CPTBC
College of Physical Therapists of British Columbia

Annual Self Report 2016

January 2017

College of Physical Therapists of British Columbia

Quality Assurance Program

inspiring public confidence

Contents

1. Purpose

The Annual Self Report (ASR) is one component of the College's Quality Assurance Program and provides registrants the opportunity to monitor their own knowledge of regulatory topics. The entire ASR includes two sections that ask about the registrant and his/her practice, from which risks and supports are identified. This is followed by the self-quiz section. Self-quiz questions on regulatory topics are offered in four practice contexts and registrants choose their preferred context (child and youth, adult and older adult musculoskeletal, adult and older adult neuromuscular, or adult and older adult cardiorespiratory). Registrants then receive an individualized report that summarizes their risks and supports and gives them their score on the self-quiz.

2. New in 2016

- CPTBC staff had access to the 'back end' of the ASR. This enabled us to see in real time whether certain registrants had logged in, started and/or completed the ASR, or disabled their login by incorrectly logging in 10 times. We were also able to change a registrant's email address and remove them from the list to receive further emails from the system if they had notified the College of a change in their registration status. Due to the confidential nature of the ASR results, CSCW must still set up new accounts, triggering login details to be sent to registrants.
- Usernames are now registration numbers. This will be the same for the 'Hub', the portal to all online elements of the quality assurance program, so we have a username that will be consistent from year to year.
- CPTBC completely revised the feedback section to obtain ideas from registrants about how they would like the ASR to be presented differently.

3. Development and Administration

Four volunteer item writers, one per practice context, met in April 2016 for one evening and one full day to write the content for the ASR. They each wrote an original scenario and 3 questions, as per the 2016 topics (Appendix A), and then 'cloned' the other writers' scenarios and questions into their own practice context. This resulted in 4 cases (12 questions) for the four distinct practice contexts. Answers and explanations for each question were prepared by the Practice Advisor again this year as the writers ran out of time.

3.1 Launch and communication

The seventh cycle of the ASR was launched on September 12, 2016 with an intended deadline of October 31, 2016 for completion by all full, limited, and interim registrants. Inactive registrants were offered the opportunity to complete it but are not required to do so. CPTBC and CSCW Systems Corporation (on behalf of the CPTBC) sent registrants a series of notices about the ASR. Tables 1 and 2 depict the timeline of communication with registrants during the 2016 administration.

Table 1. Timeline of email communication with registrants for the 2016 ASR

	Sept 7	**Sept 12-13**	**Oct 12**	**Oct 26**	**Sep 22-Dec 18**
Audience	Full, limited, interim	Full, limited, interim, inactive	Full, limited, interim	Full, limited, interim	New registrants
Purpose	Check email addresses	First notice; contains login credentials	First reminder	Second reminder	ASR notice and credentials
Sent by	CPTBC	CSCW	CSCW	CPTBC	CSCW

Table 2. Timeline of communication with registrants after the October 31 deadline

	November 16, 2016	December 12, 2016
Registrants who did not complete	121	73
Overdue notice	First	Second
Type of notice	Letter	Email
Sent by	CPTBC	CPTBC

Calls and emails to the College regarding the 2016 ASR were tracked with the same detail as in 2014, (recall that calls and emails to the College in 2015 were not tracked in detail due to the RCA being administered in November of 2015, which occupied more staff time.) In general, there more phone calls in 2016 than in 2014, but the number of emails received from registrants in 2016 was almost the same as in 2014 (see table 3 below). All email queries were managed by the QAP Administrative Assistant and Manager, as required. No self-quiz-related questions had to be forwarded to the Practice Advisor. Figure 1 illustrates the email/phone call issues in chart form.

Table 3. Comparison of 2014, 2015, and 2016 emails/phone calls from registrants

Year	Number of registrants that completed ASR	Number of emails and phone calls	Email	Phone
2016	3525	332	172	160
2015	2047	n/a	n/a	n/a
2014	3318	200	165	35

