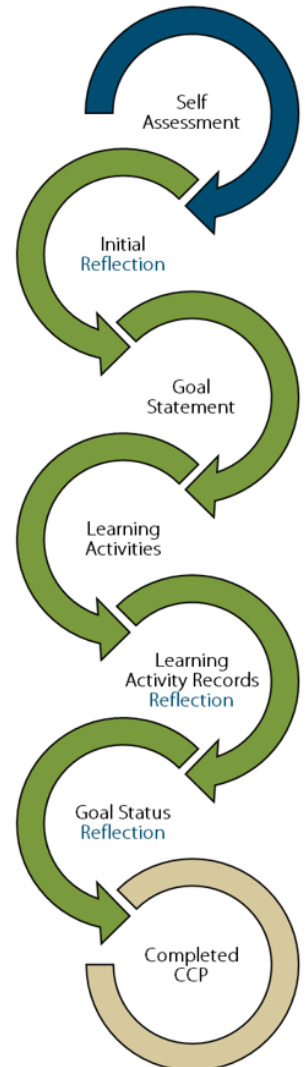# Continuing Competence Program (CCP) Review and Evaluation 2021

Findings From the CCP Review & Evaluation Activities

January 2022

REPORT CONTENTS

Executive Summary

The activities described in this report were undertaken in response to past reviews of ACOT's Continuing Competence Program (CCP) - most notably the 2018 CCP Audit and the 2019 CCP Review. The 2018 CCP Audit report can be accessed from Appendix A of the [CCP Review 2019](#) report.

Having a CCP is a requirement within the *Health Professions Act* (HPA – Part 3) and the *Occupational Therapists Professional Regulation* (OTPR – s13). A CCP is one of the ways regulated health professions in Alberta ensure that the public receives safe, competent and ethical services from their regulated members (registrants).

ACOT is responsible for determining how the required CCP components described in the OTPR are operationalized and how registrant completion of these components is monitored. ACOT's CCP requires annual completion of a Self-Assessment and Learning Plan.

The OTPR (s14) also requires periodic selection of regulated members' CCP submissions to undergo a review and evaluation. The review and evaluation activities undertaken in 2021 to meet this requirement included both an individual- and program-level review of CCP submissions and a user experience follow-up survey. Questions used to guide the various evaluation activities included:

Activity	Evaluation Questions
Individual-Level	*How many OTs complete their CCP Learning Plans according to the criteria of an Acceptable CCP submission?*
	What is the process for following up with registrants whose CCP submissions are rated as Conditional or Not Acceptable?
Program-Level	*Is there a relationship between the CCP submission rating and:* » *an OT's demographic/employment profile (i.e., gender, years since graduation, role, practice area, practice setting, client age range)?* » *An OT's submission content factors (i.e., number of goals identified, number of learning records added, amount of time reported being spent in learning activities and quantity/quality of written content?*
User Experience Follow-up Survey	*Have the recent changes to the CCP improved registrants' experience with the online platform (improved usability) including knowing what to include in a CCP submission (improved clarity) and how to align learning goals with practice regardless of practice role, area or setting (improved fit).*

The final, overarching question which ultimately drives all the CCP review and evaluation activities is - *How effective/accurate is ACOT's CCP as an indicator of an OT's competence to practice?* [1]

 Highlights of the findings from each of the evaluation activities are listed below.

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[1] It is understood that a CCP is not a *direct* indicator or measure of an OT's competence. It is generally accepted that a CCP should be an effective/accurate/reliable *indirect* indicator or measure of competence to practice.

1. <u>**Individual-Level Review and Evaluation**</u> – A CCP Review and Evaluation Rubric, with clearly specified criteria, was created. OTs used it as a guide for what to include in their CCP submissions and CCP Reviewers referenced it when rating the acceptability of a submission. Of the 229 (~10%) CCP submissions randomly selected for review in 2021, 79% (180) were rated as Acceptable, 18% (40) were Conditional and 4% (9) were Not Acceptable. The 40 registrants with Conditional ratings were directed to incorporate Reviewer feedback into their future CCP Learning Plans. An ACOT staff member met with each of the nine registrants whose CCP submissions were rated Not Acceptable and offered guidance on how to meet ACOT's expectations for an acceptable submission. Those with Acceptable ratings (180) will not have their names put back into the pool for randomization for five years unless requested or required. The 49 Registrants with Conditional or Not Acceptable submissions will have their names added to the list of 2021-22 CCP submissions selected for review in the following year.

2. <u>**Program-Level Review and Evaluation**</u> - To answer questions about possible trends/relationships in CCP submission ratings by an OT's demographic/employment profile or submission content factors, additional data points were collected for higher-level comparison and analysis. Analysis revealed that:
   a. *OT Demographic/Employment Profile* - The registrants randomly selected for CCP review were representative of the general population of registered OTs in Alberta. Also, gender or years since graduation did not appear play a significant role in the rating a submission received. Registrants whose submissions were rated as exceeding expectations were more likely to work in the practice area of mental health and in private practice or school-based practice settings. The remaining sample were more representative of the practice areas and settings of the general population of OTs in Alberta (i.e., where the larger proportion of OTs work in hospital settings and in the practice area of general physical medicine).
   b. *Submission Content Factors* - A relationship was found between submission rating and both the *quality* <u>and</u> *quantity* of content included in a submission. Registrants with CCP submissions rated as Exceeds identified more learning goals, had more Learning Records added to their Learning Plan, recorded more time spent in learning activities, and had more written content (number of sentences) which was also more reflective in nature (rather than descriptive or vague/superficial).

3. <u>**User Experience Follow-up Survey**</u> – Questions from a survey sent to registrants as part of the CCP Review undertaken in 2019 were asked again (along with additional questions) as a means of evaluating whether the changes to ACOT's CCP made in response to findings from registrant engagement actually achieved the desired outcomes (improved usability, clarity and fit/alignment with practice). Response rate to the 2021 CCP survey was considerably lower (~3%) compared to the 2019 CCP survey (~18%). Although not formally validated, the low survey response rate is attributed to the COVID-19 pandemic which is adding stress to the work and personal lives of OTs at the time of the survey. Comparison of findings between the two surveys is limited by this low response rate but in general:
   a. *Usability* - The majority of the 2021 survey respondents reported satisfaction with the changes made to the CCP in the online platform. For example, 44% of respondents reported they were satisfied or very satisfied with ease of navigation compared to 26% before the changes were made in 2019.

b. *Clarity* - Survey respondents who reported accessing the new CCP resource materials (written and video) or attending the CCP information sessions, rated them as helpful. Although some respondents questioned whether the need for such resources is a signal that the CCP is too complex in its set-up.

c. *Fit* - Respondents still find it challenging to draw a line of comparison between what they are doing in daily practice to maintain/improve their competence and what to report in their CCP Learning Plans. Respondents report that resources which provide examples of completed CCP submissions for various practice areas/settings have been particularly helpful. This is evident in the 60% of respondents who agreed/strongly agreed the CCP is easier to complete than before; compared to 23% who reported being satisfied/very satisfied with the CCP in the 2019 CCP survey. As well, 48% of respondents agreed/strongly agreed that their CCP submission captures their commitment to continuous learning.

The question of the effectiveness of ACOT's CCP as an indicator of an OT's competence to practice is a complex one to answer and is not fully answered by findings from the 2021 review and evaluation activities. However, the other questions posed were answered and the findings will be used to guide ongoing improvements to ACOT's CCP and the resources prepared/supports offered so that the activities OTs undertake to maintain and enhance their competence to practice are adequately and accurately captured within their CCP Learning Plans.

Review and evaluation activities will continue to be refined as part of ACOT's commitment to ensure the CCP is as effective and accurate an indicator of registrant competence as possible.

Background

Competence is defined in Section 1(1)(f) of the *Health Professions Act* (HPA) as *"the combined knowledge, skills attitudes and judgement required to provide professional services."* Having a Continuing Competence Program (CCP) is a legislated requirement outlined in both the HPA (Part 3) and the *Occupational Therapists Professional Regulation* (OTPR s14). ACOT is responsible for determining how the CCP components described in the OTPR are operationalized and how registrant completion of these components is monitored and measured.

ACOT's CCP was originally designed and continues to take a reflective practice approach. Such approaches require an individual to go beyond solely reporting on hours or credits of continuing education (CE) or continuous professional development (CPD) activities undertaken. Reflective practice approaches require an individual to reflect on competence, target continuous learning activities to address any gaps in practice and report on how participation in those targeted activities has maintained or evolved their practice. As well, reflective practice approaches acknowledge that learning occurs through more than attendance at formal conferences or education sessions. Other learning activities such as teaching/mentoring, networking, preparation of resources or learning material for clients or colleagues, self-directed study, participation in research, etc. are also valuable means of acquiring knowledge and skills and/or evolving clinical judgement and attitudes. The current iteration of the CCP merges the requirements in the OTPR (s13 (1) (a)-(d) - self-assessment questionnaire, practice challenge log, competence maintenance log, continuing competence portfolio) into two main components:

A. Self-Assessment – where a registrant reflects on the indicators within ACOT's Standards of Practice (SoP) and Code of Ethics (CoE) and selects one to three which could be areas of focus to set learning goals.

