



Continuing Competence Program Review 2019

Summary Report – Full Version



REPORT CONTENTS

1. Executive Summary

2. Background

2.1. Overview of the current Continuing Competence Program (CCP)

2.2. Purpose of CCP Review

2.3. Foundational work guiding review

2.4. Strategies used to seek stakeholder input

3. Survey and focus group findings

3.1. Data sources

3.2. Results

3.2.1. Results of closed-ended survey questions

3.2.2. Thematic analysis of open-ended survey questions and focus-group discussions

3.3. Interpretation

4. Proposed CCP updates and considerations for implementation

4.1. Desired outcomes and CCP changes required to achieve those outcomes

4.2. Anticipated education needs for registrants





4.3. Evaluation of updated CCP

5. Conclusion

6. Appendices

Appendix A: Results of Continuing Competence Program 2018 Audit

Appendix B: Competence Committee Membership

Appendix C: CCP Review 2019 Survey Questions

Appendix D: CCP Review 2019 Focus Group Questions

Appendix E: Thematic analysis of narrative data

Appendix F: Decision Log of CCP changes suggested by respondents

Appendix G: Questions and issues to be addressed through education



1. Executive Summary

Having a Continuing Competence Program (CCP) is a requirement within the *Health Professions Act* (the HPA) and the *Occupational Therapists Professional Regulation* (the Regulation). A CCP is one way regulated health professions in Alberta ensure that the public receives safe and competent services from their regulated members (registrants). Section 13 of the Regulation specifies the required components of a CCP for occupational therapists (OTs) including the annual completion of:

- a) a practice challenge log;
- b) a self-assessment questionnaire;
- c) a competence maintenance log; and,
- d) a continuing competence portfolio.

The Alberta College of Occupational Therapists (ACOT) is responsible for determining how the required CCP components indicated in the Regulation are operationalized and how registrant completion of these components is monitored. ACOT's current CCP is comprised of a Self-Assessment Tool (SAT), Practice Challenge Log (PCL), Action Plan and Competence Portfolio. The Action Plan acts as the competence maintenance log where registrants specify a goal(s) for addressing their selected challenge(s) along with a log of learning activities and a reflection on how those activities have impacted practice.

Completion of all the CCP components does not directly measure a registrant's competence, however, the reflective practice and demonstration of continuous learning that CCP completion requires is considered a proxy of OT competence. Although every OT is ultimately responsible for their own professional practice and ethical behavior, the annual completion of the required CCP components by each registrant is ACOT's way of indirectly monitoring the competence of OTs as part of a regulatory body's mandate to protect the public.

To determine if ACOT's indirect method of monitoring registrant competence is effective, an audit of the ACOT CCP was undertaken in 2018. The results of the audit revealed a marked variation in how the CCP was completed by the de-identified sample of registrants (n= 440 or 20%) (See Appendix A). As such, ACOT's Council recommended an Ad Hoc Continuing Competence Committee be struck with the intent to engage with registrants and research best practice in the monitoring, measurement and evaluation of continuing competence. ACOT's Council has also recommended the development and/or refresh of policies and guidelines for conducting audits of the CCP and determining when practice visits are indicated. CCP audits and practice visits are two tools described in the



Summary Report – Full Version

Regulation that ACOT can use for monitoring registrant compliance with the CPP as the proxy for registrant competence.

This report summarizes the work of the Ad Hoc Continuing Competence Committee to:

- 1) *research current provincial, national and international practices for monitoring the competence of OTs and other health professionals;*
- 2) *seek registrant feedback on their experience of the current CCP;*
- 3) *identify and recommend changes to the existing CCP; and,*
- 4) *develop a method/framework to evaluate both the impact of the change on the registrants' experience and the effectiveness of the updated CCP to accurately reflect the competence of registrants.*

Due to the volume of work involved, the Continuing Competence Committee divided its work between a Core Committee which focused on items 2 and 3, and a Metrics Committee which focused on items 1, 3 and 4.

For additional data to inform what an updated CCP should look like, ACOT registrants were engaged to provide feedback on the CCP. Registrants were offered the opportunity to complete an electronic survey (409 respondents) and/or attending an online (text-to-chat) focus group (43 participants). Through analysis of all data sources, themes of *unclear expectations*, *frustrating user interface* and *lack of fit* with daily practice emerged. From these themes, the three desired outcomes for an updated CCP were derived:

- a. **Improved clarity – *Clear expectations*:** registrants have a better understanding of what comprises a complete and satisfactory CCP submission. (achieved through content changes and education)
- b. **Improved Usability – *Platform functionality*:** an improved user interface that in turn improves registrant experience. (achieved through platform improvements and education)
- c. **Improved fit – *Alignment with practice*:** registrants perceive value and meaning in completing the CCP components beyond adherence to regulatory requirements. (achieved through content changes and education)

Proposed updates to the CCP, the education required and the metrics for evaluation of the updated CCP once implemented, have also been framed according to these three desired outcomes and are described in more detail in the contents of this report.



2. Background

2.1. Overview of the current Continuing Competence Program (CCP)

The Alberta College of Occupational Therapists (ACOT) exists to serve Albertans by regulating services provided by Occupational Therapists (OTs) - one of the 29 self-regulated health professions legislated under the *Health Professions Act RSA 2000* (the HPA) in Alberta. As per the HPA, the privilege of self-regulation comes with the requirement for ACOT to govern its regulated members in a manner that protects and serves the public interest. In this context, ACOT requires its registrants to demonstrate an ongoing commitment to continuous learning, to support their ongoing competence. ACOT is required to intervene when a registrant's competence is questioned or compromised. Competence is defined in Section 1 of the HPA as "the combined knowledge, skills attitudes and judgement required to provide professional services."

As specified in the *Occupational Therapists Profession Regulation AR 217/2006* (the Regulation), registrants of ACOT are required to comply with the requirements of the Continuing Competence Program (CCP). ACOT is responsible for determining how the required CCP components are operationalized and how registrant compliance with the CCP requirements is monitored. The four required components, as outlined in Section 13 of the Regulation, and how ACOT has chosen to operationalize these to date is as follows:

CCP requirement as per Section 13	ACOT CCP component ¹	Intent
1. Self-assessment questionnaire	Self-Assessment Tool (online)	The exercise of self-assessment provides registrants the opportunity to reflect on how their practice adheres to the foundational elements/indicators of ACOT's Standards of Practice
2. Practice challenge log	Practice Challenge Log (online)	The practice challenge log is the record of any challenges flagged by a registrant after reviewing the Standards of Practice

¹ Since the 2014 registration year, all but one of the required components (the competence portfolio) are completed by registrants in the online platform (Alinity); the ability to upload portfolio documents is a feature of the Version 6 upgrade and will be available for the 2020-21 registration year.



3. Competence maintenance log	Action Plan (online)	The Action Plan is where registrants: i) specify a learning goal(s) for addressing their selected practice challenge(s); ii) report on progress on the learning activities undertaken to achieve the learning goal; and, iii) reflect on how those activities have impacted practice.
4. Competence portfolio	Portfolio (records held by registrant)	A collection of documents gathered as evidence of learning activities undertaken (e.g. summaries of articles, written feedback on performance, reflections on courses taken, etc.)

2.2. Purpose of CCP review

The first program-level (versus individual registrant-level) audit² of the CCP was undertaken in 2018, five years after the launch of the online version of the CCP. The audit was undertaken to determine if the program was achieving its intended purpose and entailed a review of 440 de-identified CCP submissions from 2017 (equivalent to 20% of the regulated membership).

Findings of the program-level audit revealed a broad variance in how the three online components of the CCP were completed by the selected registrants (see Appendix A for the Audit 2018 report prepared for Council). As such, ACOT's Council recommended the creation of an Ad Hoc Competence Committee to evaluate the continuing competence program and develop suggestions for change.

The Ad Hoc Competence Committee membership included co-chairs from ACOT Council, ACOT staff as well as 13 OTs representing diverse areas of clinical and non-clinical practice in Alberta (see Appendix B for listing of Committee membership). Terms of Reference for the Competence Committee, which ended up splitting into two separate committees due to the volume of work (Core Competence and Competence Metrics), were drafted and approved; they included the following activities:

- 1) *Conduct research and summarize current competence practices of other OT colleges*
- 2) *Engage regulated members and other stakeholders in dialogue regarding effective continuing competence programs*

² A program-level audit selects a deidentified sample of CCP submissions and reviews for completeness; because the reviewers are not aware of who the registrant is, no feedback is offered. Individual-registrant level audits select and review CCP submissions of individual registrants; a registrant is involved in the review process and feedback is offered.



- 3) *Outline suggested processes and resources for the continuing competence program*
- 4) *Define recommended metrics to evaluate the continuing competence program*

The Committee members met weekly (Core Committee) or bi-weekly (Metrics Committee) from April-July 2019. After a break in August, the final meetings of the Committees occurred in September. The final activity of both committees included recommendations for the composition of a *Standing Competence Committee*, which is a requirement in the HPA and the Regulation and will be determined later in the Fall of 2019. ACOT is grateful for the contributions of the volunteer committee members in leading and undertaking this work.

ACOT's Council also recommended the development and/or refresh of policies and guidelines for conducting audits of the CCP and determining when practice visits are indicated. CCP audits and practice visits are two additional tools outlined in the Regulation that ACOT can use for monitoring registrant competence.³

This report serves as an overview of the tasks undertaken by the Core Competence Committee to complete activities 2 and 3 and the tasks undertaken by the Competence Metrics Committee to address activities 1, 3 and 4.

2.3. Foundational work guiding review

Relating to activity 1, Competence Committee members started by compiling and reviewing the jurisdictional scans and scans of the literature undertaken and collected by ACOT/ACOT Council historically.

Other professional regulatory bodies in Alberta and other OT colleges across Canada use various tools/methods for their continuing competence programs. In addition to the tools/methods used by ACOT (SAT, PCL, Action Plan, Competence Portfolio) other colleges employ other tools in their CCPs such as peer review of practice, client satisfaction surveys, electronic portfolios, formal tracking and reporting of continuing education credits (both registrant selected and college mandated education) or jurisprudence exams. Unfortunately, the literature to inform which of these tools, alone or in combination, are the best to use in the monitoring, measurement or evaluation of competence is both sparse and inconclusive.

³ ACOT's Council is deliberating whether audits will occur at the program-level, at the individual registrant-level, or both. Legal opinion from Field Law states that auditing at the program-level (to ensure the CCP is achieving its intended purpose) is the minimal requirement to comply with the Regulation.



The Competence Metrics Committee undertook an additional search of the literature to guide and support the recommended CCP evaluation framework outlined in Section 4.3 below.

2.4. Strategies used to seek stakeholder input

In the absence of evidence-based guidance and for additional data to inform what an updated CCP should look like, registrants were engaged to provide feedback on the current CCP. The Competence Committee determined that the best way to engage and get input from a diverse cross-section of registrants was through both an online survey and virtual focus groups. Survey and focus group questions were drafted and approved by the Competence Committee with input from Council. Surveys were open from May 8-21, 2019 and six virtual focus groups were held between June 4-6, 2019.

3. Survey and focus group findings

3.1. Data sources

ACOT received 409 completed surveys (equivalent to ~18% of active registrants) and 43 registrants participated in the online focus groups (note: some focus group attendees reported also filling out the survey but not all in attendance did).

The survey included closed and open-ended questions (see Appendix C) which generated both quantitative and qualitative data. Focus group questions were pre-set with the option for the moderator of the focus group to ask additional questions depending on the direction the discussion was taking. (see Appendix D)

Data from all sources was used to inform and guide the analysis (including the thematic analysis), interpretation and proposed recommendations for changes to the current CCP.

3.2. Results

3.2.1. Results of closed-ended survey questions

In general, survey respondents expressed dissatisfaction with the current CCP process with the majority expressing dissatisfaction with the process overall and a lack of user-friendliness of the platform for entering the required information for the online CCP components (SAT, PCL, Action Plan).



