assessment (in conjunction with PS # 12)
c) Observation/Job Shadowing by a Non-PT Student
d) Conducting a PT Practice
e) Ethical Guidelines for Research
f) Preparation of Expert Opinion Reports
g) Reporting Abuse

2.3 College Code of Ethics (By-Laws Part V,55)

2.4 Minimal Treatment Standards (By-Laws Part V, 56)

2.5 Health Records (By-Laws Part VI, 59, 60, 61)

2.6 Professional Boundaries

2.7 Communication

2.8 BC Health Professions Act

2.9 Scope of Practice (people)

2.10 Assignment of Task

2.11 BC Privacy Laws – Personal Information Protection Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIPPA)

2.12 Appropriate referral to others re: needs of patient, personal competence (*Essential Competency Profile* 1.1.c)

3. Essential Competencies (Elements of the 2009 *Essential Competency Profile*)

The QAP will assess the essential competencies of registrants. The document that guides and informs this assessment is the *Essential Competency Profile for Physiotherapists in Canada* (2009). Information to help further clarify the interpretation and application of this document can be found on the CPTBC website. The essential competencies that will be assessed include the following (*the number in brackets refers to the competency listed in the Essential Competency Profile document*):

3.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes (1.1)

3.2 Collects assessment data relevant to the client's needs and physiotherapy practice (1.2)

3.3 Analyzes assessment findings (1.3)

3.4 Establishes a physiotherapy diagnosis and prognosis (1.4)

3.5 Develops and recommends an intervention strategy (1.5)

3.6 Implements intervention (1.6)

3.7 Evaluates the effectiveness of interventions (1.7)

3.8 Completes physiotherapy services (1.8)

3.9 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication (2.1)

3.10 Elicits, analyzes, records, applies, conveys and shares information (2.2)

3.11 Employs effective and appropriate verbal, nonverbal, written, and electronic communications (2.3)

3.12 Establishes and maintains inter-professional relationships, which foster effective client centered collaboration (3.1)

3.13 Collaborates with others to prevent, manage and resolve conflict (3.2)

3.14 Manages individual practice effectively (4.1)

3.15 Manages and supervises personnel involved in the delivery of physiotherapy services (4.2)

3.16 Participates in activities that contribute to safe and effective physiotherapy practice (4.3)

3.17 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities (5.1)

3.18 Uses a reflective approach to practice (6.1)

3.19 Incorporates lifelong learning and experiences into best practice (6.2)

3.20 Engages in scholarly inquiry (6.3)

3.21 Conducts self within legal/ethical requirements (7.1)

3.22 Respects the individuality and autonomy of the client (7.2)

3.23 Contributes to the development of the physiotherapy profession (7.3)

C. DISTRIBUTION OF CASES & QUESTIONS FOR THE REGISTRANT COMPETENCE ASSESSMENT

1. CASES - PHYSICAL THERAPY PRACTICE CONTEXT

Almost all (90% or more) of the cases and/or questions in the Registrant Competency Assessment will relate to/or be based within the registrant's specifically selected Physical Therapy Practice Contexts (one or two of FOUR contexts).

2. QUESTIONS - REGULATORY CONTEXT

Each question, based in a regulatory context, will cover one of two areas:

2.1 Regulatory Topics

Approximately 35% (+/- 10%) of the cases and/or questions in the Registrant Competency Assessment will relate to regulatory topics.

2.2 Essential Competencies

Approximately 65% (+/- 10%) of the cases and/or questions in the Registrant Competency Assessment will relate to essential competencies.

APPENDIX A

DETAILED CONTENT OUTLINE FOR CPTBC BLUEPRINT

The examples of what may be included in the Annual Self Report (ASR) or Registrant Competence Assessment (RCA) assist in the development of the assessment tool and add to the information for registrants. Appendix A is a working inventory, and is updated under the supervision of the Quality Assurance Committee from time to time as needed.

1. Physical Therapy Practice Contexts

Examples of, and resources for, the physical therapy practice contexts are included in this section.

1.1 ADULTS – Musculoskeletal

EXAMPLES of ***client diagnoses and problems*** may include:

- Amputations
- Congenital malformations (e.g., talipes equinovarus, hip dysplasia)
- Degenerative joint disease
- Fasciitis, fascial tearing, myofascial restriction
- Fractures, dislocations, subluxations
- Inflammatory/infectious conditions of the neuromusculoskeletal system (e.g., osteomyelitis)
- Joint derangements/dysfunction (e.g., loose bodies, hypermobility, hypomobility)
- Ligament sprains/tears
- Mechanical spinal abnormalities (e.g., low back pain, scoliosis, postural dysfunction)
- Muscle contusions/strains/tears/weakness
- Nerve compression (e.g., Carpal Tunnel Syndrome, radiculopathy, spinal stenosis)
- Neural tissue dysfunction/neuro-dynamic dysfunction
- Osteoporosis/osteopenia
- Peripheral nerve injuries
- Scars
- Tendonopathy, tendon ruptures/tears, tendonosis
- Tumour/pathological fractures