B. Learning Plan – where a registrant

- reflects on why they selected the SoP or CoE indicator(s) as an area of focus to set learning goals for,
- identifies learning goals and completes learning activities to achieve those learning goals; and,
- reflects on how engagement in those learning activities has impacted and evolved daily practice.

Section 14(1) of the OTPR outlines requirements for periodic review and evaluation of individual CCP submissions. It does not specify whether this periodic review and evaluation needs to be completed individually (individual-level review and evaluation) or of the CCP as a whole (program-level review and evaluation).

From 2006-2011, ACOT conducted individual reviews (then known as audits) of a percentage of registrants' CCP submissions each year. The randomly selected registrants were expected to deliver/mail their CCP records/files to the ACOT office and Reviewers rated submissions as *Complete* or *Incomplete*. Registrants reported that the experience of being audited was stressful and did not contribute to professional or clinical growth as concrete feedback was inconsistently offered.

Review of CCP submissions did not occur again until 2018. The 2018 CCP Review (then called Audit) was a program-level review.[2] Given the marked variation in how the 440 CCP submissions (20%) were completed,

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[2] In the 2018 program-level review, the CCP submissions randomly selected for review were de-identified; registrants were not notified that their submission was selected nor were they provided feedback on the completeness or quality of their submission. Going forward, any

resumption of individual CCP submission reviews and the creation of clearly specified expectations for what type of content to include in a CCP submission was recommended. The full list of recommendations stemming from the 2018 CCP Audit can be accessed from Appendix A of the CCP Review 2019 report.

As per Section 4.3 of the **CCP Review 2019** report (p.19), the purpose of the 2021 review and evaluation of ACOT's Continuing Competence Program (CCP) was initially identified as being two-fold:

- Identify the criteria that would define and set the expectations of a quality submission (rubric development); then determine if those expectations have been met (individual-level review); and,
- Evaluate if the updates to the 2019-2020 CCP made based on registrant feedback improved registrant satisfaction and achieved the desired outcomes of improved clarity, useability and fit (user experience follow-up survey).

Three broader purposes of both the individual- and program-level review and evaluation have also been identified:

- Provide selected registrants the opportunity to receive feedback on how well their CCP submission captures their commitment to reflective practice and continuous learning and offer support and guidance as needed.
- Identify trends in CCP submissions to target training and supports for registrants; and,
- Determine if the current version of ACOT's CCP is an effective *indirect* indicator of an OT's competence to practice.
    - o ACOT's CCP is considered an *indirect* indicator of an OT's competence in practice as it relies on registrant reporting rather than direct observation.

The questions asked to guide each of the review and evaluation activities undertaken in 2021 are as follows:

1. Individual-Level Review and Evaluation
    a. *What criteria best define ACOT's expectations of an Acceptable CCP submission?*
    b. *How many OTs are completing their CCP Learning Plans according to these expectations?*
    c. *What is the process for following up with registrants whose CCP submissions are rated as Conditional or Not Acceptable?*
2. Program-Level Review and Evaluation
    a. *Is there a relationship between the CCP submission rating received and*
        i. *an OT's demographic/employment profile (such as gender, years since graduation, role, practice area, practice setting, client age range)?*
        ii. *submission content factors (such as number of goals identified, number of learning records added, amount of time reported being spent in learning activities and quantity/quality of written content)?*
3. User Experience Follow-up Survey
    a. *Have the recent changes to the CCP improved registrants' experience with the online platform (improved usability) including knowing what to include in a CCP submission*

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program-level reviews will be conducted with the data/information gathered from the registrants randomly selected for individual-level review.

> *(improved clarity) and how to align learning goals with practice regardless of practice role, area or setting (improved fit).*

The final, overarching question which ultimately drives all the CCP review and evaluation activities is:

4. *How effective/accurate is ACOT's CCP as an indicator of an OT's competence to practice?*
   a. *Do the findings from the program-level review and evaluation offer sufficient evidence to suggest ACOT's CCP is an effective indirect indicator of an OT's competence to practice?*

The content in this report summarizes the findings from each of the review and evaluation activities/questions asked, offering additional interpretation and discussion as appropriate.

1. Individual-level CCP Review and Evaluation

a. CCP Review and Evaluation Rubric and Review Form Development

A CCP Rubric was prepared in response to feedback from the 2019 CCP Survey. Rubric development was informed by rubrics used by other Alberta health profession regulators and in consultation with members of ACOT's Competence Committee. The Rubric offers criteria for each of the sections of a CCP Learning Plan (area of focus selection, initial reflection, learning goals, learning records/supporting documents, and goal status reflection). The original iteration of the Rubric was posted on the ACOT website in the Fall of 2019 to coordinate with the launch of the new version of the online platform. Registrants were encouraged to use the Rubric as a reference for what to include in the various sections of their CCP Learning Plans.

i. Rubric Testing

The testing of the Rubric for face validity and inter-rater reliability first occurred in August 2020. Members of the Competence Committee were provided six anonymized CCP submissions to review against the criteria outlined in the Rubric. Reviewer ratings were compared, and the Rubric was revised to improve clarity and address points of discrepancy between ratings. The revised version also included the addition of the Overall CCP Submission Rating criteria of ==Acceptable==, ==Conditional== and ==Not Acceptable==.

ACOT registrants were given an opportunity to offer feedback on the updated version of the Rubric in a survey sent in September 2020; responses were analyzed and further refinements were made.
A final round of testing for inter-rater reliability was undertaken in January 2021 with another six anonymized CCP submissions. Interrater reliability improved. Reviewers also requested further breakdown of the Acceptable rating into *Exceeds Expectations*, *Meets Expectations* and *Getting There* – the additional rating categories were included in the Review Form described below.

ii. From Rubric to Review Form

Using the [finalized version](#) of the Rubric as a guide, the online platform developer built a Review "Form" as part of the online Review Module. The Review Form provides spaces for a Reviewer to offer feedback on each section of a registrant's CCP Learning Plan. The functioning of the Review Form was tested as part of the Reviewer Training process described in Section 1.b.i. below.

For each section of a Learning Plan, a picklist of standard feedback was created to capture the criteria outlined in the Rubric. Examples of the picklists can be accessed from Appendix A of the [Guide to Interpreting Your CCP Learning Plan Review](#). For efficiency and inter-Reviewer consistency, use of the picklist options was encouraged whenever possible. An "Other" option was included on the Review Form

for when the options in a picklist did not capture the Reviewer's feedback on the content a registrant included.

b. Overview of Individual-Level Review and Evaluation Process

The processes for selecting, reviewing and evaluating individual CCP Learning Plan submissions are outlined in the [CCP individual-Level Review and Evaluation Policy and Procedures](). The intent of the individual-level review and evaluation is to offer registrants the opportunity to:

- receive feedback on how well their CCP submission captures their commitment to reflective practice and continuous learning and, if required,
- obtain support and guidance necessary to ensure their current and future CCP submissions capture their commitment to reflective practice and continuous learning.

i. Reviewer Training

Ten members of the Competence Committee acted as CCP Submission Reviewers for the 2021 individual-level review and evaluation process. See [Appendix A]() for the list of Competence Committee members who acted as Reviewers in 2021.[3]

A [CCP Review & Evaluation Reference Manual]() was created; offering Reviewers step-by-step guidance on how to navigate the Review Form in the online platform and how to rate CCP submissions objectively and consistently. Reviewers also attended two, 2-hour training sessions where five sample CCP submissions were reviewed and ratings compared. This allowed Reviewers to become familiar with the online platform and was also one last opportunity to confirm inter-rater reliability.

ii. Submission Selection and Assignment

The Review Module in the online platform includes a function for randomly selecting and assigning registrant CCP submissions to Reviewers. Approximately ten percent[4](230[5]) of 2020-21 CCP submissions were randomly selected from the list of registrants on the ACOT register at the time of randomization (July 2021). Nine Reviewers were assigned 25 submissions each. Prior to the final assignment and anonymization of submissions, Reviewers were given the opportunity to recuse themselves from reviewing the CCP submission of anyone who would be a perceived or actual conflict of interest (e.g., close friend, colleague supervisor or direct report). The tenth Reviewer, who also acted as one of the Reviewer Consultants[6], was assigned five submissions as well as four recused submissions.

iii. Validation of Reviewer Ratings

Two ACOT staff reviewed each of the 229 CCP submissions along with the Reviewer feedback/ratings. Submissions which had a discrepancy between the rating a Reviewer provided and how the staff member

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[3] Competence Committee members will act as Reviewers for the 2022 review and registrants in good standing will be recruited to be CCP Submission Reviewers from 2023 onwards.

[4] It was determined that each Reviewer could reasonably review 25 CCP submissions each (and the Reviewer Consultant a maximum of 10). This happened to correspond to 10% of the registrant population at the time of random selection (2267 as of July 5, 2021). There is also a [10% condition]() which states that sample sizes should be no more than 10% of the population when using the data for statistical analysis

[5] The final count of submissions reviewed and used in data analysis was 229 as one of the registrants selected did not have a 2020-21 CCP Learning Plan to review. That person has been notified that their 2021-22 CCP Learning Plan will be reviewed instead.

