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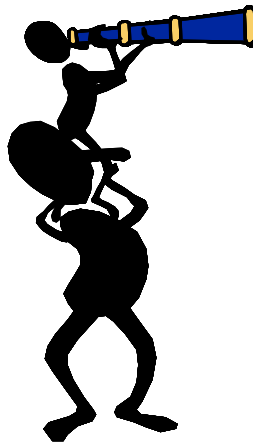
Framework for a Manitoba Occupational Therapy
Continuing Competence Program

March 2006

"*If I have seen a little further, it is by standing on the shoulders of Giants.*"
-Sir Isaac Newton

TABLE OF CONTENTS

EXECUTIVE SUMMARY

With the knowledge that the new Occupational Therapists' legislation would require the delivery of a Continuing Competence Program, the Board of the Association of Occupational Therapists of Manitoba (now the Council of the College of Occupational Therapists of Manitoba) established the Continuing Competence Program Committee in the summer of 2005. The committee was given the task of developing a framework for a College of Occupational Therapists of Manitoba Continuing Competence Program that included values and a plan for program implementation and communication to members.

The existence of multi-professional Continuing Competence and or Quality Assurance legislation in some provinces and consideration of similar legislation for other provinces, including Manitoba, makes these Programs a necessity for all health and rehabilitation professionals.

Continuing Competence/Quality Assurance Programs are believed to be advantageous for both consumers and members of professional regulatory organizations. Consumers benefit from the assurance of accountability for a minimum standard of competence in registered professionals. Members benefit from access to a standardized, province-wide initiative that is intended to assist them to maintain and enhance their professional competence.

Other provinces and professional groups have had Continuing Competence Programs in place for some time. An environmental scan was conducted with the assistance of the Continuing Competence Program Developer. Occupational Therapy Regulatory Organizations in other Canadian provinces were the primary sources of information for the scan. All of these organizations are either already delivering a Continuing Competence Program required by provincial legislation or were expecting this to be the case in the near future. In order to maintain equivalency and portability, occupational therapists in Manitoba will need access to a similar Program.

The experience of organizations that currently operate a Program was heavily drawn upon in the development of the Continuing Competence Program Committee's values, principles and recommendations for the framework contained in this report.

The Continuing Competence Program Committee believes that a College of Occupational Therapists of Manitoba Continuing Competence Program should be established for the twofold purpose of building public confidence in the quality of occupational therapy services and enabling occupational therapists to demonstrate continuing and conscious competence. Using the Essential Competencies of Practice for Occupational Therapists in Canada as the standard of competence, this Program should be practical, non-threatening, respectful, motivating, supportive, enabling, portable, universal and cost-effective.

A five-year plan with emphasis on education and preparation of existing College members is a priority for successful implementation of the Program. The program should be slowly phased in to allow as much face-to-face information, education and feedback as possible. The active participation of all members in advising and refining the final Program is essential.

This Program will benefit both consumers of occupational therapy services and College members by enabling members to formally assess and confirm competence to practise. Members could also gain the following benefits:
- Verification of their own continuing competence
- An opportunity to dialogue with College representatives and other members about critical issues for development of the profession in Manitoba
- A method to promote the profession that describes how quality is assured through continuing competence
- Templates and worksheets for use in logging professional education and creating professional development plans
- A system for learning important regulatory information including a method to test how their own knowledge compares to provincial averages
- A tool for self assessment and instructions regarding how to connect the results to practice enhancement
- Guidelines and instruction for setting up an information system to document evidence of continuing professional development that can be used for career goal setting and for job/promotion applications and applications for research and educational funding opportunities

INTRODUCTION

Reason for establishing the committee

In anticipation of enactment of The Occupational Therapists Act (2002), the Board of the Association of Occupational Therapists of Manitoba approved creation of a Continuing Competence Committee and the hiring of a Continuing Competence Program Developer. With the new act, the regulatory organization would have the authority and responsibility to provide members with the means to confirm and enhance their professional competence (Occupational Therapists Act, 2005). Although a date for the legislation to come into force was not known at that time, it was expected to be relatively soon.[1] A letter was sent to all members in late June of 2005 (Appendix A), inviting their participation as committee members, informing them of the intent to hire a Continuing Competence Program Developer and inviting applications to the new position.

Provincial occupational therapy regulatory organizations are expected to be more responsible for regulating the practice of professions by way of new legislation. This includes increasing requirements for the delivery of programs for maintaining competence. Four of the other nine provinces already have legislation in place and two others expect draft legislation to be proclaimed very soon. The remaining provinces also expect this situation to include them in the near future. This applies to all professional regulatory organizations, not just occupational therapy. Occupational therapists in Quebec, for example, are regulated by a piece of legislation that groups them with 44 other professions who all have similar requirements for continuing competence programs.

The terms "competence" and "quality assurance" are closely connected in the literature (Assessment Strategies, Inc., 2000) and reflect the belief that quality, as related to professional services, is rooted in maintaining and enhancing professional competence. The demand for quality service is associated with

changes in public and consumer expectations that focus on professional accountability.

Continuing competence has always been considered a professional responsibility and is referred to in both the Canadian Association of Occupational Therapists and Association of Occupational Therapists of Manitoba Codes of Ethics. Article Four of the Canadian Association of Occupational Therapists Code of Ethics states, "members shall endeavour to maintain and improve their professional knowledge and skill, and in this regard shall maintain a progressive attitude" (Canadian Association of Occupational Therapists, 1996). The Association of Occupational Therapists of Manitoba Code requires members to "strive to improve his/her knowledge and professional skills in order to maintain an optimum and current standard of practice in administrative, clinical, educational and research areas" (Association of Occupational Therapists of Manitoba,1995).

The Board of the Association of Occupational Therapists of Manitoba knew that the organization would be required to implement a Continuing Competence Program very shortly after the new legislation was proclaimed and charged the Continuing Competence Committee with the task of investigating and reporting on a "framework for the Association of Occupational Therapists of Manitoba Continuing Competence program that outlines values and beliefs, implementation plans, communication strategies" (Appendix B).

Using the report of the Continuing Competence Committee as a starting point, the Council will establish a College of Occupational Therapists of Manitoba Continuing Competence Program.

Committee structure and process

Several people responded to the letter of invitation by putting their names forward (Appendix C). The Continuing Competence Committee met for the first time in September 2005 to discuss what the members knew about continuing competence and what they needed to know to begin designing an effective

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[1] The Occupational Therapists Act (2002) was proclaimed on December 15, 2005. At that time AOTM became the College of Occupational Therapists of Manitoba (COTM) and all of the new requirements came into force.

program for Manitoba. At that meeting, they generated a set of questions to structure an environmental scan that could meet their learning needs and laid out a timetable for development of a framework.

The Continuing Competence Program Developer was responsible for gathering requested information and disseminating it to the Continuing Competence Committee via verbal and or written reports. The specific deliverables for the Developer position are described in Appendix D.

The Committee recognized that a great deal of very good work had already been done by other similar organizations and elected to learn from and build on those experiences.

Environmental scan

The primary sources for the environmental scan were the other Canadian provincial regulatory organizations. In addition to gathering information from these sources, the committee asked for an overview of what was happening for occupational therapy continuing competence in other countries such as Australia, New Zealand, and USA and for other professional groups in Canada including physiotherapists, speech-language pathologists and dietitians. Information was collected via email survey, telephone interview and internet website browsing.

Table 1: Methods used by Canadian OT Regulatory Organizations as of Nov. 2005

	Currency Hours	Continuing Education Hours	Professional Development Plan	Portfolio	Self-assessment	Prescribed Learning Modules	Peer Assessment/ Practice Audit
BC	I		p		p		p
Alberta	I	p	p	p	p		
Sask-atchewan	I						
Manitoba	I						
Ontario	I		I	I	I	I	I
Quebec	I		I	I	I		I
New Brunswick	I						
PEI	I						
Nova Scotia	I		p	p	p		p
Newfound-land and Labrador	I						
Key: I= in place, p=planned or trial							

The committee developed 15 questions that they wanted to have primary sources respond to for the environmental scan

1. How many members does your organization have?
2. Is a program for continuing competence required by legislation in your province? (formalized method of assuring continuing competence or quality)
3. Do you have a continuing competency program in place?
4. If no program: are you expecting one will be necessary? When? What preparations are you making?
5. What is the stated purpose of the program in your province?
6. When was it initiated?
7. What methods or tools are used in your program?
8. What process was used to communicate the program information to members? Or: How was the program rolled out?
9. How often does monitoring/investigation/member response occur? How often would an individual member be required to act in order to comply with the program requirements?
10. What is the cost? (annual budget, number of operating staff, registration fees/member)
11. How is compliance assured?
12. Is there a process for appeal?
13. Has the program been evaluated? Are you satisfied with results? (e.g., meeting intended purpose)
14. How do you communicate the information about the program and any evaluation/results to the public?
15. Hindsight: What would you do differently?