Question	Un- or very unsatisfied	Neutral	Satisfied or Very satisfied
How satisfied are you with the current continuing competence process?	47%	30%	23%
How user friendly is:			
The platform responsiveness?	49%	19%	32%
Ease of reading?	34%	31%	35%
Ability to change goals/action plan throughout the year?	33%	34%	33%
Navigation?	43%	31%	26%

When asked about whether examples of how the CCP components should be completed would be helpful, 80% of survey respondents indicated examples would be useful or very useful. When asked about how these examples could be best presented, 55% responded that they would prefer them in a more detailed practice guide than what is currently available; 77% of respondents indicated the new guide would be most useful if was linked directly from the CCP platform. Twenty-six percent of respondents also indicated that online sessions/webinars would be useful in guiding how the components of the CCP should be completed.

Respondents were also asked to indicate which of the continuing competence components used by other colleges could enhance the value of ACOT's CCP in the demonstration of continuing competence.

Additional components used by other colleges	Percentage of respondents who thought inclusion could add value
Peer review of work	30%
Client feedback (satisfaction surveys)	23%
Uploading documents to e-portfolio	32%
Continuing competence credits	67%
Mandatory education credits	17%
Periodic jurisprudence exam	5%
Other	21%

If the "other" category was selected, respondents were invited to elaborate and give examples. Almost all of the 21% of respondents (n=82) used this section to provide feedback about the options suggested with the majority indicating that no additional components are required and the CCP is "fine as it is". Others voiced concerns about the challenges of getting feedback from clients who have some form of cognitive impairment or from peers who may not always be objective or that peer review of work is already part of employer practice and not appropriate for the mandate of ACOT.



The largest percentage of respondents indicated that requiring and enforcing a minimum number of mandatory education credits (similar to social workers or pharmacists) would be the preferred enhancement to the current CCP process. However, written feedback emphasized the burden of effort and cost this might impose particularly for OTs on maternity leave or those working in part-time, sole-charge, or private practice roles/settings.

3.2.2. Thematic analysis of open-ended survey questions and focus-group discussions

Six of the survey questions were open-ended with three additional questions offering an option to offer a narrative response in addition to a closed-ended response. A thematic analysis of these narrative responses was conducted (see Appendix D for more details). Although the focus group questions were developed to expand on the data from the surveys, the content elicited in the sessions was similar to that of the narrative survey responses. However, while the focus groups elicited only a small amount of new content, the content of the transcripts served to reinforce and validate the analysis of the survey data.

The main themes that emerged from the analysis of the quantitative and qualitative data sources included:

- a. Unclear expectations
- b. Frustrating user interface
- c. Lack of fit

A. Unclear expectations

Regardless of the CCP component being discussed or highlighted in the survey or focus group discussion (SAT, PCL, Action Plan Portfolio), the concept of not knowing what type or how much information was required or expected to include in each of the components came through strongly. This lack of understanding and need for clarity was revealed in the questions asked by the respondents such as (note: not verbatim):

- Are we expected to write a reflection for each standard in the Self-Assessment?
- Is the Self-Assessment to be completed at the beginning or end of the registration year?
- If I indicate a practice challenge within a standard does ACOT see that as incompetence?
- How many goals should I select for my action plan?
- How much information should be included in a progress update or goal reflection?



- why do we have to complete the CCP at all? Don't you trust that I am a responsible professional?
- Do other colleges require their registrants to complete similar tasks to demonstrate competence?
- Is anyone looking at the quality of CCP submissions? How do you know that an OT is competent just because they completed the CCP?
- What is the intent of a practice visit? Is it ACOT's role to look at the quality of an OT's practice or just the quality of their CCP submission?

Respondents asked for clearer guidance in the form of written guidelines and targeted learning sessions (in-person, webinars, recorded sessions for future viewing) with specific examples of what a complete CCP submission would look like for the various and diverse clinical and non-clinical/non-traditional practice areas and workplaces.

Although there were no specific survey questions about the process of auditing CCPs to see if they were completed satisfactorily, respondents inquired whether audits of CCP submissions were still being done and if not then why not. They reported frustration with past audits where feedback was not provided - only a letter indicating that their CCP was compliant. Some reported not receiving a letter at all or just unhelpful editorial feedback only.

There was a split on whether respondents felt practice visits would be intrusive and out of the mandate/scope of ACOT, or useful for both the OT and ACOT to highlight and address unique practice challenges OTs face each day. As such respondents requested more clarity on the purpose and intent of both audits of the CCP and practice visits including what might trigger a practice visit (ideally on an as needed or on request basis only) and what it might entail.

B. Frustrating user interface

The lack of user-friendliness of the online CCP platform (Alinity), particularly the 20-minute time out and lack of an auto-save option, was another main theme emerging from the survey and focus group responses/transcripts. Respondents also voiced concern over challenges in navigating through the various CCP components and only being able to develop/update one goal at a time. Lack of formatting in how the Action Plan shows up on the profile page and not being able to access the SAT, PCL or Action Plan for each year all in one place were also identified as concerns.

The developers of the online platform indicate that most, though not all, of the frustrating system issues will be resolved in the upcoming Version 6 system upgrade. For example, the time out feature and lack of auto-save option will remain in place so that the platform can still adhere to the security standards for the protection of registrants' personal information. However, the length of time-out has been extended to 30 minutes and as



long as a registrant clicks on the “Save for Later” button in the Action Plan what has been entered will be saved even if the 30-minute limit has lapsed. Issues of formatting and navigation have been resolved/corrected in the new system which will look considerably different than Version 5. Written reflection on the Standards of Practice and the newly added Code of Ethics will now occur in the Action Plan and a written reflection is only required for the indicators that have been selected as an area(s) of focus in the Self-Assessment Tool. The most exciting development in Version 6 is that registrants will be able to access the member login page, and thus CCP components, from a mobile device. It is expected that this will improve the convenience and ease of recording Action Plan progress updates in a more regular and timely fashion.

C. Lack of fit

Respondents consistently reported that having to select a practice challenge from the indicators within the nine Standards of Practice⁴ was troublesome as it is perceived as declaring incompetence in order to select a goal to work on. As well, many respondents reported finding it difficult to relate the Standards of Practice to their work if they were practicing in non-clinical or non-traditional roles. Alternately, just as many felt the Standards were too abstract, high-level or theoretical to reflect the realities of front-line clinical practice. Either way, respondents were frustrated and reported a sense of forcing, finessing or tailoring their real-life goals to fit within the confines of the Standards. The issue of assessing to standards versus competencies was raised by numerous respondents and is a longstanding issue with many colleges. Most colleges have shifted to assessing to standards rather than competencies to allow for a more holistic and interpretive self-reflection. Consideration of this suggestion will be deferred until the OT core competence work being undertaken by the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is completed; estimated March 2021.

The timing of when the CCP components need to be initiated (at the start of the registration year) or completed (at renewal) was problematic particularly for registrants working within the school system or whose employer’s performance agreement schedule occurred out of sync. Although this is not something that can be addressed as the registration year is set, it is worth considering how to ensure the completion of the CCP components does not add burden to registrants that are needing to meet similar requirements for employers but within markedly different timeframes. Overall, there was a perceived lack of value, alignment and/or meaning in the process of completing the required CCP components in their current state.

⁴ Note: There are now ten Standards of Practice with the addition of the “Maintain Appropriate Boundaries” standard created to comply with Bill 21– An Act to Protect Patients.



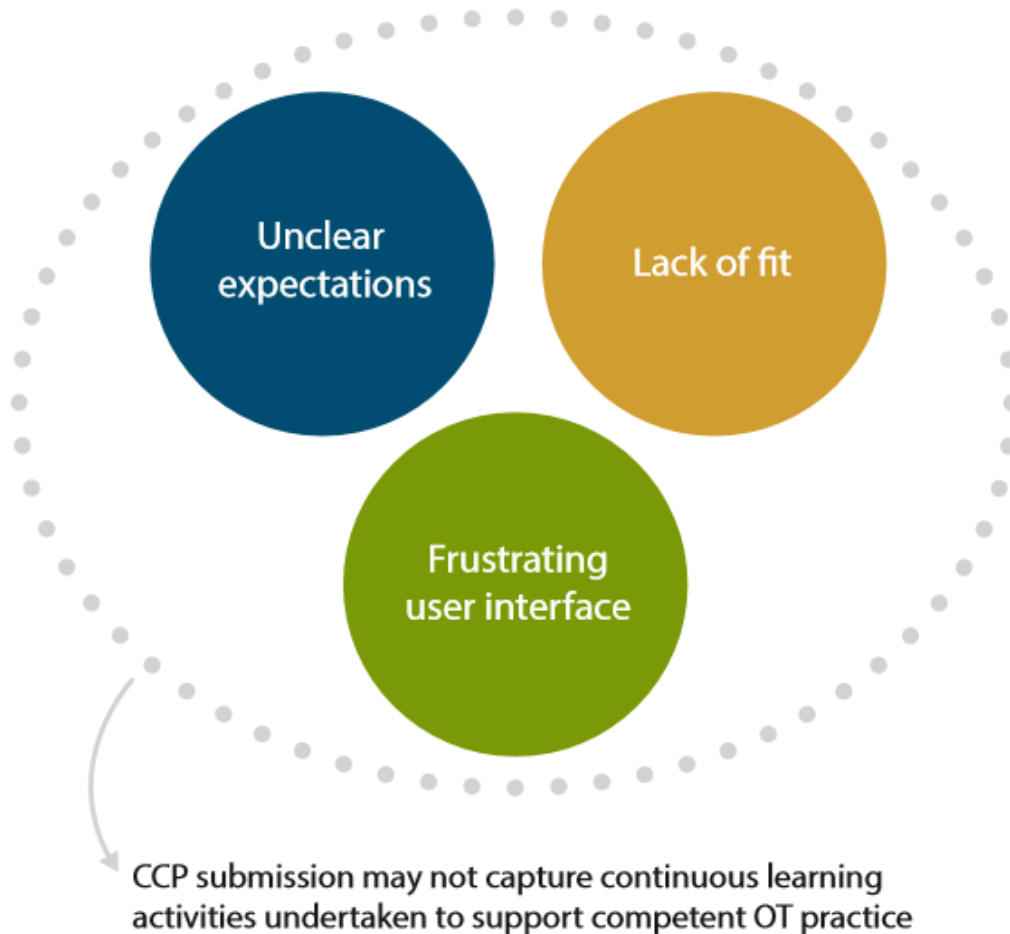
3.3. Interpretation

The intent of ACOT's CCP is to support public receipt of services from competent OTs who are practicing within the legislative framework of our profession. Competence – defined in the HPA as the combined knowledge, skills, attitudes and judgement required to provide professional services – is presumed based on a registrant's compliance with the continuing competence requirements outlined by each regulatory body (non-compliance is considered unprofessional conduct). For ACOT, the CCP serves as an indirect method of supporting and monitoring continuing competence - the registrants use the components of the CCP to demonstrate and report annually on their commitment to engaging in continuous learning activities and reflecting on how these activities impact and evolve their practice.

With the 2018 audit of the CCP revealing marked variation in the quality and quantity of content of the audited CCP submissions and the significant dissatisfaction with the current CCP process, there is a disconnect which may limit the extent that a CCP submission captures the activities undertaken by a registrant to support competent OT practice. This disconnect is depicted in the diagram on the following page.