[6] Reviewer Consultants were available to assist with troubleshooting online platform navigation issues or to discuss how to rate a submission.

would have rated were highlighted. A third ACOT staff member acted as a final Reviewer. Discrepancies in ratings were discussed with the Reviewers and amendments were made in the Review Form to ensure the consistency of feedback and ratings amongst the selected CCP submissions.

c. General Findings and Interpretation

i. Verification of Random Sample

To verify that the randomly selected registrants were representative of the actual population of OTs registered with ACOT, select demographic and employment data points were compared. It was confirmed that the demographic and employment profiles of OTs selected for Review and Evaluation (i.e., gender, years since graduation, role, practice area, practice setting and client age range) closely mirrored distributions of these same data points collected and reported in ACOT's 2020-21 Annual Report (p.16-17); the distribution by gender was last reported in the 2018-19 Annual Report p. 11[7]. See Section 2 for data comparisons and trends.

ii. Frequency of Ratings

Question: *How many OTs are completing their CCP Learning Plans according to the expectations outlined in the CCP Submission Rubric?*

Over 78% (180) of the 229 randomly selected registrants had CCP Learning Plan submissions that were considered Acceptable; with 36% (83) rated as *Getting there*; 34% (79) rated as *Meets* and 8% (18) rated as *Exceeds* ACOT's expectations.

Frequency of Ratings

4% 8% 18% 34% 36%

Exceeds Meets Getting there Conditional Not Acceptable

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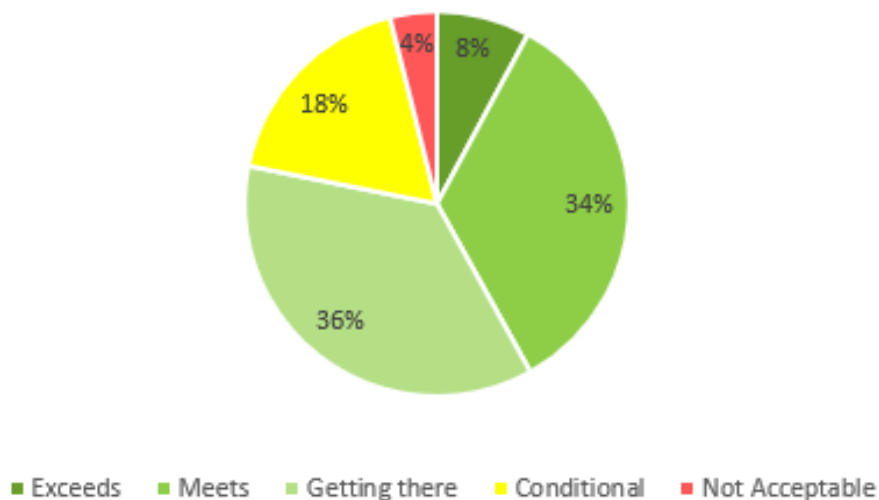
[7] Distribution by gender has remained stable at 90% female and 10% male over the past several years. Additional gender categories (non-binary, transgender, two-spirit) were introduced to the application for registration in 2019-2020; reporting on gender will resume in 2021-2022.

iii. Follow-up With Registrants

Registrants were notified of their ratings via email in September 2021. They were directed to the Guide to Interpreting Your CCP Learning Plan Review to support their understanding of the purpose and process of the CCP Review and Evaluation and to assist in interpreting and incorporating Reviewer feedback.

> Question: *What is the process for following up with registrants whose CCP submissions are rated as Conditional or Not Acceptable?*

The registrants with Conditional ratings (40 or 18%) were directed to incorporate Reviewer feedback into their 2021-22 CCP Learning Plans.

An ACOT staff member followed up directly with the registrants whose submissions were rated as Not Acceptable (9 or 4%) to notify them of their rating. Registrants had 30 days to arrange a date/time for an initial Coaching Conversation and to complete all of the tasks identified in the initial conversation. Registrants were cued to:

a. review the various CCP Resources prior to the first meeting;
b. come prepared to discuss the legislated requirements applicable to the CCP; and,
c. consider how their 2020-21 and 2021-22 CCP Learning Plans could be improved to better capture their commitment to reflective practice and continuous learning.

See Appendix B for the guiding questions used in the CCP Coaching Conversations.

Upon completion of the Coaching Conversation(s), these registrants revised their 2020-21 CCP submissions. Feedback on the revisions was provided to the registrants. A formal letter followed once a registrant met ACOT's expectations for an acceptable submission.

The 49 Registrants with Conditional or Not Acceptable submissions will have their names added to the list of 2021-22 CCP submissions selected for review next year.

2. Program-Level Review and Evaluation

a. Overview of the Program-Level Review Process

The processes for selecting, reviewing and evaluating individual CCP submissions are outlined in the CCP Program-Level Review and Evaluation Policy and Procedures. As per the policy, the primary intent of a program-level review is to investigate whether there are any trends/relationships between a CCP submission rating and either an OT's demographic/employment profile or the quantity/quality of content included in their CCP submission.

b. General Findings

The charts and tables in the following two sections are presented for background information and for current and future comparison purposes. For Section 2.b.i., when comparable data is available, the chart/table/graphic on the left represents the frequency distribution of that data point amongst the 229 registrants randomly selected for CCP review. The chart/table/graphic on the right represents the frequency distribution of that data point from the 2020-21 Annual Report (n= 2227) except for the gender graphic which is from the 2018-19 Annual Report (n= 2205).

- **CCP Program-Level Review & Evaluation: Data Definitions** for more details of the data points collected for the program-level analysis. Additional analysis and interpretation of the data is offered in the Section 2.c. Trends Analysis.

i. Demographic and Employment Profiles of Registrants Selected for Review

Demographic Profile

Frequency of Randomly Selected Registrants by Gender

0.5%
10.0%
89.5%

■ Female ■ Male ■ Other

GENDER

% of Occupational Therapists are of

90% female
10% male
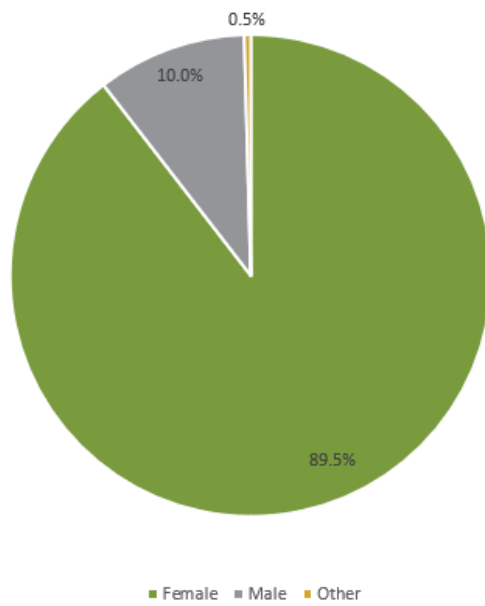
Years Since Qualifying Credential Received

79 or 34.5%   81 or 35%

43 or 19%

20 or 9%

6 or 2.5%

[1, 11]   (11, 20]   (20, 30]   (30, 39]   (39, 49]
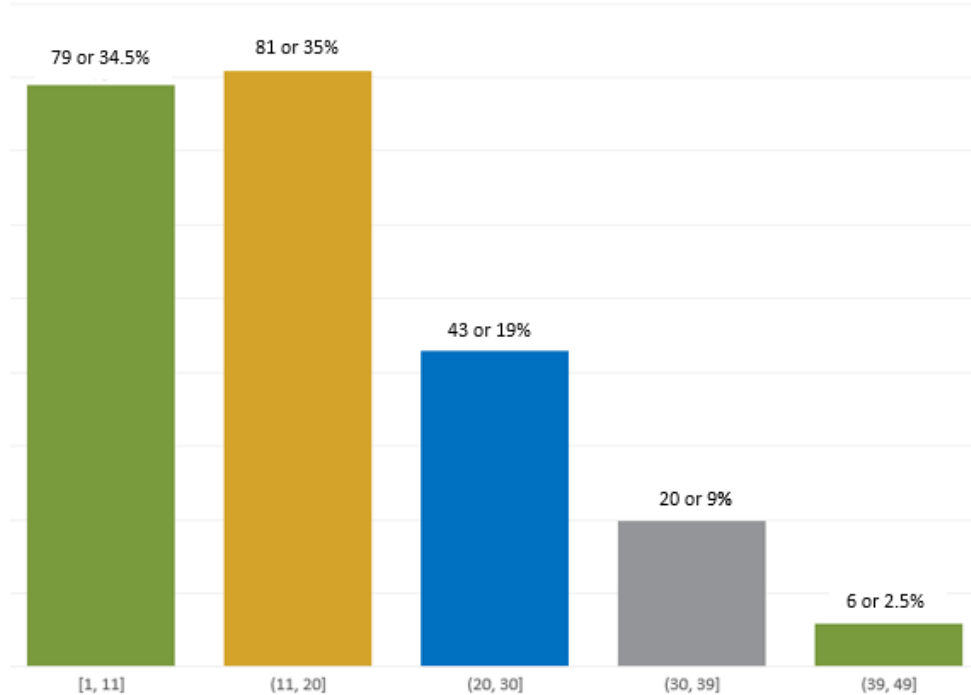
Employment Profile

The following employment data categories (role, practice area, practice setting, client age range) are reported by registrants as part of Profile Update step of the registration/renewal process. The options registrants can select from to categorize their employment are defined and required by the Canadian Institute of Health Information (CIHI) for consistency of reporting information about regulated health professionals across the country. For registrants with more than one employer, the employer with the highest number of practice hours recorded was used for data collection.

