

**Competency Based Assessment Programs for
Internationally Trained Professionals
Session Proceedings**

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For

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Introduction

The Maytree Foundation is a private charitable foundation with a special interest in the area of employment for immigrants. The Foundation is committed to both increased access to regulated professions and trades for newcomers *and* to the maintenance of high standards of practice. We believe that these objectives are not mutually exclusive but that they complement each other.

At the invitation of the Maytree Foundation, representatives from Ontario's occupational regulatory bodies have been meeting to discuss areas of mutual interest around assessment and recognition of foreign qualifications. The objective of these meetings was to begin a dialogue among regulatory bodies around challenges, successes and possible strategies in access to professions and trades (APT). In order to benefit from information sharing and reciprocal learning, the Maytree Foundation is hosting a series of workshops on selected topics.

The first workshop was held in December, 2000 and examined competency based assessment processes of foreign-trained professionals. Four expert panelists were asked to address the following key questions.

- What motivated your College to focus on competency based assessment or prior learning assessment (PLA)?
- The first foundation for PLA is a clearly articulated set of competencies. How did you develop your competencies? What were your biggest challenges in developing competencies in a way that could be measured through PLA?
- What tools did you select and why?
- What were your biggest challenges in developing these tools such that they were valid, reliable and fair?
- When you piloted/implemented competency based assessments, what were your biggest learnings? What worked best? What worked worst? What were the biggest benefits for you and for your applicants? What were the biggest challenges?
- What changes did you make as a result of your learnings? (Note this question may not apply to all)
- Given what you now know, what would you do differently if you were starting over?

In order to address other important issues around assessment and recognition of foreign qualifications the Foundation, in cooperation with other regulatory bodies, is hosting a seminar series in 2001 entitled "Access Issues for Regulators". Over the next 7 months four panel discussions are planned:

- **Scanning the Horizon: Setting Sound Access Policy**
Speakers representing provincial, national and international perspectives will guide participants in an exploration of initiatives in trade, immigration and higher education.
- **Rising Standards: The Impact on Access to Professions for the Foreign Trained**
A panel discussion focussing on the perception and/or reality of rising standards in North America and the resulting impact on access to regulated professions and trades in Canada.

- **Developing Professionally-Relevant and Fair Language Testing**
A panel discussion providing an overview of the challenges and issues involved in developing fair and appropriate language proficiency, and communication assessments for internationally trained professionals.
- **Perspectives from the Outside**
A panel discussion providing the constructive viewpoint of immigrants and immigrant organizations that are working on increasing access to regulated professions.

We hope that this workshop series will be helpful in terms of raising awareness and to possibly offer solutions in developing processes for recognition of foreign qualifications among regulators.

For more information visit www.maytree.com.

Ratna Omidvar

Executive Director, The Maytree Foundation

Good morning. Thank you for coming out. My name is Ratna Omidvar. I work for the Maytree Foundation. I'm going to spend a few minutes talking about the work of the foundation and why we have organized this panel.

We believe immigrants offer tremendous benefits to Canadian society and to our economy. We are particularly interested in their potential to contribute to our labour force demands. As such, we have a deep and abiding interest in developing solutions that lead to better utilization of their skills, experience, education and qualifications. We believe it is possible to enhance access to the professions in which they have trained. And we believe this can be done, and should be done, without compromising the standards you are charged to uphold.

We express our interest in this area in a variety of ways. First, we provide grants to organizations, which are interested in developing solutions, and new ideas that will help solve these problems. For example, one of our recent grants has successfully developed a new approach in working with foreign trained nurses so that larger numbers of foreign-trained nurses can gain licensing. One of the key factors that led to the successful approach was the presence of the College of Nurses of Ontario at the table as we were working at this. We are supporting similar work being done in Ottawa with foreign-trained teachers.

We are huge believers in mentoring and have provided a number of grants throughout Ontario which link foreign trained engineers, motor vehicle mechanics, accountants and hopefully in the future, lawyers, with members of their profession who are fully licensed and integrated. It is our experience that the common language that professionals share with each other transcends many other more apparent differences of language, background and culture.

In January 2001, we hope to begin underwriting loans that will allow foreign trained midwives to take a competency based assessment at the College of Midwives of Ontario.

I mention these initiatives to you because we are very open and very willing to listen to any ideas you may have. We realize that you as regulators are potentially a very important ally for us. If change is to happen, it must take place with your enthusiasm and support. In that spirit, we've been convening, since May 2000, a small group of regulators who have been working together to identify common challenges, strategies and learning. As a result of that work, we have brought you together at this workshop.

Before turning it over to our facilitator, I would like to thank a few people who've really worked hard with us in bringing this together: Jan Robinson from the College of Occupational Therapists of Ontario, Edwina McGroddy from the Institute of Chartered Accountants of Ontario, Roger Barker from the Professional Engineers of Ontario, Brenda Lewis from the College of Nurses of Ontario, and Charles Smith, from the Law Society of Upper Canada. And in helping me put together this event, I do want to thank Catherine Laurier, of the Ministry of Training, Colleges & Universities.

It is my great pleasure to introduce you to our facilitator, Mary Rowe, who will help us through our session today. Mary is no stranger to regulators as she has worked with the College of Midwives for some years. I know that with Mary's help we will have a very, very fruitful discussion. So thank you very much.

Mary Rowe
Facilitator, MWR & Associates

Hi. Welcome. It's nice to be here. It's nice to be working with Maytree. As you can see, Maytree is trying to take a long view of how newcomers are integrated into Canadian society. And one of the issues that they've been touching on in a number of different ways over the last several years, is this one around how newcomers get integrated into the labour market. We're seeing an interesting convergence here in terms of labour market supply issues and how newcomers can satisfy some of that. It's a long Canadian topic of discussion around immigration policy, as we all know. And that's where my roots are. I've worked for HRDC before it was called that, when it was called CEIC, twenty years ago. And I've been in and out of the labour market world as a facilitator ever since.

The purpose of today's session is to have an open forum. We've got people with expertise from their own colleges talking about how within their profession they've addressed competency assessment and competency based assessment tools. So what we'll do is have each of them speak. After that, you can ask your questions, and we'll have a round table discussion. We'll try to have a round table discussion in a room that doesn't have a round table. And then we'll see if we can come up with some common themes and what your sense is of what the next step should be.

The first speaker is Catherine Laurier who's going to give us "Competency-based Assessment 101" to give us an overview.

Catherine Laurier, Senior Policy Consultant
Access to Professions & Trades Unit
Ministry of Training, Colleges & Universities

I'm going to provide an overview of competency-based assessment as it relates to the assessment and recognition of internationally-trained professionals. I'm going to offer some of the insights I've come up with from my work with the government's Access to Professions and Trades initiative.

Competency-based assessment is also called "prior learning assessment" by many organizations. To make things consistent with the title of this forum, I will use the term "competency assessment" in this presentation.

My outline is as follows:

A. Context. I'm going to start off by providing an overall context to show why competency-based assessment has become such a pressing issue.

B. Competency-based assessment for Internationally-trained Professionals. I will then describe competency-based assessment and distinguish it from academic credentialing, which is the most common approach to assess internationally-trained professionals.

C. Steps for Developing Competency-based Assessment. Next I will outline some of the specific steps involved in developing competency-based assessment for internationally-trained professionals.

D. Challenges. Finally, I will highlight some of the policy challenges that come up in developing and implementing competency-based assessment.

A. Context – Why Competency-Based Assessment is an Issue

1. Global Economy – Global Mobility

Competency-based assessment has become a very hot issue on the agenda of regulators. One important impetus is the changing global economy and an increased emphasis on facilitating labour mobility internationally and domestically. A number of professions have been working on competency frameworks to help ensure consistency and transparency of standards.

This work has been given an additional boost by the Agreement on Internal Trade, which is designed to promote inter-provincial mobility for professionals and tradespersons. Although this Agreement only covers movement between provinces, it sets out fundamental principles that are equally relevant for assessing and recognizing professionals entering Canada from abroad. These principles are that entry-to-practice standards and procedures should be transparent, objective and fair, and should be based on criteria that are relevant to practising the profession.

2. Benefiting from the Skills of Internationally-Trained Professionals

Speaking from the perspective of government, I can say there's a strong public interest in recognizing people's skills and education. It makes good sense both socially and economically. We have many immigrants coming to Ontario with tremendous skills and knowledge. Many of them come with advanced post secondary education and professional training. Yet many aren't able to use their skills effectively because their skills aren't recognized. Traditional methods and assumptions in assessment have not always worked effectively in recognizing the knowledge and skills individuals bring from other countries.

Regulators themselves are feeling this pressure, because they deal with applications from these individuals on a daily basis. They are grappling more and more with how to effectively and fairly recognize internationally-trained professionals. This dilemma is becoming even more urgent today because many professions are starting to face skills shortages. And the question that is coming up is: how can we make the best use of the resources we already have, i.e. the brain gain we're receiving from other countries.

Also, the need for recognition makes sense in terms of our changing demographics. With an increasingly multicultural population, and we notice this particularly in Toronto, it makes sense to have a diverse population of professionals to provide culturally sensitive health care, legal, and other professional services.

3. Ensuring Professional Competency

A major impetus for professions to look at competency-based assessment is to carry out their basic mandate of ensuring that people enter practice with the required competencies, and that they maintain those competencies throughout. This emphasis on competency-based practice has led regulators to look at a number of areas, including competency-based entry-to-practice requirements, revamping professional curricula, developing or redesigning professional registration exams, implementing quality assurance programs, and exploring alternative forms of assessment.

4. Legal Context - Rights & Responsibilities

The powers given to regulators are attached to a duty to operate in the public interest. This duty has two important aspects. One is the duty to protect the public by making sure people have the skills, knowledge and judgement to practice safely and competently. And the second is to make sure they recognize people's skills fairly and consistently.

We also have the Ontario Human Rights Code and the Canadian Charter of Rights and Freedoms, which set out basic rights and obligations to ensure people are treated with equality, dignity and respect. We have recent case law from the Supreme Court of Canada, which basically says there's a positive duty to ensure that requirements for entry into an occupation or employment are based on transparent, objective and non-discriminatory criteria.

B. Competency-based assessment for Internationally-trained Professionals

I'm now going to provide an overview of competency-based assessment as it applies to internationally-trained professionals.

The fundamental issue facing regulators is: “how do we make sure people have the skills and knowledge to practice safely, competently and ethically, and how do we make sure we're assessing people fairly and consistently?”

1. The Difference between Academic Credential Assessment and Competency-Based Assessment

Academic credential assessment is the most common method regulators use to assess internationally-trained professionals. In academic credential assessment, you are assessing a person's academic degree or diploma to compare it to the Canadian or Ontario professional program. You do this by looking at the program and comparing courses, curriculum, clinical components, and hours.

In contrast to academic credential assessment, which assesses a person's academic **program**, competency-based assessment assesses the **candidate**. You're trying to find out what the individual **knows and can do**. You're not just making an assumption based on the fact that they completed a particular educational program. Instead, you're actually trying to get some kind of direct or indirect demonstration from them of their current skills and knowledge.

Competency-based assessment reflects a broader philosophical perspective than academic credential assessment. It understands that learning can be acquired in a variety of settings. Learning is acquired not only in the formal classroom, but can also be gained in a variety of other settings, including professional work experience, continuing education, committee work, self study, community service, and volunteer activities.

While academic credential assessment has been a valuable resource for regulators, its fundamental problem is that it does not necessarily give a true picture of what someone knows and can do. This presents potential problems for both regulators and internationally-trained professionals. Regulators cannot always be sure on the basis of credential assessment alone, whether someone **does** have the basic qualifications to practice. At the same time, internationally-trained professionals may not be getting fair recognition for what they **do** know.

In fact, the challenges in doing traditional academic credential assessment are partly what's leading regulators to explore competency based assessment approaches.

1. First, it's sometimes extremely difficult to get information on foreign professional programs. International programs vary considerably and it may be difficult to get a clear enough sense from a person's transcripts and syllabus to determine whether the program really is comparable or not. It's also a challenge to keep up-to-date on international educational systems that change constantly.

2. Secondly, there isn't necessarily a clear standard "Canadian professional program" to use as a reference point. Each educational institution has autonomy to set its own professional program. While there's usually an overall framework, the details can vary considerably between institutions.
3. A third issue is currency of education. Someone may have graduated twenty years ago. So when you look at what they have on paper, it may not reflect what's needed today.
4. Finally, an academic credential assessment cannot recognize the skills and knowledge an individual has acquired after graduating. This is a critical gap in the assessment of internationally-trained professionals, since many of them come with years of work experience, often in very high level positions.

2. The Relationship between Registration Exams and Competency-based Assessment

While we are on the topic of competency assessment, I want to make a comment about registration exams. Many professions have registration exams to test professional skills and knowledge, and many of these exams are explicitly competency-based. How do these exams fit with the discussion we're having here about assessing and recognizing internationally-trained professionals?

They definitely do fit. But it's important to remember that registration exams usually aren't designed to do the whole job of measuring professional competencies all by themselves. They're not designed to re-test all the competencies someone would have acquired through their academic program, since it's assumed some of this testing will have already taken place through the academic program. Instead, registration exams often seem to serve more as a double check to verify that a person does indeed have the core competencies.

The task, then, of verifying that a person has the full range of skills and knowledge that would be acquired through the professional program still remains. Up until now, most professions have used academic credentialing for this purpose, to compare international professional programs to Canadian programs. Now some professions are considering whether alternative competency-based tools could do the job instead. These new tools could complement the existing registration exams, or could be integrated into some new revamped competency assessment process.