CCP SUBMISSION DISCONNECT



The overarching goal of the CCP is to protect the public by ensuring they are served by OTs committed to continuous learning and evolution of practice. To achieve this goal, the themes emerging from the data analysis have been used to frame the desired outcomes of an update to the CCP. These desired outcomes include:

- a. **Improved clarity – *Clear expectations*:** registrants have a better understanding of what comprises a complete and satisfactory CCP submission. (achieved through content changes and education)



- b. **Improved Usability – *Platform functionality*:** an improved user interface that limits frustration and improves registrant experience. (achieved through platform improvements and education)
- c. **Improved fit – *Alignment with practice*:** registrants perceive value and meaning in completing the CCP components beyond adherence to regulatory requirements. (achieved through content changes and education)

These three desired outcomes are depicted in the diagram on the following page using the intersecting circles, familiar to OTs, from the Person-Environment-Occupation Model of occupational performance developed by Dr. Mary Law and her colleagues in 1996.⁵

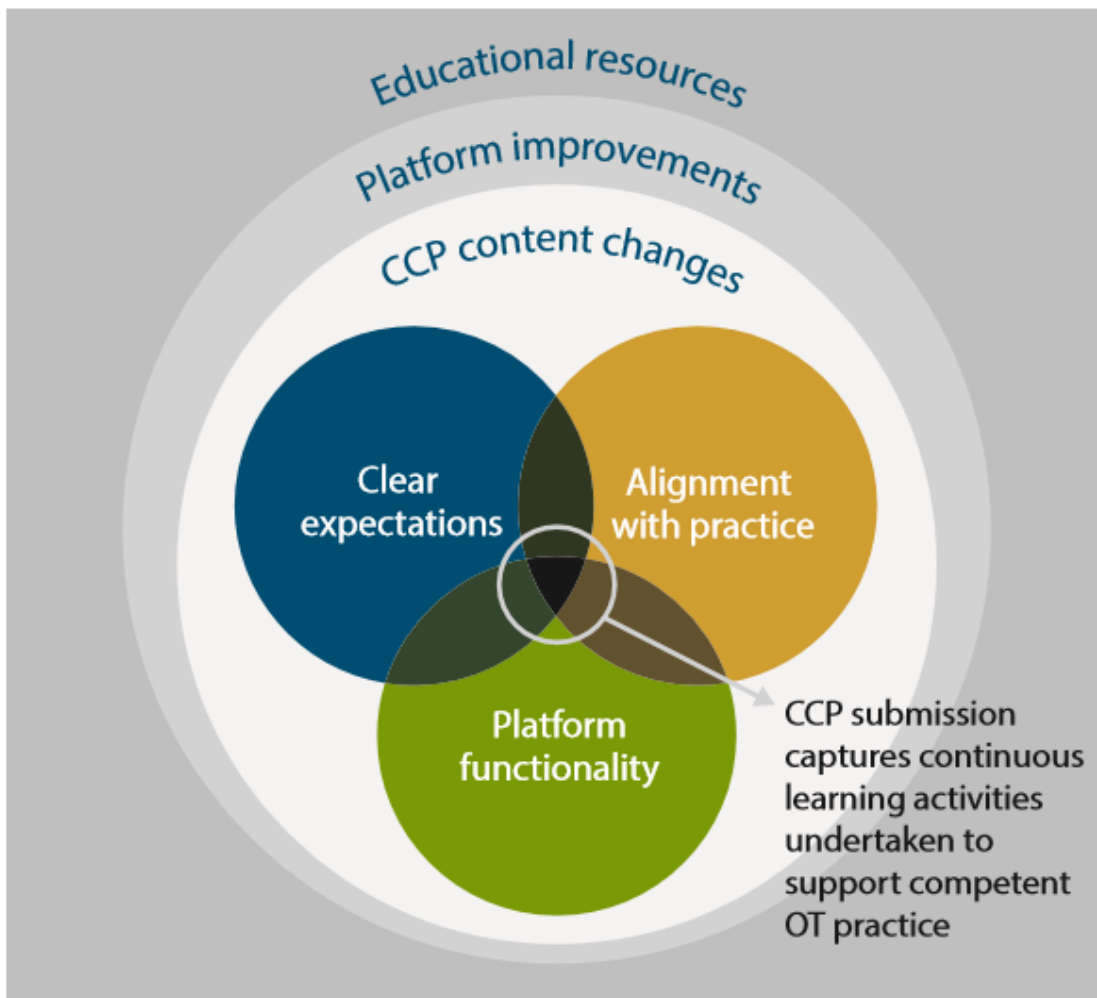
It is proposed that in order to achieve the goal of ACOT's CCP (protection of the public), the "transactional interplay" of a registrant's need for clarity, ease of platform use and alignment/meaningfulness with daily practice should be considered to support the documentation of continuous learning activities undertaken by OTs as their demonstration of continuing competence. Changes to CCP content, platform improvements and the development of a package of educational resources are offered as the means to bring the desired outcomes together such that they can transact and interplay to achieve the ultimate goal of the CCP which is to act as a proxy for OT competence and support ACOT's public protection mandate.

⁵ Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.



OVERARCHING GOAL:

The updated Continuing Competence Program aligns with ACOT's public protection mandate.



The proposed changes to the CCP, the anticipated education needs and proposed metrics for evaluation are outlined in Section 4 that follows.



4. Proposed CCP updates and considerations for implementation

4.1. Desired outcomes and CCP changes that can be made to achieve those outcomes

A list of the issues/topics/questions raised by survey respondents and focus group participants was compiled. The Core Competence and Competence Metrics Committees considered which issues were possible to be addressed and through which means (content changes, platform improvements, educational resources). Issues/suggested changes relating specifically to the online platform were discussed with the developer. A list of possible and proposed CCP changes was brought to Council for deliberation and approval.

The table below offers a summary of the most notable updates to the CCP that will be made to achieve the desired outcomes of improved clarity, usability and fit. Registrants will notice some of the changes within the online platform when they complete their 2019-20 Action Plan before or during 2020-21 renewal. Remaining changes will be available in the 2020-21 CCP. Educational resources (e.g. guidelines, online modules, webinars, etc.) will be available prior to and throughout the 2020-21 renewal process. Appendix F has a more fulsome list of the CCP changes including details of the discussions, deliberations and approvals at the developer, Committee and Council levels.

Notable CCP changes

Desired Outcome	CCP changes to attain this outcome
Improved clarity	Assorted wording changes within SAT and Action Plan to make what is expected of registrants clearer.
	Development of a rubric for registrants to reference which outlines the requirements of a CCP submission including guidance on what and how much content is enough/not enough/more than required.
	Development of policies and processes for conducting audits of the CCP either at the level of individual registrants or of the program as a whole. Processes will include criteria for when a practice visit would be indicated.
	Development of policies and processes for conducting practice visits including clarification of ACOT's mandate: "A practice visit will be conducted on an 'as needed' or 'as requested' basis with the intent to determine whether the OT's practice adheres to ACOT's Standards of Practice and Code of Ethics."
Improved usability	Extension of 20-minute time out to 30 minutes (no auto-save option available, registrants will still need to save prior to exiting the system); increased font size (font size can also be altered through accessibility)



	features of web browser); improved formatting within the platform and of reports produced; CCP components accessible by year from the “Home” page, the “My Documents” tab and the “My Learning” tab; CCP access from mobile device.
	SAT for upcoming registration year and initial Action Plan goal-setting can be completed at the time of renewal (Registrants used to have to wait until after March 1 to complete SAT and set goals for the upcoming year).
Improved fit	Changing “practice challenge” wording to “area of focus” in the SAT and Action Plan.
	Adding Code of Ethics and the indicators of each (respect, integrity, competence) to the SAT for the 2020-2021 registration year to allow registrants more options to select an area of focus to work on in the upcoming year.
	SAT reflection and Practice Challenge Log incorporated into the Action Plan for a more streamlined completion of CCP components.
	Ability to track and document all continuous learning activities associated with selected goals within the online platform including the ability to report on time spent in each learning activity and upload relevant documents.

4.2. Anticipated education needs for registrants

The questions raised by survey respondents and focus group participants indicated knowledge gaps in the areas of: understanding of regulatory requirements, CCP content, process and quality expectations, how the CCP fits and aligns with the depth and breadth of OT practice, and how to navigate the online platform. A full listing of questions asked/ issues raised that will be addressed through education can be found in Appendix G.

To address the knowledge gaps flagged by respondents, the following outline of education topics is proposed:

A. REGULATORY REQUIREMENTS OVERVIEW

- i. Why do we have to do this? Are all components of the Continuing Competence Program required?
- ii. How is the program monitored? How do we know that this helps keep the public safe?

B. CONTINUING COMPETENCE PROGRAM: STEP BY STEP

- i. Navigating the new platform – Wow – it looks really different!
- ii. How much detail is enough to report/include? How much is too much or beyond what is necessary?



C. MAKING THE CCP WORK FOR YOU

- i. Do you think the Standards of Practice are “too clinical” or are “not reflective of real-life practice”? Let us demonstrate how the Standards of Practice and the newly added Code of Ethics can be applied to the diverse areas/workplaces OTs practice.

As requested by the survey respondents, education materials/learning sessions will include:

- written guidelines and presentations for each of the proposed education topics
- interactive in-person and web-based sessions
- recorded webinars and/or online modules
- easy to access FAQs

Education materials will be drafted and tested with the Standing Competence Committee members prior to bringing to Council for approval. Materials will need to be finalized by the end of October 2019 as sessions will need to be initiated in November to ensure adequate training is offered prior to the updated CCP going live for the 2020-21 registration year.

If Council approves moving ahead with regular audits of the CCP (at either/both the individual registrant- or program-level), education materials outlining audit/practice visit processes will also be required. Materials (including formal policies) would need to outline how audits will occur and at what frequency, how the quality of a CCP submission will be determined, what criteria within an audit will trigger a practice visit, what criteria will be used during a practice visit to determine if a registrant’s practice adheres to standards of practice and ethical conduct, and how issues will be addressed/resolved to ensure compliance to the requirements of the Regulation.

4.3. Evaluation of updated CCP

Evaluation of new or updated programs is often an overlooked step of program development but it is important to evaluate so as to objectively determine if the outcomes of a program have been achieved. It is proposed that an evaluation of an updated CCP be two-fold including:

- a) identifying the criteria that would define and set the expectations of a quality submission, then determining if those expectations have been met; and,
- b) evaluating whether the updates to the CCP reflect stakeholder feedback and improve registrant satisfaction and experience.

Measuring the former requires the development of a rubric that outlines the criteria and minimum expectations of what to include in a CCP submission. A rubric could be used to



audit groups of CCP submissions for the purposes of evaluation but could also be used if resumption of regular audits of individual registrant submissions is approved by Council. Registrants can also use the rubric as a reference when completing their CCP to ensure they are providing at least the minimum quantity and quality of information in each CCP submission.

Measuring the latter will require a repeat of relevant questions from the initial CCP Review 2019 survey as well as some additional questions such as “How would you rate your understanding of what is expected in a CCP submission in the new version versus the old version?” or “Is the new CCP more aligned with your daily practice?”

For consistency, the proposed measures are categorized to align with the desired outcomes of improved clarity, usability and fit.

Desired outcome	Proposed measure	Timeline for evaluation
Improved clarity	Add survey question “Did you receive enough notice and information about the updated CCP?”	End of 2020-21 registration year at 2021-22 renewal
	Add survey question “Did the education/support provided by ACOT help you complete your CCP?”	End of 2020-21 registration year at 2021-22 renewal
	Add Survey question “How would you rate your understanding of what is expected in a CCP submission in the new version versus the old version?”	End of 2020-21 registration year at 2021-22 renewal
Improved usability	Comparison of Survey question #2 “How user friendly is the CCP?” pre-post change	After 2021 renewal
	Add Survey question “How user-friendly is Version 6 of the online platform compared to Version 5?”	End of 2020-21 registration year at 2021-22 renewal
Improved fit	Comparison of Survey question #1 – “How satisfied are you with the CCP?” pre-post change	End of 2020-21 registration year at 2021-22 renewal
	Add survey question “Is the new CCP more aligned with your daily practice?”	End of 2020-21 registration year at 2021-22 renewal
	Repeat 2018 program-level audit (with same or new sample TBD) using similar metrics	In 2021
	Percentage of people completing all areas of CCP pre-post change	End of 2020-21 registration year at 2021-22 renewal



Initial program evaluation is recommended to occur after the 2020 registration year is over and registrants have completed all components of the updated CCP (i.e. evaluation can start in March 2021). There is a possibility to ask some of the proposed survey questions at the beginning of the 2020-21 registration year (e.g. after the SAT has been completed and Action Plan initiated) but the most comprehensive survey would be conducted after the end of the 2020-21 registration year at the time of renewal for the 2021-22 registration year.