The complete results of the survey are found in Appendix E.

The environmental scan showed that other professions and other jurisdictions were using very similar tools and methods (Assessment Strategies Inc., 2000). Table 1 shows those most commonly used by Canadian occupational therapy regulatory organizations. Some professional groups, like physical therapy, have a national framework that each provincial regulatory organization can build on. The degree of structure and intrusiveness varies between different professional groups and between countries for the same professional group. For example, registered occupational therapists in the USA are required to establish their competency to practice at time of entry into the profession and then must recertify every third year. This national certification is not required by the state regulatory organizations.

All Canadian occupational therapy regulatory organizations are already either delivering a continuing competence program or are somewhere in the planning stages with many new programs about to be launched in the near future. Quebec (l'Ordre des ergothérapeutes du Québec) and Ontario (College of Occupational Therapists of Ontario) have had the longest experience. Both of these organizations are considerably larger than the College of Occupational Therapists of Manitoba, which is worth noting since the cost to develop and deliver the programs is largely borne by membership fees. Provinces with smaller memberships, such as Manitoba, have fewer human and financial resources to allocate to this endeavour.

Some of the Canadian occupational therapy programs state explicitly that their purpose is to protect the public, others to develop a plan to improve competence and promote reflective practice. In most cases, the purpose of the program is contained in the wording of the provincial legislation that mandates the program.

The environmental scan question related to "hindsight" proved very useful as several of the primary sources (occupational therapy regulatory organizations in Canada) reported difficulty meeting initial goals due to unrealistic expectations. More experience showed that the collection and review of data necessary for competence assessment on a large scale is much more costly than early planners anticipated. Organizations in the early stages of planning for a Continuing Competence program, such as Manitoba, were advised by representatives from Ontario, Quebec and Alberta to consider the implications of committing to a costly and possibly unnecessary program without fully identifying the activities and processes necessary to meet measurable outcomes. The Ontario representative recommended use of a tool such as a Program Logic Model to guide new planners. This is described in more detail in a later section of this report.

As part of the environmental scan, the Continuing Competence Program Developer attended the National Continuing Competence Conference in November 2005. The goals of this conference included providing a national forum for discussion and knowledge transfer related to continuing competence, continuing competence assessment and evaluation of continuing competence programs.

Representatives from all Canadian provinces and a wide variety of professional groups were among the attendees.

Some of the important findings from this conference were:

- Professions are essentially using the same tools and processes
- There is a trend to multi-profession legal requirements for Continuing Competence /Quality Assurance e.g., Ont., Que., Alta, BC
- Recognition of Public/Member tension….public does not necessarily want the same things of a Continuing Competence program that members do. Important if the purpose of the program is to meet the needs of both these stakeholders
- Trend towards members making formal complaints and appeals of more intrusive Continuing Competence /Quality Assurance requirements: members are challenging programs' validity. (Tools and methods need to be valid and reliable)
- Early Continuing Competence /Quality Assurance adopters describe unmanageable workload/excessive data collected
- Need for a clear process to describe the connection to Discipline/Complaints. (What if Continuing Competence /Quality Assurance program activity reveals incompetence?)
- Protection of member privacy -need to keep materials used in Continuing Competence /Quality Assurance assessment confidential
- Need for broad member involvement in program design/selection
- Recommendation to plan program evaluation parallel to program development: Pre-testing, baseline survey recommended
- Recommend use of a tool such as a Program Logic Model to streamline program and allow accurate evaluation

Data review

Based on the review of the data provided in the Environmental Scan, the tools and methods used for competence enhancement and competence assessment were reviewed and considered regarding their advantages and disadvantages (Table 2). The committee concluded that no single
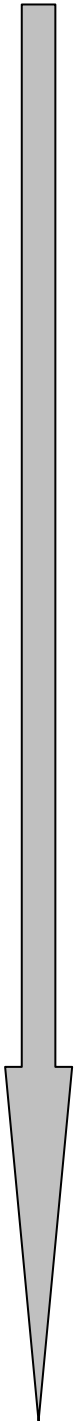
tool/method would be sufficient and a combination would be necessary.

A Program Logic Model approach was adopted and used to plan the foundation for the Manitoba program. The findings from the scan were directly applied in planning the program activities and outcomes as well as in formulating the principles and assumptions upon which the proposed program is based.

Table 2: Advantages & Disadvantages of Continuing Competence /Quality Assurance Methods

METHOD/TOOL	ADVANTAGE	DISADVANTAGE
Currency Hours (A statement of the number of hours a practitioner practices within a specified period.)	Easy to collect, calculate and prove (evidence), can be declared on registration form. Easy to verify.	Not a direct measure of competence. No indication of "continuing": single point in time only. No reflection necessary.
Continuing Education Hours (A statement of the number of hours that a practitioner has spent receiving education.)	Can be proved. Continuing improvement implied. Can be declared on registration form. Easy to verify.	Not a direct measure. Need a minimum standard of hours (hard to validate this: how many is enough?). No connection between education needed and that received: assumes that all hours are relevant. No reflection necessary. Requires members to collect and calculate.
Professional Development Plan (A written plan that contains goals, objectives and measurable outcomes for professional development.)	Closer connection to competence. Can be brief and standardized. Some reflection on practice. Provides a plan for change or improvement.	Requires self-assessment. Would have to be reviewed for verification and feedback to members (staff hours). Documents intent and not achievement.
Self-Assessment (Formal or informal evaluation of one's own capacities in relation to a standard of competence.)	Produces reflection on practice and measurement against a standard. Can be relatively brief.	Hard to develop valid assessment. Needs to be linked to some plan for action. Can be time consuming for member. Static, snap-shot only…not consistent over time and may not demonstrate change.
Portfolio (A record of achievements and experiences providing evidence that demonstrates continuing competence.)	Documents achievement over a larger span of time. Can stimulate reflection. Contains specific evidence. Can be standardized to some extent.	Can be huge body of work. Personal & valuable documents (subject to loss): Hard to verify/assess. Needs to be linked to Essential Competencies Document for relevance to competence and a Professional Development Plan to show "continuing" change over time. Can require several hours per year of input by member. Does not assess performance.
Prescribed Learning Modules (Structured learning packages concerning issues and concepts that COTM considers important.)	Standardized learning of important professional information. Informs practice, can prevent complaints.	Hard to develop. May be able to purchase. High cost to obtain, distribute to members and score results. Not a direct measure of competence. Aimed at profession as a whole: may not address individual needs for learning.
Peer Assessment/ Practice Audit (On-site visit by a qualified assessor. Can involve direct examination of charts and observation and rating of practice activities.)	Direct measure of competence not proxy. Performance and evidence of continuing development can be assessed. Assures compliance with Continuing Competence /Quality Assurance Program.	Extremely stressful for members. Very costly for organization.

Increasing Intrusiveness

FRAMEWORK FOR THE MANITOBA CONTINUING COMPETENCE PROGRAM

Values, Principles & Assumptions

The following nine values & principles were specified early in the process and used to guide choices and decisions:

1. Practical: the Continuing Competence Program should be easy to participate in and should utilize methods and tools that are relevant to current practice
2. Non-threatening: the Continuing Competence Program should not be onerous or a burden to members
3. Respectful: the Continuing Competence Program should be respectful of members privacy, dignity and other needs such as self confidence, ease of access to material and time necessary to complete required tasks
4. Motivating: the Continuing Competence Program should inspire members to achieve competence enhancement in addition to competence maintenance
5. Supportive & Enabling: the Continuing Competence Program should support and enable competent occupational therapy practice
6. Continuing/Living: Competence and the Continuing Competence Program itself) are dynamic process that are never "complete"
7. Portable: the Continuing Competence Program fits with programs in other jurisdictions, members can easily transfer materials used in Manitoba to meet requirements of other provincial programs
8. Universal: no exemptions from the program, all categories of practitioners on the Practising Register (e.g., clinical, nonclinical etc.) are required to complete mandatory portions of the Continuing Competence Program
9. Cost-effective: lowest cost methods and materials are used to produce the desired results

Several assumptions also guided the development of the framework for the Manitoba Continuing Competence Program including:

1. Manitoba occupational therapists are competent
2. The standard of competence used is as described in the Essential Competencies document (Association of Canadian Occupational Therapy Regulatory Organizations, 2003)

3. The Continuing Competence Program will focus on positives
4. Materials and methods necessary to meet program requirements are universally accessible and not dependent on access to computer technology
5. The Continuing Competence Program is separate from the College's complaint investigation processes but can refer to them if necessary
6. A process for appeal and consideration of extenuating circumstances will be in place before the program is fully implemented as well as the consequences for non-compliance
7. The Continuing Competence Program is dynamic and will evolve with the changing needs of the members
8. Additional or external resources are available for program start-up.