Frequency by Role	Count	Percent of 229
Direct Service	202	88%
Manager	8	3.4%
PPL/Prog Coord	6	2.6%
Other	6	2.6%
Educator	4	1.7%
N/A unemployed	2	0.8%
Researcher	1	0.4%

Role
% of OTs working as a...

Researcher 0.06%

Educator 2.5%

Manager 3.5%

Professional Leader/Coordinator 4%

Other 4.6%

Direct Service Provider 84.9%

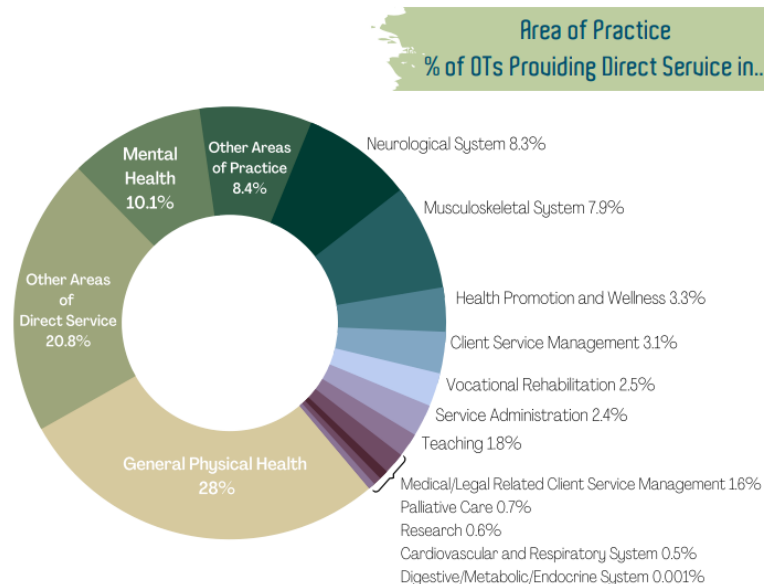| Frequency by Practice Area	Count	Percent of 229
General Physical	57	25%
Other Area	35	15%
Other Direct	27	11.8%
Neuro	26	11.4%
Mental Health	20	8.7%
MSK	19	8.2%
Vocational Rehab	10	4.4%
Client Management	9	3.9%
Service Admin	6	2.6%
Health Promotion	6	2.6%
Teaching	3	1.3%
Med/Legal	3	1.3%
Palliative	3	1.3%
N/A unemployed	2	0.9%
Dig/Met/Endo	1	0.4%
Research	1	0.4%
Cardiovascular/ Respiratory	1	0.4%

Area of Practice
% of OTs Providing Direct Service in...

Neurological System 8.3%

Musculoskeletal System 7.9%

Health Promotion and Wellness 3.3%

Client Service Management 3.1%

Vocational Rehabilitation 2.5%

Service Administration 2.4%

Teaching 1.8%

Medical/Legal Related Client Service Management 1.6%
Palliative Care 0.7%
Research 0.6%
Cardiovascular and Respiratory System 0.5%
Digestive/Metabolic/Endocrine System 0.001%

Mental Health 10.1%
Other Areas of Practice 8.4%
Other Areas of Direct Service 20.8%
General Physical Health 28%

Frequency by Practice Setting	Count	Percent of 229
General Hospital	60	26%
Other (Public)	32	14%
School or School Board	29	12.7%
Community Health Centre	23	10%
Group Private	20	8.7%
Home Care	15	6.6%
Residential Care	14	4.3%
Solo Private	14	4.3%
Post-Sec Inst.	5	2.2%
Association/Government/ Para-Government	5	2.2%
Rehab Hosp	4	1.7%
Mental Health Facility	4	1.7%
N/A unemployed	2	0.9%
Visiting Agency/Bus	1	0.4%
Other (Private)	1	0.4%

Practice Setting % of OTs working in...

Industry, Manufacturing, and Commercial 0.1%
Education 0.1%
Assisted Living Residence (Private) 0.4%
Visiting Agency/Business 0.4%
Rehabilitation Hospital/Facility 2.1%
Post-Secondary Education Institution 2.2%
Other (Private) 2.2%
Mental Health Hospital/Facility 3%
Assoc/Government/Para-Government 3.1%
Residential Care Facility (Public) 6.5%
Home Care 7%
Other (Public) 7.2%
Group Professional Practice/Clinic 9%
Solo Professional Practice/Clinic 9.3%
Community Health Center 9.4%
School or School Board 11.8%
General Hospital 26.1%

Frequency by Age Range	Count	Percent of 229
Mixed Adults (18+)	72	31%
Adults (18-64)	43	19%
Mixed Peds (0-17)	40	18%
All ages	37	16%
School Age (5-17)	13	6%
Seniors (65+)	12	5%
Preschool (0-4)	10	4%
N/A unemployed	2	1%

Client Age Range % of OTs working with...

Adults (18-64) 15.2%
Seniors 10.2%
School Age (5-17) 5.8%
Preschool (0-4) 5.6%
All Ages 16.1%
Mixed Paediatrics 18%
Mixed Adults 29.1%
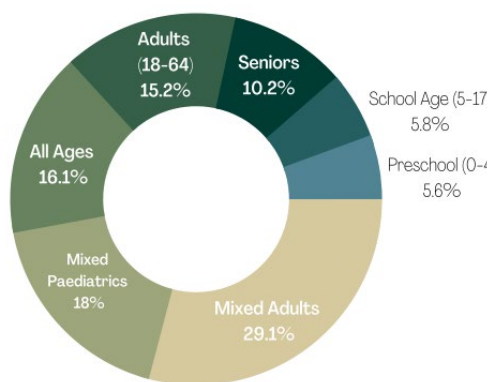
ii.   Submission Content Factors

The data points collected relating to submission content included:

»   number of learning goals identified (1-3)
»   number of Learning Records added (max. 12)
»   average number of sentences per Learning Plan section (≤1, 2-3, ≥4 sentences/section)
»   time spent in learning activities (no limit set; entries ranged from 1-1041 hours total)
»   overall quality of written content (vague/superficial, descriptive, reflective)

Number of Learning Goals Identified (%)
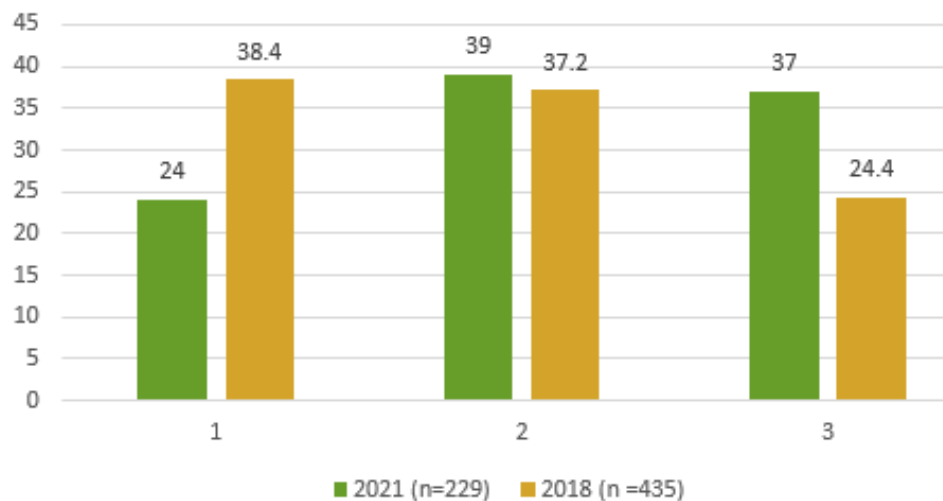
The number of learning goals identified was selected as a data point because a similar data point was collected in the 2018 CCP Audit (See Appendix A of the CCP Review 2019). Both the previous and current versions of ACOT's CCP require registrants to identify at least one, and no more than three, practice challenges/areas of focus to set learning goals for each registration year.

More registrants selected three goals for their Learning Plans in 2020-21 compared to 2018.

Number of Learning Records Added
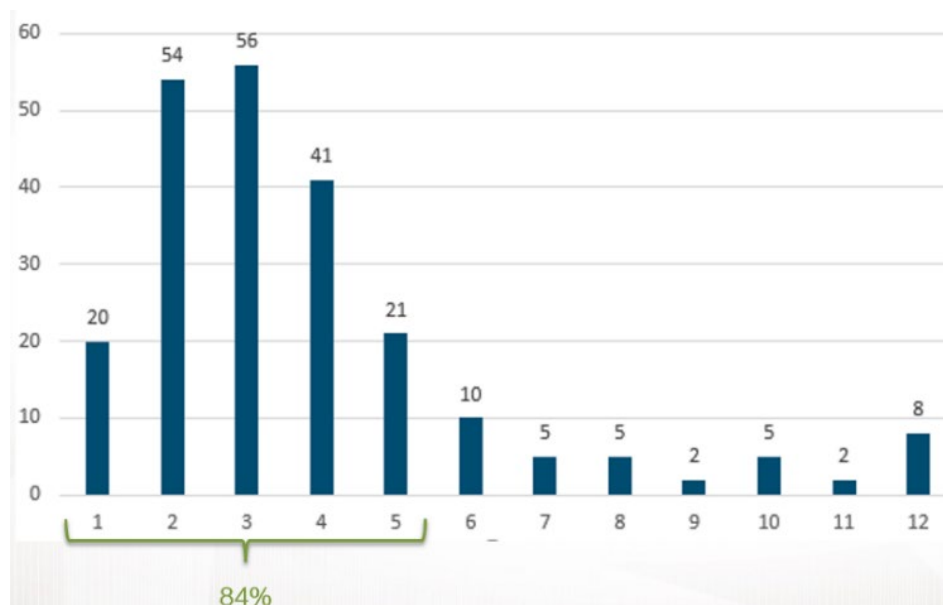
The majority of submissions (84%) included between 1 to 5 Learning Records. On average, submissions with more records were more likely to receive an acceptable rating (see trend table in Section 2.c.ii). However, two of the seven submissions with 9 or 10 Learning Records added were rated as Conditional due to lack of reflection on the impact of the learnings on practice.

