

Exploring the Risks to the Competence of Physiotherapists

Lessons Learned from Administering Risk Based Registrant Assessments

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Epidemiology of Competence

Factors, Issues & Implications



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Purpose of Study

- Explore the existing literature for findings on the epidemiology of competence
- Develop a thorough inventory of identified risks and supports to competence that are discussed in the literature
- Examine risks and supports to provide recommendations for practice

'Epidemiology' of Competence

Patterns, causes, and effects to understanding risks to competence

How to modify, manage, or prevent risks

Which interventions actually moderate risks

A stack of papers is shown on the left side of the image, with a magnifying glass positioned over it. The background is a light blue gradient.

Literature Review **3572**

Title & abstracts

1678

Full-text

943

**Articles included
for review &
meta-analysis review**

WHO

4 PROFESSIONS

- Occ'l Therapists
- Pharmacists
- Physicians
- Physiotherapists

01

WHAT

DOMAINS OF COMPETENCE

- Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

02

WHEN

COMPETENCE LIFE CYCLE

- Field-based learning
- Independent practice

03



WHO

Physicians

79.9% (n= 756)

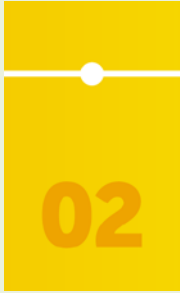
3 Health Professional Groups

12.9% (n= 122)

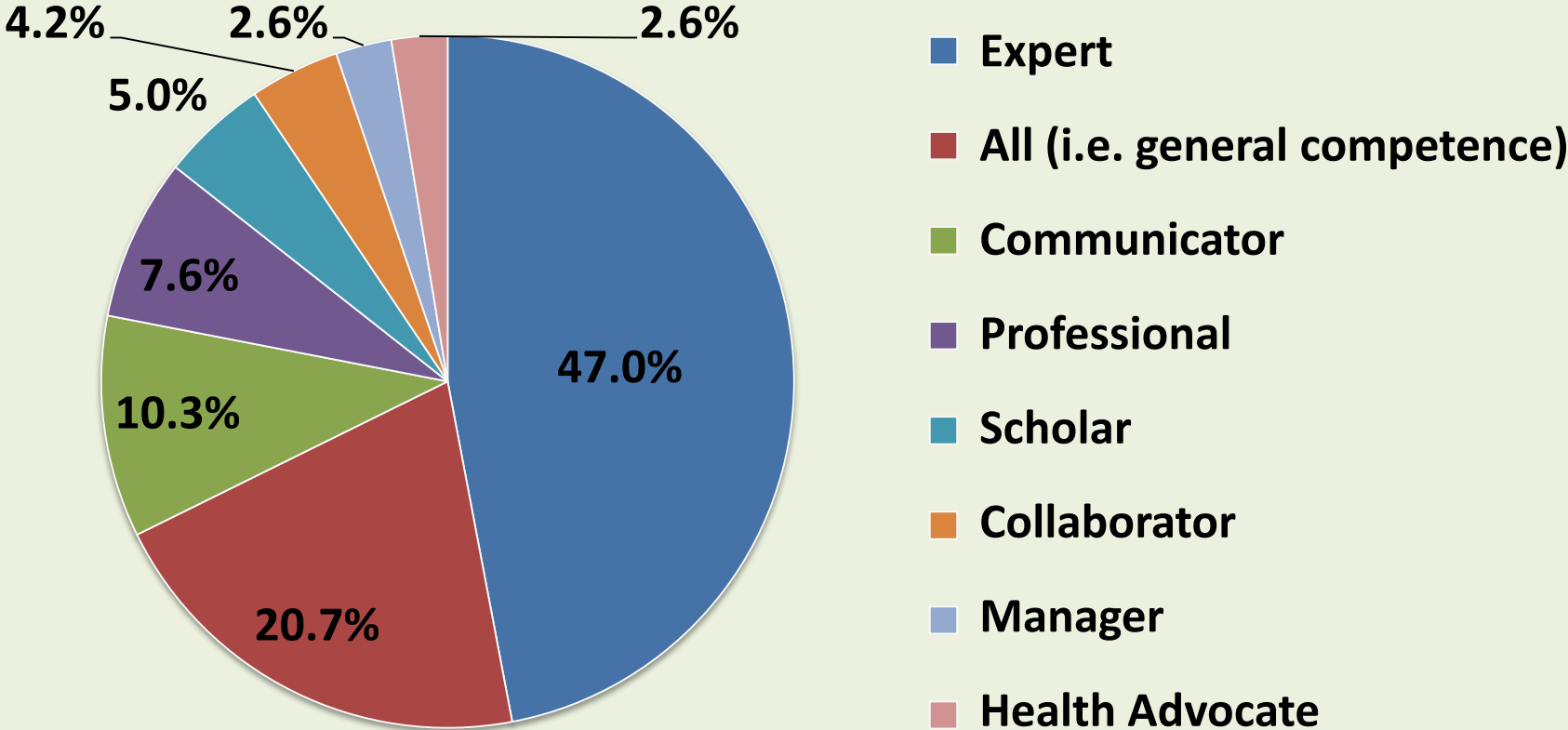
PT 3.7% (n=35)