The second point I want to make is that the work you've done and the lessons you've gained from developing registration exams is actually quite relevant for developing broader based competency-based assessment for internationally-trained professionals.

In many cases, exams have been developed on the basis of national or provincial competency frameworks. The competency framework is the basis for any form of competency assessment, so, where these frameworks exist, a very important foundational piece of work has already been done. In developing exams, you've also had to go through the challenge of trying to figure out what types of exam tools to use, what types of questions to ask, and how to ensure validity, reliability and fairness. So you have a lot of valuable learning already in place.

C. Steps For Developing Competency Assessment

I'm now going to provide an overview of the steps involved in developing a competency-based assessment process for internationally-trained professionals. These steps are:

1. Developing a Competency Framework
2. Developing or choosing Assessment Tools
3. Developing a Measurement & Evaluation System

1. Developing a Competency Framework

The first thing, of course, is to develop the competencies themselves.

a) Definition – What do we mean by “Competency”?

In developing competencies, the first question is definition. What do we mean by “competency”? Competency includes at least two elements. One is skill - the actual practical ability to do something. But equally important is knowledge. As professions have developed in a more sophisticated and complex way, it's important to know that someone has the theoretical foundation to do what they do. It's not just enough that they can do a particular medical procedure. Do they know why they did it? Can they apply their knowledge to different circumstances?

Some regulators also include an element of professional “judgement” in their definition of competency, to get at elements such as how someone decides what approach to take in a given circumstance, and how they interact ethically and appropriately with clients and colleagues.

b) Identifying the Competencies

After you've decided what you mean by “competency”, the next step is to identify the competencies themselves. What competencies are required for professional practice? Is a proposed competency necessary for safe and effective practice or is it not? Which competencies are most important, which ones are less important? What are the entry level competencies as opposed to the level you'd expect from a more experienced practitioner?

Competencies are quite challenging to develop. They have to be visible, measurable, and clear so assessors know what they're measuring and applicants know what they're being measured on. This is probably one of the toughest things to do. You have to ask yourself: How would I know that someone has this skill or knowledge? What would I be able to see in the real world? How would they demonstrate it? What would they show me? How would they prove it?

Competencies represent learning outcomes -- what a person is supposed to take with them as a result of their learning, and be able to demonstrate in the world. In contrast, traditional curriculum outlines are often stated in terms of learning objectives -- what the teacher hopes to impart. Professional curriculum guidelines do offer a useful starting place for any competency

development exercise, but the challenge is to take it all a step further, and identify the specific skills and knowledge the learner should be able to demonstrate.

The process of developing competencies looks more like a spiral than a straight line. As you move into the next stage of identifying actual assessment tools and thinking about how you are actually going to measure a given competency, you'll often find yourself going back and refining the competency even more so that it's even clearer. It may sometimes feel like you're going back in circles, but what's really happening is you're going in deeper and deeper in a complex and multi-layered process.

2. Developing or Choosing Assessment Tools

Now that you've got your draft list of competencies, how are you going to measure them? You have to think about what kinds of tools would effectively measure the different types of competencies. There are a broad range of competencies, including practical or clinical skills, problem solving, decision-making, clinical assessment, academic theory, communications skills, ethics, and case management. There isn't necessarily one tool that's best for all of them, so you'll often have to look at a variety of tools. A single multiple choice exam just isn't going to cut it.

a) Factors to Consider in Developing/Choosing Assessment Tools

There are several things to consider in developing or choosing assessment tools:

How easy is it going to be to administer?

How expensive is it going to be for the regulator or applicant?

How much time is it going to take for the regulator to train assessors and carry out the actual assessments?

How difficult and time-consuming is it going to be for applicants, especially for those whose first language isn't English?

How difficult will it be for someone who's been out of school for ten years and hasn't done an exam for that long?

How is it going to be for people who are unfamiliar with the particular form of evaluation you're choosing? For example most people have never done portfolios and many have never done hands-on clinical exams.

b) Types of Assessment Tools

There are a range of possible assessment tools. Some of the most common tools include:

- (i) Portfolios
- (ii) Exams – written, practical hands-on
- (iii) Structured Oral Interviews, and
- (iv) On-site Clinical Assessments

(i) Portfolios

A portfolio is a dossier in which candidates document their past learning experiences, including formal and informal schooling, professional and continuing education, work experience, research activities, and relevant volunteer activities, and relate their learning outcomes to the specific competencies required by a profession.

Developing a portfolio is quite a complex undertaking. It requires candidates to reflect on their learning, pull out the specific competencies they have acquired, and relate these to the competencies required for professional practice. This type of self-examination and reflection is not usually taught or encouraged in our lives. Candidates often need a portfolio development course to actually figure out how to do this. Community colleges offer such courses, for a fee, for their own prior learning assessment candidates. Candidates also have to supply the names of academic, professional or employment references who can back up their statements. This can be a challenge for candidates who come from overseas.

You'll probably hear from some of our panelists about some of the challenges they've faced in using portfolio based assessment.

(ii) Exams

Different types of exams are used: multiple choice, written short answer or essay, key features case assessment exams, and hands-on practical exams, or some combination of all of them. Practical exams may take different forms, including clinical stations, or clinical scenarios with actors playing the roles of patients. Regulators might draw on the same exams that are given to students in the Canadian professional program, or they may develop new ones.

(iii) Structured Oral Interviews

An interview is given in a structured format, so all candidates who go through the interview are asked the same questions in the same order. Interviews might be used to assess skills that are difficult to test through a paper and pencil exam, such as communication skills, problem solving, critical thinking, clinical decision-making, or ethics.

(iv) On-site Clinical Assessment

With on-site clinical assessment, the individual goes into a clinical setting for a period of time and is evaluated by a supervisor against a list of professional competencies. The supervisor checks off the competencies as the candidate completes them and signs off at the end to verify that the individual has met them.

c) Assessing the Pros and Cons of Various Tools

All these assessment methods have their pros and cons in terms of the criteria I outlined earlier. Some tools are more effective for measuring certain competencies than others. Some tools are more complex and expensive to administer than others.

Tools also vary in their level of subjectivity. If a tool is too subjective, you may get too much variation between examiners and lose confidence in your results, and the process may seem unfair to applicants. On the other hand, if a tool is too rigidly standardized, like a multiple choice exam, you may be getting only a superficial representation of what someone knows, and you really don't know how they would do in real-life practice.

Many regulators use more than one assessment tool in order to get a more balanced, comprehensive and accurate picture of candidates.

3. Developing a Measurement & Scoring System

Once you have decided on your competencies and your tools, you have to develop a measurement and scoring system.

In developing a measurement and scoring system, you have to consider the weighting of the different competencies. Which ones are most important and should be given the most weight in the scoring system and the assessment processes? You also have to develop a scoring grid. To develop this, you will have to have a precise picture of what exactly a candidate has to show to demonstrate their competency. What are the evaluators going to be looking for and checking off as they evaluate a candidate? You also have to decide what the cut-off level of competency is for an entry-level practitioner.

You also need to recruit a pool of people who can serve as assessors. And you have to train them to make sure there's consistency between different evaluators and that the process is fair.

D. Challenges in Developing & Implementing Competency Assessment

I now want to turn to some of the key issues and challenges that come up in developing and implementing competency-based assessment for internationally-trained professionals.

1. How much can competency-based assessment really measure?

Competency-based assessment for internationally-trained professionals is a very new field for regulators. Some competencies are very hard to express in clear measurable terms. The tools are also very new. How effective can regulators be at measuring all the competencies they say are important? Are the new tools sufficiently developed so regulators can do that with assurance?

2. Can competency-based assessment effectively measure theoretical knowledge?

This is important because professionals not only need a practical foundation, but also a theoretical foundation. Some regulators respond to this dilemma by requiring candidates to have at least some formal professional academic training. The assumption is that this would show that a candidate got at least some of the necessary theoretical foundation. Other regulators dismiss this type of formal requirement, to avoid excluding candidates from countries whose professional programs are structured differently. Their approach might be, "I don't care how they got the competency, as long as they can prove they've got it."

3. What threshold, in any, should people have to meet before being allowed into the competency-based assessment process?

It can be a big waste to have someone go through a very elaborate process if they really don't have the foundation to begin with.

Must they have a formal professional academic degree or diploma?

Must they have practised in the same profession or could it be a related profession?

Must they show that they've met a minimum threshold of core competencies before being allowed into the full competency-based assessment process?

4. If someone has gaps, then what?

This is a big, big challenge. Where do you refer them? Where can they get the additional training or experience they need? That topic could be a whole workshop in itself. But it's certainly an issue that comes up a lot.

5. Cost and Complexity

This is an important challenge, and I'm sure you'll hear more from our panellists, based on their own experiences.

Competency-based assessment (referred to as "prior learning assessment") exists in Ontario's community colleges to assess and recognize the experiential learning of adult learners. However, it's a very new field for regulators, and regulators face certain challenges that are more daunting than those facing educators. Each profession is very different and there are many complex facets of professional practice which need to be evaluated, including both theoretical knowledge and practical skills. As well, regulators have a direct responsibility to protect the public and their recognition decisions have an impact on public safety. Competency-based assessment can also be more challenging to implement for individuals whose first language is not English.

You're now going to hear from our four panelists who are pioneers in developing innovative approaches for using competency-based assessment in four different professions.

Tim Blakely,
Senior Policy Analyst, College of Nurses of Ontario

I am going to speak about our competency based assessment process for primary health care nurse practitioners. I'm going to provide: a) a condensed version of why we undertook the process, b) a description of the process we developed and the tools we developed, c) a summary of some of the challenges we faced, and d) a description of some of the changes I think we would make if we were to do it again.

A. Motivation for Developing Competency Assessment for Nurse Practitioners

Our process was not developed for foreign trained applicants. Rather, it was developed to formally recognize the primary health care a nurse practitioner role. The primary health care nurse practitioner is really a subset of nurse with advanced knowledge and decision making in health care and management and diagnosis. It was not a new role in the health care system but it had not been formally recognized before. What happened was this role got formally recognized in legislation, and a specific class of registration was established for this group of nurses.

Nurse practitioners were granted authorization to perform additional controlled acts under the Regulated Health Professions Act, namely, to communicate a diagnosis, order lab tests and X-Rays, and prescribe medications. These additional controlled acts are the key regulatory difference between primary health care nurse practitioners, who are registered in our College's "extended class", and RN's and RPN's who are registered in what we call our "general class" of registration.

Since the role of nurse practitioner was not new, there was a whole group of nurses who were already practising in this capacity. They were performing these additional controlled acts under medical direction or delegation from a physician. The College decided we should give these individuals an opportunity to obtain registration in this extended class without having to go back and complete the new formal primary health care nurse practitioner educational program that was being established.

I should tell you that we're in the last year of undertaking this process. It was not meant to be an ongoing permanent program. It was really to give those who were practising in the primary health care nurse practitioner role, prior to the creation of the extended class, an opportunity to register without having to go back and take formal education. Four years of doing this is probably longer than we originally planned to do it anyway. We have publicized that this is the end and we're not doing it anymore. Access to the extended class will be via a formal education program. We're in the process of approving a number of other programs in Canada to recognize graduates from other provinces.

B. Description of the Competency Assessment Process

1. Competencies

The first step in the process is the development of competencies themselves. These form the basis of your assessment. We were somewhat fortunate in that we were able to rely on the curriculum that was being developed for the primary health care nurse practitioner program. We also relied on our own standards of practice for our registered nurses and registered practical nurses. Using that material, we struck an expert group of nurse practitioners to review the competencies and develop them further.

It was very much an iterative process. We started with, I believe, seventeen knowledge statements and twenty-three competency statements at the beginning. Then they got combined. Then they got broken out again into seven broad areas of competencies. Finally we brought it down to six broad areas of competencies, each with a number of sub-competencies, so that overall there were twenty-three competency statements in total.

Lastly, we undertook a survey of nurse practitioners, employers and educators to validate the competencies so we could be sure they were actually appropriate for what we should be assessing for.

2. Assessment Tools

The next step in the process was to develop the tools that we were going to use to assess these nurse practitioners. We developed three tools:

- a) Case Assessment exam -- a written exam which uses a “key features” format.
- b) Statement of Prior Learning -- very similar to a professional portfolio.
- c) Objective Structured Clinical Exam –a circuit of stations in which the applicant interacts with simulated patients.

a) Case Assessment Exam

The case assessment exam is a written exam based on clinical case scenarios. Its intent is to get at applicants’ critical thinking and decision-making skills as they apply to health assessment, diagnosis and therapeutics. The exam focuses on the three additional controlled acts that are authorized to nurse practitioners.

Candidates are presented with a case scenario and then asked questions, such as: “What would be the top three things you would ask in your health history?”. Whereas a clinician might look at several items, this exam is specifically focused on the top two or three things - the key features - that would really make or break a diagnosis and choosing a particular therapeutic route.

This case assessment exam also serves as the registration exam for the graduates of Ontario’s approved primary health care nurse practitioner program.

b) Statement of Prior Learning

The second tool, the statement of prior learning, is very much like a professional portfolio wherein you assemble information and put together a portfolio of all your experience and education to demonstrate that you have the knowledge and competencies to practice. In this portfolio, you have to demonstrate all of the competencies required for the nurse practitioner class.

In the Statement of Prior Learning, you have to talk about not just your experience, but also what you've learned from your experiences. It's not simply the fact that you have experience that's important, but rather, the knowledge that you've gained from it.