3.2 Administrative issues

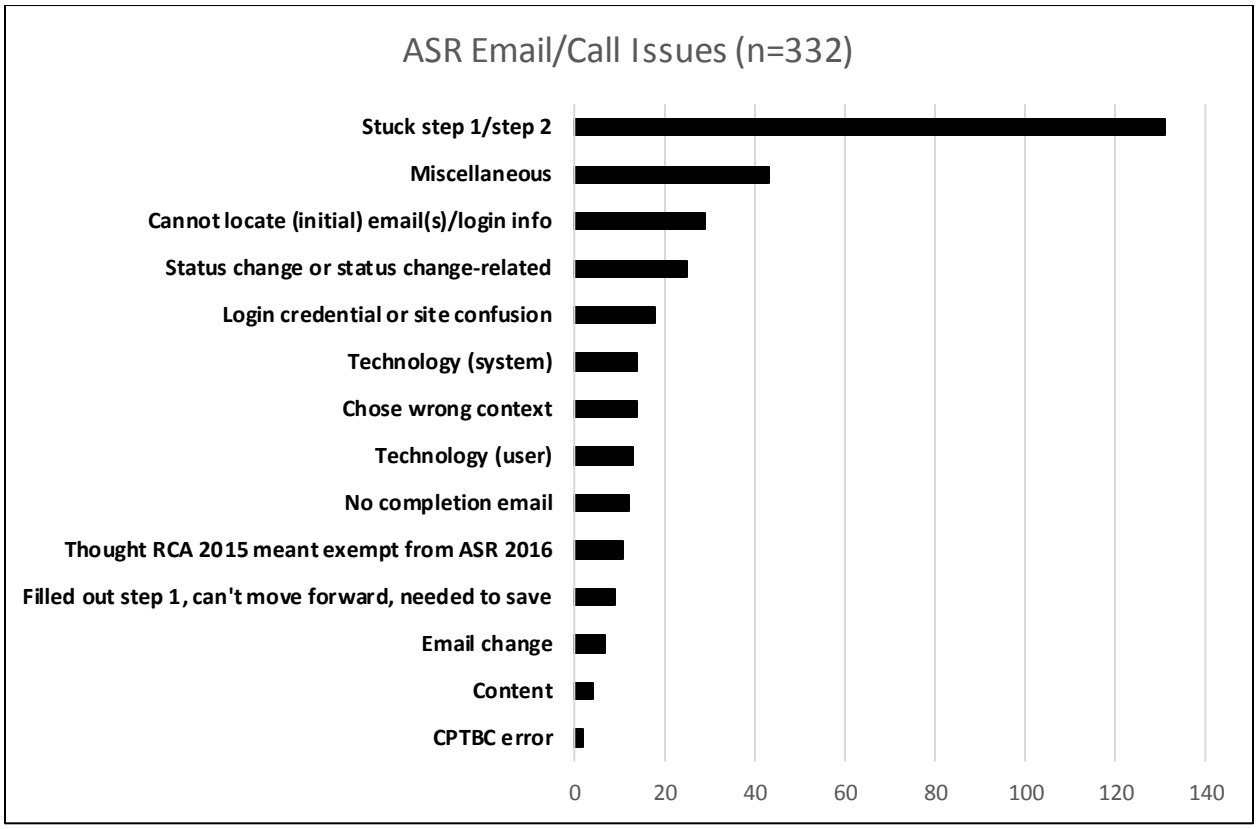
1. System requirements: Many (n=131 calls/ emails) of the registrants who contacted the College reported not being able to open Step 1 (About You) of the ASR because the system indicated that the step was already completed, but they weren't able to proceed to Step 2 (About Your Practice) because the system indicated that they still had to complete Step 1. This number (131) almost exactly accounts for the difference in calls and emails compared to 2014, when this problem did not occur. This might be due in part to ever-advancing technology platforms (different browsers and devices) changing and interacting with applications in unpredictable ways.
   Reason: This did seem to be a browser problem in terms of the way it interacted with the application, most likely due to the user (registrant) having too much browser memory data accumulated from previous use.
   Solution: Registrants were advised via various mediums (over the phone, via email, email autoreply, and on the website) either a) to log out, then clear their browser history/cache, then close the browser, re-open it, and then login again, or b) to log out and then open a different browser and log in via the different browser.

2. Login information lost/"not received"/could not locate initial or subsequent emails with login information (total of 29).
   Reasons: Emails went into the spam/junk folder, deleted by the registrant, email address was changed without informing the College, or the registrant reported that their email account had been hacked.
   Solutions: Registrants were advised to use the password reset function and to check their spam folder for emails from the system, or, College requested a new account be

set up. This process took less time than in previous years, usually 3 days instead of 1-2 weeks. This was in part due to the QAP Administrative Assistant and Manager having more control over the application.

3. Status change or status change-related discussion (total 25).
   Reasons: Communication with registrants on September 7, September 12-13, October 12, and October 26 generated "spikes" of calls/emails from registrants regarding status changes or questions about status changes and how it relates to the ASR as a registration renewal requirement. This does not consider calls/emails from registrants who contacted the registration department directly (the department then forwarded that communication to the quality assurance department who subsequently removed those registrants from further ASR communication).
   Solutions: Removed registrants from ASR communication and notified CPTBC registration department.

Figure 1. ASR administrative issues 2016



3.3 Late completions

There are always registrants who do not complete by the deadline of October 31. Registrants who become interim or new registrants within 1-2 weeks of the deadline are not expected to complete in time; this is in part due to the time required for CSCW to create accounts for them. New registrants after the deadline will also be counted as completions whenever they submit the ASR but obviously are not 'late'. On November 2, when the data was pulled for analysis, 236 registrants had not completed the

ASR and had been expected to. Of those, 50% reported their workplace type to be private practice; 33% reported their area of practice to be orthopaedic and 31% general practice; 37% were male. Figure 2 shows the reasons for registrants not completing by the deadline- these are the 45 we are aware of either through declared status changes or other direct communication with individuals; we do not have reasons for 191 individuals.

Figure 2. Reasons for not completing by deadline (n=45)