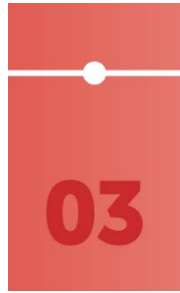
Other 0.8% (n= 8)



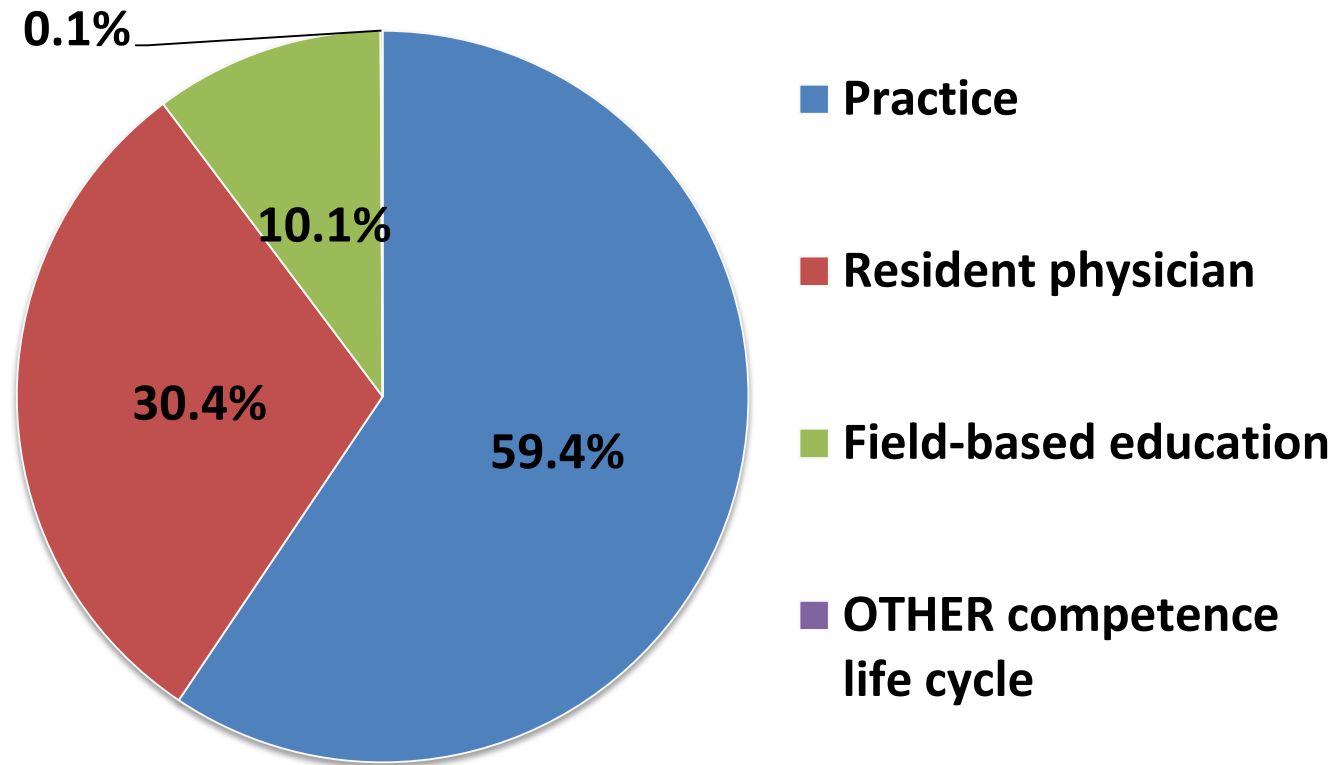


WHAT

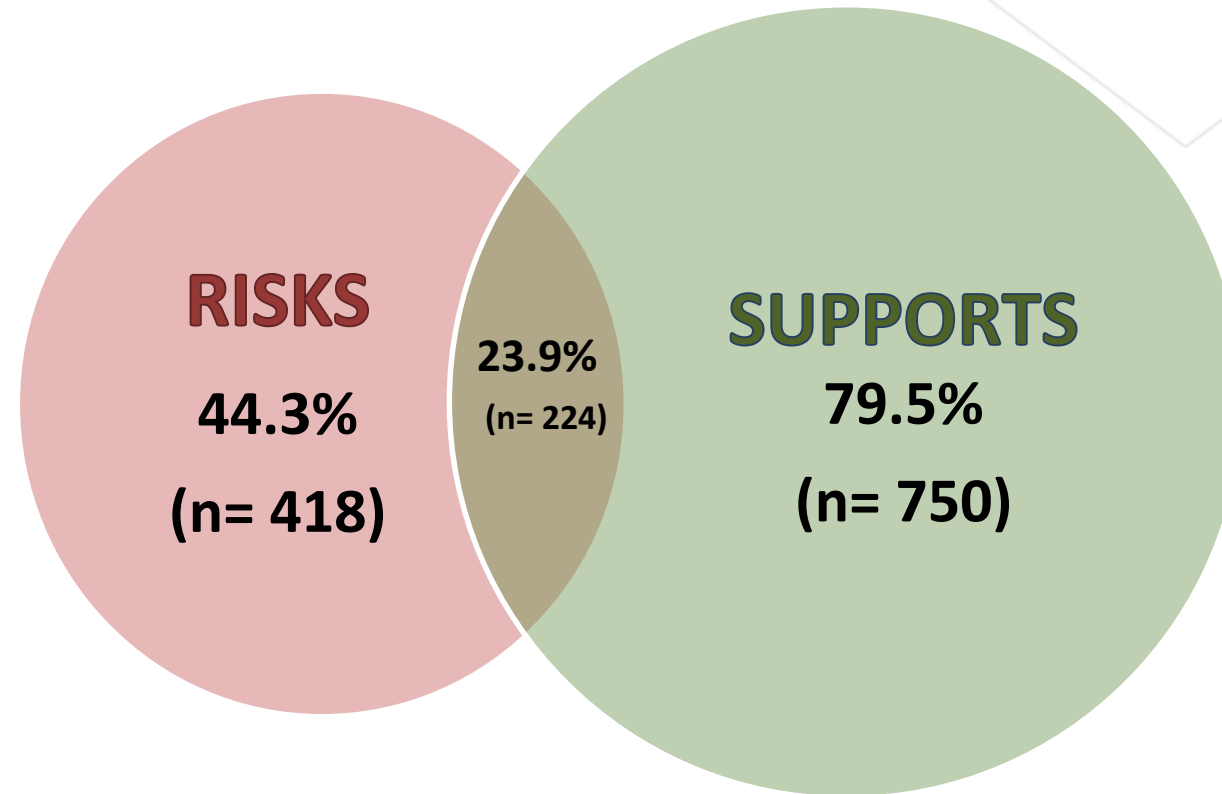




WHEN



Risks & Supports



Risk Factors

1. Transitions
2. IMG
3. Lack of experience
4. Age
5. Gender
6. Practice features (e.g. size, isolation)
7. Wellness
8. No certification
9. Resources
10. Adequacy of training
11. Specialty
12. Previous discipline



Supportive Factors

1. Continuing education
2. Educational information
3. Personal supports and feedback
4. QA participation
5. Clinical experience
6. Support through structure
7. Professional organization participation
8. Technology
9. Reflection and self-assessment
10. Performance review
11. Assessment and feedback with tools



Discussion + Implications

Epidemiology offers a new lens and language

**Risks: NOT indicators of incompetence
or dyscompetence**

Supports: NOT guarantees of competence

Discussion + Implications

Current patterns may not accurately reflect their impact to competent practice.

Understanding epidemiology of competence enables PTs to self monitor & act

Employers & Regulators able to

- **prioritize programs & systems**
- **monitor and mitigate risks**
- **enabling and facilitating supports**