5. Conclusion

Protection of the public is ACOT's primary mandate and this is partly achieved through having a CCP that accurately reflects the continuous learning efforts of its registrants. The work undertaken and reflected in this report has formed the basis for the recommended updates to the CCP which will improve the CCP's alignment with ACOT's public protection mandate while at the same time improving registrants' experience in completing their CCP submission each year. ACOT's Council and staff would like to extend thanks to the volunteers of the Competence Committees, the survey respondents and focus group participants, and registrants who offered input and feedback outside of the formal stakeholder engagement process – this work would not have been as robust without the time taken to voice your concerns, research best-practice, contribute to discussions, and/or review of the numerous iterations of this report. Demonstrating that the methods/tools used by regulators to monitor the competence of self-regulating professionals are an accurate reflection of actual competence is a challenge facing all colleges and regulatory bodies internationally. ACOT is committed to ensuring that our CCP is the most accurate proxy of registrant competence as possible.





Continuing Competence Audit 2018

History:

In 2014, The College's continuing competence program went online and was linked to the renewal process so that all registrants had to submit their continuing competence programs prior to renewing their practice permit. At this time, the College received a legal opinion from Field Law regarding the need for an audit with the new mandatory submission of continuing competence programs prior to renewal. The legal opinion stated that the College must still conduct an audit to comply with the regulations, however, it did not need to be done on an annual basis. The legal opinion also stated that the continuing competence audit could be an audit of the program, rather than of individual plans, to ensure the program was achieving its intended purpose. The Registrar decided that there would no longer be audits of individual continuing competence programs; however, the program would be audited every two years to determine if changes needed to be made.

In 2016, the College conducted the first audit of the online continuing competence program. There were a few technological issues in the first few years that did cause a few hiccups in registrants' programs. More than one self-assessment was available from February to March which caused people to submit their continuing competence programs for the wrong year. The College changed the program to ensure that only one self-assessment was available at a time. Other changes that were made at that time were the addition of a timer in the action plan so that registrants were reminded to save their plans prior to them being timed out for security purposes, as well as increased help buttons and explanations to assist individuals complete the program.

Audit 2018

The College Audited 20% (440) of the submitted continuing competence programs from 2017. The audit was conducted to gather quantitative data, as well as qualitative observations to determine if the continuing competence program was achieving its intended purpose, or if it needed to be changed.

The *Occupational Therapists Profession Regulation (AR 217/2006)* sets out the components of the continuing competence program. The current method used to fulfill each of the continuing competence program components are below the regulations in blue.

13(1) As part of the continuing competence program, a regulated member must each year complete the following in a form approved by the Council:

(a) a practice challenge log identifying practice challenges;

- Currently the practice challenge log is auto populated from the practice challenges selected from the self-assessment

(b) a self-assessment questionnaire indicating the areas where continuing competence activities are to be undertaken by the regulated member for the next registration year;

- Currently the self-assessment requires OTs to assess themselves against the Standards of Practice. For each standard, the registrant determines whether or not the areas are practice challenges or areas they want to improve in. They are also given the opportunity to provide a reflection on their practice regarding each standard; however, the reflection is not mandatory.

(c) a competence maintenance log that records professional activities that support the maintenance of competence or the enhancement of the regulated member's practice;

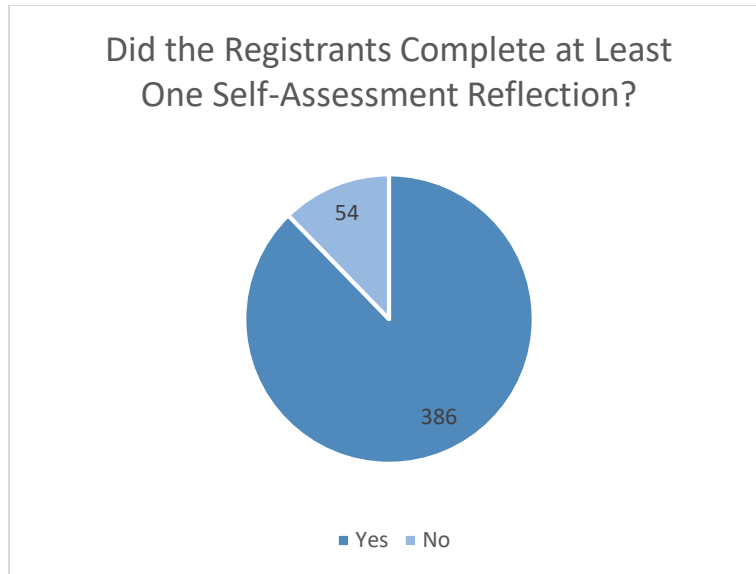
- The competence maintenance log is currently labeled as the "Action Plan." Registrants are asked to make goals related to improving their practice in an area they determined as a practice challenge from the self-assessment. Registrants must select activities they plan to complete in order to continue their learning in that particular area from a drop down menu. A section is provided for the registrants to update the College on their progress of achieving their goal (specific details of the learning activities they completed and when) but it is not a mandatory field. Registrants are then asked to reflect on their goal/learning activities and how they are using their learning to improve their practice.

(d) a continuing competence portfolio containing documentation that illustrates the quality of the regulated member's practice.

- Currently the College does not require registrants to submit their portfolio; however, registrants are required to keep their portfolios for the past 5 years, and the College may request to see them.

Self-Assessment and Practice Challenge Log Audit:

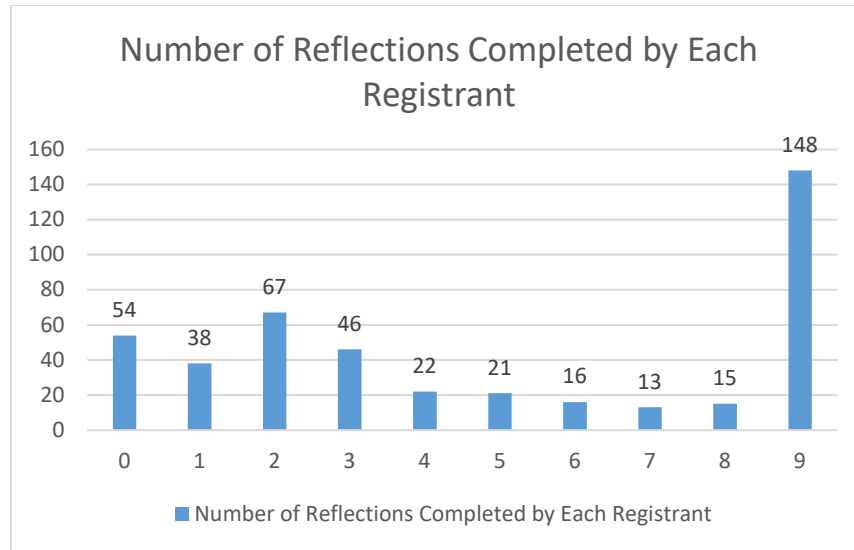
Of the 440 continuing competence plans reviewed 386 registrants completed at least one of the nine reflections on the standards of practice, 54 registrants selected practice challenges, but did not complete any of the reflections.



Of the 386 registrants that completed at least one reflection in the self-assessment, 205 only completed the reflections when they had selected a practice challenge for the standard, and 181 completed reflections in the self-assessment even when a practice challenge was not present.

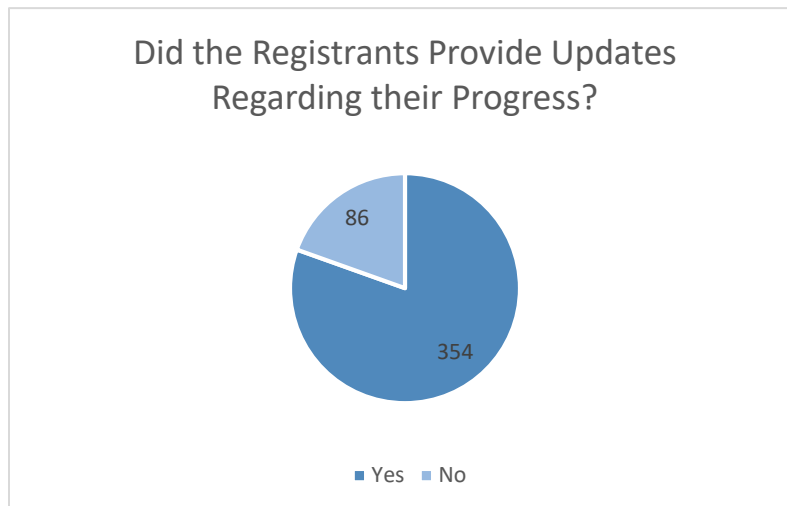


The audit looked at how many of the nine reflections each registrant completed. The results of the analyses are reflected in the graph below.



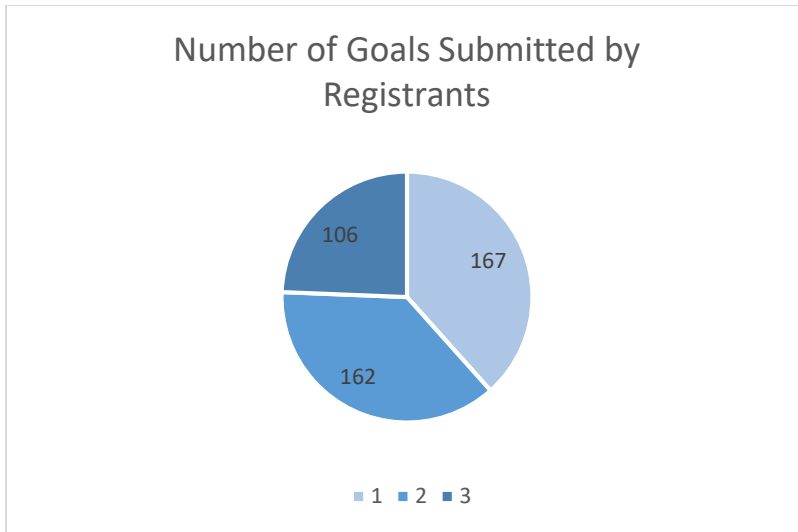
Action Plan and Reflection:

Of the 440 continuing competence plans reviewed, 354 registrants provided at least some updates regarding their progress, 86 registrants provided no updates.



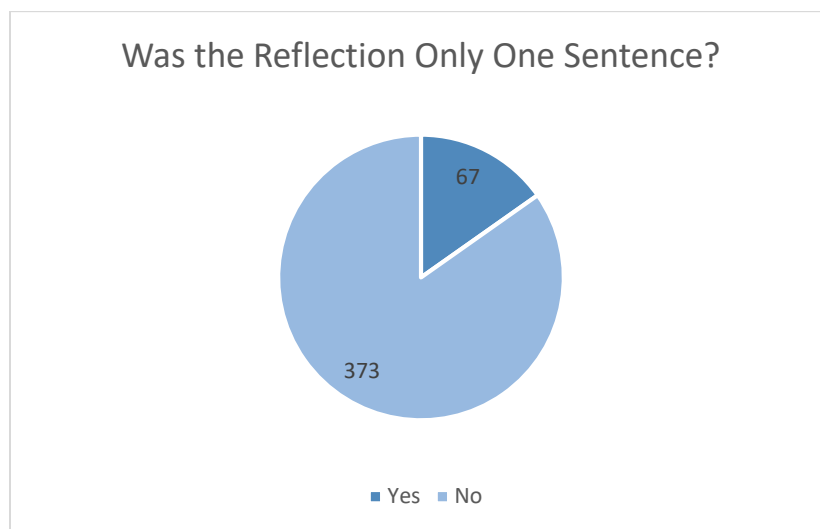
The online continuing competence program allows registrants to submit up to 3 goals – each with their own learning activities and reflection upon completion. The minimum requirement of the program is the submission of at least one goal.

Of the 440 plans reviewed, 167 registrants submitted one goal, 162 submitted two goals, and 106 submitted three goals. For each of the audited plans, one goal from every plan was reviewed.



The current continuing competence program relies heavily on the reflection to determine whether the learning activities for each goal are complete. This becomes a problem if the reflection is only one sentence long, as it is often hard to determine the learning that occurred with such little context.

Of the 440 goals reviewed, 67 goals had a reflection that was only once sentence long. If these individuals did not complete the “updates regarding progress” section, it was very difficult to determine what learning occurred.



As part of the audit, the content of the Action Plan was reviewed to determine if the continuing competence program was complete. If a goal was determined to be incomplete, that individual did not complete their continuing competence program for the 2017 year.

Of the 440 goals reviewed, there were a total of **34** goals that were determined to be incomplete once they were reviewed.