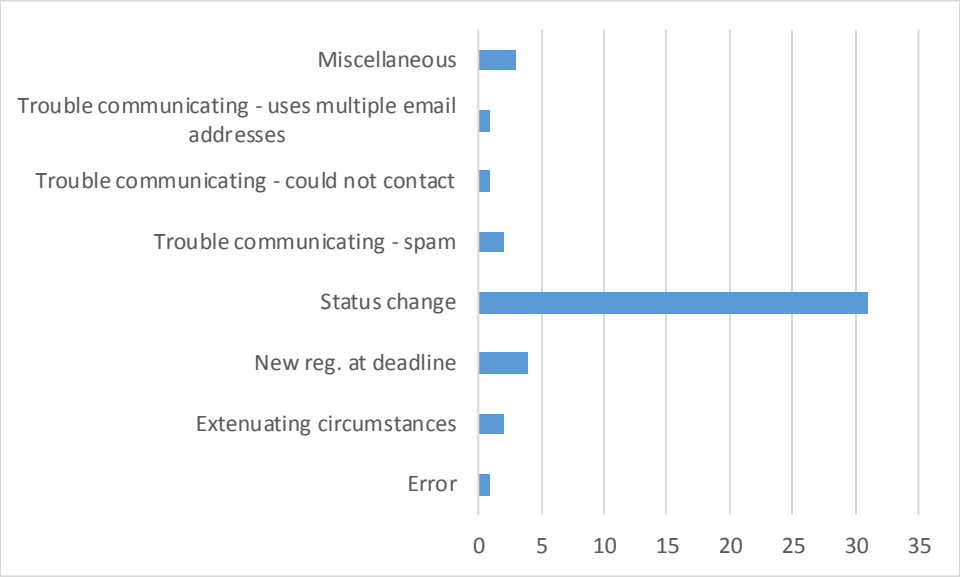


Table 2 shows that 121 registrants- who were not new registrants- were sent letters on November 16 advising them that they had missed the deadline; this is 3% of registrants required to complete in 2016, a decrease of 2% from 2015 and an increase of 0.5% from 2014.

Completions into January seem to have returned to more typical numbers: as of January 5, 2017 only 8 full registrants had not completed the ASR, and none of them had submitted any other part of their registration renewal.

4. Results

4.1 Risks and Supports

The ASR sections about Risks and Supports to Practice include a number of questions about the physical therapist ('About You') and his/her work environment ('About Your Practice'). This section of the report is based on the 3460 registrants who had completed the ASR by November 2, 2016.

The descriptive analysis for the sections about Risks and Supports to Practice consists of frequencies and percentages of the 3460 participants selecting each response option for each question. Additionally, a "score" for risks and supports was calculated for each respondent to determine the typical number of risk factors and supports identified by the average registrant. The patterns of responses to each of the questions on the ASR are presented in Table 4.

Of the 3460 respondents, 28.9% are male, 24% were educated outside of Canada, 14% are new graduates (working less than 3 years), and 12% plan to retire in the next 5 years.

Twenty six percent (26%) of respondents who had to complete the PCE did not know their scores; this was the same as 2014. Interim registrants are required to complete the ASR. Some of these registrants had not yet taken the clinical component of the PCE and would have selected the answer indicating they did not know their score.

Table 4. Responses to Questions in ASR Sections 1 and 2: Risks and Supports (n=3460)

Survey Question – Number and Text Frequency %	Frequency	%
1. Some risks are more common among men and some among women. Are you male or female?		
Male	1001	28.93%
Female	2459	71.07%
2. Age can affect your risk of competence in patient care. What is your age category?		
40 years old or younger	1724	49.83%
41 years old to 69 years old	1707	49.34%
70 years old or older	29	0.84%
3. Returning to active practice after a period of inactivity can affect your risk of competence in patient care. This year did your registration status move from inactive to active?		
Yes	92	2.66%
No	3368	97.34%
4. A significant change in your clinical focus (e.g. from acute infants to community care of elderly) can affect your risk of competence in patient care. This year did the clinical focus of your physical therapy practice change significantly?		
Yes	110	3.18%
No	3350	96.82%
5. Which statement best describes the location of your physical therapy education?		
Within Canada	2628	75.95%
Outside of Canada	832	24.05%
6. Which statement applies to your scores on the Physiotherapy Competency Examination (PCE)?		
I was NOT required to do the Physiotherapy Competency Examination (PCE).	1052	30.40%
I do NOT know my overall scores on the Written Component and Clinical Component.*	995	28.76%
6. Which statement applies to your scores on the Physiotherapy Competency Examination (PCE)?		
My overall scores on both the written component and the clinical component were over 400.	1244	35.95%
My overall scores on both the written component AND the clinical component were 400 or lower.	30	0.87%
My score on one component was over 400 and on the other component was 400 or lower.	139	4.02%
7. Which statement regarding meeting College or other deadlines BEST applies to you over the past year?		
I was always up to date on my documentation. I submitted my annual College registration forms on time and did NOT miss other established deadlines (e.g. renewed driver's license on time, paid bills on time).	3317	95.87%