Susan Glover Takahashi

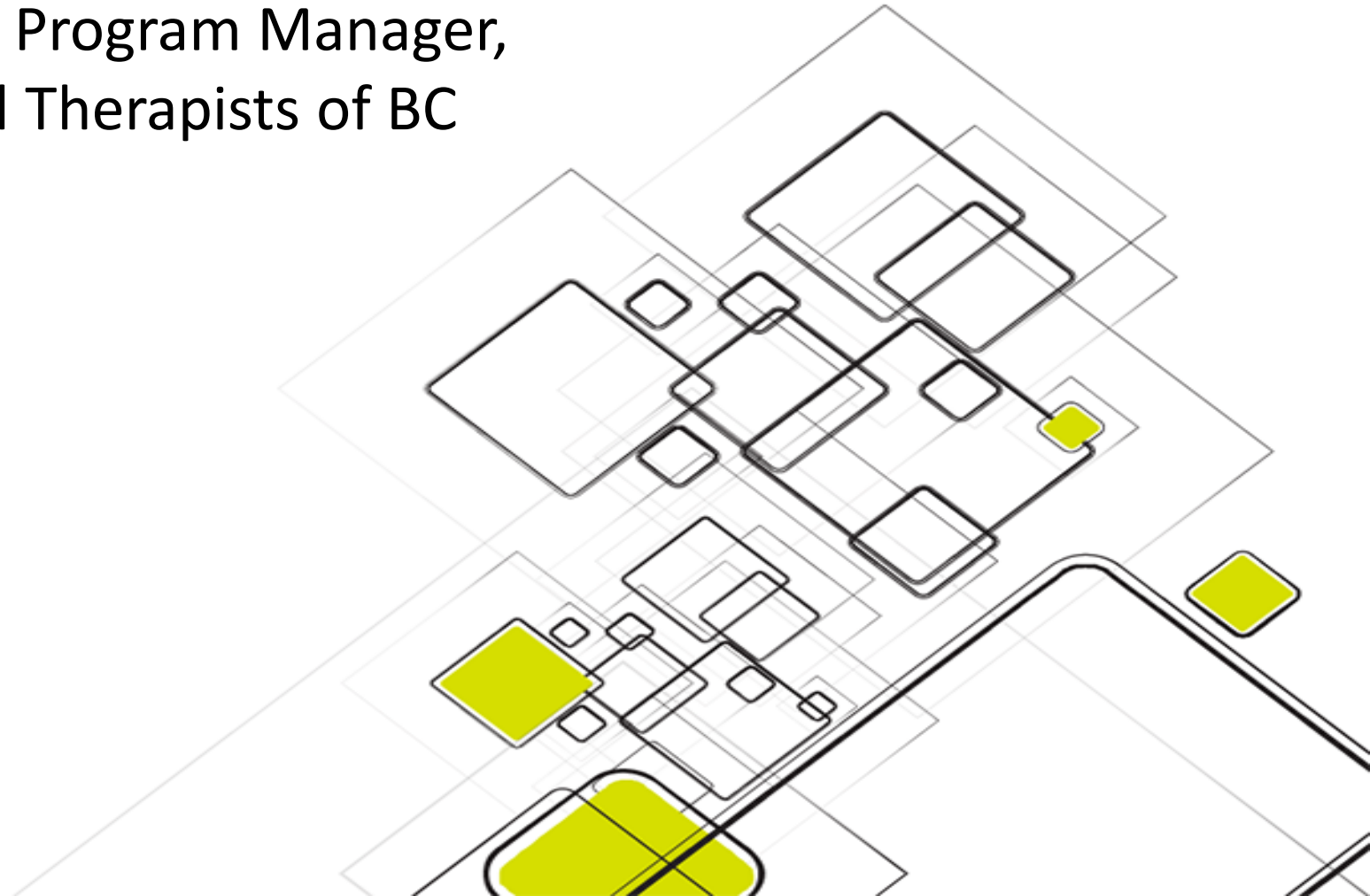
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Glover Takahashi, S, Nayer, M., St. Amant, L.
Epidemiology of Competence: A Scoping Review to
Understand the Risks and Supports to Competence of
Four Health Professions. **bmj online**, In Press.



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British Columbia Context

- 4.6 million people
- 3600 registrants (physical therapists registered in BC)
- Quality Assurance Program since 2008

“To monitor and support the continuing competence of physical therapists in British Columbia.”

Quality Assurance Program

Competence
Maintenance

Competence
Assessment

Competence
Improvement

Annual Self
Report
(ASR)

Registrant
Competence
Assessment

screening

Assessment of
Professional
Performance

comprehensive

Registrant
Practice
Support



Support/declare

Monitor/demonstrate

Improve

Every Year

Every 6 Years

Only if Needed

Annual Self Report—What is it?

- 1. 11 questions to identify physical therapist's potential risks and supports to competence**
- 2. 12 self-quiz case-based questions to assess physical therapist's application of regulation in practice**
- 3. Individualized results report immediately upon completion**

Annual Self Report

Who Completes it and When?

- **3600+ registrants**
- **Annually**
- **Before registration renewal
for the following year**

Annual Self Report—Why?

Physical therapists:

- monitor their own continuing competence around regulation
- monitor their own potential risks and supports
- are supported to improve their understanding of regulation
- are supported with suggestions to mitigate potential risks and increase supports

The College:

- monitors registrants' understanding of regulation and their potential risks and supports through *aggregate* data