And you need to be able to show how this knowledge is transferable. So the way we set it up is that the individual had to respond to a number of questions about what they've learned and how it applied to the nurse practitioner category. In particular, they had to show how they were demonstrating knowledge and competencies at the nurse practitioner level as opposed to an expert RN. In order to get at this, candidates were expected to provide cases taken from their practice that demonstrated the application of their knowledge. There were twenty-three competency statements in total, and candidates were expected to provide case examples for each one. It would probably take about ten to twelve examples for each competency to really show the full breadth of practice for the primary health care and nurse practitioner role.

The portfolio spanned the whole range of competencies for the nurse practitioner, from health assessment and diagnosis to health promotion, disease prevention, community development and planning. In contrast, the case assessment tool was focused only on the three new controlled acts that were being authorized to nurse practitioners

c) Objective Structured Clinical Exam

The last stage in the process was the Objective Structured Clinical Exam (OSCE), which involves individuals interacting with simulated patients in clinical scenarios.

One of the key objectives of this tool was to see candidates in action, and also to get at the communication skills, the manner, and attitude -- all those "softer" competencies that you really don't get to see in a paper and pencil test or portfolio.

In the exam, candidates move from station to station and each scenario lasts about ten to fifteen minutes. There's an observer behind them watching them in action. The observer has a standardized marking grid along with a series of checklists that show the behaviours and interventions that the candidate is expected to perform during the clinical scenario.

3. Competency Assessment Process

The way we have this process set up is we had the written exam first, the statement of prior learning second, and the OSCE third.

The process was structured so people didn't go through all three steps. Instead, they were eliminated from the process if they were unsuccessful on any particular assessment tool.

The order of assessment steps may seem kind of odd. You might think you would have the statement of prior learning first, the written exam second and the OSCE third.

It was mainly cost and logistical reasons that had us put the statement of prior learning second. As well, it meant we were admitting to the next stage mainly those people who we thought were likely to have all of the competencies necessary.

The statement of prior learning was submitted to two assessors for independent reviews. Each of the assessors estimated they took anywhere from five to eight hours to assess one of these portfolios. If there was any disagreement in terms of outcome, it would go to a third reviewer. So this process, from the time the applicant submits the statement of prior learning to you, takes about two months to turn around. So we decided we'd put the written exam up front and weed out those who didn't have the 3 key nurse practitioner competencies in health assessment, diagnosis and therapeutics.

Of the individuals who undertook the three step competency based process, about 50% failed the case assessment exam in step one. So we weeded out half our applicants right at the beginning and were not faced with a logistical nightmare of assessing all these portfolios, which is a time consuming effort.

C. Challenges the College Faced in Implementing Competency Based Assessment

1. Developing the Competencies

The number one challenge we faced was developing the competencies. As I described earlier, this was a very iterative process. We first went from very broad competency areas to very narrow succinct competencies. However, at that level of minutiae, you can end up a list of two hundred potential competencies. We brought ours back to six broad areas, but we felt that we needed to flesh them out further. So we ended up with six broad areas, and a total of twenty-three competency statements.

Then there's the issue of "real" versus "abstract" competencies. Taking appropriate health histories is what you might call a real "hands on" type of competency. The "abstract" ones are critical thinking, problem solving, communication, and all of those types of competencies. At one point, we had these "abstract" competencies broken out separately, but at a certain point we recognized that they're part and parcel of the more specific clinical competencies themselves. You don't have to have a separate competency that says problem solving or the ability to critically think. These abilities are embedded in the overall clinical competencies themselves.

2. Tools – Statement of Prior Learning

Somebody took us to the Health Professions Appeal and Review Board based on not being successful on the Statement of Prior Learning. While the Board upheld the Registration Committee's order to refuse registration, it did comment in its decision: "The panel suspects that the Statement of Prior Learning may indeed be more of a test of one's comprehension and logical skills and less a reflection of one's nursing experience than its authors may have intended." I think that's a pretty apt statement.

It's such a difficult tool to complete that there is the potential that you may have the competencies, but you're just not able to demonstrate it within the context of this tool. It is complex and difficult to write out, "This is what I learned and how I learned it. And this is the key theory, and given this situation, this is how it's applicable." And then they had to prepare all these case studies. We had examples and a little road map on how to complete it, but it was still difficult.

3. Buy-in from Applicants

One of the biggest elements and challenges in the process is educating applicants themselves and getting their buy-in. There was a certain amount of reluctance - I hesitate to say hostility - on the part of some applicants, regarding the nature of the process.

a) Case Assessment Exam. Applicants weren't very happy with the case assessment exam. It's not what they're used to. They like multiple choice exams.

b) Statement of Prior Learning. The statement of prior learning involves a huge effort on the part of the applicant. They have to invest anywhere from eighty to a hundred hours of their time to sit down and write out their case studies, respond to all the questions, assemble all the documents, and submit it to us. They're going from a very passive role, like arranging for transcripts to be delivered, to being actively involved in the process. Some were not very keen at all on that aspect.

Early in the process some said, "Well, why don't you just come up and watch me practice? That's all you need to do." Well, for one, you just can't do that, with the logistics of flying all over the province. And secondly, even if you did go out and watch somebody in practice, you're not going to see all the things you need to see. You'd have to spend a week or maybe a month. So logically, it just wasn't a solution.

c) Objective Structured Clinical Exam. Most applicants were stressed beyond belief when it came to the objective structured clinical exam (OSCE), because to a certain extent, it is somewhat artificial. You're in with the simulated patients – who are unbelievable, it's amazing what they can do, they really fall into the role. But there's somebody sitting directly behind you who's ticking or not ticking, and the stress level goes up because they're not ticking anything behind you. And then there are buzzers and knocks on doors. So it's an incredibly stressful situation. You have to build that into consideration when you're setting out an appropriate

scoring level, because stress will certainly make a difference to somebody's performance. Which is why people always say, "Just come and see me at work".

4. Performance Feedback

There were people who were unhappy with the performance feedback initially. We hadn't thought a lot about the performance feedback when we first got into it. People were saying, "How am I supposed to do better if I take this again" or "How am I supposed to know my gaps if you won't tell me what the problem is?"

The case assessment exam is a criterion-referenced exam, which means it has a set pass mark, so the result is pass-fail. So we told them they failed. And they said, "Why did I fail?". "Well, because you didn't pass." So the next question was always, "Can I have my exam?" "Well, no, you can't have your exam because some questions may be used next year." So there was a lot of frustration on the part of applicants because they felt they weren't getting all the things they needed to be successful.

With a competency based process like this, candidates want to get as much feedback as possible, so they can learn how to improve. At the same time, however, the primary purpose of the assessment isn't to educate, but to determine minimal competence to ensure that applicants are safe to practice. You have to balance off these objectives. We made attempts at performance feedback and tried to give applicants as much feedback as possible in relation to their performance for each individual competency. But people still tended to be unhappy with it. So performance feedback is a big challenge in keeping applicants happy.

5. Cost Recovery

As we went along and developed the program, we hadn't really considered what we were going to charge for it. Then we were at the point of implementation and we realized we hadn't built in appropriate fees. So we ended up not charging cost recovery for the program. In fact, it was underwritten, for the most part, by the larger membership of our College.

6. Policies and Procedures for Implementation

Lastly, there are challenges in the policies and procedures of actually implementing the process itself. You run into all kinds of things that you just did not anticipate. People saying "I want my exam re-marked." Well, we hadn't even thought about re-marking. Okay, now I have to find someone to re-mark it.

D. Lessons Learned

1. Assessment Tools & Steps

If we were to do it again, I think I would scale back the scope of the Statement of Prior Learning, and use it as a screen to give access to the more formal examination components themselves.

And maybe I wouldn't necessarily eliminate people after the first exam, but instead have the exams relatively close together and maybe have a combined score. I don't know. I'd have to think through that if we were actually going to do it or not. But that would compress the process in terms of time and probably make it easier for everyone involved.

2. Outsourcing

Lastly, I think if we did it again, we would outsource it to a professional examination service. We did everything, for the most part, in house. We did work with methodological experts, but now what we would do is let them take the lead in developing the examination tools themselves.

We're now doing that with the case assessment tool, which is also the registration exam. We've contracted with a professional examination service to take over the ongoing development and maintenance of that exam. There are a number of reasons for this. First, it really heightens the credibility of the exam. I certainly defend the exam now, but a professional service gives the appearance of a more defensible exam. Secondly, it also shields you from issues of conflict of interest. A couple of times in the process, with it being a small nurse practitioners community where individuals would know each other, we had claims of conflict of interest in the process. So if you can, do consider doing up an RFP and sending it out to professional exam organizations.

Susan Gover Takahashi

Executive Director, Canadian Alliance of Physiotherapy Regulators

I'm going to talk about our experience in using competency assessment for internationally trained physiotherapists. The Canadian Alliance of Physiotherapy Regulators is the national federation of the ten provincial regulators of physiotherapists.

Our Prior Learning Assessment and Remediation project was developed through a demonstration project with the College of Physiotherapists of Ontario and funded by the provincial government's Access to Professions and Trades Unit.

We live in "assessment world" at our office, but some of what I'm going to talk about is the notion that assessment doesn't have to be big. Assessment can be little.

I also heard some speakers use that "bad" word, "subjective", to describe some assessment approaches. However, I consider this professional judgement. I think we need to balance professional judgement and objective measures. I'm going to tell you a little bit about how we've done some of that.

Let's be really clear, I have bias, everyone does, and I need to tell you some of the biases we've built into our system. These are the principles that I live, by day and by night. I need to be able to sleep at night and know I am meeting the mandate.

A. Principles

When we're assessing competence, these are the things that we absolutely insist on:

1. Defensible

The assessment process has to be legally and professionally defensible, and you've got to know it. Our process has to be acceptable to students, to new applicants and to those who are already registered. I've also got to answer to ten jurisdictions, with multiple levels of government. When the minister from the Yukon, who's the local MPP, writes me a personal letter, it's not a Merry Christmas note.

2. Consistent with Organizational Mandate

Our approach to assessment also has to be consistent with organizational mandate. The role of the regulator isn't to educate. Where's the line between regulating and educating. That's one of the real fuzzy policy issues we've had to sort through.

3. Equitable

The process needs to be equitably applied and enforced. I had the president of our professional association -- I've been in the job six years, so I won't necessarily be identifying which one which year -- call me and say, "What are you doing? You're holding up this person. I can vouch they're a nice person." We're all nice people. It's not about being a nice person. If someone tells

me they learned evidence-based practice, that's nice. But show me the evidence. Because of our public protection mandate, we need some level of evidence.

With the association president, I was just very polite and said, "Does that mean when I have a call from someone else from this country, I should just say yes?" "Oh, no, no, I wouldn't want you to do this if they were coming from that country." I said, "Well, what's your point?"

4. Feasible

The process must be administratively and economically feasible. The physiotherapy regulators are small. In the PEI jurisdiction we have forty-five physiotherapists working in the whole province. So let's be clear. We have done great work in scaffolding, but we have to understand what we can and should do, and what we can't do.

5. Transparent

The process absolutely needs to be transparent. It has to incorporate fairness to the individual, due process, and protection of the public. And you know, that can feel like a conflicting thing sometimes. That's why we get heartburn on these issues. Because everyone's right. They're just right about different parts of it.

One of the things that makes it really easy for me to say "no" to an applicant when I have to -- because you have to make hard, hard decisions on a day to day basis -- is that I know that right now our system is really based on the best available fairness model we have.

B. Overview of Prior Learning Assessment and Remediation Program

Six years ago this month I came into the role that I'm doing now. I think it was my second day on the job that I was told that the organization I had just joined had undertaken a large grant with the Ministry of Citizenship, Culture & Recreation to improve our recognition systems for internationally educated physiotherapists. While our overall budget as an organization is large, most of it is allocated to the entry level registration exam, and not for these kinds of activities. So here I was on day two, and I didn't know my job yet, and we're meeting with the ministry people. The ministry people and I got to know my job together over the last six years.

Our first project was to work on our academic credentialling process. Our second project was to develop our Prior Learning Assessment and Remediation (PLAR) program.

For those of you who haven't read our blue book from our PLAR project, "Opening the Doors to Physiotherapy Practice in Canada", it has all the policy pieces that we did around competency assessment. And there's lots on all the mistakes we made.

1. Assessment of non-Canadian Educated Physiotherapists

We have a competency based assessment program for our Canadian educated applicants. That involves a written exam and a clinical exam. Our role with respect to the internationally educated is to determine how close their education is to the Canadian educated, to make sure it's substantially equivalent so they get access to the exam.

When we're trying to decide if their education is a match to the Canadian educated, the challenge is - what are you comparing it to? You think you're comparing apples to apples. Well, there are lots of different varieties of apples. In the thirteen Canadian physiotherapy programs, there is no model. They're all wonderful, but there's no single benchmark.

Our solution to come up with a benchmark was to:

- a) identify the key educational areas we want candidates to have,
- b) look at the varying curriculum hours that each of the 13 programs requires for each area, and
- c) choose the “lowest of the low” in each area to use as our minimum required benchmark.

This is the benchmark we're looking at to determine if someone's program is substantially equivalent to a recognized Canadian program.

Our old less transparent version of our academic credentialling system had quite a high standard for credentialling. It was like if you had passed credentialling, for sure you were going to be a perfect practitioner because the bar was really high. We've scaled it back so we're requiring only the minimum in each core area. We did this because we believe the academic credential is only the first evidence of competence, not the final conclusive test.

2. Prior Learning Assessment & Remediation Program (PLAR)

In the second phase of our project with the Access to Professions & Trades Unit, we developed prior learning assessment to complement our academic credentialling process.

If you didn't have a certain content area in your professional education, you would now get a chance to demonstrate that you'd learned it elsewhere.