1.2 ADULTS – Neuromuscular

EXAMPLES of ***client diagnoses and problems*** may include:

- Acquired brain injuries (e.g.,TBI, Tumours, Anoxic Brain Damage)
- Altered level of consciousness (e.g., coma, seizures)
- Cerebellar disorders
- Cerebral vascular accident/transient ischemic attack
- Degenerative neurological/neuromuscular disorders (e.g., muscular dystrophies, amyotrophic lateral sclerosis, Parkinson disease)
- Dementia, affective and cognitive disorders
- Demyelinating disorders (e.g., multiple sclerosis)
- Inflammatory/infectious conditions of nervous system (e.g., meningitis, Lyme disease)
- Neuropathies (e.g., peripheral neuropathies, complex regional pain syndrome)
- Non-progressive neurological conditions (e.g., Guillain Barré, Post-polio, cerebral palsy)
- Spinal cord injury
- Tumour
- Vestibular disorders

1.3 ADULTS – Cardiorespiratory

EXAMPLES of ***client diagnoses and problems*** may include:

- Adult respiratory distress syndrome (e.g., acute lung injury)
- Asthma
- Atelectasis (primary or post-operative/preventive)
- Chronic obstructive pulmonary disease (e.g., emphysema, bronchitis, bronchiectasis)
- Cystic fibrosis
- Heart disease/malformation/injury (e.g., arteriosclerosis, blunt trauma, tamponade, aortic aneurysm)
- Heart failure, cor pulmonale
- Myocardial ischaemia and infarction (including surgical interventions)
- Peripheral arterial disease
- Pleural effusion
- Pneumonia (primary or post-operative/preventive)
- Pulmonary edema
- Restrictive pulmonary disease (e.g., fibrosis)
- Tuberculosis
- Tumour
- Venous disorders

1.4 Paediatrics (i.e. birth to 18 years)

Examples of ***client diagnoses and problems*** may include:

- Asthma
- Acute respiratory diagnoses
- Chronic disease impairments
- Congenital impairments (e.g., spina bifida)
- Developmental delay / children at risk for developmental delay
- Developmental/birth injuries (e.g., cerebral palsy, myelomeningocele, Erb's palsy)
- Infant respiratory distress syndrome (e.g., acute lung injury)
- Neuromotor impairments (e.g., cerebral palsy, traumatic brain injury, motor control disorders)
- Orthopaedic impairments (e.g., arthritic disorders)
- Progressive disorders (e.g., muscular dystrophy, cystic fibrosis)

2. Regulatory Topics

Examples of, and resources for, the regulatory topics are included in this section.

Regulatory Topics	Examples
1. Standard #1: Clinical Records	• Records patient/client information appropriately • Documents assessment, treatment plan and outcomes, and discharge summary
2. Standard #2: Electro-physical Agents	• Appropriately applies electrophysical agents • Knows contraindications for electrophysical agents • Maintains electrophysical agents
3. Standard #3: Assignment of Task to Physical Therapist Support Worker	• Assigns task appropriately (e.g., to support personnel) • Obtains appropriate consent for assignment of task • Supervises appropriately
4. Standard #4: Consent to Treatment	• Communicates risks, benefits and alternatives to patient/client • Obtains permission/authority to proceed • Patient/client and/or family acknowledges risks, benefits and alternatives • Substitute decision maker • Right to live at risk • Assessment of risk • Acknowledgement of risk by patient and/or family • Capacity issues • Consent re: support worker • Communication disorder (e.g., aphasia)
5. Standard #5: Spinal	• Has appropriate qualifications before performing

Regulatory Topics		Examples
	Manipulation	manipulation
6.	Standard #6: Sexual Misconduct	• Knows appropriate professional conduct with clients • Knows professional and ethical boundaries as they pertain to patient-therapist relationship • Maintains personal boundaries in a professional relationship with a patient/client • Manages the power imbalance between the physical therapist and the patient/client
7.	Standard #7: Infection Control	• Has knowledge of approach for immuno-compromised patients • Uses appropriate procedures for patients / clients with MRSA, VRE, C-Difficile, open sores, and other infectious conditions
8.	Standard #8: Conflict of Interest	• Gifts from patients/clients • Preferential treatment • Self-interest/business/family interest • Payment issues
9.	Standard #9: Complementary and Alternative Therapies	• Knows own knowledge and skill boundaries • Offers conventional physical therapy treatment plan options in addition to complementary and alternative therapies • Ensure the patient/client is aware when the treatment option is considered a complementary and alternative therapy
10.	Standard # 10: Dry Needling	• Appropriate application of needles • Knows contraindications for dry needling • Maintenance of needles and other related equipment
11.	Standard #11: Draping for Patients/Clients	• Drapes patient appropriately • Manages assessment when patient does not have appropriate clothing • Manages situation with children appropriately
12.	Standard #12: Assessment and Treatment of Patients/Clients with Intra-pelvic conditions	• Need for ongoing informed consent and documentation • Appropriate examination room set-up, draping • Obtains informed consent prior to proceeding with an intra-pelvic assessment and treatment • Advises the patient/client that he or she may have a third party of their choice present during the assessment and treatment
13.	Standard #13: Use of	• Uses title and credentials appropriately[3]