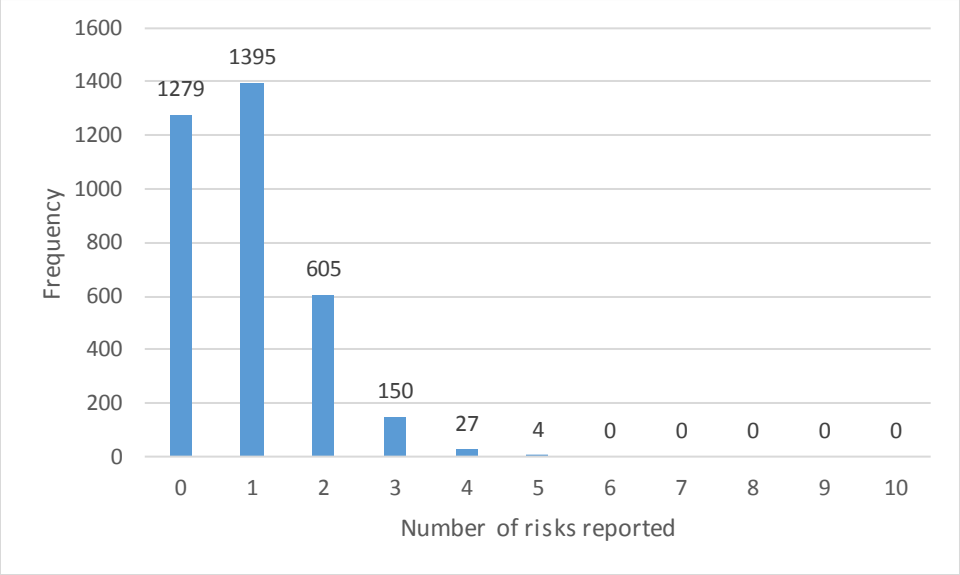
I was usually up to date on my documentation. I submitted my annual College registration forms on time but occasionally (i.e. 1-4 times this past year) I missed established deadlines.	140	4.05%
I was usually behind on my documentation. I submitted my annual College registration forms late and/or several times (i.e. 5 or more times this past year) I missed established deadlines.	3	0.09%
8. Which statement regarding complaints or discipline proceedings BEST applies to you?		
I was named in a complaints or discipline cases by the College of Physical Therapists of BC or other regulatory body and the result is still pending.	4	0.12%
I was **NOT** named in any complaints or discipline case by the College of Physical Therapists of BC or any other regulatory body.	3345	96.68%
I was named in a complaints or discipline case by the College of Physical Therapists of BC or other regulatory body and there was a finding or result.	24	0.69%
I was named in a complaints or discipline case by the College of Physical Therapists of BC or other regulatory body but the case was dismissed or withdrawn.	87	2.51%
9. Which statement BEST describes where you are in your physical therapy career?		
New graduate (i.e. working less than 3 years as a registered physical therapist).	487	14.08%
Experienced physical therapist (i.e. working 3 years or more as a registered physical therapist).	2557	73.90%
Physical therapist who plans to retire in the next 5 years.	416	12.02%
10. Indicate ALL statements that describe your current practice environment?		
I practice in a work setting where I am connected and supported by a team (i.e. team includes physical therapists and/or other health professionals).	3010	86.99%
I am well connected professionally with other physical therapists so that I can contact someone if I need help or guidance network (e.g. may be same site or connected via phone, email or videoconference).	2395	69.22%
I am **NOT** well connected professionally with other physical therapists but AM able to find the information and resources I need should I need help or guidance.	100	2.89%
I am **NOT** well connected professionally and sometimes have trouble finding the information and resources when I need help or guidance.	11	0.32%
I am **NOT** well connected or supported by other team members (i.e. team includes physical therapists and/or other health professionals).	6	0.17%
11. Indicate ALL statements related to continuing education that apply to your physical therapy practice in the past year.		
I acted as a mentor to students or others through teaching or coaching.	1755	50.72%
I have ready access to educational information and resources for my physical therapy practice.	3026	87.46%
My performance was **NOT** evaluated through a formal, written performance review in the past year.	1994	57.63%
I participated in a quality assurance or continuous quality improvement process related to physical therapy practice in the past year.	1471	42.51%
I have support, such as encouragement, time, funding for continuing education.	2386	68.96%
I attended and was engaged in continuing education outside of work hours.	2630	76.01%
I attended and was engaged in continuing education at work and/or during work hours.	2648	76.53%
My performance was evaluated through a formal, written performance review in the past year.	943	27.25%
I am a member of one or more professional associations (e.g. Canadian Physiotherapy Association).	2119	61.24%

* Includes interim registrants who would not have completed the clinical PCE

4.2 Risk factors

Most registrants (77%) reported having zero or one risk factors and no registrants reported having more than five. Figure 3 shows the distribution of risks reported among all registrants. The average number of risks per registrant was less than one.

Figure 3. Distribution of risk scores (n=3460)



It is then useful to look at how often each risk was reported. Table 5 depicts the response frequencies associated with each of the ten risk factors. Table 6 depicts the frequency of the ten risk factors for those identifying four or five of the ten risk factors. The most common risk factors among this "high risk score" group include being educated outside of Canada, being either a new graduate or planning to retire in the next five years, and being male.

Table 5. Frequencies associated with each of ten risk factors (n=3460)

Risk Factor	Frequency	%
Male	1001	28.93%
If new grad or if plan to retire within 5 years	903	26.10%
Educated outside of Canada	832	24.05%
Behind on College or other deadlines	3	0.09%
Change in clinical focus	110	3.18%
One or both PCE scores 400 or lower	169	4.88%
Returning to practice after period of inactivity	92	2.66%
Complaint (finding or results pending)	28	0.81%
No professional support network	117	3.38%
70 years or older	29	0.84%

Table 6. Frequencies associated with each of ten risk factors for those scoring 4 or 5 out of 10 (n=31)

Risk Factor	Frequency	%
If new grad or if plan to retire within 5 years	28	90.32%
Educated outside of Canada	29	93.55%
Male	27	87.10%
One or both PCE scores 400 or lower	16	51.61%
Returning to practice after period of inactivity	11	35.48%
Behind on College or other deadlines	0	0.00%
Change in clinical focus	7	22.58%
70 years or older	10	32.26%
Complaint (finding or results pending)	2	6.45%
No professional support network	2	6.45%

The relationships among the ten risk factors were examined by counting the number of respondents possessing each possible pair of risk factors. The bottom left triangle of Table 7 shows the frequencies for each pair, and in the upper right triangle the corresponding percentage (of all 3460 registrants who completed the ASR.)