Purpose & Planning Process

The legislation that mandates the establishment of a College of Occupational Therapists of Manitoba Continuing Competence Program is not specific as to what such a program should contain.

At this time, competence maintenance and the development of conscious competence are the desired results of a Continuing Competence program in Manitoba. The main purpose of the program should be twofold: to build public confidence in the quality of occupational therapy services and to enable occupational therapists to demonstrate continuing and conscious competence. With this purpose, the more intrusive of the methods: peer assessment/practice audits are not required.

The concept of conscious competence is essential to the Manitoba Continuing Competence Program (Figure 1). The College of Occupational Therapists of Ontario (2006) describes it as

> "*a consciously competent practitioner is one who can do the task well and understands the skill behind the task. This person can explain what works and why. He or she can deliberately change course when needed because he/she understands the basic skills. For*

example, consciously competent occupational therapists will assess each situation and deliberately select a course of treatment and an interpersonal approach most likely to assure success. "

Figure 1 shows four quadrants with consciousness on the "y" axis and competence on the "x" axis. The right upper quadrant illustrates a primary target of the Continuing Competence Program.

Figure 1: Conscious Competence

Adapted from *Quality Assurance Program: An Introduction* (COTO, 2002)
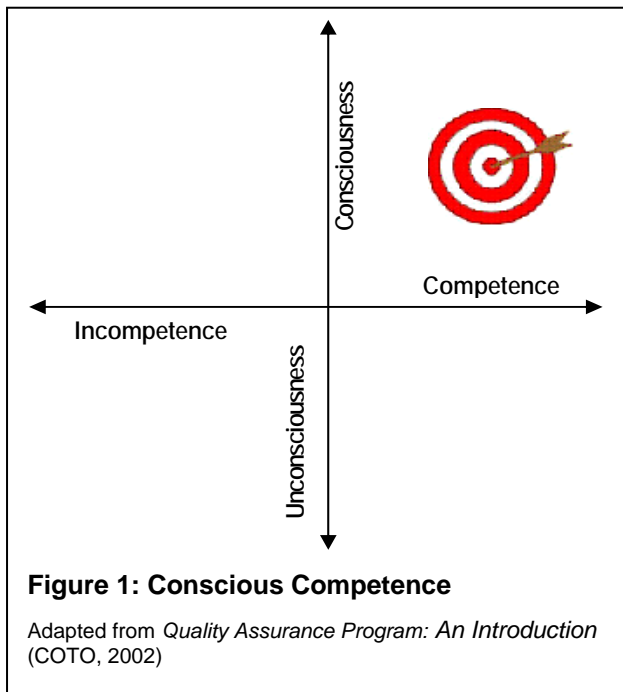
Continuing Competence Program Logic Model

Following the advice received during the environmental scan, the committee received instruction in developing Program Logic Models (PLM) and used this method to develop the proposed program.

According to the W. K. Kellogg Foundation (2004): A logic model is a planning tool to clarify and graphically display what your project intends to do as well as what it hopes to accomplish and influence.
   A logic model:
   • Summarizes key program elements
   • Explains the rationale behind program activities
   • Clarifies intended outcomes
A logic model can be a map that creates the path to your desired outcome, and can also be used as a communication tool that provides a common language for everyone involved in the program. The complete model is in Appendix F.

Program Outcomes

Using the Program Logic Model, the Committee started with the development of Program Outcomes after discussing "what do we want to achieve or change with this Program?". Goals and Objectives were developed later to match the desired outcomes.

Three short, three medium and two long term outcomes to describe the intended results of the College of Occupational Therapists of Manitoba Continuing Competence Program were developed.

Short-term outcomes are expected to be achievable soon after the program is fully implemented e.g., within one year.

Medium term outcomes should be achievable within 3 years of full program operation.

Long term outcomes are the same as the "program purpose" and are expected to take longer than 3 years to achieve.

Short Term Outcomes:
   1. Occupational therapists are aware of the need for life long learning & risks associated with not maintaining competency
   2. Occupational therapists are reflective practitioners who know how to self-evaluate and set goals for professional development
   3. Occupational therapists know the expectations & methods for maintaining competency

Medium Term Outcomes:
   1. Occupational therapists keep organized records of professional qualifications, achievements & ongoing professional development
   2. Occupational therapists regularly confirm areas of competence and identify areas for quality improvement
   3. Occupational therapists complete College of Occupational Therapists of Manitoba Continuing Competence Program requirements

Long Term Outcomes:
   1. Public & consumer confidence in the quality of occupational therapy services
   2. Occupational therapists are consciously competent and can demonstrate continuing competence

Goals & Objectives

Proposed program goals and their corresponding objectives include:

1. Educate Manitoba occupational therapists and other relevant stakeholders about Continuing Competence and about the Continuing Competence Program

   1.1. Conduct a needs assessment to determine learning needs for each stakeholder group (Could include a survey of membership)

   1.2. Develop an education plan for each of the stakeholder groups including curriculum, methods and timelines and can be delivered in more than one format

   1.3. Deliver education according to plans for stakeholder groups

   1.4. Develop a plan to orient and educate new graduates and new members from other provinces or countries

2. Prescribe a program of required and recommended actions to maintain competence

   2.1. With input from the membership, select appropriate tools and methods and develop a timeline to implement the program

3. Produce and distribute materials for occupational therapists to use to maintain competence & develop as professionals

   3.1. Create or purchase all materials necessary to participate in the program including worksheets, guidelines and educational materials

4. Monitor compliance to the Continuing Competence Program

   4.1. Develop a system to track members' response to voluntary and mandatory program components

5. Report on progress and evaluate effectiveness of the College of Occupational Therapists of Manitoba Continuing Competence Program.

   5.1. Develop an evaluation plan prior to program implementation

   5.2. Develop a reporting system that includes multiple methods to convey information

External Factors: Limitations and Facilitators

Plans to achieve the intended program outcomes will have to take factors external to, and beyond the control of the College of Occupational Therapists of Manitoba, into account. It is not known whether these factors exist but if they do, they would become apparent after the program is implemented and could potentially be either positive and facilitative of the outcomes or negative and limiting to them.

Potential Limitations

- Members view the program as an imposition that is not relevant to their practice

- Excessive costs associated with producing and distributing the necessary materials and conducting the necessary activities

- Lack of agreement in standards and methods required in other Canadian jurisdictions

- Professional entry-level education programs do not support or are not congruent with the activities and methods of the College of Occupational Therapists of Manitoba Continuing Competence Program

- Employers adopt the stance that Continuing Competence is solely the members' responsibility and is not relevant to practice: therefore not entitled to support via work environment

- New multi-professional legislation that overrides the Occupational Therapists Act (2002)

- Expectations of the public are not clearly defined and are difficult to measure

Potential Facilitators

- Early adopters identify benefits from the Program and promote its use with other members

- Employers adopt selection and promotion practices that make use of the materials members are required to produce to demonstrate competence: e.g., utilize a review of Professional Portfolios when assessing candidates for a new position

- Strong evidence linking participation in Continuing Competence programs to professional satisfaction and achievement becomes available

- Consumer and or advocacy groups publicly endorse/support the program

- Evidence is obtained that complaints and or disciplinary action is reduced following implementation of the program

Operating Resources Required

A large amount of staff time will be needed to choose, develop and distribute the tools and methods needed to operate the program. The committee found that no single method/tool is sufficient to achieve the intended outcomes. It is necessary to combine a number of tools and methods.

For example, the most appropriate combination is believed to be*:

1. Currency Hours: These should continue to be tracked and reported at annual registration.

2. Continuing Education Log: Members should be required to keep records of continuing education. A template facilitating documentation of minimum requirements should be developed and distributed by the College of Occupational Therapists of Manitoba.