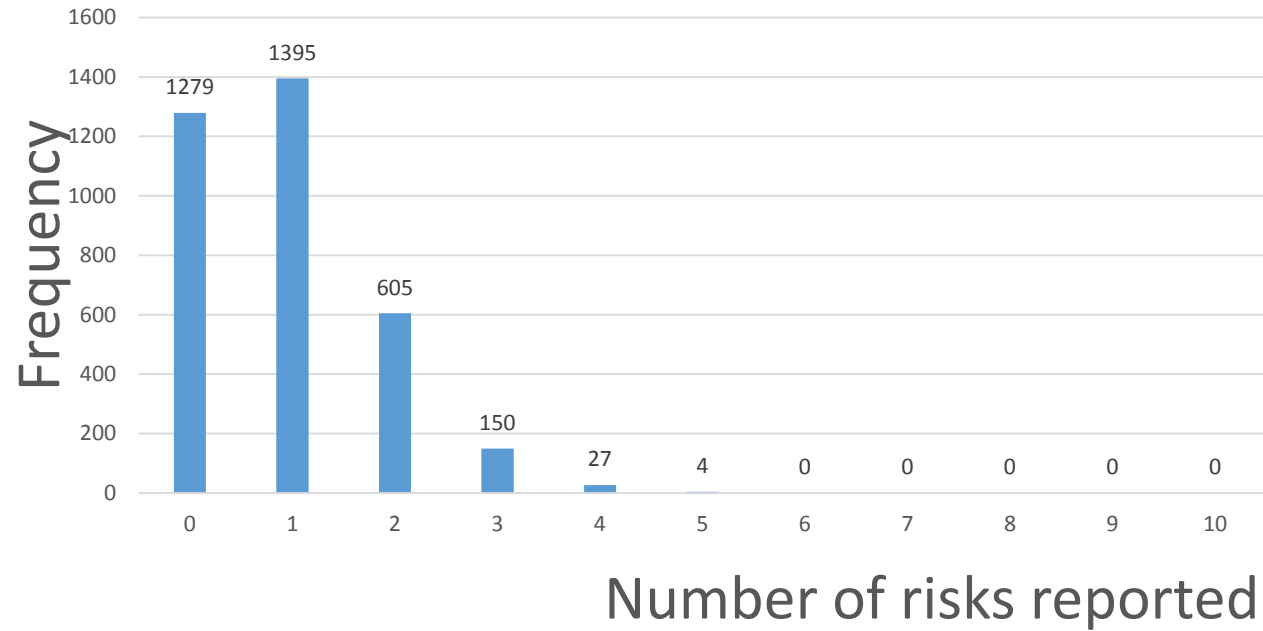
ASR 2016 Results

n=3460

Risk Factor	%
Male	29%
If new grad or if plan to retire within 5 years	26%
Educated outside of Canada	24%
One or both (national certification exams) scores 400 or lower	4.9%
No professional support network	3.4%
Change in clinical focus	3.2%
Returning to practice after period of inactivity	2.7%
70 years or older	0.84%
Complaint (finding or results pending)	0.81%
Behind on College or other deadlines	0.09%