Table 7. Relationships among ten risk factors (n=3460)

Risk Factor	Male	70 yrs or older	Returning to practice after period of inactivity	Change in clinical focus	Educated outside of Canada	PCE score 400 or lower	Behind on College or other deadlines	Complaint	New grad or plan to retire in 5 yrs	No professional support network
Male	--	0.29%	0.72%	0.43%	8.47%	1.62%	0.03%	0.46%	6.45%	0.12%
70 years or older	10	--	0.00%	0.03%	0.43%	0.00%	0.00%	0.06%	0.78%	0.00%
Returning to practice after period of inactivity	25	0	--	0.29%	1.07%	0.29%	0.00%	0.00%	1.04%	0.00%
Change in clinical focus	15	1	10	--	0.90%	0.26%	0.00%	0.00%	1.50%	0.17%
Educated outside of Canada	293	15	37	31	--	2.72%	0.03%	0.26%	6.01%	0.12%
PCE score 400 or lower	56	0	10	9	94	--	0.00%	0.00%	1.36%	0.03%
Behind on College or other deadlines	1	0	0	0	1	0	--	0.00%	0.03%	0.00%
Complaint	16	2	0	0	9	0	0	--	0.14%	0.00%
New grad or plan to retire in 5 years	223	27	36	52	208	47	1	5	--	0.06%
No professional support network	4	0	0	6	4	1	0	0	2	--

The most common concurrent risk factors are:

1. Male and educated outside of Canada (n=293)

2. Male and being a new grad or planning to retire in next 5 years (n=223)
3. New graduate or planning to retire in the next 5 years and educated outside of Canada (n=208)

4.3 Supports

Of the eight supports included in the ASR, 87% of respondents indicated they had four or more of them. The average number of supports reported per respondent was just over five out of eight, which is the same as in 2014 and 2015. Only 5.6% of respondents had two or fewer of the eight supportive elements in their practice profile. The distribution of support "scores" is depicted in Figure 4. One respondent had a score of 0 out of 8, 24 had a score of 1, and 170 had a score of 2.

Figure 4. Distribution of support scores (n=3460)

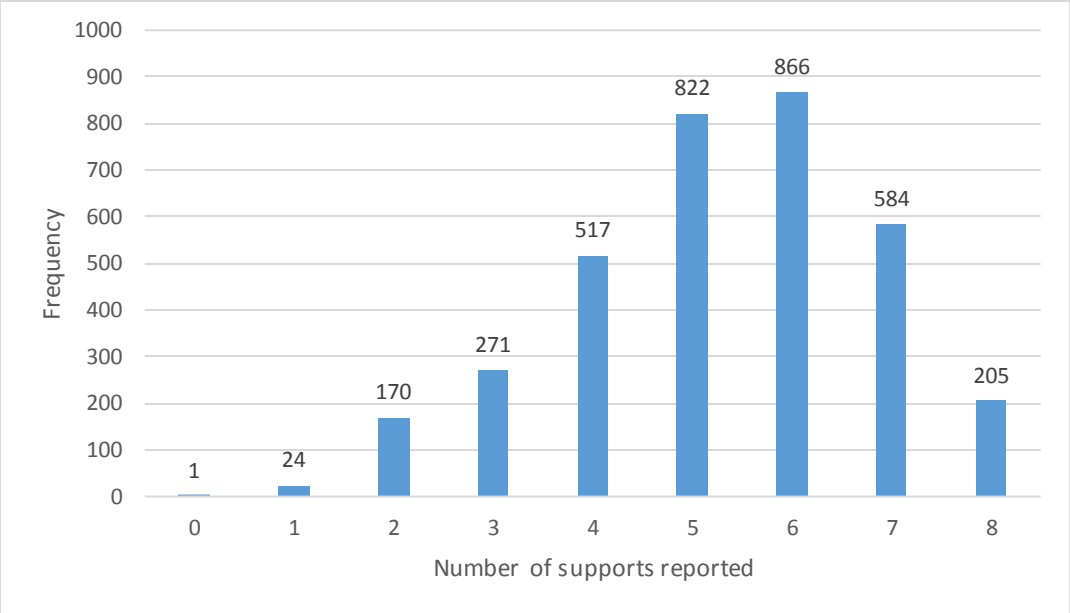


Table 8 depicts the response frequencies associated with the eight support factors. The two least-reported support factors were having a formal performance review in the past year (27%) and participating in quality assurance (QA)/ continuing quality improvement (CQI) activities in the past year (43%).

Table 8. Frequencies associated with each of eight support factors (n=3460)

Support	Frequency	%
Supportive professional network	3385	97.83%
Attended and engaged in CE activities (at work and/or outside work hours)	3194	92.31%
Ready access to educational information and resources	3026	87.46%
Support such as encouragement, time and funding for CE	2386	68.96%
Member of one of more professional associations	2119	61.24%
Acted as a mentor to students or others	1755	50.72%
Participated in QA/ CQI in the past year	1471	42.51%
Performance review in the past year	943	27.25%

The frequency of each of the supportive factors possessed by those who identified either one or two out of the eight supports is summarized in Table 9. The most common supports among the "low support score" group include having a supportive professional network (89%), and having attended and engaged in CE activities, either at work or outside of work hours (58%). The least common supports among this group include having participated in QA or CQI activities (1%), being a member of one or more professional associations (3%) and having had a performance review in the past year (3%). The frequency distributions for the most common supports are similar to those reported for previous ASR administrations.