[3] *Professional association membership is not a credential and must not be conveyed as such (e.g., MCPA = member of the Canadian Association of Physiotherapy). When providing patient care services, physical therapists holding a doctorate degree can not use the title Doctor or abbreviation Dr to precede their name, but can use the designation after their name (e.g., DPT, PhD).*

Regulatory Topics	Examples
Title and Credentials	
14. Advisory Statement: Concurrent Treatment Practices	• Uses appropriate communication to avoid duplication of service • Knows when and how to proceed when concurrent treatments for a patient/client occur either by another physical therapist or by another health care provider • Establishes the roles of treating health care providers by communicating clearly with the patient/client
15. Advisory Statement: Intra-pelvic Assessment (in conjunction with Standard # 12)	• Is aware of how to provide the patient/client with autonomy and control when physical or sexual abuse is identified in the patient/client history (e.g., establish with patient the ability to withdraw consent at any time, ability to request presence of a third party) • Minimizes the potential for misunderstanding by communicating and documenting accurately • Has a third party present if the physical therapist has concerns regarding the patient's/client's understanding or psychological well being
16. Advisory Statement: Observation/Job Shadowing by a Non-Physical Therapy Student	• Is aware of limits and boundaries for inclusion of non-PT students (e.g., patient privacy, need for confidentiality to be observed, signing of confidentiality agreement, consent first prior to introducing observers, consent for observation for each client encounter)

Regulatory Topics	Examples
17. Advisory Statement: Conducting a Physical Therapy Practice	• Need to provide adequate space and privacy for conducting therapy • Need to ensure clinical records are stored securely with respect to privacy and safety concerns • Need to maintain equipment safety (physical modalities), adequate linens, and supplies in compliance with infection control standards, draping for patients • Maintains professional and ethical standards as they pertain to marketing/advertising • Ensures clear records of patient scheduling, attendance, invoicing • Written policies and procedures are available to orient new staff • Policies and procedures direct all staff as to the expectations for performance based on established guidelines and legal requirements
18. Advisory Statement: Ethical Guidelines for Research	• Knows the ethical standards by which research must abide • Reviews and follows the proper procedures for ethical conduct for research involving humans • Follows ethical guidelines established by employer/health authority
19. Advisory Statement: Preparation of Expert Opinion Reports	• Understands the three types of evidence: factual evidence, opinion evidence, and opinion upon opinion evidence • The first duty of an expert is to the court, not to the person who retained them as an expert witness
20. Advisory Statement: Reporting Abuse	• Understand legal requirements for reporting abuse of adults in BC • Understand legal requirements for reporting abuse or suspected abuse of a child or youth in BC
21. College Code of Ethics (By-Laws Part V, 55)	• Mandatory reporting • Concurrent treatments
22. Minimal Treatment Standards (By-Laws Part V, 56)	• Prior to initiating treatment, the physical therapist must complete a list of seven minimum requirements including obtaining a medical history, completing a physical examination, formulating a treatment plan, obtaining client consent and documentation, etc.
23. Health Records (By-Laws Part VI, 59, 60, 61)	• Patient/client access to records • Release of records to third parties
24. Boundary Issues	• Client-therapist relationship • Gifts (i.e. limits to)

Regulatory Topics	Examples
	• Professional relationship not friendship • Dating (i.e. limits to) • Bias • Preferential treatment • Self-interest/business/family interest • Payment issues • Communication with patient in social context
25. Communication	• Collaboration with other professionals • Referral when out of scope • Referral to physician for reassessment • Managing difficult patients • Develop rapport with patient • Communication re: different expectations (patient/PT) • Patient education • Language barriers • Documentation
26. BC *Health Professions Act*: Scope of Practice	• Works within physical therapy scope
27. BC *Health Professions Act*: Assignment	• Assigns treatment appropriately • Does *not* assign tasks that require assessment • Supervises at an appropriate interval for the patient condition and status
28. BC Privacy Laws: *Personal Information Protection Act* (PIPA) *and Freedom of Information and Protection of Privacy Act* (FOIPPA)	• Maintains confidentiality of information in different situations (e.g., parents asking for information, children asking for information on parents, school teachers asking for information, social requests for information, colleagues) • Understands circle of care and who can have information • Insurance adjusters • Worksafe BC
29. Appropriate Referral to Others re: needs of patient, personal competence	• Refers patient to appropriate professional when situation is out of personal or professional scope

3. Essential Competencies

Examples/sample of and resources for the essential competencies are found below.