3. Professional Development Plan that includes Self-assessment & Goals: Members should learn how to create a Professional Development Plan and update it on an annual basis. Resources to teach and guide professional self-assessment and goal setting should also be developed, purchased for distribution or recommended if freely available.

4. Portfolio: Members should develop and maintain a professional portfolio. Education, guidelines and possibly a template will be necessary.

5. Prescribed Regulatory Education Modules with Quiz: Prescribed education related to regulatory issues is recommended. The model that the College of Occupational Therapists of Ontario uses with self-test and return of test materials for tabulation to produce an aggregated score that members could compare themselves to, is strongly endorsed by the committee. Aggregated scores could be used to track compliance and the effectiveness of the Continuing Competence Program.

* The examples given are intended to be illustrative rather than directive.

The need to develop materials, inform and educate stakeholders and monitor results of this program cannot be met by existing College of Occupational Therapists of Manitoba human resources. While it is not possible to predict costs until a final program is determined, it is expected that there will be a need to create additional contract or staff positions and possibly increase the cost of member registration fees.

During the Program planning, it was assumed that additional resources would be available for the start-up of this program including development of materials and delivery of information/education sessions. A cost estimation cannot be provided until the final program is determined but will include travel, accommodations, room bookings, equipment and printing costs as well as staff salary.

Material Resources Required

The following materials are suggested to support information/orientation, education and participation in the proposed program:

- Needs assessment survey and or focus group questions
- PowerPoint: Introduction to College of Occupational Therapists of Manitoba Continuing Competence Program
- Education Plan
- Evaluation Plan
- Guide to Essential Competencies
- Prescribed Education modules and quizzes
- Template to log Continuing Professional Education
- Self-assessment Tool
- Portfolio Guide
- Guide to Professional Development Planning

Materials produced in other jurisdictions should be purchased for use in Manitoba if the cost is less than producing similar materials internally.

IMPLEMENTATION RECOMMENDATIONS

Priorities, Targets and Time Frames

The proposed plan for implementation is based on the following assumptions:

1. Funding is available for initial program start up
2. Member focus group/s will be conducted to get member buy-in and facilitate ownership as well as to inform final program design
3. Member education will be face-to-face as much as possible: e.g., meetings at worksites, rural communities
4. Multiple methods to convey information will be used
5. Program will be phased in
6. Members will accept responsibility to become informed and educated about continuing competence and the Continuing Competence Program and will comply with the mandatory program requirements

With this in mind, the committee proposes the following 5-year plan for implementing a College of Occupational Therapists of Manitoba Continuing Competence Program (Table 3).

Phase I: Preparation & Information

- Develop the tools/methods for communication with members, employers, etc. (i.e., workshop, focus group, meetings, letters, info sheets, etc.)
- Create draft materials as outlined in "Materials required" including education plan and evaluation plan
- Develop and mail an introductory letter to members informing them of the new program and the implementation plan. Invite participation in focus groups or via submission of a written response: letter or email. (Target 10% of members for focus group participation)
- Hold focus groups at preset times and places for member input into the communication plan and basic structure of the program. Locate groups to achieve target rural/northern participation
- Address concerns & make critical changes based on membership feedback
- Outcome: Draft program materials completed. Every member has received written introductory letter and has had opportunity to volunteer for a focus group

Phase II: Education

- Revise College of Occupational Therapists of Manitoba Continuing Competence Program and materials based on feedback from Phase I
- Develop a complete information package with materials and mail out to all members.
- Develop and conduct a series of workshops to educate members about competence and the Continuing Competence Program (Target 75% of members for face-to-face education). Conduct pre-post quiz in each session

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5

Phase I: Preparation & Information

Phase II: Education

Phase III: Pilot & Refinement

Phase IV: Full Program Trial

Table 3: 5 year plan for Implementation
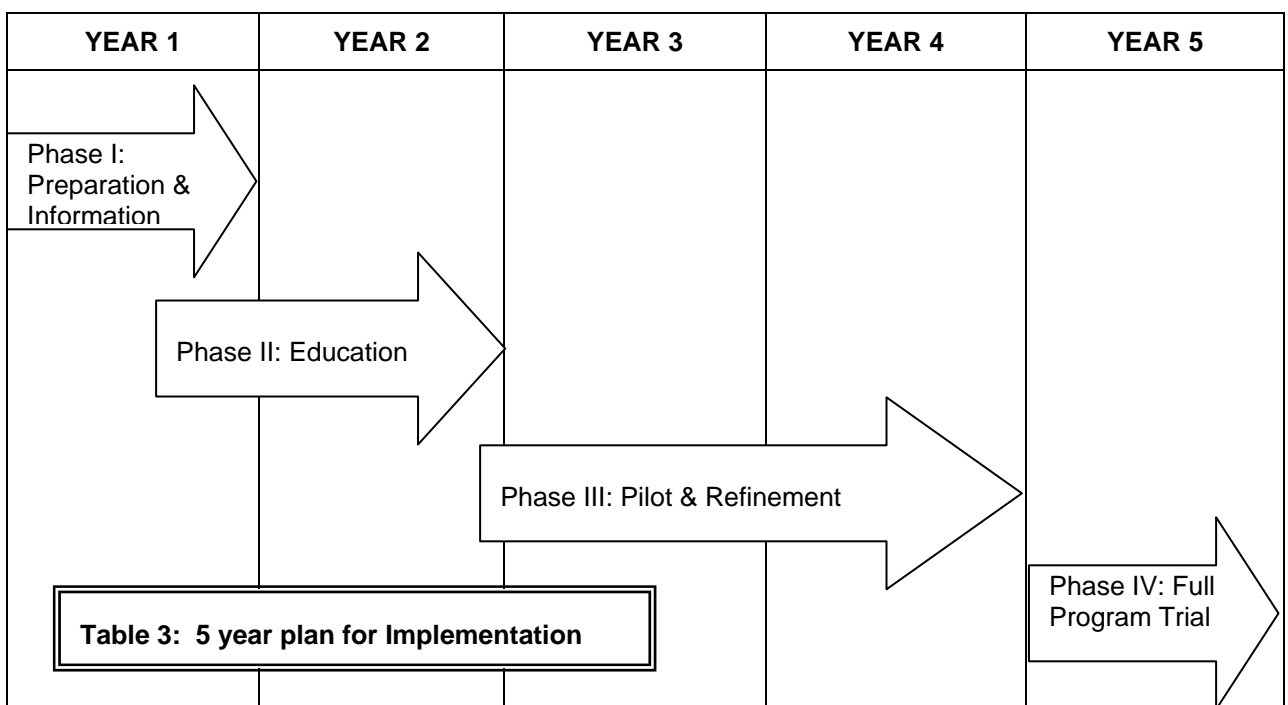
- Track members who are not able to attend and respond to individualized needs for education.(Target 50% of those who do not attend in person sessions)
- Assist with the development of a webpage to inform public and members about the Continuing Competence Program with links to templates and instructional materials
- Conduct presentations for larger stakeholder groups: Regional Health Authority employer representatives (e.g., Winnipeg Regional Health Authority Occupational Therapy Management Group, School of Medical Rehabilitation faculty) and offer in person meetings for smaller employer groups or individuals e.g., Private Practice Group
- Consider development of a public announcement of the strategy for the Continuing Competence Program and set a time and date for a well advertised information meeting targeting other stakeholders e.g., other professional groups, consumers e.g., Alzheimer Society, Canadian Mental Health Association as well as individual consumers (advertising could invite telephone requests for specific information)
- Outcome: All members have received package and have been offered an opportunity for direct education. Web page in place. Other stakeholder groups contacted. At least 87% of members have attended sessions or participated in some other form of direct education. Stakeholder groups have been identified and offered an opportunity for education

Phase III: Pilot & Refinement
- Questions on registration form regarding completion of Continuing Competence Program materials to track participation(Continuing Professional Education log, Self-assessment tool, Professional Development Plan, Portfolio)
- Members advised to begin keeping Continuing Professional Education log, develop portfolio, do self-assessment and create Professional Development Plan (voluntary basis).