Table 9. Frequencies associated with each of eight support factors for those scoring 1 or 2 out of 8 (n=194)

Support	Frequency	%
Supportive professional network	172	88.66%
Attended and engaged in CE activities (at work and/or outside work hours)	112	57.73%
Ready access to educational information and resources	46	23.71%
Support such as encouragement, time and funding for CE	12	6.19%
Member of one of more professional associations	6	3.09%
Acted as a mentor to students or others	8	4.12%
Participated in QA/ CQI in the past year	2	1.03%
Performance review in the past year	6	3.09%

4.4 Jurisprudence scores

The ASR Blueprint 2016 – 2021 sets the six topics to be included in the self-quiz each year. The topics for 2016 are in Appendix A. Once the scenarios and questions were written, the questions actually blueprinted to two additional topics: Scope of Practice and Practice Standard 11, so the analysis by topic in Table 11 reflects this. Registrants are asked to choose one of four practice contexts for the self-quiz (jurisprudence) section. Table 10 shows registrants' performance by practice context. The average score ranged from 91.4% in the Musculoskeletal context, which comprised 74% of all registrants, to 95.3% in Child and Youth, so again there was not a huge difference across contexts. Overall, the average score was 87.7%, which is equal to about 10.5 out of 12.

Table 10. Jurisprudence scores by practice context (n=3460)

Practice Context	Number of Registrants	Average Score	Standard Deviation	Lowest Score (out of 12)	Highest Score (out of 12)
Child and Youth	235	95.25%	0.076	8.57	12
Adult & Older Adult Cardiorespiratory	272	93.08%	0.066	7.57	12
Adult & Older Adult Musculoskeletal	2573	91.42%	0.079	3.33	12
Adult & Older Adult Neuromuscular	380	92.83%	0.065	7.97	12
Overall	3460	87.67%	.079	3.33	12

Looking at performance by topic in Table 11, there appears to be poorer performance across all contexts on Standard #6 Sexual Misconduct. Similarly, there is a relatively poorer performance on questions about Standard #4 Consent to Treatment in the three adult and older adult contexts. These differences may or may not be statistically significant; that additional analysis was not done.

Table 11. Mean scores on specific topics of jurisprudence self-quiz by practice context

	Mean jurisprudence score				
Blueprinted Regulatory Topic	**Child and Youth**	**Adult & Older Adult Cardiorespiratory**	**Adult & Older Adult Musculoskeletal**	**Adult & Older Adult Neurological**	**Total**
Standard #1: Clinical Records	0.97	0.94	0.93	0.95	0.93
Standard #4: Consent to Treatment	0.95	0.88	0.82	0.86	0.84
Standard #6: Sexual Misconduct	0.88	0.87	0.86	0.86	0.86
Standard #11: Draping for Patients	0.94	0.96	0.93	0.91	0.93
College Code of Ethics (By-Laws Part V, 55)	0.94	0.92	0.95	0.94	0.95
Professional Boundaries	0.96	0.94	0.92	0.96	0.93
Reporting Abuse	1.00	0.97	0.94	0.97	0.95
Scope of practice (people)	1.00	1.00	1.00	1.00	1.00

4.5 Relationship between risks and supports and jurisprudence scores

A series of analyses was conducted in order to understand the relationship between registrants' self-identified risks and supports, and their knowledge of jurisprudence as determined by scores on the self-test. Specifically, one-way Analysis of Variance (ANOVA) was used to test for statistical significance of observed differences in mean scores on questions about competence for groups that did and did not identify each of the ten risk factors.

Table 12 depicts the mean jurisprudence scores for registrants who did, and did not, identify each of the ten risk factors. Seven risk factors did not have a statistically significant effect on jurisprudence self-test scores. Being male, being educated outside of Canada, and having one or both PCE scores less than 400 all had a statistically significant effect ($p < 0.0028$) on jurisprudence self-quiz scores.

Table 12. Mean jurisprudence scores for registrants who did and did not identify each of the risk factors

Risk Factor	Mean test score if risk factor absent	Mean test score if risk factor present	p-value for significant difference[1]
1. Male	11.12	10.84	3.454376E-19
2. 70 years or older	11.04	10.72	Not significant
3. Returning to practice after period of inactivity	11.04	10.92	Not significant
4. Change in clinical focus	11.03	11.07	Not significant
5. Educated outside of Canada	11.10	10.81	2.193514E-18
6. One or both PCE scores 400 or lower	11.05	10.81	0.000295635
7. Behind on College or other deadlines	11.04	10.59	Not significant
8. Complaint (finding or results pending)	11.04	10.70	Not significant
9. If new grad or if plan to retire in 5 years	11.03	11.06	Not significant
10. No professional support network	11.04	10.86	Not significant

Similarly, Table 13 shows the mean scores on the self-quiz for registrants who did and did not identify each of the eight supports. Two supports were found to have a statistically significant effect ($p<0.0028$) on jurisprudence scores: support for continuing education and ready access to educational information. This is different from 2014 when four supports were found to make a significant difference on jurisprudence scores and 2015 when three were significant.