Competency	Examples
1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes	• Takes an appropriate history prior to treatment
1.2 Collects assessment data relevant to the client's needs and physiotherapy practice	• Identifies relevant components of history for case • Obtains information from family or colleagues as required • Identifies relevant components of physical assessment for case • Uses appropriate outcome measures to assess and monitor progression
1.3 Analyzes assessment findings	• Recognizes complications • Recognizes red flags • Reassesses when status changes • Reassesses prior to treatment changes • Interprets x-ray findings • Interprets lab values • Recognizes reason for changes in patient condition • Knows special tests for conditions (e.g., specific ligamentous tests for ACL) • Correctly interprets common outcome measures
1.4 Establishes a physiotherapy diagnosis and prognosis	• Able to identify most likely diagnosis • Able to identify most likely differential diagnoses • Able to rule out conditions • Recognizes complications

Competency	Examples
1.5 Develops and recommends an intervention strategy	• Communicate with patient/parent/decision maker re: treatment • Modifies plan when weight bearing status changes • Selects appropriate treatment approach • Progresses treatment appropriately • Adapts treatment to patient circumstances • Selects appropriate exercises for patient • Selects appropriate electrotherapy modalities • Avoids contraindicated treatments/activities
1.6 Implements intervention	• Patient education strategies
1.7 Evaluates the effectiveness of interventions	• Reassesses as required • Uses and monitors common outcome measures • Reassess prior to changes treatment
1.8 Completes physiotherapy services	• Discharges when treatment no longer indicated • Creates appropriate return to work plan
2.1 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication	• Consults and collaborates with other healthcare professionals involved in the care of the client with the best interest of the patient/client in mind
2.2 Elicits, analyzes, records, applies, conveys and shares information	• Records accurately • Records with clarity • Maintains privacy of patient information • Access to records • Supervises student records • Records changes in treatment/patient status • Records appropriately re: support personnel • Supervises support personnel records
2.3 Employs effective and appropriate verbal, nonverbal, written, and electronic communications	• Uses open ended questions • Discusses treatment plan with patient • Discusses goals with patient • Works to clarify appropriate goals in the face of unrealistic patient expectations • Professional written communications • Communicates with family as required • Deals with non-compliant patients • Provides follow-up reports to physicians • Communicates with other professionals

Competency	Examples
3.1 Establishes and maintains interprofessional relationships, which foster effective client-centered collaboration.	• Provides follow-up reports to physicians • Communicates with other professionals • Refer to others when issues are outside of personal or professional scope • Maintains peer interaction in remote areas • Clarifies orders with physicians as required • Appropriate use of title and credentials
3.2 Collaborates with others to prevent, manage and resolve conflict.	• Works with other team members when handling a "difficult" patient • Respects the roles and contributions of other team members/professions, respecting their autonomy and processes • Conducts self in a professional manner using effective communication skills
4.1 Manages individual practice effectively	• Individual responsibility • Workforce demands • Prioritization of care • Autonomy of practice • Understanding of standards • Scope of practice/competence • Fitness to practice: physical, mental, psychosocial • Professional misconduct
4.2 Manages and supervises personnel involved in the delivery of physiotherapy services.	• Rehab assistants • PT assistants and other PT support workers • Recreation therapists • Community health workers
4.3 Participates in activities that contribute to safe and effective physiotherapy practice.	• Health Canada alerts • Clinic maintenance • Infection control
5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities.	• Communicates with parents re: expectations vs. child expectations • Client/patient–centered care
6.1 Uses a reflective approach to	• Regularly reflects on areas of practice requiring attention • Seeks means to improve knowledge and skills of practice

Competency	Examples
practice.	
6.2 Incorporates lifelong learning and experiences into best practice.	• Tracks learning needs • Identifies and manages risks and supports to own competence
6.3 Engages in scholarly inquiry.	• Regularly seeks literature and research to support practice
7.1 Conducts self within legal/ethical requirements.	• Ethical billing standards and policies for cancellations and no shows • Ethical marketing to the public • Follows ethical and legal standards of practice
7.2 Respects the individuality and autonomy of the client	• Discontinue treatment when requested by patient • Can not refuse to treat (e.g., human rights) • Quality of care • Continued care • Conflict of personal values vs. need for care
7.3 Contributes to the development of the physiotherapy profession	• Participation in clinical placement with PT students, supervision of interim registrants • Engages in self development • Maintains interest in profession • Has knowledge of changes to profession and professional practices

Registrant Competence Assessment (RCA)

The Registrant Competence Assessment (RCA) is the second component of the Quality Assurance Program. It is an online written test that uses a case-based approach to assess a physical therapist's decision-making skills with regards to specific clinical areas addressed in day-to-day practice.

'Key features' refers to the question and answer approach used to test the physical therapist's ability to identify the steps, approach or answer related to resolving the practice situation identified. Key Features assessments have face validity in that they assess the *application* of knowledge - what clinicians do in real life. Additionally, the Key Features format is purported to assess "bottom-up" thinking; from undifferentiated presentation to diagnosis and management. This also appears more in keeping with what clinicians actually do in practice, and is based on literature in cognitive psychology that seeks to understand clinical reasoning or problem solving skills. The Key Features approach encourages assessment of the most important or critical elements of a scenario that must be considered in the process of decision making in order to achieve the best solution. Key Features cases have been shown to be better at identifying weaker candidates than traditional written item formats.