- Volunteer trial of Self-assessment and Professional Development Plan with 5% of members: focus group following
- Two Prescribed Regulatory Education modules and quizzes are delivered to entire membership
- Solicit volunteers to provide portfolios for review and provide feedback to Portfolio guidelines and expectations
- Set pre-determined dates (with RSVP) for mini-workshops on "How To" for each Continuing Competence Program method/component. Provide mini-workshops at work-sites at members' request
- Finalize Continuing Competence Program materials
- Outcome: Trials of Self-assessment and Professional Development Plans complete. All members have had a chance to try two Prescribed Regulatory Education modules and quizzes. Report of correct answers and aggregated scores have been distributed to all members and posted on the website. Continuing Competence Program materials are finalized

Phase IV: Full Program Trial Period
- Mandatory participation in full program: responses tracked and warnings given for non-compliance
- Confidential survey of random members (10%) to assess issues related to compliance with both mandatory and voluntary methods, obtain feedback about the methods and reasons for non-compliance
- Outcome: Full scope of the program has been trialled and remedies to facilitate participation and reduce non-compliance are ready to put in place. Recommendations can be made regarding the direction the program should take in the future. Reporting timelines and mechanisms for program evaluation are in place.

Evaluation Considerations

Evaluation should be conducted at each phase of implementation. During the implementation period, evaluation is done to ascertain whether members are in agreement with the program goals in addition to the methods and activities proposed to meet them. Evaluation results and member feedback during the four implementation phases will aid in the refinement of the program components. Evaluation after the program is fully implemented should focus on determining whether the intended outcomes are being achieved. Modification must be done quickly when evidence supporting the need for change is obtained.

Report of evaluation results to all stakeholders should be made annually at a minimum. Suggestions for indicators to use in evaluation of outcomes are provided in Table 4.

Table 4: Methods of evaluating outcomes*

EXPECTED OUTCOME	HOW CAN WE MEASURE OR PROVE IT?
Short Term Outcomes 1. Occupational therapists are aware of the need for life long learning and risks associated with not maintaining competency 2. Occupational therapists are reflective practitioners who know how to self-evaluate and set goals for professional development 3. Occupational therapists know the expectations and methods for maintaining competency	• Pre/Post test scores at information/education sessions: suggest developing a quick checklist, easy to answer and score • Numbers/percentage of members who attended education sessions • Member focus group feedback • Anonymous survey of member sample
Medium Term Outcomes 1. Occupational therapists record continuing education activities 2. Occupational therapists regularly confirm areas of competence and identify areas for quality improvement 3. Occupational therapists complete Continuing Competence Program requirements in a timely manner	• Declaration on renewal form • Rate of returned prescribed education modules quiz scores • Reports of aggregated prescribed education quiz scores • Number of downloads of Continuing Competence Program materials from College of Occupational Therapists of Manitoba site to Manitoba internet addresses • Number of telephone and in person requests for Continuing Competence Program materials • Attendance at and requests for mini-workshops
Long Term Outcomes 1. Public and consumer confidence in the quality of Occupational Therapy services 2. Occupational therapists are consciously competent and can demonstrate continuing competence	• Public focus groups and or survey • Number of complaints • Rates of compliance to Continuing Competence Program • Reports of aggregated prescribed education quiz scores • Anonymous survey of member sample

* The examples given are intended to be illustrative rather than directive.

SUMMARY AND CONCLUSIONS

Manitoba occupational therapists are competent practitioners that are aware of and accept their ethical obligation to maintain competence and participate in continuing professional education. However, growing consumer concern about the quality of professional services in general, has lead to recent legislated requirements for regulatory organizations to ensure that professionals are not only qualified to practise at the time of registration, but have maintained their competence to practise in the most current environment. Fortunately, tools to maintain and enhance competency have been developed that can assist occupational therapists to meet this new expectation.

The Occupational Therapists Act (2002), proclaimed in December 2005, includes the requirement that the College of Occupational Therapists of Manitoba: "*establish a continuing competence program, in accordance with the regulations….which shall provide for supervision of the practice of occupational therapy by members".* The legislation is not specific as to how the College shall meet this requirement and the Continuing Competence Committee undertook to study the current situation regarding Continuing Competence Programs and to develop a framework for a Manitoba Occupational Therapy Continuing Competence Program.

While a Manitoba Occupational Therapy Continuing Competence Program is needed to meet the requirements of the new legislation, this circumstance presents an opportunity for professional development that has not been available before now. By using a broad, consultative approach, the College of Occupational Therapists of Manitoba can enter into a dialogue with Manitoba practitioners about quality assurance, competence and maintaining competence that could be uniquely beneficial to the development of the profession in this province. The values underlying the Continuing Competence Program will support and facilitate this goal. The Program should be practical; it should be easy to participate in and should utilize methods and tools that are relevant to current practice. It should not be onerous or threatening to members. It should be respectful, maintaining members' privacy, dignity and recognizing the need for convenience. It should be motivating, inspiring competence enhancement and professional achievement. It should be supportive and enabling: enhancing practice rather than diverting resources from it. It should be dynamic and evolving. It should be

portable so that members can easily transfer their materials and knowledge to another province or country. It should be universal: equally applicable to all members regardless of their practice pattern. Lastly, it should be cost-effective: using the least intrusive and lowest cost methods possible to achieve the desired results.

The Program should use a combination of tools/methods, as no single method is capable of achieving the long-term outcomes of increasing public confidence in the quality of occupational therapy services and developing a consciously competent professional workforce.

It is anticipated that the largest challenge will be educating and preparing the existing workforce of approximately 500 members. Incorporating new members and monitoring compliance once that is accomplished will be a much easier task. It would be wise to secure funding for this one-time initial activity in order to support a large-scale consultation and education initiative. The feeling of ownership by existing members will be critical to meeting Program outcomes and their participation in refining the methods and tools used as well as their informed support in general, is highly desirable. The College representatives should endeavour to meet with as many members as possible to provide face-to-face education and information, especially in rural areas. Multiple methods such as web, mailings, meetings, newsletter etc. should be used to convey information and invite member participation.

The Continuing Competence Committee envisions a five-year plan to implement or phase-in the Program, consisting of Preparation and Information, Education, Pilot and Refinement and finally a Trial Year when full participation is mandatory but the consequence for non-compliance is a warning only. Details regarding sanctions and consequences for non-compliance will need to determined prior to implementation.

A complete plan for evaluation is necessary to develop the best program possible and to gather information needed to make modifications as member needs change. The Continuing Competence Program should be carefully evaluated, both during the implementation period and afterwards. Evaluation results should be readily available to members in a timely manner and program changes in response to evaluation findings should occur as quickly as possible.

Glossary

Except where a citation is present, these represent working definitions of the Continuing Competence Committee.

Competence	*"the capacity to apply judgement and purposeful action to work with clients to achieve and maintain desired health outcomes."* (Assessment Strategies Inc., 2000)
Competence assessment	The measurement or comparison of professional competence to a standard of competence.
Competence enhancement	Activities and processes that are undertaken for the purpose of increasing or improving capacity to apply judgement and purposeful action to work with clients to achieve and maintain desired health outcomes. Similar to, but more focussed than professional development.
Competence maintenance	Activities and processes that are undertaken for the purpose of maintaining current competence in relation to a standard of competence.
Competency	*"a cluster of related knowledge, skills and attitudes that affect a major part of one's job (a role or responsibility) that correlate with performance on the job, and that can be measured against standards."* (Assessment Strategies Inc., 2000)
Conscious competence	The ability to articulate the reasoning behind a course of action and to change course deliberately when needed because of an understanding of basic skills and outcomes. (COTO, 2006)
Continuing competence	The outcome or result of a regular process of competence enhancement and or competence maintenance activities.
Prescribed learning modules	Structured learning packages concerning issues and concepts that COTM considers important to enable the demonstration of the *Essential Competencies for Occupational Therapists in Canada.*
Portfolio	A record of achievements and experiences providing evidence that demonstrates continuing competence.
Professional development	*"the process undertaken by an individual, that reflects his or her commitment to life long learning. This learning can occur through formal or informal means, and involve a wide range of activities."* (Assessment Strategies Inc., 2000)
Professional development plan	A written plan that contains goals, objectives and measurable outcomes for professional development. The plan may also include strategies and activities that will be applied in order to achieve the desired outcomes.
Program logic model	A logic model is a concept map or picture used to clarify and graphically display what your program intends to do and what it hopes to accomplish. Logic models link program outcomes with program outputs, activities and resources to show how your program will work.
Reflective practice	One in which the practitioner is able to reflect critically on their overall performance and take responsibility for both the identification of problems and relevant solutions.
Self-assessment	Formal or informal evaluation of one's own capacities in relation to a standard of competence.