For example, evidence based practice is a big buzzword in the last decade in physiotherapy education in Canada – it's a very important concept in our practice. But I graduated two decades ago. I didn't have it in my education. So why would I expect it in education internationally? It didn't seem fair to me to exclude people who didn't have it in their original education. So we let people demonstrate if they've learned it elsewhere. For those who can't offer such a demonstration, there's the option of “remediation” – taking a course.

3. Eligibility Requirements for Prior Learning Assessment & Remediation (PLAR)

We have set, for lots of different reasons, a threshold for access to PLAR. For foundational areas of practice, applicants must have 80% of the required course work hours. In emerging areas of practice like evidence-based practice, you don't have to meet any minimum threshold. The blue

book, “Opening the Doors to Physiotherapy Practice in Canada”, will help you understand how we figured all this out.

4. Improving Access to Remediation

We learned that it's not enough to say, "Okay, if you can take a course in evidence-based practice, we'll let you in." Applicants couldn't find these courses. Couldn't find them anywhere.

We begged. We cajoled. We encouraged the educational programs. Many of them said, "You know, they're taking away money hand over fist in this province." This is being said in all the provinces. They said, "We don't have extra resources to build these machines".

We have developed some relationships with some of the Canadian schools, where they will let students into some of their programs. Students pay tuition. We have an agreement with the Open Learning University in British Columbia, which has a lot of web courses. We've told them what we need and what our high volume gaps are. So we've established some curriculum development with them. We've also had some recent conversations with Athabasca University.

We also let people do courses in their home country before they come here. We'll approve a curriculum of study. My best advice to these physiotherapists is don't come here and go into poverty. Stay where you are and then come. Or come knowing that it's going to be awhile. Because we know the frustration and anger for those who arrive here believing they were misled that they could have their credentials accepted. Hostility is a positive word to describe some of that angst. And you have to understand it. That's real life.

The other thing is we're looking at independent study options. We know mentored self -study can be a faster option. An applicant does a program through self-study, but has a mentor to evaluate whether they've actually gone through the assignments and demonstrated their competence.

C. Program Statistics

We implemented PLAR in 1998 but 1999 was the first full year where it was fully operational. Based on our 1999 results, about one third of our applicants pass credentialling right away because their education and practice is such a good match.

We have about another third that can go right to prior learning assessment.

The remaining third have qualifications that don't match. Of that group, there are really only about 6% who will never be eligible. We give applicants a chance to see whether they can find us enough documentation to bump themselves up into the PLA system. We keep files open for two years.

D. Challenges

We're not a big machine. And this is really resource intensive. We deal with anywhere from six to seven hundred applicants at a time – Canadian and non-Canadian educated. Some of them are in credentialling. Some of them are in prior learning assessment and some are in remediation.

I actually had one of the staff from the US Federation in my office for three days last week spending some time with our staff watching our systems and processes. Watching our processes, she said, "I think some of our things could be better." I said, "Yeah, but... you know, your job is to do what you can this minute. And work like hell to figure out how to do things even better. "

Robin Kilpatrick
Co-Registrar, College of Midwives of Ontario

I'm going to give an overview of the College of Midwives' Prior Learning and Experience Assessment (PLEA) program. We decided in the interest of transparency, to call it prior learning and experience assessment. That's why we added the E.

A. Eligibility for Prior Learning and Experience Assessment (PLEA)

We actually have two eligibility categories for PLEA. This is an aspect of our program that's somewhat different from other regulatory Colleges with PLA.

We have what we call the:

1. "recognized" category, and we have the
2. "non-recognized" category.

The second category is for midwives who don't have formal training. The recent emergence of midwifery in North America meant that many people who had been practising, myself included, had informal apprenticeship training in midwifery.

About ten years ago the Ontario government actually had a "grandmothering" program for experienced practitioners, which was a kind of PLA process, though it was not identified as that at the time. So when we set up the new College of Midwives, we decided that since there are midwives practising throughout North America, who don't have formal training, that we would have a category for those with non-formal training to apply to the PLEA program.

The vast majority of our candidates in the College's PLEA program actually do have formal training because midwifery is recognized and accepted and practised widely in pretty well every other country in the world besides Canada and the United States. So that is the "recognized" category for our PLEA program.

I will describe the requirements for each category

1. Recognized Category

Our eligibility requirements have changed drastically since early on in our process. A lot more proof was required through portfolio assessment. Now, what you need is registration as a midwife in a jurisdiction where midwifery is recognized by law, or graduation from a midwifery education program, which is recognized by a jurisdiction. So they could be fresh out of school, basically.

You also need a passing score on our Ontario Midwifery Language Proficiency Test.

2. Non-recognized Category

The non-recognized category covers candidates who trained or practised in a country where midwifery is not recognized by law. Applicants in this category must be able to provide verification of a) attendance as a primary midwife at forty births or b) attendance as a primary midwife at thirty births, and being present at another twenty. So if you were only the primary midwife at thirty births, you need to then show us you went to fifty births altogether.

As well, these applicants must also have a passing score on the Ontario Midwifery Language test.

B. PLEA Approach

1. Entry Cycles

One of the other features that's different about our program is that we run it in cycles. We do not go through the PLEA process with individual candidates whenever they contact us to say, "I want to be assessed." We say, "The application deadline for our assessment program is April 13th, 2001. Here's what you need to do before that. You need to pass the language proficiency test. And you should be familiar with the program, et cetera, et cetera."

Everybody goes through each step together in what we call a cycle. That is one way of containing resources and time and effort on the part of staff. We've gotten it down to an annual cycle.

2. Staged Approach

We have a staged approach. This was a result of recommendations from consultants we hired to look at how we should recognize foreign trained midwives. The main reason we staged it was so candidates could pay as they go. The most expensive part of the program is the objective structured clinical exam portion at the end. The staged approach helps keep costs down for both the applicants and the College.

3. Multiple Assessment Tools

The principle we work on is to use a variety of testing methods to give candidates the opportunity to demonstrate their knowledge, skills and abilities in the way that may be the best for them. Everybody doesn't do well in an oral exam. And other people may find objective structured clinical exams a little overwhelming.

4. Portfolios were Eliminated

In our original application process we used to require a portfolio. Our profession is small. The profession of midwifery is a speck compared to anything else you've heard about today. So our resources are incredibly limited. Going through the portfolios was an enormous task. And then we knew people would end up with supervision anyway for a minimum of six months. So we scrapped the portfolio application piece. For midwives with non-formal training, we just went

with the attendance at birth requirements to determine their eligibility to enter the rest of the PLEA process.

5. Competencies

We were lucky enough to have core competencies developed as we integrated and implemented the midwifery profession when it became regulated in 1994.

6. Cost

Our intent from the beginning was to go on cost recovery, but we kept discovering the costs were greater than we were charging. At a certain point we decided that we couldn't charge applicants any more. We set a limit. We didn't feel ethically that it should cost more than one year of university education. That decision was a result of hours of discussion with lots of people. We felt it was just unfair if it went beyond that. The extra cost would have to be absorbed by the College and the profession.

C. Steps in the Assessment Process

1. Orientation Book & Information Session

The first step is you must purchase the orientation book if you want to apply for PLEA. The orientation book provides all the information we want candidates to have. We want to be sure that when they call with a question, we can say, "Turn to page ten and let's go through that."

We also offer an information session. We held one just last week for prospective candidates. They may not have bought the orientation book yet; they just want to know what the process will entail.

2. Multifaceted Assessment 1

The actual PLEA program begins with what we call Multifaceted Assessment 1. Multifaceted Assessment One is a written exam. It's essentially the basic entry level knowledge that midwives should have.

We started with this sort of exam, so that if you failed it, you probably needed to reassess whether the Ontario primary care model was something that you could practice. Or maybe it's just been a while since you've been in school and you just need to study some more, or do a study group. 70% is the required passing mark. We do give unsuccessful candidates feedback on what subject areas they were weak in, for example, prenatal, or postnatal, so they have some idea of where they should focus.

3. University Courses

We require five university courses. The Ontario midwifery profession is one of the only midwifery professions in the world that has a baccalaureate level training. There are only about

two or three other countries right now that have a baccalaureate training. So most midwives trained outside Ontario haven't gone to university.

We used to be very specific around our university course requirements, telling candidates what particular areas they had to be in, such as research and women's studies. We dropped this because of access issues for people to find the courses they needed.

Now we just require five university courses without specifying what they must be. We don't believe that's a university education. But with all the other skills and knowledge they must demonstrate, it's sort of a balance. We want some university courses so there's some level of analytical thinking, and also because midwives in Ontario are primary care professionals, who are totally responsible for the care of the mother and the baby throughout the entire pregnancy and post partum.

We have a lot of people that do Athabasca University courses through distance learning.

4. Multifaceted Assessment 2

Multifaceted Assessment 2 and the Emergency Skills Assessment are where the objective structured clinical exams are included. Multifaceted Assessment 2 has objective structured clinical exams, more written exams, and some oral exams. We don't have the simulated patient scenarios, but we do have an oral exam component. We have mock OSCE's to prepare people for the OSCE's. We give them sample exam questions.

Candidates who aren't certified in Emergency Skills must take the Emergency Skills Assessment, which deals with obstetrical emergencies. We give candidates the option of doing the exam or taking a certification course. There are a number of certification courses on emergency skills in the obstetrical area. The exam option is convenient for people because then they don't have to go find a course somewhere in Ontario before they can register with the College.

5. Orientation to Midwifery in Ontario course

Finally, we have a mandatory orientation course on Midwifery in Ontario that takes place after the exam period. The course is five days. It includes presentations on jurisprudence, the context of midwifery, primary care decision making, and provision of informed choice to clients. Again, because it's a fairly expensive course, we wanted to put it at the end so that people could self-select out.

6. Supervised Practice

Another thing that's different in our program is that everyone who goes through our PLEA program must then go into a supervised practice for a minimum of six months. Each person will work in practice with a midwife who will supervise her.

We develop individualized supervision plans for each person, based on the results of their tests, particularly on the results of the multifaceted assessment and core competency and OSCE exams.

For example, we have the test questions for breast-feeding. Then if they fail that, we have a template for a supervision plan that's on breast feeding -- what she has to read, what she has to do, what she has to observe. In the breastfeeding example, she would have to spend a day with a lactation consultant, read certain chapters out of certain books, and then discuss them with her supervisor. The supervisor has to report to the College and sign off, "She knows the stuff."

The minimum is six months. Depending on how much a candidate has to cover, it could be up to a year, which is the maximum. Our registration regulation says you can't have a supervised practice certificate for more than a year.

One reason we require at least six months is because Ontario midwifery has a particular philosophy and approach. It is community based practice. Midwives have to offer choice of birth place -- home births, hospital births -- either one. Wherever the woman says she wants to have her baby, you have to be able to provide that choice of birthplace. You also have to provide continuity of care. One midwife or a small team works with the same woman throughout her pregnancy and labour and birth and post-partum. That's very different than a lot of the systems where midwifery is practised around the world. So the six months supervised practice also solidifies individuals' understanding of the model of midwifery practice in Ontario.

D. What if someone is unsuccessful in PLEA?

People can apply three times to PLEA. Because we're a regulatory body and not an educational body, we feel that if someone has still not been able to beef up their education, knowledge, skills and abilities and prove them to us after three attempts, then it's not safe to let them try anymore.

The problem right now with the newness of the midwifery profession is there's no advanced standing in the educational program. There are also no refresher courses available in Ontario or Canada. So candidates are kind of stuck.

We're anticipating a couple of legal challenges, because we just had our first third time failures about a month ago.

**Glen Randall, Registrar
College of Respiratory Therapists**

As with most regulatory bodies, we use more than one process for competency based assessment. We have competency based assessment for entry to practice. We also have ongoing continuing competency assessment for practitioners. And now we have our Prior Learning Assessment process that came into effect in January 2000. We try to overlap some of the aspects of these different processes to save costs. We have very small resources.

Throughout these competency assessment processes, we use a combination of portfolios, objective structured clinical exams, multiple choice tests and a variety of on-site assessments and peer reviews. There are challenges with each of those steps. Today I'll be just focusing on our prior learning assessment process for foreign trained professionals.

A. Motivation for Developing Prior Learning Assessment

Essentially, this came about because we didn't really have a process to really recognize foreign trained individuals to practice in Ontario. It was very difficult for us to assess the equivalence of international programs.

One of the problems that's somewhat unique with our profession is that this profession just doesn't exist in a lot of other countries. It's very much a North American focussed profession. Europe doesn't have respiratory therapists. So somebody coming from Europe might typically be a physician, or a physiotherapist, or a nurse. Usually they're another health professional who has specialized in the respiratory area. So we face some unique challenges.

Our process does allow for credential recognition if there is substantial equivalence of a program, but that usually only applies to the US because they're the only country that really has a substantially equivalent type of profession.

So we wanted to look at this not just from an assessment approach, because there are a lot of countries that do have something that's equivalent, even if it's not the same formal profession program as ours. We have a lot of foreign trained individuals from other health professions applying. We wanted to give them the ability, if they possess the knowledge, skills and abilities, to get into the profession in Ontario.

So we developed a prior learning assessment process in partnership with the Michener Institute for Applied Health Sciences here in Toronto.

B. Competency Assessment Process

We have a three step process for assessing foreign trained individuals:

1. Self-Assessment

The first step is a self-assessment of the individual. They have to look at our entry to practice competencies and determine for themselves what things they have done in the past, what experience they have, and how much overlap there was in their practice compared to what the practice is in Ontario.

They complete a self-assessment form. There has to be a 60% overlap to get into the prior learning assessment process. That was not meant to keep people out, but really to avoid having them face the frustration of going through an expensive process that they have little chance of being successful in.