The cases and questions are developed by BC physical therapists and reflect the sorts of issues and circumstances that physical therapists experience in 'real' practice. By "testing" these relevant, common situations encountered in everyday physical therapy practice, the Registrant Competence Assessment will assess the minimum expected performance for safe, ethical and effective practice, as defined in the *Essential Competency Profile for Physiotherapists in Canada, October 2009*. In addition, the Registrant Competence Assessment will assess the physical therapist's ability to apply his/her understanding of BC physiotherapy regulation to everyday practice. This includes the CPTBC standards, Code of Ethics, and other relevant legislation such as BC privacy laws.

The Registrant Competence Assessment is intended to assess if the registrant is meeting required standards. If a registrant is not successful in two attempts at the RCA, the College will help support and direct the registrant to meet the standards. This non-punitive approach means that if a registrant is unsuccessful in the RCA, he/she will maintain registration and enter Registrant Practice Support (RPS) where the College will provide an individualized learning plan to assist the registrant in addressing identified gaps in competence.

British Columbia's physical therapists will be required to take the Registrant Competence Assessment every six years. Before full implementation of the RCA, there will be pre-testing and pilot testing of the questions, answers and systems.

While the Quality Assurance Program recognizes that the majority of physical therapists practice according to the standards of the profession, the Registrant Competence Assessment, as

with the Annual Self Report, is a safe place for physical therapists to address potential gaps in competence before they impact the public. Information gathered for the purposes of the Quality Assurance Program is confidential and cannot be shared [*HPA Sec.26.2 (1)*].

Registrants are required to demonstrate continuing competence in ***up to two of four*** patient context areas in the blueprint for the Registrant Competence Assessment (i.e. can choose to do all questions in one area or half questions in one area and the other half in second area).

The four patient context areas are:

1. Adult and Older Adult Musculoskeletal
2. Adult and Older Adult Neurological
3. Adult and Older Adult Cardiorespiratory
4. Child and Youth

Quick Facts about the Registrant Competence Assessment

Case-based assessment of continuing competence

Written every six years

Non-punitive approach (means if not successful an individualized program will help fill 'gaps' in competence)

Required for full and limited registrants

CPTBC College of Physical Therapists of British Columbia

CPTBC Registrant Practice Support (RPS) Overview
September 3, 2013

Excerpts from August 26, 2011 Registrant Practice Support – SGT & Associates

Registrant Practice Support includes assessment and remediation to support those practitioners who have difficulty meeting the requirements of the RCA.

- It is a confidential process.
- It is for those registrants who are not successful in two attempts at the RCA.
- Registrant Practice Support (RPS) will help fill 'gaps' in competence.
- An individually customized plan based on assessment of needs and 'gaps' will be used to assist the registrant.
  This 'competency gap' will be managed by the development and implementation of customized support plans and having a set timeframe for regular progress meetings with the registrant.

Assessments may include:

- Self reported inventory of current and recent practice profile, practice context, practice supports, continuing education activities, professional development activities/plans and quality assurance activities;
- Review of RCA outcomes for performance trends and gaps in knowledge and skills;
- One to one consultations with CPTBC staff and/or designates as outlined in policies (e.g. practice support coaches) and the notes of such meetings;
- On-site visits;
- Specific assessment tools such as Chart Stimulated Recall assessment where patient charts are explored in a confidential and structured manner to assess knowledge application, clinical reasoning and decision-making skills.

Remediation will provide customized program to meet CPTBC practice standards

- Site/location based tutoring and mentoring;
- Coach: Knowledge, Professionalism, Communication, Cultural;
- Wellness assessment and/or resources;
- Guided Reflection;
- Reading program;
- Repetition with feedback;
- Role-playing and or role-modeling;
- Readings (textbook, journal articles, web site);
- Increased and formal feedback;
- Homework;
- Assignments (Focused theme paper, answering questions);
- Video-taping with feedback; and
- On-line modules.

The experience of other regulators and the educational literature may inform what sorts of problems may need to be included in practice support plans. A recently published report of a longitudinal look at residents in difficulty indicates that while there is often more than one problem, in postgraduate medical education, **the most frequent problems are in the clinical knowledge/expert area** (Zbieranowski & Glover Takahashi, 2011, in press). In a recent look at practitioners in difficulty in postgraduate medicine, it was noted that there is a **very high incidence of wellness issues (i.e. physical, psychological, family stress) among those undergoing remedial education plans**. (Glover Takahashi, 2011, in press).

Key References for CPTBC's Registrant Competence Assessment (RCA)
The following list is not comprehensive but includes ***frequently used*** resources referenced by case writers developing scenarios and questions for the RCA.

Cardiorespiratory

Frownfelter, D., & Dean, E. (Eds.). (2005). *Cardiovascular and Pulmonary Physical Therapy: Evidence and Practice*. (4th ed.). St. Louis: Mosby

Irwin, S., & Tecklin, J.S. (2004). *Cardiopulmonary Physical Therapy* (4th ed.). St. Louis: Mosby

Pryor, J.A. and Prasad, S.A. (2008) *Physiotherapy for Respiratory & Cardiac Problems: Adults and paediatrics* (4th ed). London, Churchill Livingstone.

Reid, D.W. & Chung, F. (2004) *Clinical Management Notes and Case Histories in Cardiopulmonary Physical Therapy.* Thorofare: SLACK Inc.