Table 13. Mean jurisprudence scores for registrants who did and did not identify each of the supports

Supportive Factors	Mean test score if support factor absent	Mean test score if support factor present	p-value for significant difference
1. Supportive professional network	10.91	11.04	Not significant
2. Attended and engaged in CE activities (at work and/or outside work hours)	10.90	11.05	Not significant
3. Support such as encouragement, time and funding for CE	10.91	11.09	6.816948E-09
4. Ready access to educational information and resources	10.80	11.07	5.279371E-10
5. Member of one of more professional associations	11.08	11.01	Not significant
6. Acted as a mentor to students or others	11.03	11.04	Not significant
7. Performance review in the past year	11.03	11.06	Not significant
8. Participated in CQI in the past year	11.01	11.07	Not significant

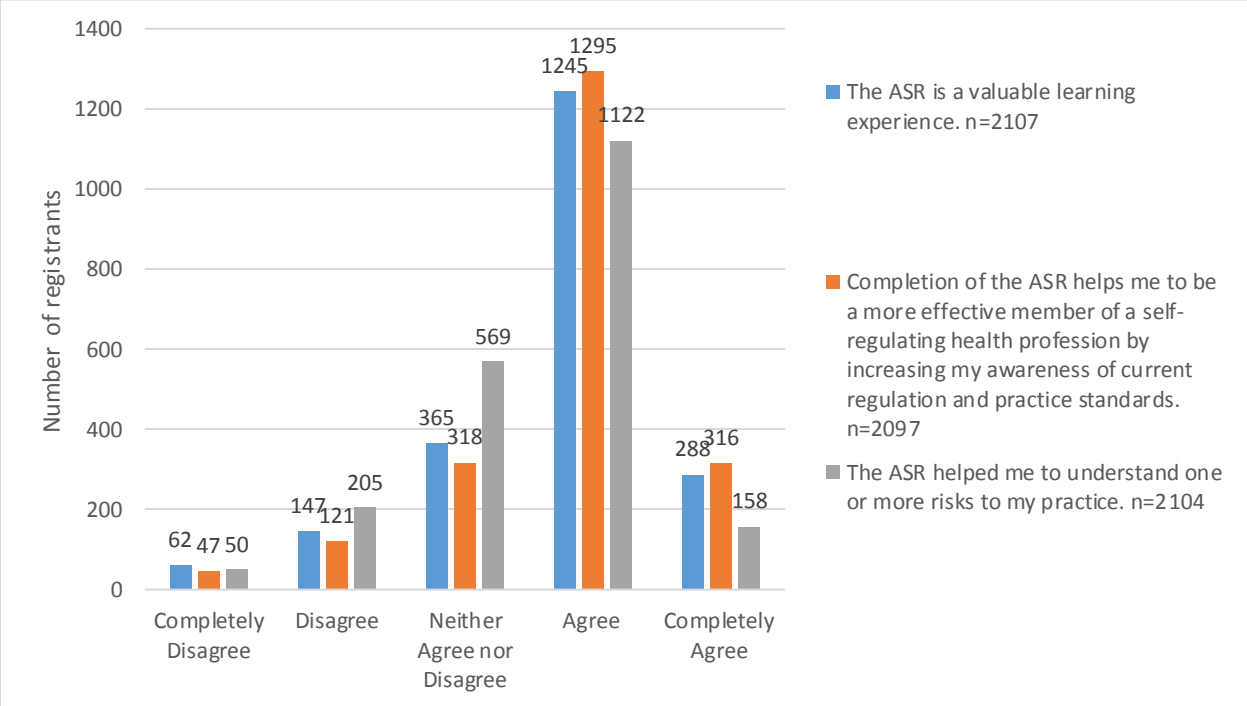
[1] CSCW NOTE: For each risk or support a two-tailed independent samples t-test assuming unequal variances was conducted to compare the ASR results of individuals who self-identified as having the specific risk or support and those who self-identified as not having the specific risk or support (the "with/without" groups). The assumption of unequal variances leads to a more conservative test making it less likely for the results to reject the null hypothesis. The group means, standard deviations, t-statistic, and resulting p-values are shown in the table. The null hypothesis is the ASR results of the groups are not significantly different. The p-value shown is compared to the value 0.0028 to determine if the means of the with/without groups are statistically different from each other. If the p-value is less than 0.0028, this provides evidence to reject the null hypothesis and conclude the groups' ASR results are different. The p-value .0028 is a corrected value based upon the traditional p-value of .05 and intended to address the problem of Type 1 errors that occurs with multiple comparisons.

5. Registrant feedback

The feedback section of the ASR is optional; this year about 62% of registrants submitted feedback, which was an increase from 35% in 2014 and 52% in 2015. The College recognizes that registrants have been presented with the same information about risks and supports in the same way since 2010, so the feedback questions were revised to elicit registrants' preferences for change.

- The majority (81%) of respondents do not want the self-quiz questions to be more difficult.
- Of the 2115 registrants who responded to a statement about the ASR helping them to prepare for the RCA in 2015, 65% answered 'not applicable'; 20% agreed/ completely agreed that it had; and 6.2% disagreed/ completely disagreed.
- Three statements and registrants' level of agreement with each are presented in Figure 5. The results for the first two statements suggest that overall registrants feel that the ASR helps them understand regulation, which is good and consistent with responses from 2015. The results for the third statement suggests that the information about risks might be less helpful to registrants. This is also consistent with results from 2015.

Figure 5. Registrant feedback on three statements about the ASR.



Two new questions were included in order to get more specific ideas from registrants. The responses are in Tables 14 and 15.