ASR 2016 Results

n=3460

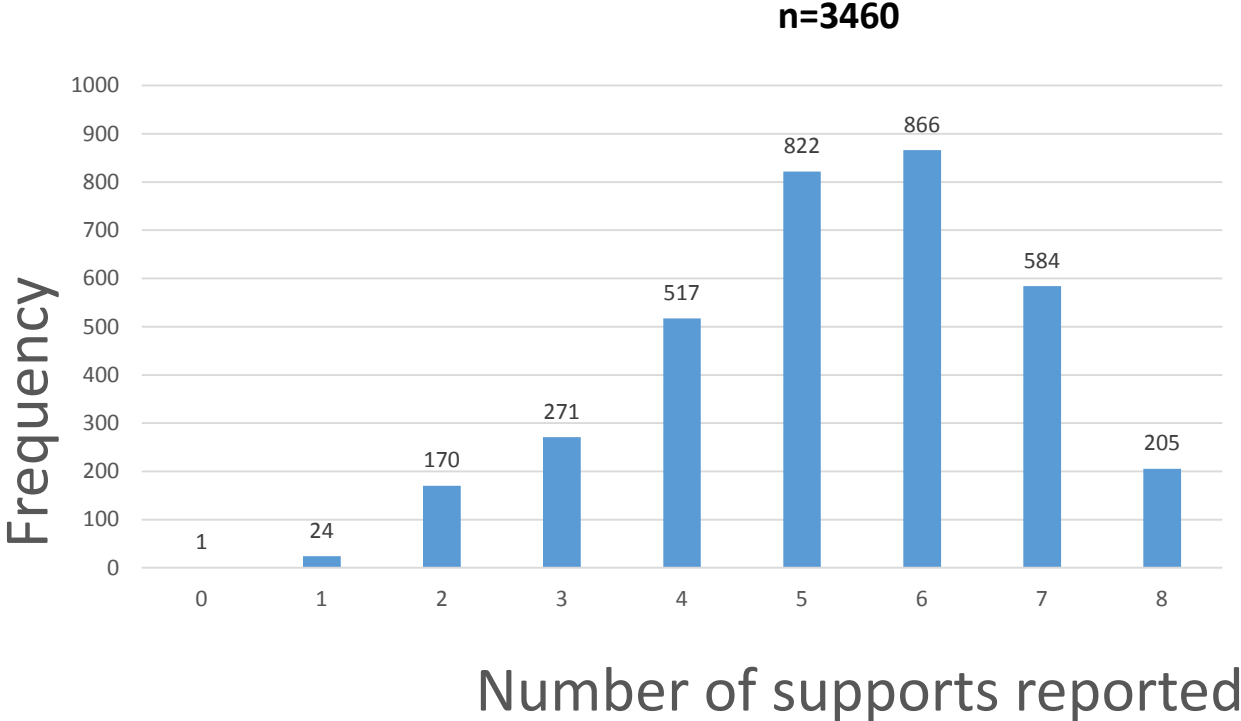


ASR 2016 Results

n=3460

Support	%
Supportive professional network	98%
Attended and engaged in CE activities (at work and/or outside work hours)	92%
Ready access to educational information and resources	87%
Support such as encouragement, time and funding for CE	69%
Member of one of more professional associations	61%
Acted as a mentor to students or others	51%
Participated in QA/CQI in the past year	43%
Performance review in the past year	27%

ASR 2016 Results



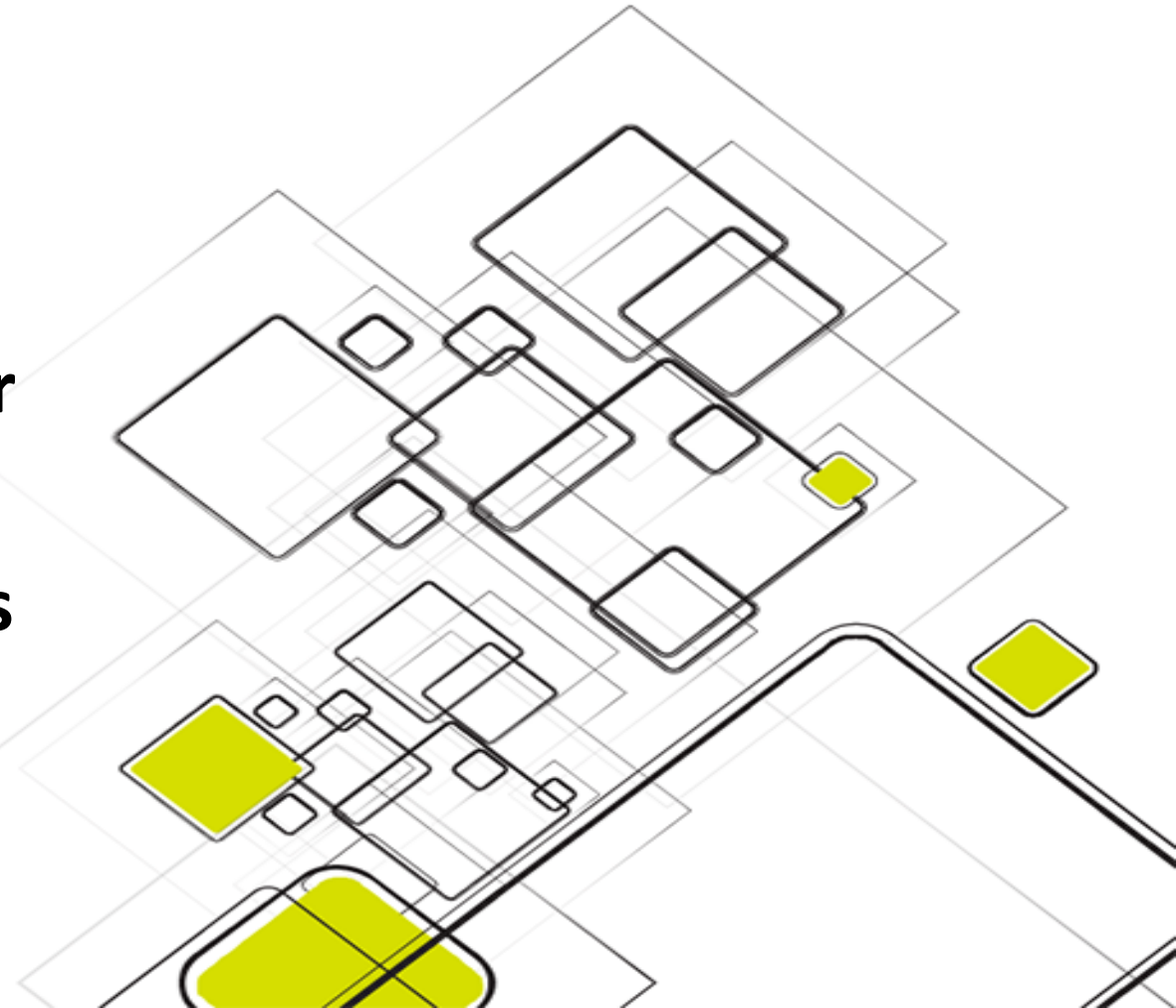
ASR 2016 Results

- **Significant effect of risks on self-quiz score**
 - Male
 - Educated outside of Canada
 - One or both (national certification exams) scores < 400
- **Significant effect of supports on self-quiz score**

Support such as encouragement, time and funding for CE
Ready access to educational information and resources

What does the College do with the results?