Malone, D.J. & Bishop Lindsay, K.L. (2006). *Physical therapy in Acute care A Clinician's Guide*. SLACK Inc.

Children and Youth

Campbell, S.K., (2007). Palisano, R., & Orlin, M. *Pediatric Physical Therapy* (4th ed.) Philadelphia: Lippincott Williams & Wilkins

Tecklin, J.S. (2008). *Pediatric Physical Therapy* (4th ed.).Philadelphia: Lippincott Williams & Wilkins

Websites:
American Academy of Pediatrics: www.aap.org

Canadian Pediatric Society: www.cps.ca/en/documents

CanChild Centre for Childhood Disability Research: www.canchild.ca

Child Development and Rehabilitation: www.childdevelopment.ca

Partnerships Projects: www.partnershipsproject.bc.ca

Pediatric Physical Therapy: http://journals.lww.com/pedpt/pages/default.aspx

Therapy BC: www.therapybc.ca/pt_resources.php

Musculoskeletal

Brukner, P. & Khan, K.(2006). *Clinical sports medicine* (3rd ed.). Sydney: McGraw-Hill

Hertling, D. & Kessler, R.M. (2005). *Management of Common Musculoskeletal Disorders: Physical Therapy Principles and Methods* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.

Kendall, F.P, McCrearay, E.K., Provance, P.G. (1993). *Muscles: Testing and Function* (4th ed.) Philadelphia, PA: Lippincott Williams & Wilkins

Kisner, C., & Colby, L. (2007). *Therapeutic exercise: Foundations and techniques* (5th ed.). Philadelphia: F. A. Davis Company

Magee, D.J. (2007). *Orthopaedic Physical Assessment* (5th ed.). Philadelphia: W.B. Saunders

Neurology

American College of Sports Medicine, Durstine, J.L., Moore, G., Painter, P.S., Roberts, S. (2009). *ACSM's Exercise management for Persons with chronic diseases and disabilities* (3rd ed.). Champaign: Human Kinetics Publishers

Carr, J. & Shepherd, R. (2003). *Stroke Rehabilitation: Guidelines for exercise and training to optimize motor skill*. Edinburgh: Butterworth-Heinemann

O'Sullivan, S. & Schmitz, T. (2007). *Physical Rehabilitation* (5th ed.). Philadelphia: F.A. Davis

Websites:

Evidence Based Review of Stroke Rehabilitation: www.ebrsr.com

Rehab Measures website: www.rehabmeasures.org

Stroke Engine: http://strokengine.ca/

General References:

College of Physical Therapists of British Columbia (2013). *Practice Standards and Advisory Statements.* Available: www.cptbc.org

Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, Canadian Council of Physiotherapy University Programs. (2009). *Essential Competency Profile for Physiotherapists in Canada*. Available: http://www.alliancept.org/alliance_resources.shtml

Distribution of CPTBC Registrant Clinical Context selection 2012

The following table is useful to indicate the context selection preferences of registrants. It can be assumed that the percentages will be similar for the Registrant Competence Assessment.

Practice Context	Number	Percentage
Adult and Older Adult Cardiorespiratory	187	6%
Adult and Older Adult Musculoskeletal	2291	74%
Adult and Older Adult Neuromuscular	327	11%
Children and Youth	300	10%
Total	3105	100%

Table 1: Breakdown of practice areas selected by registrants completing the 2012 ASR