These goals were determined to be incomplete for the following reasons:

- **Did not complete while on maternity leave.**
 - There were **four** goals submitted that stated in the reflection that they would not be completing their continuing competence program because they were on maternity leave. Completion of the continuing competence program is mandatory for registration with the College if an individual remains registered while on any type of leave.
- **Reflection was not understandable and there was no context to determine whether any learning activities were completed.**
 - There were **nine** goals submitted that listed no progress updates and the reflection was so vague/short that it could not be determined if the registrant completed their learning activities.
- **The goal submitted was for the wrong year, so no learning activities were completed.**
 - There were **four** goals submitted that had no learning activities completed because they were completing their continuing competence program for the 2018 year instead of 2017. This was determined by their reflections that stated that the learning activities would be completed the next year.
- **The goal completed did not require any learning activities.**
 - There were **fourteen** goals submitted where the goal was reported to be complete; however, there were no learning activities required. Examples of these goals are creating a better filing system, renewing on time, getting enough currency hours etc. The purpose of the continuing competence program is to ensure that all registrants participate in continuous learning, and no learning was required for these activities.

Recommendations for Change

Below are recommendations for change to each component of the continuing competence program based on the findings of the continuing competence audit, as well as feedback collected from registrants throughout the year.

13(1) As part of the continuing competence program, a regulated member must each year complete the following in a form approved by the Council:

(a) a practice challenge log identifying practice challenges;

- Expand the practice challenge log to include challenges not directly related to the standards of practice. This would allow registrants to continuously document their practice challenges throughout the year and take on learning activities that would directly impact their practice.

(b) a self-assessment questionnaire indicating the areas where continuing competence activities are to be undertaken by the regulated member for the next registration year;

- The code of ethics should be added to the self-assessment. Given that all registrants must abide by both the standards of practice and code of ethics, they should assess themselves against both in the self-assessment on a yearly basis. This also ensures that all registrants view these documents annually.
- The written reflections on each standard of practice should either be made mandatory or removed so that all registrants have the same expectation for completion.

(c) a competence maintenance log that records professional activities that support the maintenance of competence or the enhancement of the regulated member's practice;

- Change the name from "Action Plan" to "Competence Maintenance Log" to mirror the language of the Regulations.
- Observations from the audit suggest that some registrants have focused more on the concept of completing a goal rather than continuing their learning. Given this, I would recommend that ACOT no longer require registrants to complete a goal, but instead complete a required number of learning activities in a year. For each learning activity, the registrant would be required to provide a description of the learning activity, the date it was completed on, and a small guided reflection that asks registrants "How has this learning activity improved your competence in the practice of occupational therapy." This would also give registrants the opportunity to report a variety of learning activities that do not have to be tied to a specific goal. Many OTs working in the school system have reported difficulty completing goals because the school year runs differently than the ACOT registration year and continuing competence program; the expectation of completing learning activities rather than goals would also alleviate this issue.

(d) a continuing competence portfolio containing documentation that illustrates the quality of the regulated member's practice.

- Currently ACOT does not require the submission of the continuing competence portfolio, which means there is no way to determine whether registrants are keeping a portfolio. Changes to alinity will allow for document uploading in the continuing competence program. Document uploading could ensure that registrants are keeping a portfolio by requiring them to submit 3 documents from their portfolio each year. Keeping the number of documents required low would keep data storage for Alinity at a reasonable level and still allow the College to be sure that the portfolio is complete.
- Currently, there is not a specific list of what can be included in the portfolio, developing a list would improve registrant understanding of what is required for this component of the program.

Other recommendations:

- Given that 34 of the continuing competence programs reviewed were determined to be incomplete for a variety of reasons, the College should return to auditing 20% of registrants. As completion of the program is a mandatory requirement, it is unacceptable to have such a large number of individuals fail to complete the program.
- Previously, the College presented little guidance on what each registrant must submit for their continuing competence program to comply with the Colleges expectations. Although this was done to allow flexibility for registrants to create a learning plan that best suits their individual needs, the audit shows that it creates a large variance in quality. The College should set clearer guidelines for what registrants must submit, so they know what is expected of them.
- At the same time, the findings of this audit invite Council's reconsideration of the need to have more structured oversight of the continuing competence program through the ongoing involvement of OTs, either by (OT) staff, re-establishing (or reviving) a "Continuing Competence Committee", or by some other process that validates the College's website claim to the public that *"Registered members possess the knowledge, skills and attitudes and judgment required to provide Occupational Therapy services competently"*.

Continuing Competence Program (CCP) Review 2019

Competence Committee Membership

Core Competence Committee

Jennifer Lee (Council rep and Chair)

Sharon Brintnell

Lisbeth Case

Shelly Craig

Christine Foisy

Amber Laing

Corinne Tuck

Competence Metrics Committee

Andrea Petryk (Council rep and Chair)

Bethany Brewin

Cynthia Johnson

Sharon Kaczkowski

Colleen Lane

Carlyn Neek

Sheron Parmar

Melissa Renfree

ACOT staff support for both Committees:

Marianne Baird – Registrar

Angela Sekulic – Director Policy and Practice (starting May 2019)

Introduction

The Continuing Competence Committee - created by ACOT - is updating the Continuing Competence Program (CCP) for all OTs in Alberta. Our CCP is fundamental to occupational therapy (OT) practice, and serves three groups:

1. Government which confers the privilege of self-regulation,
2. The public, and
3. Registered members.

The Committee's intent is that the CCP supports lifelong learning for OTs in all practice areas, enhancing the practice of OT. This also ensures that we meet the requirements of *the Health Professions Act* to ensure the public that OTs as professionals continue to maintain and improve their competence. Note that the *Occupational Therapists Profession Regulation* states:

- 13(1) As part of the continuing competence program, a regulated member must each year complete the following in a form approved by the Council:
- (a) a practice challenge log identifying practice challenges;
 - (b) a self-assessment questionnaire indicating the areas where continuing competence activities are to be undertaken by the regulated member for the next registration year;
 - (c) a competence maintenance log that records professional activities that support the maintenance of competence or the enhancement of the regulated member's practice;
 - (d) a continuing competence portfolio containing documentation that illustrates the quality of the regulated member's practice.

Your participation in this survey will inform updates to our CCP for the 2020 registration year.
Thank you for your input!

Please answer the following questions based on the current Continuing Competence program you completed last year. There are screen shots of the current sections of the program to guide your responses. Note that the software program that houses the program, Alinity, will be updated before the next registration year, and the update will be informed by your input.

1. How satisfied are you with the current Continuing Competence process?

Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How user friendly is the current Continuing Competence process?

	Not at all user friendly	Not user friendly	Neutral	User friendly	Very user friendly
a. Platform responsiveness (timeout limits, ability to save as you go)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ease of reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ability to change goals/action plan during the year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Competence Self-Assessment

Standard 1: Maintain Professional Accountability

The occupational therapist shall:

Check any that are practice challenges:

- 1.1 Be registered with the Alberta College of Occupational Therapists in accordance with provincial regulatory legislation. ☐
- 1.2 Be knowledgeable of and adhere to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice, and code of ethics applicable to his/her occupational therapy practice. ☐
- 1.3 Demonstrate continued competence as required by the Alberta College of Occupational Therapists. ☐
- 1.4 Be responsible for occupational therapy services provided by oneself and demonstrate accountability for service provided by other personnel who are under the therapists's supervision. ☒

Personal Reflection of Standard 1: Maintain Professional Accountability

Previous
Next
Save

3. Please explain what you like or dislike about the self-assessment portion of the process.

1 Welcome
2 S.A.T.
3 Challenge Log
4 Complete

Competence Self-Assessment

Practice Challenge log

Indicator: 1.4	Be responsible for occupational therapy services provided by oneself and demonstrate accountability for service sprovided by other personnel who are under the therapists's supervision.	Action Plan For: <input checked="" type="radio"/> This Year <input type="radio"/> Future
Indicator: 2.3	Recommend appropriate resources or other service providers when the service request cannot be met within the parameters of the individual's practice.	Action Plan For: <input type="radio"/> This Year <input checked="" type="radio"/> Future

Previous
Next
Save

4. Please explain what you like or dislike about the practice challenge log portion of the process.

Continuing Competence Program Action Plan(s) + Add ? Help

If you have not completed, or wish to make changes to, your SAT, [click here](#) to edit your self-assessment.

2014

Edit | Remove | Print

Goal 1	
Practice Challenge	1.4: Be responsible for occupational therapy services provided by oneself and demonstrate accountability for service sprovided by other personnel who are under the therapists's supervision.
Goal Statement	Acquire sufficient knowledge and skills to confidently assign tasks to therapist assistants.
Progress Updates	10/30/2014 read the guidelines for the assignment/delegation of occupational therapy services to support personnel from ACOT -ensure that support personnel are qualified to perform the task delegated to them and that the needed amount of supervision is available 09/01/2014 discussed types of activities to delegate to therapist assistants with a colleague 09/11/2014 read the HPA act and college e-news about issues of supervision
Learning Activity (1)	Attending conferences, workshops, lectures, in-services, etc.
Learning Activity (2)	Review of materials (Reading articles, journals, texts, internet searches, guidelines, etc.)
Learning Activity (3)	Other
Learning Activity Description	other- Monitor delegation of activities to ensure they are both appropriate and successful
Reflection Statement:	Not Yet Reflected Upon

5. Please explain what you like or dislike about the action plan of the process

6. What kind of documents do you feel would best illustrate the quality of your practice in a portfolio?

7. Is there anything else you would like us to know about the current Continuing Competence process?

Please answer the following questions based on what you would like to see in your future Continuing Competence program.

8. Would you prefer to (select one):

- a. Keep the current yes/no format for the question around each Standard
- b. Use a Likert scale asking you to rate your ability to meet each Standard. For example the question may say for Standard 1 "Please rate how well you maintain professional accountability, as evidenced by:
 - i. Being registered with ACOT in accordance with provincial regulatory legislation;
 - ii. Being knowledgeable of and adhering to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice and code of ethics applicable to your occupational therapy practice;
 - iii. Demonstrating continued competence as required by ACOT;
 - iv. Being responsible for the OT services provided by oneself and demonstrating accountability for services provided by other personnel who are under your supervision."

In this example, the rating scale could have 5 points ranging from

- 1 - I do not adhere to any of the above accountability measures
- 2 – I adhere to one of the above accountability measures
- 3- I adhere to two of the above accountability measures
- 4 – I adhere to three of the above accountability measures
- 5 – I adhere to all of the above accountability measures

9. How useful would it be to see more indicators/examples of what meeting each Standard of Practice looks like? For example, meeting Standard 1 would involve:

- a. Renewing registration on time annually;
- b. Having read and working within the parameters of our governing legislation, regulations, standards and code of ethics;
- c. Actively participating in ACOT's continuing competence program;
- d. Demonstrating responsibility for the services you provide and/or supervise.

Not at all useful

Not useful

Neutral

Useful

Very useful

☐☐☐☐☐

10. How would you like to see examples of how Standards can be met (select as many as you would like to see):

- ☐ a. Separated out into the practice guide?
- ☐ b. Hyperlinked from the online platform to the practice guide?
- ☐ c. In an e-news?
- ☐ d. In online sessions?
- ☐ Other (please describe)

11. Which if any of the following components used by other Colleges would enhance ACOT's Continuing Competence program? (Select any or all that you prefer)

- ☐ a. Peer review (having an OT or other interprofessional colleague look over your work to provide feedback on your work)
- ☐ b. Client feedback (satisfaction surveys from clients)
- ☐ c. Uploading portfolio documents
- ☐ d. Continuing education credits (chosen by the individual OT)
- ☐ e. Mandatory education credits (chosen by the College)
- ☐ f. Periodic exam on our legislation, regulations, Standards and Code
- ☐ Other (please describe)

12. What would a useful professional practice visit look like to you?

13. What updates to the Continuing Competence Program would make it better relate to your day to day practice as an OT?

Next Steps – Focus Groups and Further Input:

14. Would you like more support in developing your annual portfolio (e.g. guidelines about what should be included)?

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

☐☐☐☐☐

15. Would you be interested in attending sessions on how to complete your Continuing Competence program?

Not at all interested

Not Interested

Neutral

Interested

Very interested

☐☐☐☐☐

16. Would you be interested in attending an online focus group to provide additional input about the Continuing Competence program during the first week of June?

