Exploring the Risks to the Competence of Physiotherapists

Lessons Learned from Administering Risk Based Registrant Assessments

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Epidemiology of Competence
Factors, Issues & Implications

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Purpose of Study

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

Patterns, causes, and effects to understanding risks to competence

How to modify, manage, or prevent risks

Which interventions actually moderate risks
Literature Review

3572
Title & abstracts

1678
Full-text

943
Articles included for review & meta-analysis review
WHEN

WHAT

4 PROFESSIONS
• Occ’l Therapists
• Pharmacists
• Physicians
• Physiotherapists

DOMAINS OF COMPETENCE
• Expert
• Communicator
• Collaborator
• Manager
• Health Advocate
• Scholar
• Professional

WHEN

COMPETENCE LIFE CYCLE
• Field-based learning
• Independent practice
WHO

3 Health Professional Groups
- Physicians: 79.9% (n=756)
- 12.9% (n=122)
- PT 3.7% (n=35)
- Other: 0.8% (n=8)
WHAT

- Expert: 47.0%
- All (i.e. general competence): 2.6%
- Communicator: 2.6%
- Professional: 7.6%
- Scholar: 10.3%
- Manager: 20.7%
- Collaborator: 5.0%
- Health Advocate: 4.2%
Risks & Supports

Risks
44.3% (n= 418)

Supports
79.5% (n= 750)

Overlapping categories:
23.9% (n= 224)
Risk Factors

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

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

Epidemiology offers a new lens and language

Risks: NOT indicators of incompetence or dyscompetence

Supports: NOT guarantees of competence
Discussion + Implications

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

Understanding epidemiology of competence enables PTs to self monitor & act

Employers & Regulators able to
• prioritize programs & systems
• monitor and mitigate risks
• enabling and facilitating supports
Glover Takahashi, S, Nayer, M., St. Amant, L.
Epidemiology of Competence: A Scoping Review to Understand the Risks and Supports to Competence of Four Health Professions. bmj online, In Press.
Chris Smerdon, MSc, BSc (PT)

Quality Assurance Program Manager,
College of Physical Therapists of BC
British Columbia Context

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

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

- Competence Maintenance
- Competence Assessment
- Competence Improvement

- Annual Self Report (ASR)
- Registrant Competence Assessment
  - screening

- Assessment of Professional Performance
  - comprehensive

- Registrant Practice Support

Support/declare: Every Year
Monitor/demonstrate: Every 6 Years
Improve: Only if Needed
Annual Self Report—What is it?

1. 11 questions to identify physical therapist’s potential risks and supports to competence

2. 12 self-quiz case-based questions to assess physical therapist’s application of regulation in practice

3. Individualized results report immediately upon completion
Annual Self Report
Who Completes it and When?

- 3600+ registrants
- Annually
- Before registration renewal for the following year
Annual Self Report—Why?

Physical therapists:

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

The College:

- monitors registrants’ understanding of regulation and their potential risks and supports through aggregate data
### ASR 2016 Results

**n=3460**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>29%</td>
</tr>
<tr>
<td>If new grad or if plan to retire within 5 years</td>
<td>26%</td>
</tr>
<tr>
<td>Educated outside of Canada</td>
<td>24%</td>
</tr>
<tr>
<td>One or both (national certification exams) scores 400 or lower</td>
<td>4.9%</td>
</tr>
<tr>
<td>No professional support network</td>
<td>3.4%</td>
</tr>
<tr>
<td>Change in clinical focus</td>
<td>3.2%</td>
</tr>
<tr>
<td>Returning to practice after period of inactivity</td>
<td>2.7%</td>
</tr>
<tr>
<td>70 years or older</td>
<td>0.84%</td>
</tr>
<tr>
<td>Complaint (finding or results pending)</td>
<td>0.81%</td>
</tr>
<tr>
<td>Behind on College or other deadlines</td>
<td>0.09%</td>
</tr>
</tbody>
</table>
ASR 2016 Results

n=3460

Number of risks reported

Frequency
# ASR 2016 Results

n=3460

<table>
<thead>
<tr>
<th>Support</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive professional network</td>
<td>98%</td>
</tr>
<tr>
<td>Attended and engaged in CE activities</td>
<td>92%</td>
</tr>
<tr>
<td>(at work and/or outside work hours)</td>
<td></td>
</tr>
<tr>
<td>Ready access to educational information and resources</td>
<td>87%</td>
</tr>
<tr>
<td>Support such as encouragement, time and funding for CE</td>
<td>69%</td>
</tr>
<tr>
<td>Member of one of more professional associations</td>
<td>61%</td>
</tr>
<tr>
<td>Acted as a mentor to students or others</td>
<td>51%</td>
</tr>
<tr>
<td>Participated in QA/CQI in the past year</td>
<td>43%</td>
</tr>
<tr>
<td>Performance review in the past year</td>
<td>27%</td>
</tr>
</tbody>
</table>
ASR 2016 Results

n=3460

Number of supports reported
ASR 2016 Results

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

• **Significant effect of supports on self-quiz score**
  Support such as encouragement, time and funding for CE
  Ready access to educational information and resources
What does the College do with the results?

- Monitor trends in potential risks and supports
- Inform interactions with registrants
- Guide decision-making re education opportunities for registrants
- Refine regulatory questions and messages in the following year’s ASR
Using data to identify risk
Who We Looked at

11,340 Ontario physios—8533 current
90% provide patient care—60% work FT
Average age is 47.73
¾ educated in Canada

Note:
• 10 yrs ago 82% Canadian trained, today only 66%
• India, USA and Philippines are top 3 source countries over past 10 yrs
What We Looked at

• Registration info
• PCE results
• Complaints and reports
• Late payment of annual fees
• Failure to complete mandatory jurisprudence exam
• Quality assurance assessment outcomes
WHAT MATTERS
• Age
• Gender
• Low PCE scores
• Being subject of an investigation where an action is ordered
• Non-compliant in one area
• Internationally educated
• Frequent changes to workplace
• Personal health and wellness
IEPT

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

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

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

_BUT female Canadian grads more likely to have an ICRC outcome than male Canadian grads_
Low First Time PCE Scores

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

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

• Higher percentage of outcomes from complaints or reports likely for PTs in 30s and 40s
• More concerns on assessment
• Lower PCE scores and more times to pass
Transitions—High Number of Practice Locations

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

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

If you are old
If you are old + IEPT
If you are old + IEPT + male
If you are old + IEPT + male + low exam score
If you are old + IEPT + male + low exam score + several workplaces
As stipulated in the Professional Code OPPQ’s mandate is to protect the public who enlist the services of a physiotherapist.

How do we protect the public?
1) Admission (Licence to practice)
2) Inspection
3) Inquiries ( Syndic)

Professional Inspection in Québec: a Paradigm Shift

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

Professional Inspection in Québec: a Paradigm Shift

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

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

Monitoring of the practice of the members, which will be followed, if necessary, by a competency assessment and a remediation process
Professional Inspection in Québec: a Paradigm Shift

Evaluated elements:

- Continuing professional development (HFC);
- Regulatory practice into the clinical setting (MIL);
- Safe practices (SEC);
- Practice efficiency (EFF);
- Respect of the applicable rules of deontology (DÉO);
- Representativity of the patient record provided (REP);
- Essential regulatory elements in the patient record (ESS);
- Quality of the clinical assessment (EVA);
- Quality of the clinical reasoning (RAI);
- Description of the services provided (SER);
- Quality of the notes in the record;
- Quality of the record as a tool to communicate (COM);
- Non-clinician assessment (NCL);
3 grades will be awarded by inspectors based on documents received and online forms filled out:

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