CPTBC Quality Assurance Program: Registrant Consultation survey

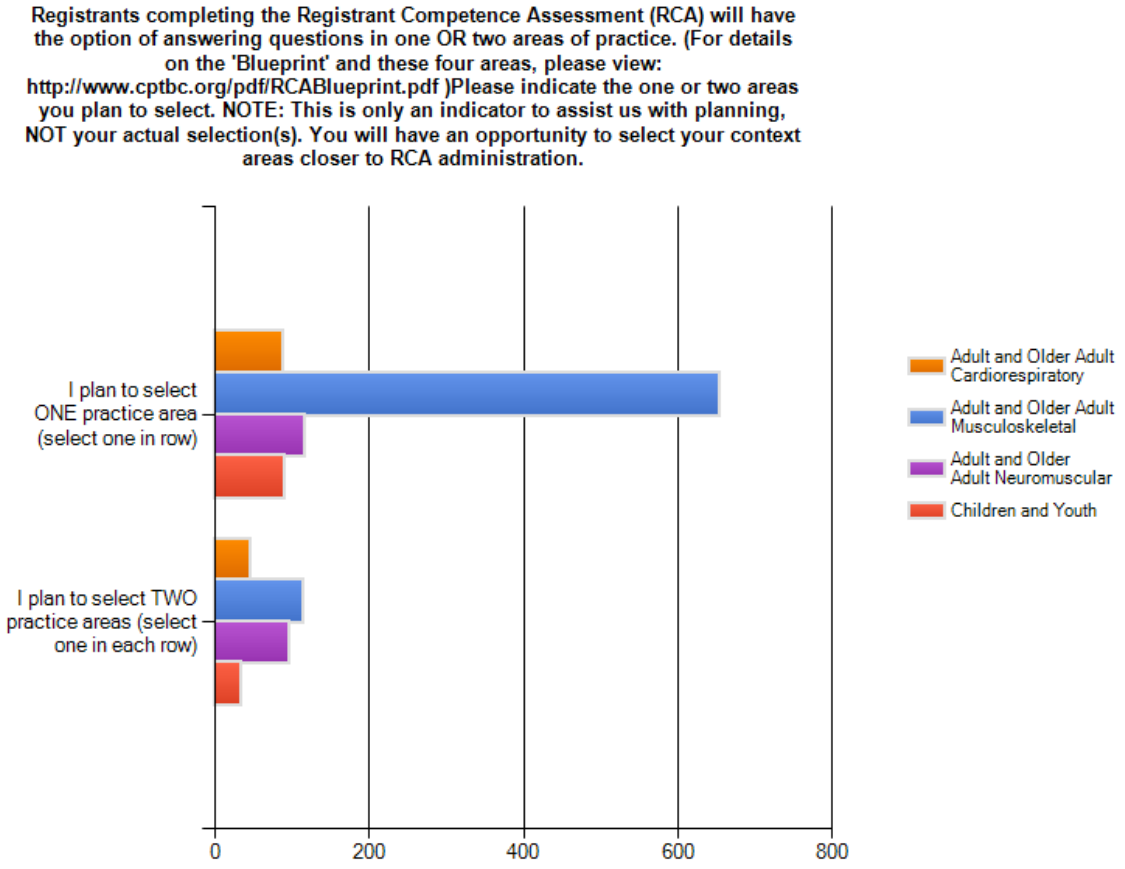
An electronic Registrant Consultation survey was distributed in December 2012 – January 2013 to collect information relevant to planning for the Registrant Competence Assessment. The survey was completed by 1028 registrants. The results are noted below:

The first question related to the timing of the RCA. The majority (59%) of registrants indicated a preference to complete the RCA during the same time of year as the current Annual Self Report (ASR) replacing the ASR in that year. Registrants will be required to complete the RCA every six years so a decision along these lines would result in the ASR being completed in the other five years of a cycle.

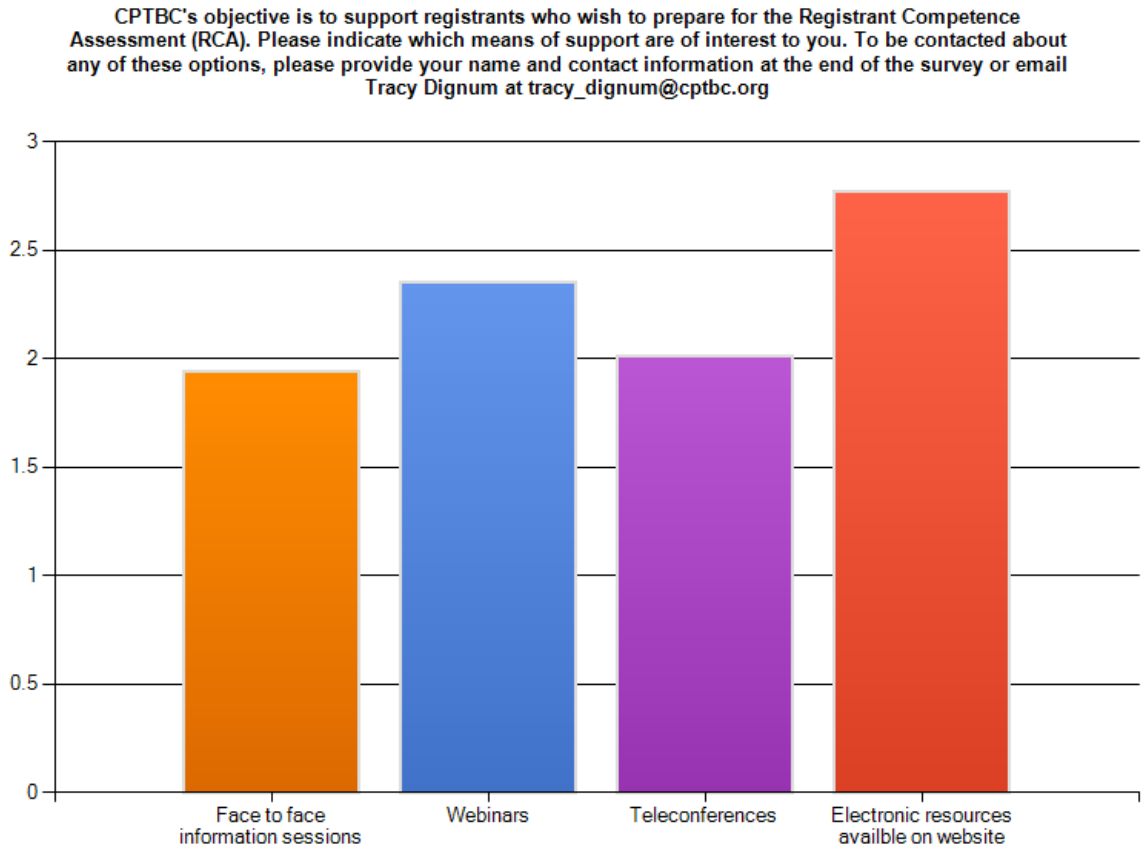
The second question asked registrants how much advance notice they would prefer when they are selected to complete the RCA. The majority (55%) indicated six months to be their preference. Within this time frame, registrants who are selected to complete the RCA that year would have time to select their clinical context(s) and time window preferences and to ensure that they are familiar with current CPTBC practice standards and resources.