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June 29, 2005

Dear AOTM Member,

For the past few years every health professional has been exposed to the terms continuing competency, professional quality assurance, essential competencies, continuing education, portfolios, peer assessment, to name but a few.

In the mid 1990's AOTM established a Continuing Competence Committee to examine this area of professional regulation in order to determine the best course of action for the association. At the time the new Occupational Therapists Act (2002) was only an idea to future consideration. Thus, it was well recognized that the implementation of a Continuing Competence program was not possible without changes to our governing legislation.

With our new act, the College of Occupational Therapists of Manitoba *, has the authority and responsibility to provide members with the means to confirm and enhance their professional competence. In anticipation of enactment of The Occupational Therapists Act (2002) the current Board of AOTM has approved creation of a Continuing Competence Committee and the hiring of a Continuing Competence Program Developer.

As a member of AOTM, you are invited to put your name forward to serve on this newly formed committee. The terms of reference for the committee are enclosed for your consideration. It is anticipated that the first meeting of the committee would occur in August or early September. The committee will also include public members – so if you know of a person who has an interest in volunteering with the profession, please encourage them to make themselves known to AOTM staff. Formal appointments of committee members would occur at the August 29th Board meeting. We are also keen to hire the Program Developer by mid August and anticipate that the Committee Chair would participate in interviews.

We recognize that all of these target dates are subject to change but we are very eager to have the Developer in place and beginning their work by mid September. If you are interested in this 6-month term send your resume to AOTM by July 15th, by regular mail, fax, or e-mail. The AOTM web site at www.cotm.ca contains the documents referenced in the Developer description.

If you have questions regarding anything contained in this letter please contact Sharon Eadie at 957-1214 or via e-mail at OTinfo@cotm.ca

We hope you consider participating in this exciting part of the development of the occupational therapy profession in Manitoba.

Sincerely,

Richard Broadhurst, OTM   Sharon Eadie, OTM
AOTM Board Chair   Executive Director

Encl.

* Once The Occupational Therapists Act (2002) goes into effect – date unknown – the Association will become the College of Occupational Therapists of Manitoba.

APPENDIX B: Continuing Competence Committee Terms of Reference

1. Name of Committee: Continuing Competence Committee
2. Type of Committee: Ad hoc Committee
3. Reports to: Board of Directors
4. Objectives: To develop a Continuing Competence program for AOTM members in accordance with The Occupational Therapists Act (2002).
5. Membership
   5.1. Chair: The Chair shall be appointed by the AOTM Board of Directors.
   5.2. Members: The Committee shall consist of a minimum of three members of AOTM and one public member.
   5.3. The Chair of AOTM is an ex-officio member.
   5.4. The AOTM Continuing Competence Program Developer will provide staff support to the committee and will attend all meetings.
6. Organization
   6.1. Terms of Office
      6.1.1. Chair - appointed yearly by the Board, no limit to the number of consecutive terms that can be served.
      6.1.2. Member - membership ratified yearly by the Board; no limit to the number of consecutive terms that can be served.
   6.2. Duties
      6.2.1. Chair - calls meetings, sets agenda, chairs meeting, reports to the Board, writes annual report.
      6.2.2. Secretary - records minutes, arranges for distribution of minutes including notice of next meeting.
      6.2.3. Members - attend meetings; inform Chair if unable to attend; participate in the work of the committee.
      6.2.4. Continuing Competence Program Developer – provides support to the committee. (This position description has yet to be developed)
   6.3. Quorum/Voting: The simple majority of members constitutes a quorum. A simple majority of votes decides questions arising at the meeting. In case of tie votes, the Chair has the deciding vote.
   6.4. Number of Meetings: Meetings shall be held as required to provide the Board with information in a timely manner.
   6.5. Meeting agenda format
      6.5.1. Call to order
      6.5.2. Attendance record
      6.5.3. Review of Minutes of last meeting
      6.5.4. Unfinished Business
      6.5.5. New Business
      6.5.6. Announcements
      6.5.7. Date & Time of Next Meeting
      6.5.8. Adjournment
7. Scope and Function
   7.1. Basic Functions
      7.1.1. To develop a framework for the AOTM Continuing Competence program that outlines values and beliefs, implementation plans, communication strategies.
      7.1.2. To seek relevant information [articles, legislation, projects] from sources within and external to the OT profession; and as feasible establish links with other organizations.
      7.1.3. To inform the Board of trends in continuing competence program development.
      7.1.4. If necessary make specific recommendations to the Board.
      7.1.5. To carry out assigned relevant tasks as requested by the Board.
   7.2. Review Committee Terms of Reference.
   7.3. Maintain minutes of the meetings held; minutes are provided to the Committee members, Executive Director.
   7.4. Maintain records; refer to Guidelines for Preservation of Archival Material.
   7.5. The Chair to provide a report to the Board. The frequency of reporting is dependent upon the activities of the Committee
   7.6. Prepare an annual report to be presented at the Annual General Meeting of the Association.

IMPLEMENTATION DATE: AUGUST 2005
REVISION DATE:

APPENDIX C: Continuing Competence Committee Members

Marianne Klassen (Chair)
Gladys Cadieux (Public Member)
Chris Froese
Sonya Lovegrove
Kristine MacDonald
Eva St.Lawrence
Kim Stanley
Pearl Soltys (Continuing Competence Program Developer)

APPENDIX D: AOTM Continuing Competence Program Developer

The AOTM Board of Directors is seeking an individual to develop the vision and framework of the AOTM Continuing Competence Program in compliance with *The Occupational Therapists Act (2002)* , consistent with the AOTM Mission and Vision and the *Essential Competencies of Practice for Occupational Therapists in Canada (2nd Edition).*

Qualifications / Competencies:
- Registered occupational therapist with a minimum of 5 years work experience as an occupational therapist; and some work experience in Manitoba preferred
- Excellent writing, communication and time management skills
- Comprehension of the broad area of professional continuing competence / quality assurance
- Detail and goal oriented; able to work to deadlines.
- Computer literacy skills
- Demonstrated ability to work independently
- Experience in policy development
- Professional and ethical approach to work

Preferred Education /Skills:

Preference will be given to applicants with:
- an understanding of The Occupational Therapists Act and current professional issues.
- knowledge and experience with evaluation design and methodology
- experience with Council or Board run organizations

Specific Deliverables Include:

- An environmental scan of continuing competence programs for occupational therapists and other relevant professional groups in Canada and Manitoba
- A draft foundation for the program including the values, assumptions, and key principles for presentation to the Continuing Competence Committee and eventual approval by the Board of AOTM
- A description of the potential program components of an AOTM Continuing Competence program including a critique of implementation considerations (costs, time commitment, evaluation, etc.)
- With direction from the Committee, develop an implementation plan for presentation to the Board

Additional Information:

- The successful candidate will report to and collaborate with the AOTM Continuing Competence Committee
- Work will be supported by the AOTM administrative staff
- It is expected that the majority of activities will be conducted from a home-based office
- The position offers flexible work hours however it must be noted that AOTM Committees generally meet in the early evening; the successful candidate is expected to attend these meetings
- Remuneration is $5000.00 for the 6-month term. The work is anticipated to cover the period of September 2005 to February 2006.
- There may be some travel involved (please see the AOTM Expense Reimbursement Policy)

Please submit your letter of application and resume to:
Association of Occupational Therapists of Manitoba
Attention: Executive Director
7 – 120 Maryland Street
Winnipeg, MB
R3G 1L1
 or via e-mail to: OTinfo@cotm.ca

Applications must be received by July15th, 2005.