☐ Yes

☐ No

17. If yes to #16, which time of day works best for you (select one):

☐ a. During the day (AM)

☐ b. During the day (PM)

☐ c. During the day (Lunch Time)

☐ d. In the evening

18. If you are open to discussing follow up questions or if you would like to provide practice examples to assist others to complete their continuing competence program, please provide your contact information, otherwise all answers will be submitted anonymously.

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

Thank you for completing the survey! Your survey will be used to inform upcoming modifications to ACOT's Continuing Competence Program.



Continuing Competency Program Review 2019: **Focus Group questions**

Structured questions for focus groups included: (note: additional questions asked based on direction of discussion and varied between sessions):

1. Our first item is more of an info item than a question – it is regarding Alinity software platform concerns – note the themes that came out in the online survey included: frustration with how often the platform times out; lack of spell checking; the need to toggle back and forth between screens. We are paying attention to these concerns and will do our best working with the developer now and in future to address these items. Note also we are looking into revising the language “practice challenges” to something such as “opportunities for growth and development.”
2. How would you like to demonstrate how your learning plan impacted your practice? For example, would you prefer to tie back your learning to roles such as leadership, clinical practice areas, or other roles?
3. What changes to the Continuing Competence plan would make it a value add so that you refer to it throughout the year? For example, would the ability to reflect forward and back be useful for you?
4. What changes to the Continuing Competence program would make it dynamic and something you would reference during the year? For example, is it important to align your CC plan with your performance agreement with your employer?
5. How could the program better support OTs in non-clinical positions? For example, should we add a Standard update or theme abilities around roles such as leadership, clinical, mentorship, teaching, etc.?
6. Would you find it useful to further break down your area of practice by percentages spent on different roles (mentorship, leadership, clinical etc)?
7. What updates to the Continuing Competence Program would make it better relate to your day to day practice as an OT?
8. Is there anything else we haven’t discussed that you would like us to know?



Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

A thematic analysis of narrative responses to survey questions and transcripts from online (text-to-chat based) focus groups was conducted. There were a total of 409¹ surveys submitted by the deadline (note: surveys accepted up to and including May 21, 2019) and 43 registrants participated in the online focus groups (held Jun 4-6, 2019).

Survey questions that allowed narrative responses included:

Q3 (386/409 = 94%) - Please explain what you like or dislike about the self-assessment portion of the process

Q4 (362/409 = 88%) - Please explain what you like or dislike about the practice challenge log portion of the process

Q5 (375/409 = 92%) - Please explain what you like or dislike about the action plan portion of the process

Q6 (359/409 = 88%) - What kind of documents do you feel would best illustrate the quality of your practice in a portfolio?

Q7 (317/409 = 77%) - Is there anything else you would like us to know about the current Continuing Competence process?

Q10 (23/409 = 6%) - How would you like to see examples of how Standards can be met? (note: narrative response optional)

Q11 (82/409 = 20%) – Which of any of the following components used by other colleges would enhance ACOT’s Continuing Competence Program (CCP)? (note: narrative response option for those that chose “other”)

Q12 (317/409 = 77%) - What would a useful professional practice visit look like to you?

Q13 (313/409 = 76%) - What updates to the Continuing Competence Program (CCP) would make it better relate to your day to day practice as an OT?

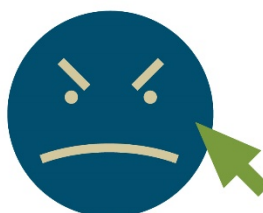
See Appendix D for Focus Group questions

¹ Four duplicate responses noted through all narrative responses (explanation of why not certain); there is a possibility that respondents that chose not to submit narrative responses could also have submitted a survey more than once so this response rate may be falsely elevated. The 409 survey response rate equates to ~18% of ACOT registrants.

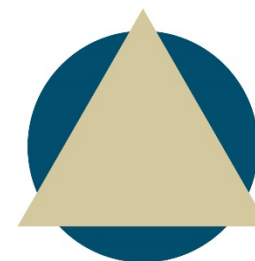
The main themes that emerged after analysis of all data sources included:



UNCLEAR EXPECTATIONS



FRUSTRATING
USER INTERFACE



LACK OF FIT

Regulatory Requirement	Themes		
	<i>“Unclear Expectations”</i> - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?	<i>“Frustrating Interface”</i> – poor usability and functionality of online platform	<i>“Lack of fit”</i> – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice
Self Assessment (Survey Q – Please explain what you like or dislike about the self-	<ul style="list-style-type: none"> - Reflecting on each standard: is it required? How much detail should be included in a reflection? Education opportunity* - the term “practice challenge” implies incompetence - What about alternate wording rather than “practice challenge” i.e. “area of 	<ul style="list-style-type: none"> - navigation: Flipping (Previous/Next) between each page is frustrating when reflection content overlaps; the whole platform/interface is not intuitive Developer Q - timing – asynchronous completion of past year and inability to work immediately on Self-Assessment Tool (SAT) & goals for next For discussion 	<ul style="list-style-type: none"> - a self-assessment based on standards only is: limiting and excludes opportunities to identify other competency/leadership goals; doesn’t help to guide goal development; <i>Would a self-assessment to competencies be more relevant?</i> For discussion - is challenging to apply to both clinical and non-clinical/non-traditional roles;

* Legend for highlighted items: **Education Opportunity** - flags potential topics to cover in workshops/webinars/FAQs; **Developer Q** – items to be discussed with developer re: if possible and if so, what timelines (e.g. with version 6 upgrade or a future date); **For discussion** - discussion and/or decision required at Committee/Council level

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<p>“Unclear Expectations” - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?</p>	<p>“Frustrating Interface” – poor usability and functionality of online platform</p>	<p>“Lack of fit” – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice</p>
assessment portion of the process)	<p>focus for professional growth”? (For discussion)</p> <ul style="list-style-type: none"> - does yes/no make sense? Would Likert scale make any more sense to indicate whether a standard was approached, met or exceeded? <i>Not sure a Likert makes sense either</i> (For discussion) - wording/language of standards hard to understand (vague, repetitive, too abstract to relate to) <i>Changes to wording of Standards requires Ministry approval</i> (For discussion) - is anyone monitoring how these are completed? (For discussion) - Am I reflecting on last year or the upcoming year? (Education opportunity) - more direction/guidance and examples of how to complete each of the CCP components including how the standards can be applied to the various work settings, areas of practice, OT roles (Education opportunity) - can a guide (in print and video form) for how and when to complete the SAT and the Action Plan be created? 	<ul style="list-style-type: none"> -can’t view self-assessment reflections from year before (Education opportunity) -20 minute time limit is frustrating; better auto-save function required (Developer Q) -spell-check? <i>Not required as browser should auto correct</i> - can information on how to meet the standards (i.e. guidelines and examples according to practice area) be embedded in the platform? (For discussion and Developer Q) 	<ul style="list-style-type: none"> -challenging for both new and “old” OTs -current self-assessment doesn’t lend itself well towards “continuous learning” which is what OTs should be focusing on each year (Education opportunity) -can this align with self-assessment/performance agreements required for employer? Timing of completion doesn’t match OR, can we use our CCP in place of an employer performance agreement? -redundant if no change between years - can an “other” section be added where a self-assessment and/or reflection on the status of a certain practice area (e.g. area of clinical specialty, management role, policy development role, practice lead role, academia, private practice) can be completed? (For discussion) -can language be the same as CAOT’s OT Profile? (For discussion) - consider using self-assessment at end of year rather than beginning? Would be the opportunity to reflect on how “real-life” goals demonstrate adherence to standards - standards should be updated to reflect the full breadth and depth of OT practice

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<p>“Unclear Expectations” – uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?</p>	<p>“Frustrating Interface” – poor usability and functionality of online platform</p>	<p>“Lack of fit” – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice</p>
	<p>- “is too theoretical and does not capture the practicality of our frontline work”</p> <p>-can the self-assessment be optional? (Education opportunity)</p> <p>- takes too long to complete (Education opportunity)</p> <p>-should a yearly review of the Act/Regulation/Standards of Practice/Code of Ethics be a requirement? Should there be a quiz associated with this like British Columbia? (For discussion)</p>		<p>and the diverse areas where OTs are practicing; they are out-of-date</p> <p>(all of the above are For discussion)</p>
<p>Practice Challenge Log (PCL)</p> <p>(Survey Q – Please explain what you like or dislike about the practice challenge log portion of the process)</p>	<p>-can we have the option to add in a practice challenge specific to our personal professional development needs? (For discussion and Developer Q)</p> <p>- “do we even need the SAT/Practice Challenge Log (PCL)?” (Education opportunity)</p> <p>- Can a goal be selected from a standard even if it has not been flagged as a “practice challenge”? <i>Wouldn’t auto-populate though</i> (Developer Q)</p>	<p>- can challenges that have been flagged as ones we could address in future be carried forward to the next year’s SAT so they don’t get “lost” (For discussion and Developer Q)</p> <p>- can a narrative box be added to explain why/how we are deciding to defer a “challenge” to the next year? Or how we intend to bridge together practice challenges into an overarching goal in actual practice? (For discussion and Developer Q)</p>	<p>- practice log narrows down the areas for goal-setting too far; “why only one practice indicator per goal?”</p> <p>- sometimes real-life goals include indicators from across several standards -going back to “adjust”/“finesse”/“game” selected SAT practice challenges to align with “real-life” practice goals OR contrive goals to fit the limited practice challenges</p> <p>- no place to add in professional development that is outside of the 1-3 selected practice challenges</p> <p>- difficult to relate both to clinical and non-clinical/non-traditional practice roles;</p>

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<p>“Unclear Expectations” - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?</p>	<p>“Frustrating Interface” – poor usability and functionality of online platform</p>	<p>“Lack of fit” – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice</p>
	<p>-what does ACOT expect in terms of: numbers of challenges selected? (Education opportunity)</p> <p>- “I feel like I can’t select the same challenge year to year” (Education opportunity)</p> <p>- “indicators (for the standards) have no meaning”</p>		<p>- even split between respondents that like being able to identify practice challenges they will address in the future and those that think it is irrelevant or inappropriate to defer flagged challenges (i.e. the person is obliged to address immediately)</p>
<p>Competence Maintenance Log (Action Plan)</p> <p>(Survey Q – Please explain what you like or dislike about the action plan portion of the process)</p>	<p>- “I am always confused about what year I am supposed to be working on” (Education opportunity)</p> <p>- order of completion should be clearer; fill in action plan in “progress updates” section throughout the year and reflect in “reflection section” at renewal; complete new SAT (which auto-produces challenge log) and action plan at start of “new” year. (Education opportunity)</p> <p>- can I change my goals mid-year? How would I go about doing this if I can? <i>Can edit SAT which would add new practice challenge to be included in PCL and thus selected in Action Plan</i> (Education opportunity)</p> <p>- how do I know if I am completing properly? What is expected for me to</p>	<p>- system timing out/save function doesn’t work/input lost</p> <p>- inability to format/formatting lost/font size small (Developer Q)</p> <p>- can’t see full standard that practice challenge belongs to</p> <p>-timing – asynchronous completion of past year and inability to work immediately on SAT & goals for next</p> <p><i>Is it possible to complete SAT for next year at renewal?</i> (For discussion and Developer Q and Education opportunity if it is not)</p> <p>- more space required for “progress update” section <i>There isn’t a character limit for this section? Are people using the “learning activity description” section for progress updates? Is the “learning activity</i></p>	<p>- lack of fit leads to “force-fitting”/“finessing”/“tailoring” self-assessment so that selected practice challenges better match “real-life” practice goals/actions; goals don’t always “fit” nicely into one standard sometimes a goal spans two or more standards</p> <p>- “locked-in” to writing a goal that aligns with one of the practice challenges</p> <p>- competency should be driven by our roles, not our standards</p> <p>- current process doesn’t support development of SMART goals; there are no outcomes tied to the goals so how is goal attainment measured or how is an OT held accountable? (For discussion and Developer Q)</p> <p>- disconnect between action plan and what is really happening in practice</p>