Conversely, there were two submissions rated as Exceeds which had only 1- 2 Learning Records added. The difference being, those records, along with the rest of the Learning Plan, had reflective content which outlined why the learnings from the activities were undertaken and described how those activities impacted and evolved the individual's practice.

Overall Quantity of Written Content (Average Number of Sentences per Learning Plan Section)

2021
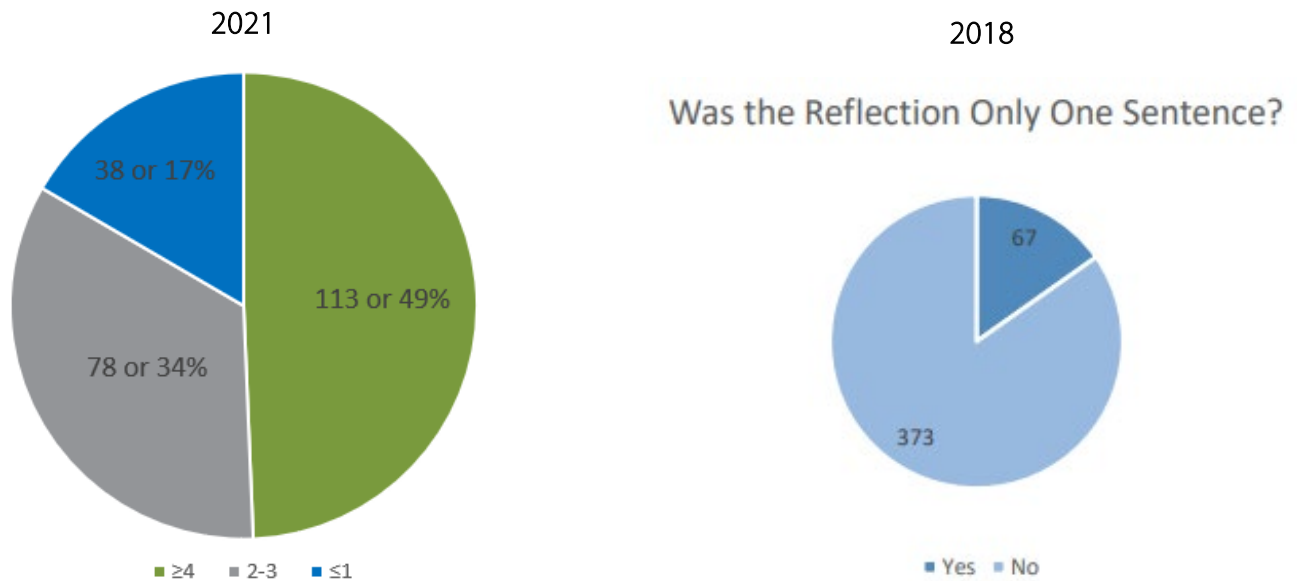
2018

The average length of written content was also selected as a data point because a similar data point was collected in the 2018 CCP Audit. The sentence length of Self-Assessment reflections was tracked in 2018 whereas the overall average number of sentences of written content for the Learning Plan sections was collected in the 2021 CCP Review and Evaluation.

Of the 38 submissions in the 2021 Review which had ~1 sentence of content per Learning Plan section (initial reflection, learning record reflection, goal status reflection), 23 (or 56% of the 40) were rated as Conditional and 6 (or 67% of the 9) were rated as Not Acceptable; the remaining 9 submissions with limited written content were rated as Getting There (only 0.5% of the 180 Acceptable submissions).

Time Spent in Learning Activities (as reported in Learning Records)
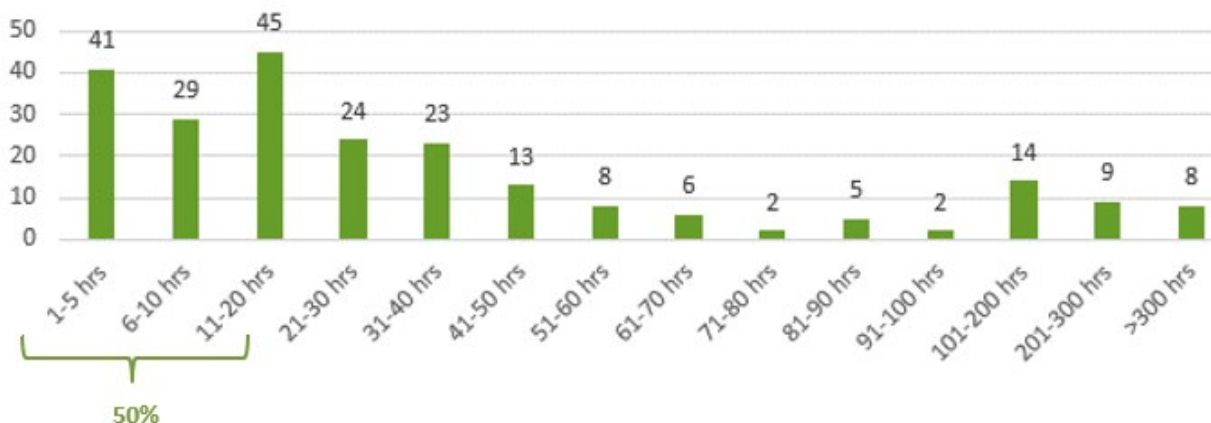
The ability to report hours spent in learning activities is a new addition to ACOT's CCP Learning Plan. This function was added in response to the 2019 CCP survey. A majority of respondents indicated that the preferred enhancement to ACOT's CCP would be to require and enforce a minimum number of education credits or hours. This is similar to other regulated health professionals such as social workers and how it was done before ACOT's CCP was put online (see p.10 **CCP Review 2019** report).

Fifty percent of the reviewed submissions reported anywhere from 1-20hrs spent in learning activities.

Analysis revealed that reported time in learning activities does necessarily relate to a submission's rating. For example, one submission rated as Exceeds expectations had only 2hrs of learning activities recorded. Another submission rated as Conditional had 1041 hours of learning activities recorded. One of the submissions rated as Not Acceptable had 48hrs of learning activities recorded.

Overall Quality of Written Content
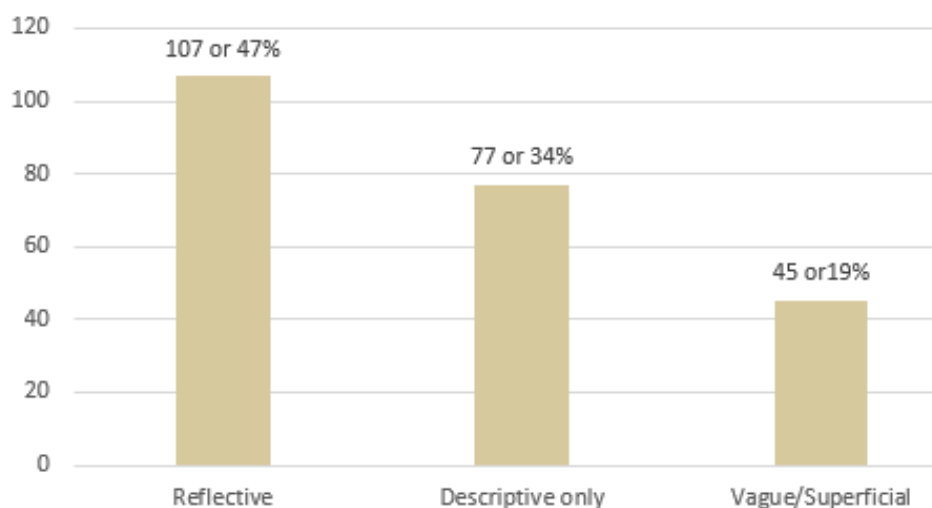
Fifty three percent of reviewed submissions had written content in each of the Learning Plan sections which was either vague/superficial (19%) or descriptive (34%). Of the 47% whose content was considered reflective, most was cursory rather than the more detailed descriptions of learnings and impact on practice which is expected according to the Rubric criteria.