Question three related to scheduling RCA administration time slots to ensure that the options reflect the needs of registrants. The results strongly indicate the need to have time slots during both week days and weekends and during the day and evening. In order to have administrative support available while registrants are completing the online assessment, it is evident that strategic staffing at CPTBC will be required.

Question four asked registrants which context(s) they plan to select when completing the RCA. These results are helpful in setting targets for our inventory of cases and questions for the assessment in the different contexts. It was not surprising that the majority of registrants (69%) plan to complete the Adult and Older Adult Musculoskeletal assessment followed by 12% intending to complete the Adult and Older Adult Neuromuscular, 9% Adult and Older Adult Cardiorespiratory, and 9% Children and Youth. Over one in four registrants (28%) intend on completing the assessment in more than one context.



It is the intention of the College to provide as much information as possible to allow registrants to be prepared for the Registrant Competence Assessment so the College was pleased with the responses pertaining to means of support in question five. Registrants expressed an interest in information sessions, webinars and teleconferences but "electronic resources available on the website" was the most selected response. At this point, registrants can access on the website FAQs on the Quality Assurance Program, the Blueprint for the RCA and a list of commonly used references for question development.



Question six asked registrants if they are interested in becoming involved in the development of cases and questions. Approximately 25% (250 registrants) indicated "yes" and provided their contact information. These registrants have been contacted and many of them are now involved in the process – either through scenario development workshops in their area or training to become case writers.

Question seven asked for feedback on the CPTBC RCA Blueprint list of clinical conditions. One hundred and sixty six registrants provided valuable suggestions on this list which is being reviewed to ensure our Blueprint truly reflects clinical practice.

The final question was in regard to the Annual Self Report section on risks and supports. The results indicate that most registrants find the identification of their personal risks and supports to be helpful in ensuring competent practice. Sixty-eight percent of registrants indicated that the risks section is helpful to create awareness of personal risks and 47% indicated that the supports section is helpful to create awareness of personal supports.

Those who completed the survey well represent the registrant data base with 77% of the participants being female and 23% male. In terms of geography, 56% of participants live in the Lower Mainland, 20% on Vancouver Island, 11% in the Interior, 8% in the Okanagan, 3% in the North and 2% residing outside of BC.

Participants represented a range of work environments with 48% in private practice, 37% in public hospital or rehabilitation facility, 12% in community public practice, and 7% in residential care. Of note is that 3% of participants are not currently employed and 8% selected "other". Those who selected "other" represent the broad range of clinical settings where physical therapists are employed; the list includes research, teaching, and administration as well as some unique clinical settings such as veterinary hospital.

With respect to area of practice, 73% selected Musculoskeletal, 29% Neurology, 20% Cardiorespiratory, and 13% Pediatrics. Three percent indicated that they do not practice clinically and 18% selected "other" with a range of responses including "pelvic floor", "vestibular rehabilitation", and "hand therapy". Inclusion of these specialized practitioners in the pilot testing of the Registrant Competence Assessment will indicate whether there will be challenges in assessing competence with the existing model.

The survey completed with a request to provide contact information if a registrant wished to be contacted to become involved or to obtain further information. All 248 of those who requested to be contacted were sent emails which have resulted in many more registrants becoming involved in the Quality Assurance program. Registrants with questions or concerns about the Registrant Competence Assessment are encouraged to contact the Quality Assurance Program Manager at 604 730 9193 or 1 877 576 6744 (toll free Canada).

Predicting areas of Practice Support based on Annual Self Report results

The following information relates to the aggregate results of the Annual Self Report (ASR) over the past three years of administration. The College does not receive results at an individual level but is able to gain insights from the aggregate results in terms of jurisprudence topics which result in lower scores.

Although it is not possible to predict what areas will be identified on the Registrant Competence Assessment (RCA) as most challenging, we can extrapolate from the ASR findings to make fair estimates as to which areas may be targets for practice support.

Here is a list of topics that have been identified as more challenging for registrants completing the ASR:

2010 ASR administration:

- Frequency of electrotherapy equipment servicing
- Patient verbal versus written consent requirements
- Requests for clinical records by patient and financial fees related to these records
- Frequency of documentation required
- Code of Ethics: can the PT refuse to treat an HIV positive patient?

2011 ASR administration:

- Consent for youth/ young adults
- Professional boundaries: entering into a business relationship with a patient
- Infection control: frequency and protocol for hand washing
- Privacy: communication with patient's employer about injury
- Communication: use of term "specialist"

2012 ASR administration:

- Appropriate referral to others
- Consent of a minor