- **Monitor trends in potential risks and supports**
- **Inform interactions with registrants**
- **Guide decision-making re education opportunities for registrants**
- **Refine regulatory questions and messages in the following year's ASR**





CPO

Using data to identify risk

Who We Looked at

11,340 Ontario physios—8533 current

90% provide patient care—60% work FT

Average age is 47.73

$\frac{3}{4}$ educated in Canada

Note:

- *10 yrs ago 82% Canadian trained, today only 66%*
- *India, USA and Philippines are top 3 source countries over past 10 yrs*

What We Looked at

- Registration info
- PCE results
- Complaints and reports
- Late payment of annual fees
- Failure to complete mandatory jurisprudence exam
- Quality assurance assessment outcomes



WHAT MATTERS

- **Age**
- **Gender**
- **Low PCE scores**
- **Being subject of an investigation where an action is ordered**
- **Non-compliant in one area**
- **Internationally educated**
- **Frequent changes to workplace**
- **Personal health and wellness**

IEPT

- Highest risk to PT competence
- Lower PCE scores and more times to pass
- More likely to be subject to an investigation
- More concerns on assessment
- More likely to work in high number of work places

But note, less likely to renew late or fail to complete Jurisprudence



Men

- **Significantly more likely to be subject to an investigation with an outcome**
- **More concerns on assessment (not statistically significant)**
- **Lower PCE scores and more times to pass**
- **More likely to be non-compliant for Jurisprudence**

BUT female Canadian grads more likely to have an ICRC outcome than male Canadian grads

Low First Time PCE Scores

- More likely to be subject to an investigation
- More likely to fail exam
- Lower ratings on practice assessment

But if you have to write your PCE more than once, you are LESS likely to be late renewing your licence once registered

Age

- Higher percentage of outcomes from complaints or reports likely for PTs in 30s and 40s
- More concerns on assessment
- Lower PCE scores and more times to pass

Transitions— High Number of Practice Locations

- More likely to be subject to an investigation
- More concerns on assessment
- Lower PCE scores and more times to pass
- Correlates with late renewals

Not clear whether causal links or associations between exam performance, assessment performance and number of changes in workplace