Of the 45 submissions with vague or superficial content, 30 were rated as Conditional (73% of the Conditional submissions) and nine were rated as Not Acceptable (100% of the Not Acceptable submissions).

c. Trend Analysis

Questions: *Is there a relationship between CCP submission rating and:*

» *An OT's demographic/employment profile (i.e., gender, years since graduation, role, practice area, practice setting, client age range)?*

» *Submission content factors (i.e., number of goals identified, number of learning records added, amount of time reported being spent in learning activities and quantity/quality of written content?*

To answer the questions about trends/relationships in CCP submission ratings by OT profile or submission content factors, the data points visualized previously in Section 2b. have been broken down further by rating.

i. Trends By Demographic/Employment Profile

To aid in visualization of possible relationships between profile factors, the profile categories which represent the demographic/employment factors of the largest proportion of registrants (the yellow highlighted boxes in the employment profile tables in Section 2.b.ii) are used as reference points in the following table (role- direct service, practice area - general physical health, practice setting - general hospital, client age range – mixed adults 18+).

Overall Rating of CCP Submission		OT Profile Factor					
		Gender - Female	Avg. No. Years since OT credential received	Role – Direct Service	Practice Area - General Physical	Practice Setting - General Hospital	Client Age Range - Mixed Adults (18+)
Acceptable	Exceeds (n=18)	94%	14	94%	16%	17%	11%
	Meets (n=79)	94%	16	83%	30%	32%	46%
	Getting there (n=83)	92%	16	93%	23%	25%	29%
Conditional (n=40)		76%	17	85%	24%	20%	14%
Not Acceptable (n=9)		89%	14	89%	24%	33%	44%
Distribution in Random Sample/Overall Population of OTs*		89.5/90%	16yrs**/Not available	88/85%	25/28%	26/26%	31/29%

* Based on 2018-19 and 2020-21 Annual Reports; ** Median – 14yrs, Mode – 5yrs

Answers to the evaluation questions:

» *Is there a relationship between CCP rating and demographic profile?*
  o The distribution of registrants identifying as female by rating mostly aligned with or exceeded the distribution of females in both the random sample and the general population of OTs. An exception being CCP submissions receiving a rating of Conditional.
    ▪ Twenty four percent of the 40 CCP submissions that were rated as Conditional were submitted by OTs identifying as male in their ACOT profile – 14% greater than the 10% who identify as male in the random sample and general population of OTs in Alberta.
    ▪ As well, a slightly higher percentage of Acceptable ratings were received by registrants identifying as female or non-binary. The differences are not sizeable enough to suggest a relationship between rating and gender.
  o Most registrants whose CCP submissions were reviewed (70%), had between 1-20 years since graduating with a qualifying OT credential (30% ≥ 21 years). The average years since graduation did not vary substantially between CCP submission ratings; this suggests that years in practice is not related to rating.
» *Is there a relationship between CCP rating and employment profile?*
  o The distribution of employment profile factors amongst each of the ratings aligned with the distribution amongst the random sample and the general population of OTs. Exceptions included practice area, practice setting and client age range for CCP submissions rated as Exceeds.

- The 18 registrants with CCP submissions rated as Exceeds indicated having primary employment in mental health (22%) or other areas of practice (32%) (compared to 9% and 15% respectively in the random sample).
- A greater proportion also worked in group/clinic private practice (22% compared to 9%) or school-based (22% compared to 13%) settings and with pediatric clients (50% compared to 28%).
  - A higher proportion of the 40 registrants with a Conditional rating reported working with clients of all ages (24% compared to 16% in the random sample and the general population).
    - In our experience, OTs who indicate working with clients throughout the lifespan tend to work in rural settings and or in management roles.
  - A higher proportion of the 9 registrants with a Not Acceptable rating reported working with Adults 18+ (44% compared to 31% in the random sample).

ii. Trends By Submission Content Factors

To aid in visualization of possible relationships between CCP submission ratings and submission content factors, categories of *length of written content (≥4 sentences)* and *overall quality of content* (*reflective)* are used as reference points in the following table.

Overall Rating of CCP Submission		Submission Content Factor				
		Avg. No. of Goals	Avg. No. of Learning Records	Length of written content in each section (% of ≥4 sentences)	Avg. of Total time spent in learning (hrs)	Overall quality of content (% of reflective content)
Acceptable	Exceeds (n=18)	2.39	5.28	100%	103	100%
	Meets (n=79)	2.28	4.29	78%	55	81%
	Getting there (n=83)	2.10	3.73	33%	47	41%
Conditional (n=40)		1.95	3.05	11%	55*/30	2%
Not Acceptable (n=9)		1.56	2.33	0%	14	0%
Overall average in Random Sample		2.14	3.87**	49%	54hrs*	47%

* When outlier of 1041hrs is removed, the average total time spent is 30hrs; Median - 20hrs, Mode - 2hrs; **Median & Mode - 3

<u>Answers to the evaluation questions (Con't)</u>:

» *Is there a relationship between CCP rating and submission content factors such as number of goals identified, number of learning records added, amount of time reported being spent in learning activities or quantity/quality of written content?*
  - Although there were examples of CCP submission across the range of ratings that had a corresponding range of content quantity, a pattern of "more is better" emerged when comparing the average number of goals and learning records as well as length of written content and time reported as being spent in learning activities.
  - A relationship between Acceptable ratings and written content which was reflective, rather than descriptive or vague/superficial, is evident. This makes sense as inclusion of reflective content is emphasized throughout the CCP Submission Rubric/Review Form criteria.

See Section 4 – Discussion and Next Steps for further exploration of the meaning and impact of these trends.

3. User Experience Follow-up Survey

a. Survey Questions and Response Rate

A follow-up survey of registrants' experiences with the CCP was conducted in October 2021. The intent of the follow-up survey was to see if the desired outcomes of the changes to the CCP, made in response to registrant feedback to the 2019 survey/focus groups, were attained. The desired outcomes identified during the **2019 CCP Review** were:

1. Improved usability (registrants can navigate the online platform more easily),
2. Improved clarity (registrants know what they are expected to include in their CCP submission), and
3. Improved fit (registrants perceive value and meaning in completing the CCP each year).

b. Survey Findings (with comparison to 2019 results where possible)

Only 67 registrants (~3%) responded to the 2021 survey, compared to 409 registrants (~18%) who responded to the 2019 survey. Although not validated, the difference in response rate is attributed most notably to the current COVID-19 pandemic. The findings outlined below need to be interpreted with caution due to the low response rate. The survey questions including a summary of survey results can be accessed here.

In general, 61% (41 of 67) of the respondents had between 10-30 years of experience. Eighty five percent (57) of the respondents identified themselves as direct service providers (clinicians or consultants) with the remaining 15% (10) in researcher, educator, manager/administrator and other roles. Sixty one percent (41) report logging into the online platform to update their CCP Learning Plans outside of registration renewal; 39% (26) only login in during renewal.

i. Outcome 1: Improved Usability – Platform Functionality

<u>Desired outcome</u>: *Improved user interface that limits frustration and improves registrant experience; to be achieved through platform improvements and education (resources and information sessions).*

An improvement in user experience was noted; however, confusion on how to change learning goals throughout the year persists. Continued frustration with the 30-minute platform timeout was also voiced.

Question – How satisfied are you with:	2019 Results (n=409)			2021 Results (n=67)		
	Unsatisfied or Very unsatisfied	Neutral	Satisfied or Very satisfied	Unsatisfied or Very unsatisfied	Neutral	Satisfied or Very satisfied
Ease of navigation	43%	31%	26%	24%	32%	44%
Platform responsiveness	49%	19%	32%	26%	26%	48%
Ease of reading	34%	31%	35%	13%	32%	55%
Ability to change goals/learning plan throughout the year	33%	34%	33%	42%	19%	39%

ii. Outcome 2: Improved Clarity – Clear Expectations

<u>Desired outcome</u>: *Registrants have a better understanding of what comprises a complete and satisfactory CCP submission; to be achieved through content changes and education (resources and information sessions).*
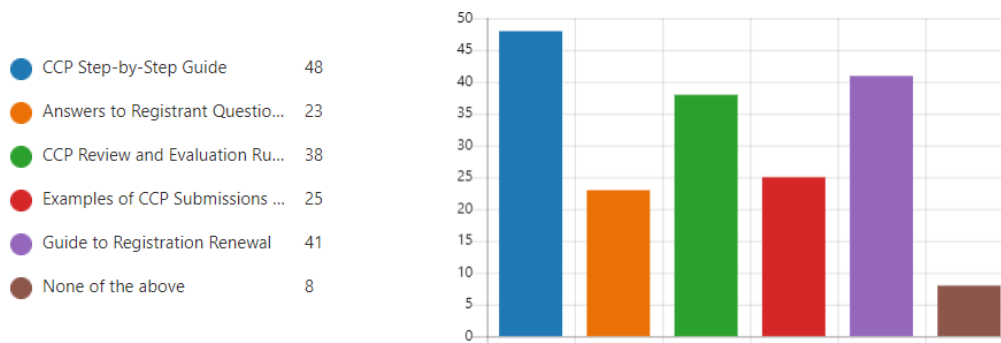
In general, the majority of the 2021 survey respondents report satisfaction with the changes made to the CCP. More work can be done to assist registrants in knowing what type of information to include in their CCP Learning Plans. As well, continued coaching on how to align CCP learning goals with employer learning goals to streamline and avoid duplication is required.