In fact, we do want to get people into the process, which is why we have no minimum educational requirement. We recognize that you could be from another profession. You could also be completely trained on-the-job. By doing that, we felt that we were giving people the chance of getting in, regardless of their educational background, if they could demonstrate the competencies.

Our profession, like many others, was not so long ago, on-the-job trained right here in Ontario. So we felt it was important that we be inclusive and try to bring those people into the profession if, in fact, they did possess the required competencies.

2. Prior Learning Assessment

If applicants get through the self-assessment process, they enter the prior learning assessment process, which is conducted by the Michener Institute.

The PLA process has two steps, a didactic assessment, and on-site clinical assessment.

a) Didactic Assessment

The first step in the PLA process is that Michener conducts a didactic assessment of applicants' knowledge. This is an assessment of all the knowledge that Michener assesses of their own students through a normal three year program.

This assessment can typically be done in about a week. It depends on the individual, but that's the typical time.

If the individual is successful in passing the exam requirements, they move to the next stage, where they go into clinical sites for on-site assessment.

b) On-site Clinical Assessment

Candidates perform procedures and supervisors check off each competency as candidates go through the list of procedures. Michener uses the exact same clinical instructors that they use for their own graduates to assess the performance of the foreign trained individuals. Again, they'd be following our list of entry to practice competencies.

We divided the assessment process into stages so that if an individual isn't successful on the first stage, they haven't gone through the financial expense of paying for the entire assessment. Also, since the second stage involves the on-site clinical testing of these individuals, we didn't want to put patients at risk if, in fact, the individuals didn't possess the basic knowledge that was required.

3. Registration Exam

People who successfully complete the prior learning assessment process then take the registration exam, which is the same exam given to Ontario graduates. The exam has both multiple choice and practical components.

C. What if someone still has gaps?

We recognize that, in Canada, we perform procedures and use technology that's not available in some countries. So we build into our process the ability for people to still get registered with the College, even though they don't have all of the competencies that we would normally require of an Ontario graduate.

If somebody has some major areas of deficiency, but they still have at least 80% of the required competencies, we would allow them to enter the profession and perhaps have some limits on their practice. Those limits would only be temporary limits until they were able to demonstrate that they possess those missing competencies.

The limits are really focussed on those precise skills that they weren't able to demonstrate. For example, if in whatever country they were trained in, they didn't perform intratracheal intubations and they had no experience doing that, then we obviously wouldn't have them practice it on a patient. So that would be one of their limits. They would not be permitted to do that until they were able to demonstrate their competence.

Our policy does, of course, cause some concern within the profession. We certainly have to try to educate the profession that this is not setting the standard lower, by any means, and letting people in with less qualifications. Instead, it's really recognizing the differences in the training and background and education of individuals.

D. Program Statistics

We just started the process in January 2000. Right now we're in the middle of the process and we have people going through it.

We sent out letters to all previously rejected foreign trained applicants, hoping that this new process would give them a chance to get in. There were a lot of positive responses and people were very interested. And we've had a number of applications since. I think we had about twenty people who were initially interested. And it's a relatively small profession in Ontario and around the world. So we're dealing with fairly small numbers of people.

But of those twenty, we ended up with only five actually entering the process. Some people dropped out because of the financial burden. We don't charge anything as a College. But the didactic assessment at the Michener Institute is \$1,500. And the clinical assessment is \$1,750. So it's very expensive, although, it's much less expensive than having them repeat the whole academic program. So we recognize that affordability is certainly a problem.

The other group of people dropped out because when they did the self-assessment, they came to the conclusion that they, in fact, weren't practising what we call respiratory therapy in Ontario. Their practice was substantially different and they really had little hope of being able to demonstrate those competencies.

We're hopeful that more people will become involved. We think this process is really flexible and will allow for more people to come into the process and get recognized.

Questions from the Audience

Questions from the audience focused on 6 themes:

1. Review and Appeal of Exams
2. Accommodation of candidates with special needs
3. Development of core competencies
4. Assessment of non-formal learning
5. Conflict of interest in the role of the regulator
6. Feedback from candidates.

The discussion finished with the generation of suggested topics for future panels.

Theme 1: Review & Appeal of Exams

Panelists were asked about their appeals policies, and whether unsuccessful candidates can see copies of their exams.

Susan Glover-Takahashi, Canadian Alliance of Physiotherapy Regulators

Grounds for Appeal

We have two grounds for appeal. You can appeal because of sickness. You need to appeal within fourteen days of the exam because you can't find out you failed, and then say you were sick. We also consider appeals for administrative reasons on our clinical exam. The clinical exams are complicated to run nationally. Things happen. So we will consider appeals. They're rarely successful though. Candidates will say, "Oh... I didn't get all my time on that stroke treatment thing." We check carefully and we have incident reports. There's either nothing to substantiate it or there is. We don't allow administrative appeals on the written exam. For example, if the heat's not right in the written exam, it's not generally an administrative appeal issue.

Appeals Process

The first level of appeal is administrative and is handled by administrative staff. If there is a subsequent appeal, it goes to our Board.

Exam Review & Feedback

We do not let people see their exam papers for the written physiotherapy exam. We do routinely give pass and failed candidates comprehensive detailed reports on the written and clinical exams, based on how they did in the different areas of practice and in dealing with different client populations. For an additional fee, we will also do what we call a file review for the clinical exam. This is a qualitative review by our senior exam person, where they identify trends in practice and behaviour and clinical skills. These reports are couched in generic terms. We also tell candidates what clinical stations they failed, for example, "you failed stations 4T and 6T." Most people are smart enough that they can do their own mental map and figure out what station

it was. We'll tell them it was a neuro-treatment case and it was 4T. And they'll say, "Oh, that was the stroke case..."

Appeals of Academic Credential Assessments

I want to make a comment about appeals around academic credential assessment. We often get calls saying, "You got it wrong." We have changed the results letter we send to candidates three times. We used to say, "you education doesn't match..." Now we say, "It doesn't match based on what we have." Candidates sometimes say, "Oh, didn't I tell you? I did a second degree in that topic you say I don't have." "Well, excuse me, I didn't know that." We can only evaluate what we have.

We tell candidates, "It's not substantially equivalent based on the information we have received. We'd be happy to look at any additional or different information you might provide us, that would suggest we would make a different decision." We have no appeals of our academic credential assessment because a file is never closed. If a candidate can find us more information, we'll consider it. They may have to pay another fee. And if it's much later, it may be against a different standard. But the answer is never absolutely "no". That has saved us a hundred times in avoiding argumentation and appeal situations.

Glen Randall, College of Respiratory Therapists

Appeals & Feedback to Candidates

We do allow appeals. In our appeal process, we give candidates extensive breakdowns of where they went wrong in the exam process. It's pretty extensive. It's four pages and it breaks things down into very fine areas of results.

Candidates often still aren't satisfied. They want even more feedback. We've checked with other regulators, and we haven't found anyone who gives more detail in their breakdowns than we give.

For the written exam, we allow candidates to review the questions they got wrong. We don't let them see the questions they got right because they could be re-used in a future exam. We also don't let them see questions that are for research purposes, that we're validating for future exams. Candidates are often quite upset that they can't see all the questions.

For the clinical exams, we let candidates know the specific criteria they didn't get correct. For these practical tests, we have specific criteria that examiners are checking off as candidates go through each station.

Robin Kilpatrick, College of Midwives

Grounds for Appeal

We don't allow appeals except for the same grounds that Susan, from the Canadian Alliance of Physiotherapy Regulators, described. We let candidates know ahead of time the processes we use for marking.

Exam Review

If an exam result is borderline pass or fail, it's remarked by another assessor. If there's a great discrepancy between the two assessors, then the Exam Co-ordinator will review it with the two of them. We let the candidates know that we pay attention to those borderlines.

We don't let people see their exams. We have a legal challenge right now about that.

Tim Blakely, College of Nurses

Tim covered this issue in his main presentation. To recap, he said the College doesn't let candidates see their exams, because it might re-use questions on future exams. He said the College tried to improve its feedback system so candidates get more feedback on their performance for each competency. He indicated, however, that candidates were often still unhappy with the amount of feedback they get. In the Question & Answer period, he added the following:

We haven't had that many appeals. Usually in an appeal, the candidate is asking that their results be waived. We present the situation and information to our registration committee, and they make the decision on whether or not to waive the result, i.e. to not count it.

We also re-mark all of the borderline candidates -- anyone within X points or percentage of passing. We advise candidates that all the exams have been re-marked and re-marking won't make any difference. But if they press and press, then for a fee we'll re-mark it again. There's never been a change in outcome.

All applicants who are refused registration have the opportunity to appeal to the Health Professions Appeal and Review Board. We've had two individuals challenge the written exam based on an unsuccessful result. And two individuals launched a challenge on the basis of being unsuccessful in the Statement of Prior Learning. We've been successful in all these appeals.

Additional Points raised in Exam & Appeal Discussion

a) The Experience of another Regulator

Audience member Ian Labane, a Faculty lawyer with the Law Society's Bar Admission course, commented that the Law Society had gone through shifts in its own appeals policies. He said that in the mid-nineties, the Bar Admission course had no appeals and candidates didn't have a

right to see their exams. Then, through a combination of complaints from policy makers and students, they decided to allow appeals. They also decided, that for appeals to have any meaning, candidates needed to see their exams and marking guides. “So we give every exam back with the marking guide to every failed candidate and just crank out new exams”. In response, Susan Glover-Takahashi commented that continuously developing new exams from scratch is a lot of work.

b) Applicability of Freedom of Information Legislation

An audience member asked whether candidates could use the Freedom of Information legislation to demand copies of their exams. In response, Ian Labane from the Law Society of Upper Canada, said his understanding is that the legislation does not apply to require regulators to give candidates copies of their exams.

c) Appeals of Decisions made by National Exam Bodies

Susan Glover-Takahashi from the Canadian Alliance of Physiotherapy Regulators, which delivers the national registration exam for the physiotherapy profession, was asked if the Alliance had ever had candidates appeal through their provincial bodies.

Susan responded that this has never happened as far as she knows. She also pointed out, that as a national body, the Alliance’s recommendations are always non-binding on provincial regulators. The provincial regulators always have the option whether or not to use the national exam or accept its results.

Theme 2: Accommodation for Candidates with Special Needs

Panelists were asked about what practices or policies they have to accommodate candidates with special needs.

Tim Blakely, College of Nurses

We have lots of experience with that with regard to our RN and RPN exams, where requests for special needs are quite common. Usually it's based on a claim that the candidate has some kind of medical condition that affects their ability to concentrate. We will let them write in a separate room, and give them time and a half in which to complete the exam.

With our objective structured clinical exam (OSCE) for nurse practitioners, we ran into a situation one time where we had a Francophone candidate. While our written exam is available in English and French, we just didn't have the resources to do the OSCE in French. To address this candidate's situation, we went through a process of observed practice. We made an arrangement with a bilingual Nurse Practitioner to watch this person practice for a number of days or at least until they felt confident that they had seen enough to make a decision. That's probably the most extreme example we've had.

Susan Glover-Takahashi, Canadian Alliance of Physiotherapy Regulators

We have lots of experience with special needs, both physical and cognitive, on both the written and the clinical exam.

We walk a really fine line here. We are surprised at the level of accommodation afforded in the educational system, let's just say that. From an evaluator's perspective, our view is that it's more than a scaffold. The issue is about the psychometric integrity of the evaluation. You can get into a grey zone where you may be affecting your ability to evaluate, or may be helping candidates through the exam.

We are carefully reviewing our special needs policy in light of a US precedent that suggests that assessors may have a responsibility disclose special arrangements. The issue is: if we, as an examining body, afforded special needs provisions, which were less than routine, does the provincial regulator need to know, so it can choose whether or not to put limits on that person's practice? We are presently investigating that issue through our legal counsel. We haven't taken the extraordinary measure yet of disclosing to the regulators when we afford an applicant an alternative evaluation approach.

Robin Kilpatrick, College of Midwives

We haven't had any requests for accommodation.

Theme 3: Development of Core Competencies

Panelists were asked how they developed their core competencies. Did they hire consultants to help them, and did they consult with members of their professions?

Tim Blakely, College of Nurses

We didn't hire a consultant. We started from the basis of the curriculum for the new program had been developed for nurse practitioners. Then we brought in a team of nurse practitioner experts and worked with them to really identify the competencies that were required.

The first step in developing our exams and assessment mechanisms was to identify our competencies. The next step was to "blueprint" the exam. Now that you've got a list of all these competencies, what are the most important ones? Where are you going to focus? The next step was writing the actual exam items. I think it may have helped streamline things to have brought in somebody who does this kind of work on an ongoing regular basis. Maybe we wouldn't have gone through so many iterations before we finally got there.

Susan Glover-Takahashi, Canadian Alliance of Physiotherapy Regulators

In the physiotherapy profession, we have an entry level competency profile which has been validated. It's the same document for the educators, the regulators and the professional association. Developing that was a fascinating project and there actually is a document on how it

was done. The actual original competency list work, I have to confess, was my Masters thesis work. And then what happened was I turned it over to the national project and they changed parts of it and they validated it cross-sectorally with the education programs and the professional association.

In developing the competencies, we had to be clear about distinctions. Sometimes we had to go in and say, "No, no, no, that's a *hopeful* competency, not a *minimal* competency."

Glen Randall, College of Respiratory Therapists

We did hire a consultant. We started off with what the schools were teaching and looked at their curricula as a starting point. We got a group of experts together to flesh out the curriculum some more. Then we developed a large survey, which we administered to all practitioners, employers and schools to get their feedback. We got about 55% of the profession to respond. Based on that, we had a different working group look at the results to validate them. Then we had a third working group do further validation of the previous group's work just to make sure that we got things right. Sometimes people would say certain things were very important to public protection and that they do them frequently. But when the group looked at them, they'd find some anomaly so they'd make some revisions. So that's kind of the process we went through.