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<p>“Unclear Expectations” – uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?</p>	<p>“Frustrating Interface” – poor usability and functionality of online platform</p>	<p>“Lack of fit” – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice</p>
	<p>include? Can examples be provided? (Education opportunity)</p> <p>-how much detail should I include in Learning Activity description?</p> <p>- how is a quality submission determined? (For discussion)</p> <p>- “it’s sad that I am not trusted... and have to write down” (Education opportunity)</p> <p>- what/how much detail should be included in a goal reflection? (Education opportunity)</p> <p>- hard to find the time to include updates on progress regularly</p> <p>- can we get reminders to refer back to the action plan regularly? (Education opportunity)</p> <p>- what would an audit look like? (For discussion)</p> <p>- can there be prompting questions for the self-reflection? <i>There are some good prompts in the current format – should the list of prompts be reviewed/amended?</i> (For discussion)</p> <p>-what am I expected to complete when I am on maternity leave? (Education opportunity)</p>	<p><i>description” box even needed?</i> (For discussion)</p> <p>- on the “profile” page, the progress updates section comes before the learning activities <i>Is in the correct order in the “Manage Learning Objective” dialog box</i> (Developer Q)</p> <p>- can we have the option to add more than 3 learning activities? (For discussion and Developer Q)</p> <p>- practice challenge wording cut off by ellipses – can whole practice challenge be viewed in Manage Learning Objective dialog box? (Developer Q)</p> <p>-more space required for reflection (For discussion and Developer Q)</p> <p>- can we view/sort each of the 4 regulatory requirements (SAT, PCL, Action Plan & Portfolio) by year? Having all action plans on one page is confusing (Developer Q)</p> <p>- only being able to fill out one goal at a time is frustrating; would like to be able to edit all goals simultaneously especially when there is overlap between goal and practice challenges</p>	<p>-does this process actually “prove or disprove” competency? (for discussion)</p> <p>- “can progress and reflection sections be combined as they are thought processes that are naturally linked”? <i>Progress updates should be done throughout the year and reflection at year-end</i> (Education opportunity)</p> <p>- can a “miscellaneous professional development opportunities” section be added to the Action Plan? Or a generic “skill/expertise development” section? (For discussion and Developer Q)</p> <p>- can we include a learning activity description and progress update section for each type of learning activity? (For discussion and Developer Q)</p> <p>- add a tick box to indicate whether goal completed or carried forward to next year? Or a goal attainment scale of to rate the extent to which the practice challenge was achieved/addressed in the year? (For discussion and Developer Q)</p> <p>- “I don’t feel like I am gaining anything from this process”; “sometimes I make a lot of this up” (Education opportunity)</p>

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<p>“Unclear Expectations” - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?</p>	<p>“Frustrating Interface” – poor usability and functionality of online platform</p>	<p>“Lack of fit” – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice</p>
	<p>- what we are expected to do is more complicated than what other professional colleges expect</p>	<p>- can we see what the personal reflection on the standard was when we are updating progress? <i>Could “Manage Learning Objective” dialog box be auto-populated from SAT and act as a “beginning of the year reflection” to complement the end of year reflection?</i> (For discussion and Developer Q)</p> <p>- can “Manage Learning Objective” window be bigger? (Developer Q)</p> <p>-would it ever be possible to have a smart phone app? Would make it easier to update progress more regularly (Developer Q)</p>	<p>- hard to find time and/or computer access to complete/update regularly</p>
<p>Continuing Competence Portfolio</p> <p>(Survey Q – What kind of documents do you feel would best illustrate the quality of your practice</p>	<p>- what is enough/relevant to include and what is too much to include?</p> <p>-how much professional development should each OT be expected to do? (i.e. how many hours? Hours of each type?); the number of hours should be set by ACOT</p> <p>- “is it necessary to have a portfolio if I have just written everything down in my action plan?”; “what other colleges are asking for this type of proof?”</p>	<p>- ability to upload electronic documents <i>Will there be any space/size limits of what can be uploaded?</i> (Developer Q)</p> <p>- make sure the process for uploading is straightforward (Developer Q)</p> <p>- can there be a form/spreadsheet we can access through the year where we can list, attach documents/hyperlinks all of the learning activities we have</p>	<p>- ensure that determination of competency isn’t solely based on attendance at courses/conferences as employers seldom fund or allow for paid education days (Education opportunity)</p> <p>- flexibility to include whatever a therapist believes is relevant and demonstrative of competence and quality of practice</p> <p>-is it just documents that would reflect the “quality of practice” or would requesting a more structured/guided self-reflection be more indicative of quality (e.g. give one</p>

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<i>“Unclear Expectations”</i> - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?	<i>“Frustrating Interface”</i> – poor usability and functionality of online platform	<i>“Lack of fit”</i> – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice
in a portfolio?)	<ul style="list-style-type: none"> - “how is this portfolio being used? If there were a practice concern could it be used as evidence?” - how do you capture the uptake of knowledge acquired through a mentorship model? - “why do I have to keep records for 5 years?” - “why can we no longer include professional development towards our currency hours?” <p>(all of the above are Education opportunities)</p>	<p>participated in the year? (For discussion and Developer Q)</p> <p>- can we have a space linked to the CCP to “write freely about events that were significant to practice?” (For discussion and Developer Q)</p>	<p>example of how you integrated new learning into practice?)</p> <ul style="list-style-type: none"> - “is it the ‘quality’ of practice ACOT should be looking at or adherence to professional conduct/standards” - the process is too complicated would prefer a Continuing Education “points system” like the physicians, pharmacists, social workers or at least a way to log professional development hours each month (like we used to in the old paper version of the competency program) - “what does ‘competence’ really mean and how is it/should it be measured?” <p>(all of the above are For discussion)</p>
Professional Practice Visit (Survey Q – What would a useful professional practice visit look like to you?)	<ul style="list-style-type: none"> -what would the purpose be? is ACOT oversight of practice required? - is intent to be punitive or supportive? - if to scrutinize actual practice doesn’t employer oversight address that? would require the “visitor” to be familiar with the specific area of practice; how would client confidentiality be protected? - if to guide how CCP is completed then education opportunities (webinars, in- 	N/A	<ul style="list-style-type: none"> - not required for all members - just on an “as needed” (?risk-based assessment) or “on request” basis only - will be too intensive for ACOT; “not how I want my registration fees spent” “don’t want my fees going up to cover the cost of this” - would be too disruptive/stressful; not required nor useful - may be of value to new grads or those in sole practice?

Continuing Competence Program Review 2019: Analysis of narrative survey and focus group responses

Regulatory Requirement	Themes		
	<i>“Unclear Expectations”</i> - uncertainty re: what type of/how much information to include to reflect/demonstrate an OT’s competence?	<i>“Frustrating Interface”</i> – poor usability and functionality of online platform	<i>“Lack of fit”</i> – perceived lack of value and meaning for individual OT; poor alignment between legislative requirements and “real life” practice
	<p>person session) or peer/mentor support would be useful</p> <p>-if for audit purposes? Would need to be clear on why/how each OT was selected with an objective rubric for what will be discussed/assessed; shadowing and peer review preferred</p> <p>(all of the above are Education opportunities)</p>		<p>- It would be more useful if ACOT came to workplaces to present at team meetings and learn more about the practice challenges OTs face day to day. “something that has the intention of education vs. discipline and that is standardized in its application”</p> <p>(all of the above are For discussion)</p>

Continuing Competence Program (CCP) Review 2019

Issues/topics/questions from Survey and Focus Groups and tracking of decisions made

Item number	Issue/Topic/Question raised by registrants	Considerations	Decisions made (either at Committee or Council level) items in red are changes that will be made for 2020 registration year
Overall platform functionality			
1	20 minute time limit is frustrating; better auto-save function required	Time-out function extended to 30 minutes in Version 6 of online platform; indicators selected in the Self-Assessment Tool (SAT) are auto-saved but registrants will still need to save their work in the Action Plan prior to exiting (no auto-save)	Some improvements as part of the Version 6 upgrade.
2	Inability to format (e.g. progress updates/reflections, SAT prints out poorly)	All historical information is being transferred to Version 6 and formatting issues corrected	Formatting of CCP components has been improved in Version 6
3	Asynchronous completion of past year's Action Plan and SAT/Practice Challenges for the next year. Current state - registrants are asked to reflect on their Action Plans at the time of registration renewal (any time after January 1) but cannot complete the SAT for the year they are renewing for until after March 1	Many survey and focus group (FG) respondents asked if SAT for upcoming year could be completed at the same time as they are reflecting on the past year's goals.	This will be possible as part of the Version 6 upgrade.
4	Font size small throughout – can font/font size be altered for improved readability?		Font size is improved in Version 6; registrants can also adjust font size in settings function of their computer, tablet, smart phone
5	Can we view/sort each of the 4 regulatory requirements (SAT, Practice Challenge Log - PCL, Action Plan & Competence Portfolio) by year?	currently the SAT and PCL are accessed from a different tab in the CCP	SAT for each year can be viewed on Home page and "My documents" tab; Action Plans can be accessed from "My Learning" tab
6	Is it possible to have the CCP accessible via a smart phone app?		The Registration page and CCP will be viewable and fillable from a smart device in Version 6

Self assessment Tool (SAT)			
7	Should a yearly jurisprudence exam of the <i>Health Professions Act , Occupational Therapists Profession Regulation , Standards of Practice, Code of Ethics, etc.</i> be employed?	Only 5% of survey respondents indicated that such an exam would be useful	No formal exam to be implemented at this time; knowledge of all relevant legislation, standards and code of ethics is a requirement in Standard 1 - Maintain Professional Accountability. In future can address possibility of including a yearly "test" of competence - but what it would look like and how it would be administered still needs to be determined.
8	Having to select a "practice challenge" from the Standards of Practice indicators feels like admitting to incompetence. What about alternate wording such as "area of focus for professional growth"?	GoA indicates we are not constrained by the term "practice challenge" as long as the intent of continuous growth and learning is maintained (correspondence with Andrew Douglas @ Alberta Health June 17, 2019)	Reword "practice challenge" to "area of focus" in SAT; adjust wording accordingly in Action Plan and education materials prepared.
9	Does yes/no to meeting each of the indicators within the standards make sense? Would Likert scale (e.g. to indicate whether a standard was unmet, approached, met, or exceeded) make any more sense?	If a Likert scale was used there would still be an "unmet" option which is one of the main concerns about the self-assessment raised in the survey - "you basically declare incompetence to identify goals to work on."	Switching "practice challenge" wording to "area of focus" along with education/reinforcement regarding value of ongoing growth/continuous learning should address this issue. Recommend not using Likert Scale in this section; "Goal Completion Status" section added in Action Plan instead (see item 20 below).
10	Wording/language of standards hard to understand (vague, repetitive, too abstract to relate to, out of date, not always relevant to the diverse areas where OTs are practicing, etc.)	Many colleges/regulatory bodies have been shifting from self-assessing to competencies to self-assessing to standards to allow for more holistic and interpretive self-reflection (competencies can be concrete and limiting).	Cannot change wording of Standards at this time. ACOTRO and CAOT developing updated OT Profile (including core competencies); ACOT will consider the possibility of self-assessing to competencies at that time (anticipated March 2021). In the meantime, this issue will be addressed through the development of guidelines including examples for the various practice areas; if possible will be viewable/accessible from within the online CCP platform.
11	A self-assessment to standards only is limiting and excludes opportunities to identify other competence/leadership goals. Can an "other" section be added where a self-assessment and/or reflection on the status of a certain practice area be completed? (e.g. area of clinical specialty, management role, policy development role, practice lead role, academia, private practice)	Echoed repeatedly throughout the surveys/FGs. Committee/Council concerned that adding an "other" section may be too open-ended and registrants may default to using this rather than reflecting on how they are adhering to the Standards (and now Code of Ethics) in their practice.	While waiting for the ACOTRO/CAOT work on the OT Profile to be completed, the ability to self-assess and identify an area of focus from the indicators of the Code of Ethics will be added to offer more options for registrants to identify areas to focus on for growth and continuous learning each registration year.