Question – How satisfied are you with the:	2019 Results (n=409)	2021 Results (n=67)		
	Only narrative data available from 2019 survey	Unsatisfied or Very unsatisfied	Neutral	Satisfied or Very satisfied
New Self-Assessment	See Appendix E of the CCP Review 2019 Report	13%	20%	67%
New Learning Plan		21%	12%	67%

Question – How would you rate your understanding of the following:	2019 Results (n=409)	2021 Results (n=67)		
	Only narrative data available from 2019 survey	Poor or Fair	Uncertain	Good or Excellent
The CCP requirements in the HPA/OTPR	Overall feedback was generally negative;. See Appendix E of the CCP Review 2019 Report for details	22%	24%	54%
The approach ACOT has adopted for its CCP		26%	16%	58%
What type/how much information to include		37%	36%	27%
How and when to add Learning Records/ Supporting documents		28%	25%	47%

Respondents were aware of the various written and video CCP resources, with several positive comments about these resources in the narrative sections of the survey. Respondents reported higher utilization of the step-by-step guides and the CCP Rubric.

8. Indicate which of the CCP *written resources* you have reviewed:

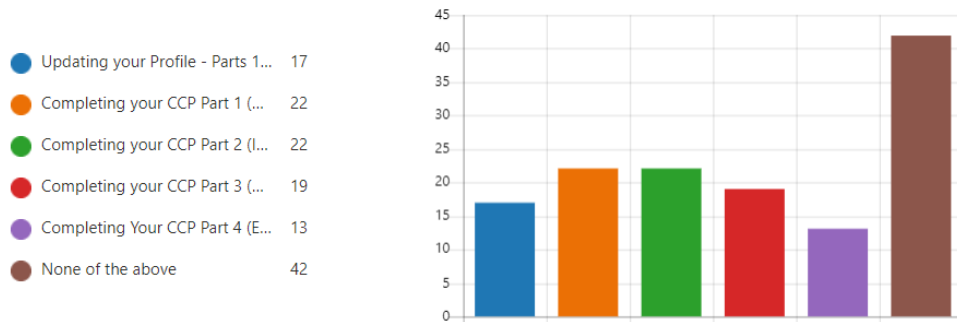|	
● CCP Step-by-Step Guide	48
● Answers to Registrant Questio...	23
● CCP Review and Evaluation Ru...	38
● Examples of CCP Submissions ...	25
● Guide to Registration Renewal	41
● None of the above	8

9. If you read one or more of the resources listed above - rate how helpful it was/they were in expanding your understanding of CCP expectations?

59
Responses

★ ★ ★ ★ ☆
3.56 Average Rating

10. Indicate which of the CCP *video resources* you have reviewed:

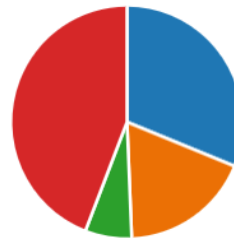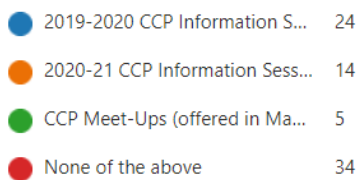|	
● Updating your Profile - Parts 1...	17
● Completing your CCP Part 1 (...	22
● Completing your CCP Part 2 (I...	22
● Completing your CCP Part 3 (...	19
● Completing Your CCP Part 4 (E...	13
● None of the above	42

11. If you viewed one or more of the videos listed above - rate how helpful it was/they were in expanding your understanding of CCP expectations?

26
Responses

★ ★ ★ ★ ☆
3.46 Average Rating

Respondents also reported on attendance at the various live CCP information sessions offered since 2019. The live sessions, where ACOT staff demonstrate the online platform, provide examples of CCP submissions and field attendee questions, were rated as slightly more helpful than the written or video resources – 3.76 out of 5 compared to 3.56 out of 5 for the written resources and 3.46 for the video resources. (note: there is a difference in response rates for each of the questions).

12. Which of the *live sessions* have you participated in:

● 2019-2020 CCP Information S...	24
● 2020-21 CCP Information Sess...	14
● CCP Meet-Ups (offered in Ma...	5
● None of the above	34

13. If you attended one or more of the live sessions - rate how helpful it was/they were in expanding your understanding of CCP expectations?

34
Responses

★ ★ ★ ★ ☆
3.76 Average Rating

iii.   Outcome 3: Improved Fit – Alignment with Practice

<u>Desired Outcome</u>: *Registrants perceive value and meaning in completing the CCP components beyond adherence to regulatory requirements; to be achieved through content changes and education (resources and information sessions).*

Although most of the respondents indicate they understand the intent of the CCP and report the new version of the CCP is easier to complete than before, respondents continue to report challenges in drawing a line of comparison between what they are doing in daily practice to maintain/improve their clinical competence and what to report in their CCP Learning Plan. They also question the "exercise" of completing the CCP each year wondering why ACOT can't just trust that they are practicing competently in accordance with ACOT Standards of Practice and Code of Ethics.

Question – How satisfied are you with: <u>OR</u> Rate the following statements:	2019 Results (n=409)			2021 Results (n=67)			
	Unsatisfied or Very unsatisfied	Neutral	Satisfied or Very satisfied	Disagree or Strongly disagree	Neutral	Agree or Strongly agree	N/A
The current version of the CCP	47%	30%	23%				
The CCP is easier to complete than before	Only narrative data available from 2019 survey Overall feedback was generally negative; See Appendix E of the CCP Review 2019 Report for details			17%	19%	60%	4%
I can easily find a Self-Assessment indicator to set a goal for				25%	24%	51%	0%
My ACOT CCP aligns with my employer performance agreement				25%	34%	33%	8%
I still don't understand the intent of the CCP				69%	20%	10%	1%
My CCP captures my commitment to continuing competence				27%	24%	48%	1%

4. Discussion and Next Steps

The last question of - *How effective/accurate is ACOT's CCP as an indirect indicator/measure of an OT's competence to practice?* – has been left to the discussion section as it requires consideration of the findings from all three of the review and evaluation activities to answer. The only way of truly validating that ACOT's CCP is effective as an indirect indicator of competence is by establishing construct validity with an alternate form of competence assessment such as a practice visit. As practice visits have not yet been incorporated into the review and evaluation process[8], that data is not available. For the purposes of the CCP Review and Evaluation 2021, the question is rephrased to be more specific:

> <u>Question</u>: *Do the findings from the program-level review and evaluation offer sufficient evidence to suggest ACOT's CCP is an effective indirect indicator of an OT's competence to practice?*

[8] Practice visits are permitted in the OTPR (s15) and policies and procedures are under development. Practice visits will be renamed Competence Assessments when the HPA is amended. In both the current and soon to be amended HPA, the criteria for selecting registrants for practice visits/competence assessments are to be developed by the Competence Committee and approved by Council .

The more specific question has proven to be as challenging to answer and even more questions are raised. For example:

» Is it possible to say "yes" because 79% of the registrants selected for CCP submission review met the expectations for an Acceptable submission? Would that suggest that registrants whose CCP submissions were rated as Not Acceptable are not competent in practice?
» Would the answer be "no" given that less than 50% of the CCP submissions reviewed included reflective content when the expectation of reflective content is woven throughout the CCP Submission Review criteria (and there is mounting evidence which connects reflective practice to competence in practice)?
» Is it safe to say "yes" because the number of complaints filed with ACOT over the past five years (including those which are dismissed) ranges from 5-11, or ~0.2-0.5% of registered members, each year?

Another factor to consider, as part of the findings of the 2021 review and evaluation activities, is the exceptional and unprecedented nature of the 2020-21 and 2021-22 registration years due to the COVID-19 pandemic. For example, OTs in various practice roles and settings around the province are reporting pandemic fatigue and burnout. Relating this context to the CCP, the need to juggle increasingly stressful workplace and homelife demands makes it difficult for many OTs to prioritize updating their CCP Learning Plans throughout the year.

During these stressful times or whenever completion of the CCP is left until renewal, it can be difficult and time-consuming process to complete a CCP submission fulsomely. Thus, an OT who is practicing within or above the parameters of ACOT's Standards of Practice and Code of Ethics could have a CCP submission which is rated as Conditional or Not Acceptable because it doesn't capture the various activities undertaken to maintain or enhance competence throughout the year.

Alternately, an OT whose CCP submission is rated as Acceptable, could be having issues with clinical or ethical performance in the workplace which ACOT staff or CCP submission Reviewers would not be aware of. These two scenarios contribute to the hesitancy in concluding that ACOT's CCP is an effective indicator of an OT's competence to practice.

Next Steps for Individual-level Review & Evaluation

Experience from the 2021 round of individual reviews flagged some areas where the process can be further refined. For example:

» Recreate the CCP Submission Rubric so that it looks more like the Review Form which has been built into the online platform.
  o Criteria in the rubric were expanded on when creating the feedback picklist options in the Review Form; leaving the rubric as is may cause confusion for registrants when interpreting the feedback received.
» Adjust wording to the feedback picklist options based on Reviewer feedback.
» Enhance Reviewer Training resources and start Reviewer Training earlier.
  o Include additional examples of Acceptable, Conditional and Not Acceptable submissions in the Reviewer Reference Manual.

- o Schedule a check-in with Reviewers (either individually or in groups) after five submissions have been reviewed.
- » Further refine the Coaching Conversation template based on ACOT staff experience/registrant feedback. Or consider a more formal coaching approach such as the R2C2 model of coaching.[9]
- » Update the policies and procedures for Individual-Level Review & Evaluation to reflect the recommended changes to the process.