APPENDIX E: Environmental Scan of Canadian OT Regulatory Organizations using Manitoba Continuing Competence Committee Questions February 2006

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Respondent	Kathy Corbett Registrar, COTBC	Christiane Deslaurier, Registrar, Alberta Association of Registered Occupational Therapists	Carolyn Hubble (President, SSOT)	Brigeen Tracy, Manager, Quality Programs College of Occupational Therapists of Ontario	Françoise Rollin Présidente de l'Ordre des ergothérapeutes du Québec	Catherine Pente, Registrar, NBAOT	Heather Cutcliffe, PEIOTRB	Dorothy Edem, COTNS Continuing Competency Coordinator	Louise Beaton, Registrar with Newfoundland and Labrador Occupational Therapy Board
Members	1465	1383	200-220	4000	3450	264	35	301	135
Required by Legislation?	YES; we are required under our HPA Duty and Objects of a College to "to establish and maintain a continuing competency program to promote high practice standards amongst registrants".[HPA s. 16(2) e]. Also Note: The HPA was amended to require a quality assurance program and although the section of the act is not yet in force [HPS s. 26.1] it will provide for assessment of professional performance of a registrant.	NO. We are soon to be proclaimed under a new umbrella legislation that will regroup 29 health professions. The new act will require the colleges to have a continuing competence program that is compulsory for its members to adhere to.	NO. There is no legislation specifically requiring a continuing competency program - Our act has general provisions. Allows for setting up a program via regulations. "Subject to this Act, regulatory bylaws may be made pursuant to section 13 for the following purposes:.... a) prescribing the qualifications, standards and tests of competency for: (i) the registration of persons or any category of persons as members; (ii) the issuing of licences;... (c) setting standards of professional conduct, competency and proficiency of members;.... (j) setting standards for continuing education and the participation of members in continuing education;.... (l) setting requirements for maintenance of membership; (s) establishing programs for the assessment of the competency of members;.... (u) prescribing any other matters considered necessary for the better carrying out of this Act." We have not yet established regulatory bylaws to govern a continuing competency program. We have a professional practice committee that is currently working on a background document to define the principles, philosophy and assumptions upon which the program will be based. From that, we'll look at tools and try to develop the bylaws along with the program.	YES (Regulated Health Professions Act)	YES. Mainly a mission of protection of the public. Supporting development of the profession…e.g. specialization and advanced practice. The Quebec Professional Code regulates 45 colleges. Also regulates what they can do (scope of practice and restricted activities authorized to OTs). No specific act for OT.	NO	NO. Once our new act and regulations are proclaimed it will be legislated.	Our OT Act requires therapists to participate in "Peer Assessment Program/Continuing Competency Program. However, at present, there is no regulation in our Act that permits the college to implement a mandatory continuing competency Portfolio.	NO

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Program in Place?	NO. We are in the early stages. We just completed our pilot study of the first component of our continuing competence program - Self Assessment Tool (SA Tool) and Professional Development Plan (PDP). The SA Tool is based on the Essential Competencies Of Practice (2nd edition) and closely mirrors the work in Ontario and Alberta. May be early spring….first year may be voluntary. Update: Committee confirmed it will be recommending the SA Tool and PDP to Board at its January 2006 meeting for approval. Committee will also be recommending to the Board to commence program in summer 2006 (just after renewal) as mandatory for renewal in 2007. Timing was selected as our registration is from July 1 – June 30th.	YES, pilot only.	NO. We have not yet established regulatory bylaws to govern a continuing competency program. We have a professional practice committee that is currently working on a background document to define the principles, philosophy and assumptions upon which the program will be based. From that, we'll look at tools and try to develop the bylaws along with the program. We have a new chair for that committee	YES. Rolled out in 1999/2000.	YES.	NO, but we know one will be necessary and is a top priority to get done although timelines have not yet been established. Will be discussing with council this year.	NO. Spring or fall of 2006. Our present method of measuring competency focuses on currency hours and continuing education/equivalent activity credits. At this point formulating the regulations...then we will be looking at tools that other provinces use and beginning the process of educating our membership.	NO. We are working on implementing one. We are planning to implement one in the spring of 2006. We put together a committee to work on implementation of the program. I coordinate the activities of the committee. We do frequent consultation with membership. We reviewed the work from other OT Colleges (Ontario and Alberta, etc) and other health care professions (Nursing, Dentistry, Psychology, etc)	NO. We expect that we will need to implement a program in the near future, as we only use currency hours to ensure an OT is able to continue with practice. We do not have an estimated implementation time and have just begun discussions around this topic.

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Purpose of Program	We confirm the purpose as it is stated in legislation; and have further looked at is as promoting ongoing competence. Our program elements will reflect: Competency Maintenance and Ongoing Development; Competency Review and Evaluation; and Competency Improvement. DRAFT - Purpose of program is to Assist registrants to value and embrace their accountability to the public for maintaining their competence throughout their career [professional life]; Inform the public regarding how registrants' demonstrate continuing competence to practice. Assist registrants to confirm areas of competence and identify areas for improvement.	To ensure members develop a plan to develop and improve their competence according to their professional objectives.		The purpose of the Quality Assurance Program is to protect the public by supporting the ongoing competence of Registrants. To accomplish its goals, the Program components are designed to: • assist all registrants to maintain and improve their professional competence; • identify when an individual registrant's competence falls below the essential competencies for the profession; and • assist these registrants to improve their competence to an acceptable level.	Professional Code: Article 112: "The committee shall supervise the practice of the profession by the members of the order and it shall in particular inspect their records, books, registers, medications, poisons, products, substances, apparatus and equipment relating to such practice, and inspect the property entrusted to them by their clients." OEQ Have a yearly plan of inspection and report results in their annual report.			The purpose of the Continuing Competency Program (CCP) is aimed at promoting reflective practice among Occupational Therapists in Nova Scotia by providing a structure that ensures therapists continue to maintain their knowledge and skills according to the College's standards. The program is designed to reflect, ensure and demonstrate that the therapists are competent practitioners.	

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Initiated	Not yet. Anticipate launch of first program component – Competency Maintenance and Ongoing Development in summer 2006 as mandatory requirement for renewal in July 2007.	We have had 2 years of trial runs, and we are in our 3rd year. When comes renewal 2006, the program will be compulsory. 22% have voluntarily submitted materials.			Legislated in 1973. Started Professional Inspection within a few years. Continuing Education separated from Professional Inspection and Control. Continuing Education more recent, not regulated (bylaws and policy) but clear expectations given to members and checked at Professional Inspection. Reorganization of Professional Inspection about 2 years ago. Adopted new standards of practice a few years ago and all mechanisms based on "norms of practice". Standards of practice used to measure competence for internationally trained OTs and re-entering OTs.			The committee was put together in June of 2003. It continues to work on the development of the program.	

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Methods & Tools	SA, PDP, maintenance and ongoing development (enhance); Other program methods and tools are planned to build on the other two components of evaluation and review – (Monitor component) and improvement (enhance& monitor).	We have a self-evaluation questionnaire; a log of professional development activities, a professional portfolio. The first 2 are sent in at registration renewal time.		4 Phase Program: Competency Enhancement: Portfolio contains SA (Q2 yrs.) and PD Plan (Q1yr.), PREP modules, (self directed learning modules on topics relevant to all Registrants). Competency Review: Randomly selected (20% intended but have only done ~5% thus far) to submit mandatory Portfolio materials and distribute Practice Feedback Surveys to 10 clients and 4 colleagues. Surveys returned to a third party that tabs and returns results to the college. Each question mapped back to an EC. If below threshold on 2 or more ECs. QA committee reviews and determines if next phase required. Competency Evaluation: Onsite peer assessment: Competency Improvement: assigned to a Practice Supervisor: Process uses a learning contract where objectives are based on QA Committee Decision. Same system used for re-entry and all other college programs. PSs recruited via College, paid by Supervisees at present. Practice Supervisor Program under review at present	Self assessment. Questionnaire: 24 pages regarding their practice. Add on caseload description, policies and procedures used to guide practice/client oriented. Must forward 2 client charts…just their own charting. Assigned an inspector…under contract 2-3 hours honorarium. Very strict training re Standards of Practice…can refer to PI. PI Committee all paid per diem…meet one day per month. If concerns, case becomes an Inquiry and 2% may have a visit. If a problem, remediation recommendations mandatory. Can appeal to the committee…may bring a lawyer. Mandatory Continuing Competence not a regulation at this point but clear policy that CE is expected, obliged to keep a portfolio of PD attached to their reflection of where they get more development. Need to show at Inspection. When reviewed the member receives a report of how they have done in each of the mandatory indicators…17 pages. Also Tool for inspectors…to record results of Self Assessment and charting review.			We are currently adapting from material from Ontario. In addition, we consulted with membership, they identified the following components to be useful and relevant. The two main components will make up our program: a) Continuing Competency Portfolio - four sections: i.Professional Practice Overview; ii.Assessment (Self- Assessment and Peer/Client Feedback) and Professional Development Plan; iii. Personal Addition iv. College Information b) Peer Assessment (involves monitoring and random audit)	

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Communication to Members	The committee is meeting with our communications contractor to assist with program roll out / development of strategy to recommend to Board. Stay tuned. Registrar message Spring 2005 newsletter focused on continuing competence to begin raising the awareness to the program.	There was a team that traveled across the province and made presentation to groups of OTs.		College reps did presentations across the province at time of launch. Unsure of number that attended/impacted directly. Also communication via newsletter and website. Over last 3 years, presentations across the province specifically focussing on Competency Review Component. Communication NB: lots of myths to be dispelled. Still lots of misconceptions even though program has operated for over 6 years.	Prefer to meet graduating students and explain code of ethics etc. prior to their graduating. Ask universities for time to talk to students. OEQ offers a course in charting. Do not give information regarding results of Professional Inspection to anyone but members.			Membership consultation through focus group, workshops, newsletters, meetings, etc	
Timing/ Frequency	This first component will be declaration at renewal. Registrants are required to retain their self assessment and PDP for five years. (Draft in policy at this point). Building on experience of Ontario, we are considering that registrants complete the SA Tool every two years and PDP annually.	By audits of a percentage of the membership at renewal. We have not yet done that part because our program is still not compulsory. We are looking at the coming year and therefore will be doing our first audits in 2007.		Members must complete PREP Module, PD Plan annually and SA every 2 years. Submission only required at Competency Review. 200 Reviews will be completed this year.				We are considering yearly random audit of 10% of the therapists (about 40 audits a year). The detail to be worked out. Auditing to be implemented in 2008. Individuals would be required to maintain their Continuing Competency Portfolio on a yearly basis. In addition, comply with random audit.	