Robin Kilpatrick, College of Midwives

We were lucky enough to have core competencies developed as we integrated and implemented the midwifery profession when it became regulated in 1994.

Theme 4: Assessment of Non-Formal Learning

Panelists were asked how they assess non-formal learning – i.e. learning acquired outside a formal academic program -- and, in particular, how do they verify such learning.

Robin Kilpatrick, College of Midwives

For applicants in our “non-recognized” category, i.e. applicants with non-formal training, we do require documentation to verify the numbers of births they've attended. We require verification on letterhead from someone with whom they've worked. This must be someone who is available for us to contact for verification. We have a list of acceptable supervisors or other people that candidates can use for verification. It can't be a practice partner. It could be someone outside of their practice. So for some midwives it would be a physician who referred clients to them. We also look at client records, so candidates can provide their midwifery records to show that they were at a particular birth, and that they provided care intra-partum and post-partum.

We try to be flexible. If the candidate says, "Well, I could give you X," which is something that they can get without a lot of extra cost or difficulty, then we figure out a way for it to have credibility.

We have very few applicants in the “non-formal” category, so we can still afford to do whatever verification we need to. For the most part we’re talking about North American applicants in this category. So it’s a whole different thing than if we had people who had left their home countries and didn’t have documentation because of extreme circumstances beyond their control.

Tim Blakely, College of Nurses

In our portfolio, we have standardized reference forms for individuals to document their past experience. The form lists all the competencies. Candidates are expected to rate their performance for each competency on a standard scale. They then have to get a colleague with whom they have worked, to rate them as well. More often than not, this colleague is a physician. We then rate the individual as well.

We also formally verify employment experience, by requiring a reference person or human resources professional to confirm the dates of employment and send this directly to us.

For those who have taken formal education, we require that a formal transcript from the particular institution be sent directly to us.

For the vast array of informal learning, such as seminars and conferences, candidates most often wouldn’t have anything to provide. If they have a certificate from a course, we ask them to submit it. If they don’t have one, we tell them not to worry about it. They can just list the course. The education part of the portfolio is just a sub-set of the assessment. The nuts and bolts of the assessment is the presentation of the candidate’s case studies and their discussion of the knowledge they had gained from all of these experiences. This presentation is the backup that verifies that they did what they said they did.

Theme 5: Feedback from Candidates

Panelists were asked if they’d ever interviewed candidates who had “survived to tell the tale” about their assessment experience.

Robin Kilpatrick, College of Midwives

We’ve had three cycles of PLA and two evaluation projects that involved candidates who had completed the process. I believe in one of them, we tried to track down people who were unsuccessful, which wasn’t easy. So we’ve heard from quite a number of people. And, in fact, it has influenced our procedures in a lot of ways.

The next piece for us is to standardize this so that it happens at the end of every supervision. Right now, we only routinely get evaluation reports from the supervisor, not from the candidate.

Most of the comments we get back from candidates are, “More support, please. More support, please. And information about the practice in Ontario. And contact with practitioners in Ontario to orient me before I go through your process, because I didn’t understand that’s what midwifery

in Ontario was about." The strongest feedback we've received is around the need for information about the profession and support in integrating into the profession.

The trickiest piece so far is the orientation piece. We put our Orientation to Midwifery at the end of our process, because it's expensive. But a lot of people are saying orientation to the profession should be at the beginning. So we're grappling with that question right now around whether we can give candidates the option of taking it at either end.

With the discussions we've been having around reciprocity for midwives from other jurisdictions in Canada, we are going to be running an orientation course that will be useful for anyone who's new to practice. So it may run more frequently.

Theme 6: Conflict of Interest in the Regulator's Role

Robin Kilpatrick was asked about the role the College of Midwives plays in providing support and direction for candidates' supervised practice. The questioner commented that regulators are sometimes pulled between competing roles as educators and judges, and she wondered how the College handled this potential conflict. She also asked if clinical supervisors might also have conflicts since the person who sets up the supervised practice is also judging it.

Robin Kilpatrick, College of Midwives

Within our very small college and our very small staff, we do still have very distinct and separate areas. The PLEA program is run by the PLEA department and the candidate's PLEA results come from there. Although someone has passed everything, they may still have discrete gaps. Depending on the type of gap, there are specific templates for supervised practice. These templates were developed by a sub-committee of the Registration Committee. So the plan isn't individualized. Any individual with the same kind of gap would get the same kind of plan.

Then candidates go out and find a supervisor. The responsibility to find a supervisor is given to the candidate. We check to make sure the supervisor meets our criteria for being a supervisor. For example, they must have so many years of practice and they must have their general registration certificate with no conditions. The supervisor has to sign a form to say that she: a) has read the candidate's report, b) understands the areas in which the candidate needs supervision, c) is willing to provide this supervision, and d) is willing to provide the required reports to the College about the supervision.

There is a potential concern about having the assessment done by a supervisor that a candidate might have had a prior relationship with. For example, the candidate might have worked as an administrator in their practice to become familiar with midwifery in Ontario. If there is an identified conflict of interest about the selection of a supervisor, then we require the candidate to have an "auxiliary supervisor". The candidate will have to get another midwife, who's not in the practice where she's being supervised, to have regular contact with and do case reviews with. That way there's a balance.

Susan Glover-Takahashi, Canadian Alliance of Physiotherapy Regulators

We're dealing with this in a bit of a different way with our present PLAR program.

We are working on an independent study model because people can't find courses in specific focused areas of study. Over the last year-and-a-half we found three or four key individuals across Canada who agreed to work as independent study supervisors. The arrangements have been vague and informal, because I absolutely trusted the professional judgement of the educators that I referred people to.

As the independent study program gets bigger, however, I have more people than those educators want to or can handle. So our next piece of research is to develop some more formal systems and objectives, and some balances around conflict of interest. Can your supervisor be your friend? Can it be your employer or potential employer who really wants you to work? There isn't, I think, a single answer.

Suggested Topics for Future Discussion

The final part of the discussion period focused on generating ideas of topics for future discussion. A number of themes were raised.

1. The Regulator's role of gate keeper and the delicate relationship between being supportive of someone who wants access to the profession and also being the regulator. How do regulators balance these roles?
2. Standards setting. There has been a notion in professions that the bar has to continually get higher, that standards have to continually become more excellent, higher, and better. At what point do we say it's good enough? Is competency about striving for excellence? Or is it about a standard to protect the public?
3. International context. How do the directions our professions are going in with respect to standard setting and assessment fit with international trends, including international trade and labour mobility agreements. What are the implications of North American practices in a global environment? When we talk about North Americanization of standards, what notion of competency underlies it?
4. Unintended cultural bias. Are there unintended biases in the assumptions underlying professional standards and assessment approaches? One person commented that it has become almost systemic to distrust training from certain countries. Are regulators' concerns legitimate or are they based on inaccurate assumptions?
5. Perspectives from Internationally-trained Professionals. It was suggested that it would be very helpful to hear from internationally trained professionals who have gone through the assessment processes so that regulators can find out if they're on the right track or not.

6. Should competency assessment be used to allow people in related occupations to seek recognition to enter a regulated profession? As one person put it, “If we’re allowing a competency based assessment for foreign trained individuals, can technicians in allied professions also be allowed to do a competency based assessment to upgrade their status?”

Appendix A

Description of Competency Assessment Programs for Internationally Trained Professionals

Introduction

This document provides a description and overview of the competency-based assessment processes developed by the College of Midwives of Ontario, the College of Respiratory Therapists of Ontario, and the Canadian Alliance of Physiotherapy Regulators to assess internationally-trained professionals.

It also describes the competency-based assessment process developed by the College of Nurses to assess RN's seeking recognition as Nurse Practitioners. Although the College of Nurses' program was not set up specifically for internationally-trained nurses - since the nurses seeking registration had trained in Ontario - the steps they took and the lessons they learned are very relevant for regulators exploring competency-based assessment for internationally-trained professionals.

The purpose of the four competency-based assessment programs described in this document is to assess whether an individual has the skills and knowledge that would be expected of a graduate from a Canadian professional program.

The experiences of the four professions shows that competency-based assessment is not a one-size-fits-all approach, although there are certain common basic steps that any organization embarking on this path, must go through. While all four professions faced many common challenges and undertook many common steps, they have each created distinct and innovative approaches to address their unique needs and circumstances.

Motivation and Impetus

The competency-based assessment programs developed by these four organizations grew out of very practical needs and a strong commitment to improving access to the profession.

For midwives and nurse practitioners, the development of competency-based assessment came out of a very pressing need to recognize existing practitioners when these two professions became regulated in the 1990's. Many practitioners were already working in these roles before the new regulatory legislation came in. The new regulatory colleges wanted to find a way to recognize these experienced practitioners without forcing them to all go back to school. The College of Midwives also wanted to ensure fair and equitable access for internationally-trained midwives.

The College of Respiratory Therapists was also motivated by access considerations. It undertook its competency-based assessment program for internationally-trained professionals because it had no other way of recognizing such individuals. There are very few comparable respiratory therapy

academic programs in other countries, so a pure academic credentialling approach would have kept the doors closed to qualified internationally-trained professionals.

The Canadian Alliance of Physiotherapy Regulators was also strongly committed to access. The Alliance found that its newly revamped academic credentialling process was already working quite well to recognize internationally-trained professionals. Its motivation to develop competency-based assessment was to provide a supplementary entry gateway for individuals with modest gaps in their academic credentials.

Diversity of Approaches

The four professions present a diversity of approaches to competency-based assessment for internationally-trained professionals.

The College of Midwives has a very elaborate system, including a 1-day multiple choice exam and 5 days of intensive written, oral, and clinical exams. The College's process provides an example of a complete competency-based assessment process for internationally-trained professionals. There is no separate registration exam for midwifery. Successful candidates do, however, have to undertake a period of supervised practice after they complete the competency assessment, and training plans are based on their results in the competency exams. The College used to require candidates to submit a portfolio as well, but it dropped this requirement because candidates and evaluators found it too complex and cumbersome.

The College of Nurses developed a three-step competency-based assessment process for Nurse Practitioners, with two exams and a portfolio. One exam is an innovative written case assessment test, which assesses clinical decision-making skills using realistic clinical scenarios. This type of exam could be of interest to other regulated health professions. The other exam is an objective structured clinical exam, using actors role-playing as simulated patients. This exam is administered by the University of Toronto through its clinical exam program. Given that clinical exams are quite intensive, costly, and complex to develop and run, this is an excellent example of how regulators can benefit from partnerships with educational institutions.

The College of Respiratory Therapists provides a very innovative model of such a partnership. The College has arranged with the Michener Institute of Applied Health Sciences to put internationally-trained candidates through a comprehensive assessment process to evaluate them against the College's entry-to-practice competencies. One of the advantages in this particular partnership is that the Institute was able to incorporate internationally-trained candidates into its existing assessment processes so it didn't really have to develop new tools. An important feature of the assessment process is on-site clinical evaluation in a variety of settings, and this is something the Institute already arranges for its own students.

The Canadian Alliance of Physiotherapy Regulators provides an example of how competency-based assessment can be used to supplement academic credentialling. One distinct feature of their model is that they've twinned it with supplementary education. They give candidates the option of taking a challenge exam or enrolling in an upgrading course, and they've linked up with educational institutions to help get candidates into such courses. The Alliance also uses an

individually tailored, rather than one-size-fits-all approach, offering candidates counselling to help them figure out the best option for fulfilling requirements. Depending on the type of gap, a candidate might take a challenge exam, enrol in an upgrading course, or prepare a modified portfolio.

Description of Competency-Based Assessment Programs

1. College of Midwives of Ontario
2. College of Nurses of Ontario
3. College of Respiratory Therapists of Ontario
4. Canadian Alliance of Physiotherapy Regulators

COLLEGE OF MIDWIVES

Name of Competency Assessment Program

What is the name of your competency assessment program for internationally trained midwives?

- Prior Learning and Experience Assessment (PLEA)

Motivation for Developing the Program

What motivated your College to develop your Prior Learning and Experience Assessment program?

- When midwifery became formally regulated in 1994, many midwives were already practising in Ontario. These midwives had either trained abroad, where midwifery is widely recognized, or in North America, through informal apprenticeship. The new regulatory College wanted to find a way to recognize experienced midwives, without forcing them to go through the new four-year baccalaureate program.
- The College was also committed to promoting access for internationally trained midwives and wanted to develop an equitable recognition system, free from systemic barriers.
- The College developed its PLEA system with the financial assistance of the provincial government's Access to Professions & Trades Unit and the Ministry of Health.

Entry-to-Practice Requirements

What are your entry-to-practice requirements for Canadian-trained and internationally trained applicants? (Note: list covers academic and clinical requirements only.)

- Graduation from 4 year baccalaureate program in midwifery from an accredited Canadian university, or successful completion of the College's PLEA process.
- Fluency in English or French (must be demonstrated before entry into PLEA)
- Successful PLEA candidates must complete 6 to 12 months of supervised practice with an established midwifery practice.
- The College has no separate registration exam.

Eligibility Requirements for PLEA

Who is eligible to enter your PLEA process?