Next Steps for Program-Level Review & Evaluation

Initially it was thought that a program-level review would not need to occur annually like the individual-level reviews. However, given that the question of whether ACOT's CCP is an effective indicator of competence has not yet been answered, it is recommended that a program-level review using the same data collection points be conducted again next year. Suggested refinements to the program-level review process include:

- » Employ a formal evaluation framework in the planning of the evaluation.
  - o Aspects of best practice in research and evaluation were employed in 2021 but not all were explicitly described or defined ahead of time.
- » Ground the data points selected for collection and the interpretation of the findings more firmly in the literature.
  - o Research evidence pointing to certain risk factors found to be predictive of a health professional's performance/competence to practice were considered when selecting the demographic and employment profile data points. Basing data collection on a more fulsome literature review would add to the rigor of a program-level review.
- » Seek ethics approval in advance so that the results may be published as a means of contributing to the evidence in the field of health/other profession regulation and continuing competence.
- » Engage experts to assist with a more in-depth analysis of the statistical significance of the findings.

Next Steps for User Experience

Making completion of the CCP components as straightforward as possible for OTs while still capturing the content which assures ACOT Reviewers of an OT's competence in practice remains important.

Ideas for improving the CCP completion experience for registrants include but are not limited to:

- » Send out monthly tips/links to short video clips on how to streamline CCP completion as part of ACOT eNews'. For example:
  - o a short video clip on changing learning goals mid-year would be useful as it continues to be a sticking point for many.
  - o examples of how to align CCP submissions with employer performance agreements (i.e., when possible, uploading a performance agreement document in lieu of rewriting content in a Learning Plan)

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[9] R2C2 is an evidence-based reflective model for providing feedback and coaching through an interactive conversation. It comprises 4 iterative phases: *Relationship*, *Reaction*, *Content* and *Coaching*.

- o tips on finding the "just right" quantity and quality of content to include so that the reflection on learnings from the various activities undertaken are captured concisely.
  - » Offer shorter, more frequent live CCP Meet-Ups (currently offered three times/year).
    - o Feedback from attendees of the Meet-Ups has been positive. The sessions are also good because they encourage more frequent login to the online platform throughout the year.
  - » Offer more targeted CCP Information sessions for specific groups (e.g., school-based, new grads, OTs in private practice or leadership roles).
- » Update the wording in the online Learning Plan form (i.e., add more reflective practice prompts) to align with CCP Submission Rubric criteria.

Regulatory bodies worldwide are beginning to evaluate their processes for ensuring the safe, competent and ethical practice of their regulated members. This includes looking more closely at the various methods, tools, or approaches used to monitor the continuing competence of their registrants and evaluating whether they are effective (or not). Although the activities outlined in this report do not offer definitive findings, they do represent ACOT's continued commitment to our legislated requirements. They also contribute to the evidence base in the area of continuing competence and ensuring our CCP is as an effective indicator of registrant competence as possible.

Appendix A: Competence Committee Membership

Csilla Gresku
Cherie Henderson
Louis Joseph
Heidi Knupp (Council Representative and Chair; acted as Reviewer Consultant)
Gina Kroetsch
Amber Laing
Koren Lee
Betty McMorrow (Public member)
Susan Mulholland (University representative; not able to participate in 2021 Review & Evaluation)
Michelle Palmer
Cheryl Spinner

ACOT Staff: Marianne Baird, Alanna Ferguson (acted as Reviewer Consultant and conducted the Coaching Conversations), Angela Meneley

Appendix B: Guiding Questions for CCP Coaching Conversations

The following is an example of the email reply sent to registrants with a Not Acceptable CCP submission after they contacted ACOT as directed to arrange a Coaching Conversation. The ACOT staff member would work through the list of questions as a way of testing the registrant's knowledge of ACOT's expectations.

Hello _____,

Thanks for reaching out to arrange a meeting to discuss your Continuing Competence Program (CCP) Learning Plan submission.

Prior to our scheduled meeting, you are expected to review the various CCP Resources so that you are aware of ACOT's minimum expectations for an Acceptable CCP Learning Plan submission.

Come prepared with the answers to the following questions:

1. Which sections of the *Health Professions Act* and/or *Occupational Therapist Profession Regulation* outline:

    a. Continuing Competence Program expectations for regulated health professions/OTs in Alberta?

    b. Expectations for the review and evaluation of registered members' competence?

    c. Next steps if a registered member's CCP is found to be incomplete or falsely completed?

2. Which indicators in ACOT Standards of Practice and Code of Ethics pertain to your responsibility to ensure you are competent in your practice of occupational therapy?

3. What learning goals/learning activities did you complete during the 2020-21 registration year but did not record in your online Learning Plan?

4. After reviewing the various written and video CCP resources as well as the CCP Submission Rubric criteria:

    a. what improvements would you make to your 2020-21 CCP Learning Plan submission so that it captures your commitment to reflective practice and continuous learning?

    b. what improvements can be made to your 2021-22 CCP Learning Plan (and future Learning Plans) so that it too captures your commitment to reflective practice and continuous learning?

At the end of our meeting, I will ask you the following question:
5. What are the three main takeaways from our meeting today and what changes will you make based on our discussion?

Appendix C: Program-Level Review & Evaluation: Data Definitions

Data Collection
A review of 10% (~230) of the registrants Continuing Competence Program will be individually reviewed by members of the Competence Committee for individual level outcomes between July and August 2021. Assigned ACOT staff will collect and analyze data from the registrants selected for individual-level CCP review and evaluation as the means of seeking the answers to the program-level review and evaluation questions posed below:

» *Is there a relationship between the CCP submission rating received and the randomly selected OT's demographic/employment profile such as gender, years since graduation, role, practice area, practice setting, client age range?*
» *Is there a relationship between the CCP submission rating received and submission content factors such as number of goals identified, number of learning records added, amount of time reported being spent in learning activities or quantity/quality of written content?*
» *How effective/accurate is ACOT's CCP as an indicator of an OT's competence to practice?*
  o *Do the findings from the program-level review and evaluation offer sufficient evidence to suggest ACOT's CCP is an effective indirect indicator/measure of an OT's competence to practice?*

Data Definitions
The data collected to answer the evaluation questions is defined and classified based on four general categories:

Submission Rating	<u>Overall Rating</u>: **Acceptable:** Exceeds, Meets or Getting there **Conditional**: Insufficient evidence of commitment to reflective practice and continuous learning. Registrant's CCP submission will be reviewed again next year to confirm incorporation of Reviewer feedback. **Not Acceptable**: No evidence of commitment to reflective practice and continuous learning. Requires immediate action by registrant/ACOT.
Registrant Demographic Profile	**Gender:** Female (F), Male (M), Non-Binary (NB), Two-Spirit (T), or Other (O)
	Years since Graduation: Defined as the current year minus the year the registrant received qualifying OT credentials
Registrant Employment Profile*	**Role:** Direct Service, Educator, Manager, Professional Practice Leader or Program Coordinator, Research, Other
	Practice Area: Cardiovascular/Respiratory, Client Management, Digestive/Metabolic/Endocrine, General Physical Health, Health Promotion, Medical/Legal, Mental Health, Musculoskeletal, Neurology, Other Type of Direct Service, Other Area of Practice, Palliative, Research, Service Administration, Teaching, Vocational Rehabilitation
	Client Age Range: 0-4yrs, 5-17yrs, 18-64yrs, 65+ yrs, Mixed Adults (18+), Mixed Pediatrics, All Ages
	Practice Setting: Assisted Living (Private), Association/Government/Para-Government Community Health Centre, Education, General Hospital, Group Private, Home Care, Industry, Mental Health Facility, Other (Private), Post-Secondary Institute, Rehabilitation Hospital, Residential Care, School or School Board, Solo Private, Visiting Agency/Business.

* The employment profile categories are collected as part of the registration/renewal process. The options in each category are defined by the Canadian Institute of Health Information (CIHI) for consistency in reporting information about regulated health professionals across the country. For registrants with more than one employer, the employer with the highest number of practice hours recorded was used.

CCP Learning Plan Submission Content Factors	**Number of Areas of Focus Selected to Set Goals For:** At least 1 and no more than 3 goals can be identified
	Number of Learning Records: Any number of learning records may be included from 1 to 12
	Average Length of Reflective Content: Reflections are required within three sections of a registrant's learning plan: Initial Reflection (why an indicator was chosen as an area of focus and includes a written goal statement), Learning Records (includes a summary of learning) and Goal Status Reflection (how the learning activities have evolved/impacted practice). The average number of sentences in each of the sections is recorded as: ≤1, 2-3, or ≥4 sentences per reflection.
	<u>Quality of Content</u>: The CCP is based on registrant's self-report of goal-directed engagement in continuous learning activities and requires a reflection on WHY this was important and HOW this participation has impacted the registrants' practice. Quality of Content is defined as: **Vague or Superficial-** the content in the learning plan sections lacks inclusion or consolidation of why or how the learning activities documented will/has impacted practice. **Descriptive-** the content in the learning plan sections describes what has been undertaken but reflection on how participation in the activities has impacted practice is missing. **Reflective-** the content in the learning plan sections both describes the activities undertaken and consolidates why participation in those activities was important and how it has impacted the registrant's practice.
	Overall Time Spent: Registrants are required to specify approximately how much time was spent undertaking the learning activities recorded in a Learning Record. The total amount of time reported in each of the Learning Records is summed and recorded.