Province	BC	Alberta	Saskatchewan+	Ontario	Quebec	New Brunswick	Prince Edward Island	Nova Scotia	Newfoundland & Labrador
Cost	Once one time launch addressed, costing for annual operating budget will be established. All volunteer at this point except for Kathy's time. Registration fees $350/year.	Not yet determined. Current staff = volunteer (6 committee members) and 2 FT support staff who are primrily engaged in this activity.		Annual budget now 200K but this does not involve salaries of 1.4 FTE Manager (0.8) and Practice Associate (0.6). Staffing resources under review.	Budget for a year of Professional Inspection: About 700 hours of professional staff and 375 hours of secretarial staff. Member fees $385 an increase to $435 voted in last year and fees will now be indexed and will increase accordingly. One staff chairs and organizes PIC almost full time but does registration also for new registration. Syndic on contract (a position required by Colleges to respond to complaints, Syndic does a confidential investigation and Board/public only finds out about the case if the Syndic takes the case to Discipline Committee). All experts and inspectors are on contract. Pay inspectors and consulting experts $35/hr. Louise Tremblay manages the PIC: all volunteer except for 1 staff. Token payment for PI committee members $100/day. Many hours of professional time go into supporting members through the process, managing communications, revising documentation, attending provincial meetings related to implementing the legislation. Lawyer works with the organization on a contract basis. If OTs chose to bring a lawyer, the PIC will have lawyer attend as well.			The committee have an operational budget of about $20,000. The coordinator is part time (10 hrs a week). There is also support from the college office. Committee members are volunteers (currently 7 active members)	

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Assuring Compliance	Declaration at renewal; may be audited for compliance (done/not done)	Audits. Have not determined the percentage yet. Aim for 5% (70). Considered preferable because most thorough.		Through random selection for Phase2.	Remediation imposed only following intensive investigation including onsite evaluation. Remediation can include the assignment of a temporary practice supervisor who reports regarding progress and compliance to the PIC. If remediation is required, may receive follow-up inspection that may or may not include additional onsite evaluation.			To be assured by making it mandatory and providing the college with the power to enforce a mandatory Continuing Competency Program through regulations amendment	
Appeal Process?	Not for the SA Tool and PDP requirement; need for appeal mitigated by program not impacting ability to practice and limits on practice. Refer to legislation amended to protect information that a registrant submits for quality assurance or an assessor, or self assessment prepared for purpose of continuing competence [HPA s. 26.2 (1) a & b].	No		Not formally, but members have an opportunity for review and input at all stages and conflicting views or concerns are resolved in discussion as well as considered by QA committee before formulating "Proposed Directions".	Yes, at several points			Yes, there will be a process for appeal if the therapist is not satisfied with the result of the audit	
Evaluation?	Pilot study of draft program completed; quality improvement evaluation will continue as with other college activities - will develop aim statement and evaluate as the program is launched.	On-going process. @ trial runs.		Formally evaluated in 2002 via provincial review of all Colleges' QA programs. Satisfied with framework itself. Currently creating a Program Logic Model for QA Program which will guide the development of an Evaluation Plan.	Evaluated via inclusion of private firms specializing in evaluating competency: tools all validated. There is a recent proposal from the minister of health asking the colleges to collaborate with the accreditation of institutions and facilities.			We plan to develop an evaluation tool.	

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Communication to Public	Will be addressing the information gathered in pilot study - including communication with employers which registrant participants felt was very important as part of the roll out and success of the program. Feature article in Feb/March newsletter on results of pilot study and information about the launch of our first component will be published. Website and online strategies and possible CD/DVD or forums also considered in the draft plan. Finalizing draft communications strategy for presentation to Board in January 2006. Important to build in sustainability factors as well as launch.	TBA		Via website and annual reports	Via annual report. The OEQ is obliged to report if members do not follow recommendations of the PIC and their practice has been limited as a result.			Not yet determined. However, we plan to communicate to the public the implementation of the program. One option is through news release. The detail to be determined.	
Hind-sight	Not too much at this stage. We committed to learning from and using expert evidence from regulators already involved in process; need much more collaboration for next phases - particularly for a priori evaluation of other features for continuing competency programs.(Site assessment; use of portfolio and so forth. Could be very cost effective to work together to develop tools based on the essential competencies. Would recommend a baseline before implementation to measure impact of program.	Main message from members is that materials are too detailed, takes too much time to complete the forms and they spend more time documenting CPD than doing it.	• Public/member tension: public wants a summative assessment "is this OT competent or not?". OT want a formative assessment: "how can I do better?" • Looking for opportunities to work with other organizations • Baseline survey: understanding of competency and steps to keep up on practice, e.g. have you read "Essential Competencies"?	Collecting too much data. Too labour intensive/costly to increase volume of reviews to reach initial targets. Need to streamline, especially Onsite/Peer Assessment process. Move to more online data collection (first online registration last year: 35%). Program Logic model will guide the setting of objectives, indicators and tool and process revision.	All guidelines and requirements for the program must include a plan for disseminating information to members, employers and other stakeholders in a supportive and enabling way. A collaborative "project" approach should be used.				

COLLEGE OF OCCUPATIONAL THERAPISTS OF MANITOBA

Continuing Competence Program Logic Model

SITUATION

- *Legislation requires formal CC program by regulatory organizations.*
- *Consumers expect practitioners to be competent.*
- *Evidence based methods are available to maintain competence.*
- *Code of Ethics presently requires continuing professional development.*

INPUTS

- *Operational & staff resources*
- *Material resources*
  - o *Needs assessment survey and or focus group questions*
  - o *PowerPoint: Introduction to College of Occupational Therapists of Manitoba Continuing Competence Program*
  - o *Education Plan*
  - o *Evaluation Plan*
  - o *Guide to Essential Competencies*
  - o *Prescribed Education modules and quizzes*
  - o *Template to log Continuing Professional Education*
  - o *Self-assessment Tool*
  - o *Portfolio Guide*
  - o *Guide to Professional Development Planning*

OUTPUTS
Activities

- *Educate Manitoba OTs about Continuing Competence and about the Continuing Competence program.*
- *Prescribe a program of required and recommended actions to maintain competence.*
- *Produce and distribute materials for OTs to use to maintain competence & develop as professionals.*
- *Monitor compliance to the Continuing Competence Program.*
- *Report on progress and evaluate effectiveness of the COTM Continuing Competence Program.*

ASSUMPTIONS

- *OTs are competent*
- *Standard of competence is as described in the Essential Competencies document*
- *CC program will focus on positives*
- *Program requirements not dependent on access to computer technology*
- *CC is separate from investigation/complaints processes but can refer*
- *CC Program is dynamic and will evolve with the changing needs of the members*

OUTCOMES

Short Term	Medium Term	Long Term
OTs are aware of the need for life long learning & risks associated with not maintaining competency	*OTs keep organized records of professional qualifications, achievements & ongoing professional development*	*Public & consumer confidence in the quality of OT services*
OTs are reflective practitioners who know how to self-evaluate and set goals for professional development	*OTs regularly confirm areas of competence and identify areas for quality improvement*	*OTs are consciously competent and can demonstrate continuing competence*
OTs know the expectations & methods for maintaining competency	*OTs complete COTM CC program requirements*	