12	Consider using self-assessment at end of year rather than beginning? Would be the opportunity to reflect on how "real-life" goals demonstrate adherence to standards	Interesting point worth considering; might take more time to implement (a consideration for future possibly)	No change at this time. Will add "order of CCP component completion" as an education topic.
Practice Challenge Log (PCL)			
13	Can we have the option to add in a practice challenge specific to our personal professional development needs?	Similar request to above (item 5)	Will not be offering the ability for registrants to identify a goal that is not tied to either a Standard of Practice or Code of Ethics indicator at this time. To be addressed through content changes and education.
14	Can challenges that have been flagged to address in future be carried forward to the next year's PCL so they don't get "lost"	Platform developer indicates that it will be easier to access and view past CCP components in the Version 6 upgrade.	Challenges (to be renamed "Areas of focus") will not be formally flagged to be carried forward to the following year but registrants will be able to access and view historical CCP content more easily in the Version 6 upgrade. Will continue discussion with developer about ability to flag any incomplete/ongoing goals (see item 20)
15	Can a narrative box be added to the PCL to explain why/how we are deciding to defer a "challenge" to the next year?	Survey respondents also want to be able to document how they intend to bridge together practice challenges into an overarching goal that relates to real-life practice as goals don't always fit nicely into one standard or sometimes a goal spans two or more standards	No longer applicable as all selected "area(s) of focus" will be for the upcoming year; registrants will be able to document why they have chosen the area(s) of focus for the upcoming year within the Action Plan
Action Plan			
16	Lack of fit of standards as a means of measuring competency leads to "force-fitting"/"finessing"/"tailoring" self-assessment so that action plan matches "real-life" professional development goals	Addition of Code of Ethics into the SAT will offer registrants another set of indicators to choose from to align with daily practice (e.g. "providing services only in areas of competence" is an indicator of competence that registrants could use to identify a goal relating to the acquisition of clinical knowledge in an area of specialty such as feeding & swallowing).	In the Action Plan, registrants will be cued as follows: "My area of focus is selected from the list of Standards and Code of Ethics in the self-assessment tool". Will also be addressed through education and specific practice area examples.

17	Current process doesn't support development of SMART goals; there are no outcomes tied to the goals so how is goal attainment measured?	Good point; the wording in the current "Manage Learning Objectives dialog box is: "I will increase my knowledge and skills in the area of:" but then it shows up as a Goal Statement on the profile page. This is confusing as registrants are not aware they should be completing this section using goal-like/SMART wording	Updated wording in Action Plan to address this disconnect; registrants can write and reflect on goal statements. Reword to "Write a goal statement (e.g. in SMART format) indicating how your competence (knowledge, skills, attitudes and judgement) in the selected area of focus will be enhanced"
18	Can we have the option to add more than 3 learning activities to achieve a goal?	Software developer indicates there won't be a limit of how many learning activities can be selected in the Version 6 Action Plan.	Will still encourage registrants to limit to three learning activities they will be required to report on each of the selected learning activities in the new "Learning Record" section (progress on activities will still be recorded in the "Progress Update" section of the Action Plan for the 2019-20 year)
19	Can a learning activity description and progress update section be added for each type of learning activity selected to achieve a goal?	Will be part of the new "Learning Record" function in Version 6	In the new "Learning Record", registrants will be able to add specific information relating to each learning activity selected to address each goal (e.g. description of activity, date completed, time spent, reflection on how the activity will impact practice)
20	Can a tick box be added to indicate whether goal completed or carried forward to next year? Or a goal attainment scale to rate the extent to which the practice challenge was achieved/addressed in the year?	Working with software developer to identify how to add in this functionality; likely won't be possible before 2021 registration year. There is also a cost associated with this functionality	TBD - Potential for change pending further discussion with developer
21	Can there be more prompting/guiding questions for the self-reflection?		Will add to the list of education topics; will also organize and re-label pre-existing video resources on Reflective Practice housed on the ACOT website
22	More space required for reflection	Currently 3000 character limit on reflection (no limit on progress update); Is more space required or do we want a concise summary?	Leave character limit as is; new Learning Record will offer registrants the opportunity to reflect on the each of the learning activities undertaken; guidelines will emphasize that year-end reflection is to be a concise overview of how all goal-specific learning activities have impacted practice
23	Can we see what the personal reflection on the standard was when we are updating our progress on our goals?	Working with software developer to identify how to add in this functionality	Reflections on why a certain indicator of a Standard or Code of Ethics was selected as an "area of focus" are now part of the Action Plan section of the online platform

Portfolio			
24	There is no place to document professional development that doesn't relate to the 1-3 selected practice challenges; can a "miscellaneous professional development opportunities" section be added to the Action Plan? Or a generic "skill/expertise development" section?	Working with software developer to identify how to add this functionality.	Proposing developer create a "Miscellaneous Learning Record" within or outside of the Action Plan for registrants to track learning activities completed in addition to goal-specific learning activities; will not be operational for 2020-21 registration year.
25	The CCP process is too complicated; a Continuing Education "points/credit system" like the Physicians, Pharmacists, Social Workers would be preferred; or at least a way to log professional development hours each month (like what used to be done in the old paper version of the CCP)	The four components of the CPP are requirements specified in the Regulation so can't be omitted in lieu of a continuing education credit system; evidence to support the correlation of education credits to competence is not definitive.	Registrants will be offered the opportunity to track number of hours of learning activities completed but ACOT will not be setting a minimum number of hours at this time. Council is in support of tracking the number of hours completed by registrants over the next few years to see if it would be reasonable to set a minimum expected number of hours.
Audit process/practice visits			
26	Is anyone monitoring how these (the SAT/PCL/Action Plan/Portfolio) are completed?	ACOT used to conduct CPP audits at the individual-level every five years; in 2014 -the same year the CCP went online - ACOT received a legal opinion indicating that audits of CCP submissions only needed to happen at the program-level to be compliant with the Regulation.	Council is still deliberating on whether to resume individual registrant-level CCP audits or continue with program-level audits only and also what percentage of the registrants/program submissions would be audited each year. (Note: Another program-level audit, similar to the one that was conducted in 2018, is being proposed as a way to measure whether the changes to the CCP lessen the variability in the quality of CCP submission).
27	What would an audit require? How would a CCP submission be rated?	Survey respondents reported frustration with how audits were conducted in the past and would like to see a consistent process for undertaking them in the future (if individual-level audits are resumed)	A rubric, outlining the requirements of a CCP submission including what and how much content is required, is under development and will be approved for use in preparation for the launch of the updated CCP.
28	"Does the CCP process actually prove or disprove competence?" How should competence be measured?	How to measure whether the methods we are using to ensure the public is receiving services by competent professionals is a challenge facing all colleges and regulatory bodies internationally.	A framework of selected metrics has been proposed to evaluate the updated CCP once implemented. This evaluation data can be used to see whether there are any correlations between activities undertaken to fulfill the requirements of the CCP and complaints (or risk of complaints)

29	<p>What would the purpose of a practice visit be?</p> <p>Is ACOT oversight of practice within mandate?</p> <p>Is a practice visit done with the intent to determine the 'quality' of an OT's practice or how an OT is adhering to professional conduct/standards?</p>	<p>This is both a fine and murky line that is seldom clear for registrants but can also be challenging for ACOT to discern. Requesting Council confirm ACOT's role/mandate in practice visits.</p>	<p>Council approved the following mandate and intent of practice visits: "A practice visit will be conducted on an 'as needed' or 'as requested' basis with the intent to determine whether the OT's practice adheres to ACOT's Standards of Practice and Code of Ethics." Council also approved the development/update of policies and processes for conducting CCP audits and undertaking practice visits including audit/practice visit rubrics. A CCP Audit Rubric could include criteria that trigger the need for a practice visit (or one could be done on request as well); a practice visit rubric with form to track recommended actions for follow-up needs to be developed</p>
30	<p>"Would be more useful if ACOT came to workplaces to present at team meetings and learn more about the practice challenges OTs face day to day?" Ideal process of a visit from ACOT would be "something that has the intention of education vs. discipline"</p>	<p>Respondents were still not entirely clear on the role of ACOT versus SAOT in supporting practice but many indicated they would like to see a more proactive/complaint prevention role for ACOT rather than a reactive/complaint response role</p>	<p>Will be addressed through education which will offer clarity of the difference of the college and associations roles in protecting the public via the monitoring of competence of OT practice (ACOT) and offering learning opportunities that support competent OT practice (SAOT).</p>

Continuing Competence Program (CCP) Review 2019	
CCP Education needs stemming from Survey and Focus Groups	
<i>Education needs identified by survey/FG respondents</i>	<i>Possible Topic Category</i>
Is the self-assessment optional?	Regulatory requirement overview
Why do we have to complete a Practice Challenge Log (PCL)?	Regulatory requirement overview
It's sad that I am not trusted... and have to write everything down.	Regulatory requirement overview
What we are expected to do is more complicated than what other professional colleges expect.	Regulatory requirement overview
Is it necessary to have a competence portfolio if I have just written everything down in my Action Plan? What other colleges are asking for this type of proof?	Regulatory requirement overview
How is the competence portfolio being used? If there were a practice concern could it be used as evidence?	Regulatory requirement overview
Why do I have to keep portfolio records for 5 years?	Regulatory requirement overview
Why can we no longer include professional development towards our currency hours?	Regulatory requirement overview
Is ACOT oversight of practice required? What is the employer's role in overseeing/addressing practice issues?	Regulatory requirement overview
What would an audit of my CCP submission look like?	Practice visit/audit processes
For an audit, ACOT needs to be clear on why/how each OT is selected and use an objective rubric for what will be assessed.	Practice visit/audit processes
What would the purpose of a practice visit be?	Practice visit/audit processes
Ensure that determination of competency isn't based solely on attendance at courses/conferences as employers seldom fund or allow for paid education days.	Practice visit/audit processes
Is it required to reflect on each standard? How much detail should be included in a reflection?	CCP content/process expectations
Can a guide (in print and video form) for how and when to complete the SAT and the Action Plan be created?	CCP content/process expectations
What does ACOT expect in terms of: numbers of challenges/how many goals set/how many learning activities selected?	CCP content/process expectations
It feels like I am choosing the same challenges to work on every year - can I?	CCP content/process expectations
I am always confused about what year I am supposed to be working on.	CCP content/process expectations
How do I know if I am completing properly? What is expected for me to include? Can examples be provided?	CCP content/process expectations
How much detail should I include in Learning Activity description?	CCP content/process expectations
How is a quality submission determined?	CCP content/process expectations
What/how much detail should be included in a goal reflection?	CCP content/process expectations
Can there be prompting questions for the self-reflection?	CCP content/process expectations
What is enough/relevant to include in a portfolio and what is too much to include?	CCP content/process expectations
How much professional development should each OT be expected to do? (i.e. How many hours? Hours of each type?); Can ACOT set a minimum number of professional development hours?	CCP content/process expectations
The CCP is too complicated can ACOT switch to a Continuing Education "points system" like the physicians, pharmacists, social workers? Or at least develop a way to log professional development hours each month (like what used to be done in the old paper version of the competence program)	CCP content/process expectations
What am I expected to complete when I am on maternity leave?	CCP content/process expectations

Can I change my goals mid-year? How would I go about doing this if I can?	Platform navigation
I can't view my self-assessment reflections from year before.	Platform navigation
Can you provide more direction/guidance and examples of how to complete the whole CCP including how the Standards can be applied in various work settings, areas of practice, OT roles.	Making the CCP "fit" for me
What does "competence" really mean and how is it/should it be measured?	Making the CCP "fit" for me
Can we get reminders to refer back to the Action Plan regularly?	Making the CCP "fit" for me
How do you capture the uptake of knowledge acquired through a mentorship model?	Making the CCP "fit" for me
Current self-assessment doesn't lend itself well to "continuous learning".	Making the CCP "fit" for me
Can CCP completion align with self-assessment/ performance agreements required for employer? Timing of completion doesn't match OR, can we use our CCP in place of an employer performance agreement?	Making the CCP "fit" for me
Difficult to relate both to clinical and non-clinical/non-traditional practice roles.	Making the CCP "fit" for me
I don't feel like I am gaining anything from this process; sometimes I make a lot of this up.	Making the CCP "fit" for me
Hard to find time and/or computer access to complete/update regularly	Making the CCP "fit" for me