What it All Means

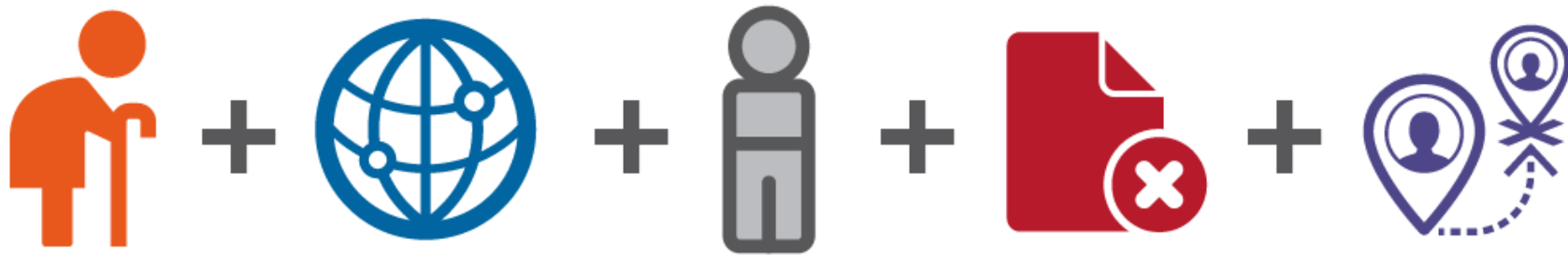
If you are old

If you are old + IEPT

If you are old + IEPT + male

If you are old + IEPT + male + low exam score

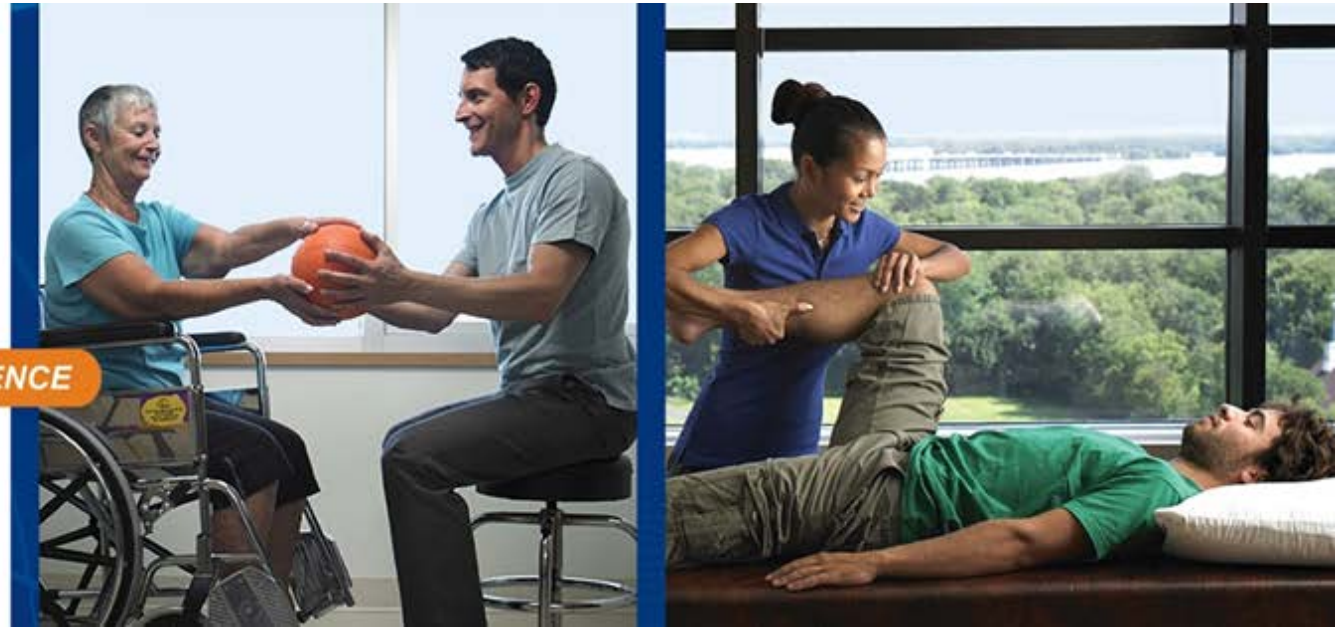
If you are old + IEPT + male + low exam score + several workplaces





Ordre professionnel
de la physiothérapie
du Québec

PREUVE DE COMPÉTENCE



As stipulated in the Professional Code
OPPQ's mandate is to protect the public
who enlist the services of a physiotherapist.

How do we protect the public?

- 1) Admission (Licence to practice)
- 2) Inspection
- 3) Inquiries (Syndic)

Professional Code: <https://www.canlii.org/en/qc/laws/stat/rsq-c-c-26/latest/>

Professional Inspection in Québec: a Paradigm Shift

A risk factor: It is a particular characteristic of the member (personal) or **linked to the context of his/her practice** (setting, customer base, etc.) that would have a **positive predictive value** resulting from the fact that the member's practice can compromise the public's safety or at least represent a risk.

Department of Health. *The Regulation of the Non Medical Healthcare Professions*. Leeds: Department of Health, 2006.

Professional Inspection in Québec: a Paradigm Shift

**Primary risk factors for professionals more inclined
to face disciplinary procedures:**

- Age; (consistent with ON)
- Time lapse since initial training; (not studied in ON)
- Man; (consistent with ON)
- Ethnicity; (not studied in ON)
- Economical background of therapist; (not studied in ON)
- Abroad training; (consistent with ON)
- Practicing alone; (not studied in ON)
- Poor performance in studies; (ON looked at exam performance)
- During training/Previous disciplinary sanctions;
(partially consistent with ON)

Professional Inspection in Québec: a Paradigm Shift

**Monitoring of the practice
of the members, which will be
followed, if necessary, by a
competency assessment
and a remediation process**



Professional Inspection in Québec : a Paradigm Shift

Evaluated elements :

- Continuing professional development (HFC);
- Regulatory practice into the clinical setting (MIL);
- Safe practices (SEC);
- Practice efficiency (EFF);
- Respect of the applicable rules of deontology (DÉO);
- Representativity of the patient record provided (REP);
- Essential regulatory elements in the patient record (ESS);
- Quality of the clinical assessment (EVA);
- Quality of the clinical reasoning (RAI);
- Description of the services provided (SER);
- Quality of the notes in the record;
- Quality of the record as a tool to communicate (COM);
- Non-clinician assessment (NCL);

Professional Inspection in Québec: a Paradigm Shift

**3 grades will be awarded by inspectors
based on documents received and
online forms filled out:**

- **Visual analog scale**
- **Mark out of 100**
- **Algorithms**



Questions