Table 14. Responses to the question: *Some of you have seen the information about risks and supports for 7 years now. The College is interested to know if you have acted on the suggestions contained in Your Report?* (n=2050 responses; each registrant could select more than one)

	Frequency	%
I changed (or added a) workplace in order to have a supportive professional network.	184	8.98%
I changed (or added a) workplace in order to have more support for continuing education activities.	136	6.63%
I attended a continuing education activity on a topic I needed to learn about (as opposed to a topic I was interested in).	530	25.85%
I became a member of a professional association.	177	8.63%
I acted as a mentor to a student or other physical therapist.	451	22.00%
I implemented strategies or other changes to enable me to meet College or other deadlines.	143	6.98%
I asked for and received a performance review.	142	6.93%
I participated in a quality improvement process at work.	287	14.00%

Table 15. Responses to the question: *How would you like the information in the Your Report section (i.e. risks and supports and score on the self-quiz) to change?* (n=3080; each registrant could select more than one)

	Frequency	%
Don't change it at all; I like it the way it is.	908	29.48%
Reduce the amount of repetition.	413	13.41%
Start with a summary of my 'scores' and then a more detailed report can follow.	606	19.68%
I would like to know how my profile of risks and supports compares to all physical therapists in BC.	361	11.72%
Less text, more graphics.	252	8.18%
For some risks and some supports, the same advice is given and becomes repetitive; it would be good to streamline my individual report by taking this into account.	468	15.19%
Other	72	2.34%

Those who selected 'other' were invited to provide suggestions in a text box. The feedback was not always relevant to the particular question and can be summarised as follows:

Table 16. Subject of qualitative feedback (n=122)

	Frequency	%
Risks and supports	30	25
Content of the self-quiz	27	22
Technology	19	16
General - positive	13	11
Miscellaneous	9	7
General - neutral	8	7
General - negative	4	3
Format	2	2
Answer explanations	2	2
RCA PCE confusion	2	2
References	2	2
Previous year's scores	1	<1

Qualitative feedback in the first two categories was examined more closely. Feedback about risks and supports revealed primarily two things. First, frustration with having to report the same (potential) risk each year when it's something that cannot be changed such as gender and location of initial physical therapy training. And second, a lack of understanding about why certain risks are identified as such. Feedback about the content of the self-quiz was shared with the Practice Advisor and will be communicated in revised guidance to the ASR item writers when they meet to develop the content for the 2017 ASR.

6. Conclusion

The 2016 ASR administration went very well from a number of perspectives. By December 29, 2016 3640 physical therapists had completed the ASR, which is 99% of the 3665 registrants who were required to write it.

Key findings in the report illustrate:

• The ***operational functioning of the 2016 ASR was relatively smooth***. Although more registrants experienced the same technical problem this year, we know how they can resolve it. Educating registrants- and ourselves- about how to adapt as technology changes will continue to be a priority. Having access to the 'back end' of the ASR made it much faster and easier for staff to communicate with registrants and to clear their ASR deficiency for registration renewal. The timely (i.e. at our fingertips) visibility on completions reduced uncertainty and aided planning for communication.

• The ***response patterns for risks and supports were fairly consistent with past years***. Of the ten risk factors about which respondents were asked, a large majority (77%) of respondents had fewer than two risk factors, 17% had two risk factors, and 5.2% had three, four or five risk factors. 87% of respondents reported having more than four of the eight supports.

• The **ASR jurisprudence self-quiz** was again offered in each of the four practice contexts from the blueprint for the Quality Assurance Program with ***the numbers of registrants generally doing very well in the self-quiz.*** Most registrants correctly answered the majority of questions; the average "score" on this jurisprudence knowledge component was 88%.

• Each year there are one or two self-quiz topics that catch the attention of registrants. In 2016, the questions that elicited most response from registrants were around sexual misconduct and consent to treatment.
• ***Registrant feedback about the ASR and the on-line administration is optional and about 62% of registrants provided feedback.*** This is a fantastic response. Overall, the feedback indicates that registrants find the ASR a useful tool but they would appreciate some refinements to Your Report and to the content of the self-quiz.

7. Recommendations

The 2016 ASR program evaluation identified that no major revisions were required but supports opportunities for improvement:

- **Refine the Your Report section** to reduce repetition and improve messaging around risks and supports.
- **Improve the technical quality of questions and response options** in the self-quiz. Cases and questions for the ASR do not meet the same standards for technical writing as the RCA items, and some ambiguity is accepted because the ASR is a learning tool and includes the opportunity to review explanations for answers, however it is important to avoid having registrants read and re-read questions and response options in order to discern the difference between two similar options or to be sure they have understood a complex point.
- **Enhance the messages about risks and supports** with updated research and CPTBC trend population information. Dr. Susan Glover Takahashi has completed a new review of risks and supports in the literature. It may be worthwhile to commission her to update the messages within Your Report so they are more relevant to today's registrants and their practice situations.
- **Use trend data across administrations** to assist in understanding whether the same/different types of registrants are doing well and/or poorly. This may assist in focusing educational messages for registrants**.** CSCW or another third party will need to be involved in this analysis in order to maintain confidentiality of individual ASR results; this will require appropriate budget allocation in addition to the annual cost of administering the ASR.
- **Present and publish about the ASR and what we have learned from it.** Articles specific to physical therapy are few and far between in the literature on risks and supports, so the College's contribution would be valuable.

Appendix A

ASR Topic Specification for 2016

ASR	2016
Topic 1	Consent
Topic 2	Boundary Issues
Topic 3	Practice Standards –Sexual Misconduct
Topic 4	Code of Ethics
Topic 5	Clinical Records
Topic 6	Reporting Abuse