- Applicants must have trained or practised as midwives. (Other training such as physician, obstetrician, nursing or birth attendant does not qualify).
- There are two streams for entry into PLEA:
 1. “Recognized category” – midwives who have practised or trained in a jurisdiction where midwifery is recognized by law.
 2. “Non-Recognized category” – midwives who have practised or trained in a jurisdiction where midwifery is not recognized by law. Midwives in this category must provide proof they have attended a minimum number of births as a primary midwife.
- Fluency in English or French. Fluency is determined by the Ontario Midwifery Language Proficiency Test, a test of professional language proficiency designed specifically for midwives.

Guiding Principles

What principles did you use to guide the development and implementation of your PLEA program?

1. Standards & Public Protection
2. Fairness
3. Reliability & Validity
4. Comprehensiveness
5. Accessibility
6. Cultural Awareness
7. Language Proficiency
8. Ongoing Program Evaluation

Development of Competency Assessment Process

How did you develop your competencies and PLEA process?

- Competencies were developed in the early 1990's when midwifery became a newly regulated profession. Competencies formed the basis of the new entry to practice requirements and the curriculum for the new midwifery baccalaureate program.
The competencies were developed through extensive consultation with midwives, academics, and client groups.
- Once the competencies were in place, they became the basis for the new PLEA process, which the College began working on in 1994.
- A working group, made up of College staff, professional midwives and academics, developed assessment tools, and designed the PLEA process and PLEA policies. A community advisory committee of internationally trained midwives and community associations, was also set up to advise the College throughout the process.

- First cycle of PLEA was implemented in 1996.

Considerations

What are some of the unique features of midwifery practice in Ontario or Canada that you needed to take account of in developing your competencies?

The College's competencies and registration requirements take account of the unique nature of midwifery practice in Ontario and are designed to ensure candidates are well equipped and qualified to provide care in this unique context.

- Midwives are primary caregivers.
- Continuity of care. A small group of midwives works with a woman throughout her whole cycle all the way from pregnancy to post-partum.
- Informed choice. The pregnant woman is recognized and supported as the ultimate decision-maker.
- Choice of birth place. Midwives must be capable of and willing to provide care in all settings, including home, hospital, or birth centre.

Assessment Tools

What assessment tools do you use in your PLEA process?

1. **Multifaceted Assessment 1.** 1 day written exam. Assesses general midwifery knowledge through multiple choice, true/false, and short answer questions.
2. **Multifaceted Assessment 2.** 5 days of written, oral, and objectives structured clinical exams (OSCE's) to test knowledge and skills in all areas of midwifery. The OSCE's incorporate clinical role play scenarios with simulated clients¹.

The College originally required a portfolio as the first step in the PLEA process, which required applicants to record and document their learning and experience and match them to the midwifery competencies. The College has dropped this requirement -- candidates found it time-consuming and daunting, and had difficulties locating professionals in their home countries to provide verification.

Candidates who are admitted into the PLEA program must submit a University Requirements Plan. Candidates must show they have taken a baccalaureate or at least 5 university courses, which the College judges comparable to Canadian university study. Candidates who don't meet

¹ Candidates in the “recognized” category, who meet certain requirements, may be considered for exemption from Multifaceted Assessment 2. The exemption process is a 2-hour oral exam and interview to test midwifery theory and practice.

this requirement must submit a plan to complete 5 Canadian university courses within 2 years of finishing the PLEA program.

Assessment Steps

What steps do internationally-trained candidates go through to get registered?

1. Purchase Orientation book. Attend optional information session
2. Pass Ontario Midwifery Language Proficiency Test.
3. Apply to PLEA program.
4. Pass Multifaceted Assessment 1.
5. Submit University Requirements Plan.
6. Pass Multifaceted Assessment 2.
7. Take Midwifery in Ontario Course. 1 week to orient candidates to specific areas related to practising midwifery in Ontario.
8. Complete 6-12 months of supervised practice with an established midwifery practice. The College develops individual supervision plans for each candidate based on the results of the Multifaceted Assessment.

Candidates must be successful in each step before moving on.

PLEA runs in cycles. It is offered once a year and candidates go through the process together. Candidates may leave the program at any point, and re-enter in a future cycle.

Program Delivery

Who administers and delivers your PLEA program?

- The program is developed and administered entirely by the College. Exam assessors are drawn from the midwifery professional community.

Information & Support

What information and support do you provide to candidates?

- Information/Orientation session for individuals interested in applying to PLEA.

- Detailed Orientation handbook – outlines all the steps in the PLEA process, gives exam tips, provides overview of Midwifery in Ontario.
- A core competencies self-assessment checklist is included in the Orientation handbook to help candidates assess their suitability for practice and decide if they want to apply for PLEA.
- Information about midwifery practice in Ontario. Facilitation of on-site visits to midwifery practices throughout the province.
- Orientation sessions to help familiarize candidates with the format of the clinical exams. Bibliography of study materials.

Fees

What fees do candidates pay for your PLEA process?

Application & document review	\$175
Multifaceted Assessment 1 (written exam)	\$300
University Requirements Plan/ or course equivalency assessment	\$150
Multifaceted Assessment 2 (5 day intensive exam)	\$1,375
Midwifery in Ontario course	\$1,375
TOTAL:	\$3,375

Candidates pay as they go.

Supplementary Education

Where do you refer candidates who have gaps?

- Since the midwifery profession is so new, there are currently no upgrading programs. The College hopes upgrading programs will be offered in future through the academic institutions.

Statistics

- How many candidates have gone through your PLEA program?
- Have had 3 cycles of PLEA since the program began in 1996. Next cycle begins in 2001.
- As of December 31, 2000, 52 midwives have been registered through the College's PLEA program. 25% of the registered midwives in Ontario are graduates of the PLEA program.
- The average success rates: a) Multifaceted Assessment 1 -- 87%, b) Multifaceted Assessment 2 – 65%.

COLLEGE OF NURSES

Name of Competency Assessment Program

What is the name of your competency assessment program for Primary Health Care Nurse Practitioners?

- Prior Learning Assessment (PLA)

Motivation

What motivated your College to develop Prior Learning Assessment for Primary Health Care Nurse Practitioners?

- The College set up Prior Learning Assessment when the Nurse Practitioner role became recognized in legislation. While many nurses had been practising as Nurse Practitioners in Ontario this role did not become legally recognized until 1998. Prior Learning Assessment was developed to recognize qualified Nurse Practitioners who were already in practice, without making them go back and complete the new educational program.

Entry-to-Practice Requirements

What are your entry-to-practice requirements for Nurse Practitioners? (Note: list covers academic and clinical requirements only.)

- Registration with the College of Nurses as an RN. Nurse Practitioners fit into what the College calls an “Extended Class” of registration.
- Graduation from an accredited Nurse Practitioner university program, or successful completion of the College’s PLA process.
- Provincial registration exam. For PLA candidates, this exam is incorporated into the PLA process.
- The College is ending PLA after offering it for four years. It was only intended as a transitional program to recognize nurse practitioners already in practice.

Eligibility Requirements for PLA

Who is eligible to enter your PLA process?

- Applicants must already be registered with the College of Nurses as an RN
- Must show evidence of recent practice in the nurse practitioner role.

Guiding Principles

What principles did you use to guide your development and implementation of PLA?

1. Experience is not equivalent to learning. Candidates must show and articulate what they learned from their experiences.
2. Learning must be transferable. Candidates must show they can reflect on and appropriately apply knowledge in a meaningful way in different contexts.
3. Learning is at an appropriate level. Candidates must show their competence is at the Nurse Practitioner role and not just the RN level.
4. Breadth. Candidates are assessed on the whole range of competencies, using a whole range of assessment tools.

Development of Competency Assessment Process

How did you develop your competencies and PLA process?

- This work began in 1995 in preparation for the implementation of new legislation to recognize the Nurse Practitioner role. Draft competencies were developed using the College of Nurses' Standards of Practice and the curriculum for the new Nurse practitioner program. The College worked with an expert group of practitioners and academics to develop a first draft.
- The College then consulted more broadly through a survey sent to educators, practitioners, and employers to find out: “have we got the right competencies, are we missing any, are they clearly worded, how frequently are they required in practice, how important are they to the whole Nurse Practitioner role?”
- An important consideration for the College was ensuring the competencies reflected both knowledge and the application of knowledge. Candidates need to be able to show they can apply their skills and that they understand the theory underlying what they are doing.
- Developing the competencies was an “iterative” rather than a linear process, meaning the College went back and forth a lot, from the general to the particular and back again, eventually arriving at a balance of 6 broad competency areas with 23 competency statements under them.
- The PLA model was tested through a pilot process in 1996 and implemented in November 1997.

Considerations

What are some of the unique features of the Nurse Practitioner role in Ontario or Canada that you needed to take account of in developing your competencies?

- A Primary Health Care Nurse Practitioner is a registered nurse with advanced knowledge and decision making skills in assessment, diagnosis and health care management.
- Nurse Practitioners, registered in the College’s “extended class”, have the authority to independently perform three acts under the Regulated Health Professions Act that are not available to other registered nurses: communicate a diagnosis, prescribe drugs, and order diagnostic tests. They must have the skills, knowledge and judgement to independently perform these acts.

Assessment Tools

What assessment tools do you use in your PLA process?

1. **Case Assessment Exam.** Written exam. Candidates are given short “real life” case scenarios to test their clinical decision-making skills. They are asked to outline the most important steps they would take to deal with the case. They must identify not only what they would do, but also what specific learning or theoretical knowledge they are applying. This is the same registration exam taken by candidates who have graduated from the nurse practitioner educational program.
2. **Statement of Prior Learning.** Standardized portfolio, requiring candidates to document their experience and education and articulate what they learned from those experiences and how it relates to the nurse practitioner competencies. Documentation and third party verification are also required.
3. **Objective Structured Clinical Exam.** 1 day exam. Clinical scenarios with simulated patients, to evaluate attitudes, perspectives, and clinical decision-making skills, which are difficult to assess in a paper-and-pencil testing process.

Assessment Steps

What steps do candidates go through to get registered in the College’s Extended Class for Nurse Practitioners?

1. Case Assessment Exam.
2. Statement of Prior Learning
3. Objective Structured Clinical Exam

Candidates must be successful in each step before moving on.

Program Delivery

Who administers and delivers your PLA program?

- Almost all aspects are administered and delivered by the College of Nurses.
- The objective structured clinical exam is administered by the University Toronto through its “Simulated Patient Program”, which runs clinical exams for a variety of health care programs. The College of Nurses provides the evaluators, and U of T trains them. U of T also recruits and trains the simulated patients.
- Although the PLA program is being phased out, the Case Assessment exam will remain since this is the registration exam for all candidates. The College is outsourcing this to a professional exam company.

Information & Support

What information and support do you provide to applicants?

- The College prepared information brochures for each of the assessment tools, to give candidates basic information, along with samples of what they could expect in the assessment process, and what was expected from them.

Fees

What fees do candidates pay for your competency assessment process?

- \$235.00 for the whole process. Costs were heavily subsidised by the general membership.

Supplementary Education

Where do you refer candidates who have gaps?

- Unsuccessful candidates are referred to the Nurse Practitioner academic program. The program is 1 year for nurses with a nursing baccalaureate RN and 2 years for nurses with a nursing diploma

Statistics

How many candidates have gone through your PLA program?

- As of December 31, 2000, just over 100 candidates have been registered as Nurse Practitioners through the PLA program.

- The College received an average of about 60 applicants per year. About one-third were successful in completing the PLA process.
- Average success rates: a) Case Assessment Exam - 50%, b) portfolio - 90%, c) Objective Structured Clinical Exam - 90%.

COLLEGE OF RESPIRATORY THERAPISTS

Name of Competency Assessment Program

What is the name of your competency assessment program for internationally trained respiratory therapists?

- Prior Learning Assessment (PLA)

Motivation

What motivated your College to develop PLA for internationally trained applicants?

- The process was developed so the College could recognize internationally trained respiratory therapists. There are few formal respiratory therapy programs outside North America, and the College didn't want to shut out applicants from other countries who may well have the skills to work effectively here. Applicants from other countries tend to be members of other professions who have specialized in respiratory therapy as part of their training.

Entry-to-Practice Requirements

What are your entry-to-practice requirements for Canadian-trained and internationally trained applicants? (Note: list covers academic and clinical requirements only.)

- Graduation from an approved Canadian respiratory therapy program, or successful completion of PLA. PLA is used to demonstrate that candidate meets all the competencies expected of a Canadian graduate.
- Core Competencies Evaluation (provincial registration exam).

Eligibility Requirements for PLA

Who is eligible to enter your PLA process?

- Applicants must submit a self-assessment form and curriculum vitae to substantiate that they have practised respiratory care within the past 4 years, with a substantial overlap in the theoretical and clinical performance elements of the College's Entry to Practice Competencies.
- Applicants do not need a formal academic diploma or degree in respiratory therapy.

Guiding Principles

What principles did you use to guide your development and implementation of PLA?

- The basic principle was the recognition that if an individual has the required knowledge, skills and abilities, they should be able to practice in Ontario regardless of how these competencies were obtained.

Development of Competency Assessment Process

How did you develop your competencies and PLA process?

- The College initiated its Core Competencies Project in the Summer of 1996. Purpose was to develop a consistent framework for: a) entry-to-practice requirements, b) assessment of internationally trained respiratory therapists, c) development of a new provincial registration exam, d) quality assurance program for ongoing practitioners, and e) curriculum revisions for the Ontario educational programs.
- The College assembled a group of experts to develop draft competency outline. They started by looking at the educational curriculum. They then carried out extensive consultation with the profession, and conducted a survey that was sent to all practitioners, employers and educators. Working groups reviewed and validated the results, leading to the final statement of competencies. The College used a consultant to assist the project.
- PLA Policy was approved in 1999. The first candidates entered it in 2000.

Considerations

What are some of the unique features of the respiratory therapist role in Ontario or Canada that you needed to take account of in developing your competencies?

- Communications and professional practice management are critical in today's practice environment. The College added communications and professional issues to its Core Competencies – they had never been part of the entry to practice requirements to any significant extent before.

Assessment Tools

What assessment tools do you use in your PLA process?

PLA is conducted by the Michener Institute of Applied Health Sciences

1. **Challenge exams.** Exams are based on the Michener Institute's core program content. These exams allow candidates to be evaluated on the "general knowledge" aspects of the College of Respiratory Therapists' entry to practice competencies.
2. **Structured clinical placement & evaluation.** Candidates perform procedures under supervision in clinical settings. Supervisors check off each competency as candidate successfully completes it. This allows candidates to be evaluated on the "clinical performance" aspects of the entry to practice competencies. This is the same clinical assessment that the Institute's own

students go through.

The College's provincial registration exam, the Core Competencies Evaluation, is also a competency-based assessment. It consists of: a) multiple-choice exam, b) case study exam, c) written practical exam, d) objective structured clinical exam with simulated patients.

Internationally trained applicants take this exam after completing PLA.

Assessment Steps

What steps do internationally-trained candidates go through to get registered?

1. Apply to College of Respiratory Therapists.
2. Approved applicants are sent to Michener Institute of Applied Health Sciences to enter the PLA process.
3. Challenge exams. Must pass these before moving to next stage of PLA.
4. On-site clinical assessment.
5. Michener Institute signs off that candidate has successfully completed PLA and demonstrated mastery of all the College's Entry to Practice Competencies document. Reports result to College

1. Provincial Core Competencies Evaluation.

Program Delivery

Who administers and delivers your PLA program?

- PLA is administered by the Michener Institute of Applied Health Sciences in Toronto, which is one of the approved Canadian training programs for respiratory therapists.
- The Institute puts PLA candidates through the same assessments that its own students go through, including on-site clinical assessments.
- The College developed a memorandum of understanding with Michener Institute to deliver PLA. Terms of agreement Include:
- PLA must be available year round,
- Must take no longer than 6 months to complete,
- Must include clinical exposure in a variety of settings to ensure adequate assessment, and
- Assessors' role is to assess only, not to provide informal upgrading and then assessment.
- PLA could be expanded to other educational institutions in future

Information & Support

What information and support do you provide to candidates?

- The College provides a package of information and most College documents are available on its web site.

Fees

What fees do candidates pay for PLA?

Challenge Exams	\$1500
Clinical Assessment	\$1750

Fees are paid to Michener Institute

Candidates also pay a fee for the College's registration exam. This exam is separate from the PLA process.

Supplementary Education

Where do you refer candidates who have gaps?

- Upgrading courses are available through the Michener Institute and the other respiratory therapy academic programs.

Statistics

How many candidates have gone through your PLA program?

- PLA began in 2000. All previously unsuccessful applicants were informed about the program and invited to apply.
- Although a number of applicants expressed interest, only 5 entered. (Note respiratory therapy is a very small profession.) As of March 2001, two people have dropped out, one has successfully completed the process, and two others are currently in the process.

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS

Name of Competency Assessment Program

What is the name of your competency assessment program for internationally trained physiotherapists?

- Prior Learning Assessment and Remediation (PLAR)

Motivation/Impetus

What motivated you to develop Prior Learning Assessment and Remediation (PLAR)?

- The Alliance together with the College of Physiotherapists of Ontario developed PLAR to improve recognition of internationally trained physiotherapists. This initiative was developed with funding support from the provincial government's Access to Professions and Trades initiative.
- The Canadian Alliance of Physiotherapy Regulators is a national federation of provincial regulators. The Alliance assesses the academic credentials of internationally trained applicants on behalf of the provincial regulators and administers the national registration exam.
- PLAR supplements The Alliance's academic credentialing process and provides a route to recognize applicants with modest gaps in their academic credentials.

Entry-to-Practice Requirements

What are your entry-to-practice requirements for Canadian-trained and internationally trained applicants? (Note: list covers academic and clinical requirements only.)

- Baccalaureate degree in physiotherapy from an accredited Canadian university, or education that The Alliance determines is substantially equivalent.
- Physiotherapy Competency Exam (PCE), a national registration exam offered by The Alliance.
- The Alliance reviews the educational credentials of internationally trained physiotherapists to determine if they are substantially equivalent to those of Canadian educated physiotherapists. If they are, the person may take the PCE immediately. If they aren't, but the gaps are small, the person is referred to The Alliance's PLAR program and may take the PCE after successfully completing PLAR.

Eligibility Requirements for PLAR

Who is eligible to enter your PLAR process?

- The Alliance requires applicants to show they've achieved a threshold of foundational physiotherapy learning through a formal academic program. The Alliance's rationale is that, in today's complex professional environment, there are certain foundational skills and knowledge that can only be acquired through formal education.
- Candidates must meet a certain threshold in terms of years of schooling, physiotherapy program content, course hours, and supervised clinical practice.
- Applicants with only “small” gaps in their academic credentials are eligible for PLAR. The sorts of gaps not considered small include: education that is not at the physiotherapist level (e.g. physician, physiotherapy technician, kinesiologist), education that is not at a university degree level, education that is much shorter in length than the Canadian minimum, and education with large course hour gaps compared to the Canadian minimal levels.

Guiding Principles

What principles did you use to guide your development and implementation of PLAR?

1. All applicants, regardless of whether they received their instruction in Ontario or outside Canada, should be judged by the same objective criteria.
2. Judgements about a program's equivalence to Canadian or Ontario educational standards should be made in accordance with Canadian law (e.g. human rights laws and physiotherapy regulations.)
3. Judgements about equivalence should be based on criteria that are relevant to the practice of physiotherapy in Ontario, protect the safety of the public, and provide levels of care and service that meet Ontario standards.
4. Assessment procedures should be as understandable, affordable and simple as possible for both applicants and regulatory bodies.
5. Applicants who are denied entry to the profession should receive an adequate explanation of the rationale for the decision, and be provided with information on available opportunities to remedy identified deficiencies.

Development of Competency Assessment Process

How did you develop your competencies and PLAR process?

- The Alliance began work on a national competency framework in 1996 and completed it in 1998. The motivation was to develop a consistent framework that could be used to: a) guide exam development, b) guide curriculum development, c) design continuing competency programs, d) facilitate inter-provincial mobility, and e) improve recognition of internationally trained physiotherapists.
- The framework grew out of work done by The Alliance’s Executive Director (Susan Glover-Takahashi) who did her MA thesis on this topic, and built upon the competency blueprint for the national registration exam, and the revised curriculum standards for the physiotherapy educational programs.
- The national competency framework project was a collaborative effort involving The Alliance, provincial regulators, the national professional association, and physiotherapy educators. Consultations were held with practitioners, other health care providers, academics, and client/consumers.
- Work on the PLAR process began in 1996, through the joint efforts of The Alliance and the College of Physiotherapists of Ontario. The project sponsors: a) hired consultants to assist in developing the process, b) set up an advisory committee made up of academics, professionals, the public and government, and c) organized periodic roundtables to inform other regulatory College about the project and get feedback.
- PLAR was implemented in 1998. 1999 was the first full year of operation.

Considerations

What are some of the unique features of physiotherapy practice in Ontario or Canada that you needed to take account of in developing your competencies?

- Physiotherapists work as primary care practitioners in independent practice, without the requirement of a medical referral. The education and experience of physiotherapists must equip them for independent assessment and evaluation of patients.

Assessment Tools

What assessment tools do you use in your PLAR process?

1. **Modified Portfolio.** Documentation of candidate’s work experience, continuing education, professional activities, research and relevant volunteer activities. Experience must be related directly to a specific gap. Experience must be verified. This document is called a “modified portfolio” because it’s not as in-depth and onerous as a standard portfolio.
2. **Challenge Exams.** For gaps in academic subjects.
3. **Remediation.** Although remediation isn’t an assessment tool, remediation is incorporated as an integral part of the PLAR program. Candidates have the option of taking approved courses

instead of getting assessed through one of the PLA tools. Remediation will be described under “Supplementary Education”.

To choose assessment tools, The Alliance a) researched the commonly used PLA tools and assessed their pros and cons and b) reviewed candidate files and researched international physiotherapy programs to identify the most common education and training gaps. On the basis of this research The Alliance selected the tools it felt would be most effective for assessing the kinds of gaps candidates were most likely to have.

The Physiotherapy Competency Exam, the national registration exam is also a competency assessment tool. It consists of: a) a multiple-choice exam and b) an objective structured clinical exam. Internationally trained applicants take this exam after completing PLAR.

Assessment Steps

What steps do internationally-trained candidates go through to get registered?

1. Academic Credentialling. The Alliance reviews the educational credentials of internationally trained physiotherapists to determine if they are substantially equivalent to those of Canadian educated physiotherapists. If they are, the person may take the Physiotherapy Competency Exam (PCE) immediately. If they aren't, but the gaps are small, the person is referred to The Alliance's PLAR program.
2. PLAR. Candidates may demonstrate their competencies or enrol in remediation courses to fulfil their requirements.
3. Physiotherapy Competency Exam.

The Alliance doesn't use a standardized process where all candidates go through the exact same PLAR process. Instead it counsels applicants to determine the best route they should take to demonstrate or fulfil the remaining requirements. Depending on the nature of the gap, these options include submitting a “modified portfolio” to gain credit for clinical or research experience, taking challenge exams, or taking courses.

Program Delivery

Who administers and delivers your PLAR program?

- The program is administered by the Canadian Alliance of Physiotherapy Regulators. The Alliance assesses credentials, determines eligibility for PLAR, counsels applicants on PLAR options, and assesses modified Portfolios.
- Challenge exams: So far, no one has requested a challenge exam, but if they did, The Alliance would make arrangements with a university to offer one.

- Remediation is offered by universities, and self-study remediation options are offered through arrangement with individual professor-mentors.

Information & Support

What information and support do you provide to candidates?

- The Alliance puts its initial efforts into seeing if candidates can be recognized through the standard academic credentialling process. It will give candidates an opportunity to submit further documentation or The Alliance itself will contact the educational institution to get more information. As a result, many candidates are successful in being recognized through academic credentialling alone.
- The Alliance counsels PLAR candidates to devise the best program for them to demonstrate or acquire their missing competencies.
- The Alliance provides information and referrals to upgrading programs.
- The Alliance also provides a number of orientation and information materials for candidates who are preparing themselves for the national Physiotherapy Competency Exam.

Fees

What fees do candidates pay for your PLAR process?

Academic Credential Review	\$600
Prior Learning Assessment & Remediation	\$400
Challenge exams	Fees would be set by the individual university offering the exam
Remediation	Tuition fees as set by the universities OR Independent Study with a physiotherapist mentor on a fee for service basis of approximately \$250

Candidates also pay fees for the Physiotherapy Competency Exam, which is separate from the PLAR process.

Supplementary Education

Where do you refer candidates who have gaps?

- The Alliance integrates PLA and remediation together. Applicants are given the choice of taking upgrading courses or going through a formal assessment like a challenge exam.

- The Alliance determined that it was more time and resource efficient to have the Prior Learning Assessment and Remediation opportunities available simultaneously, rather than having remediation available only after Prior Learning Assessment.
- So far, applicants have shown a preference for remediation instead of taking challenge exams.
- The Alliance gives applicants information and referrals to upgrading courses offered through university programs. The Alliance has developed a partnership with the Open Learning University in BC to give candidates access to the distance education program. Where necessary, The Alliance provides letters to universities to explain why an applicant is requesting special student status.
- Since it can be difficult to find suitable courses, The Alliance also offers candidates the option to take a program of self-study, working with a professor who serves as a mentor.
- Candidates with significant gaps in their education and training are advised to apply to the basic entry-level physiotherapy program.

Statistics

How many candidates have gone through your assessment program?

- The Alliance receives 200-300 applications annually from internationally trained physiotherapists for assessment of educational equivalence.
- Around 40% of applicants have education deemed equivalent based on an assessment of their academic credentials.
- Another approximately 50% of applicants are eligible for PLAR and will be deemed equivalent if they successfully complete that process.
- Around 140 candidates had entered the PLAR program as of December 31, 2000. Most of them had entered in 2000 and were still in the process of completing the program. By December 31, 2000, 16 had completed it and were ready to take the Physiotherapy Competency Exam.

Resources for Further Information

College of Midwives of Ontario

1. “Prior Learning & Experience Assessment: Orientation to the 2001 PLEA Program”. The handbook also contains a list of the entry-to- practice competencies. Contact the College for a copy.

College of Nurses of Ontario

1. “Primary Health Care Nurse Practitioners and the Extended Class for RN’s – Fact Sheet”; and “Primer on the Primary Health Care Nurse Practitioner”. These documents describe the role of the Nurse Practitioner, the required competencies, and the registration process. Available on College’s website – click on “CNO Publications”.
2. “Entry to Practice Competencies for Ontario Registered Nurses as of January 1, 2005. (These are the basic competencies for RN’s. Nurse Practitioners need to meet additional competencies, which are described in the Nurse Practitioner documents referred to above.)

Canadian Alliance of Physiotherapy Regulators

College of Physiotherapists of Ontario

1. “Opening Doors to Physiotherapy Practice in Canada” 1999. Describes these organizations’ joint project to develop PLAR. Funded by Government of Ontario. Contact College of Physiotherapists, Policy & Communications Department.
2. Click on the Alliance’s website to get information on a) the role of the Alliance, b) assessment of educational equivalence for physiotherapists trained outside Canada, c) the Physiotherapy Competency Exam, and d) resources for exam candidates.

College of Respiratory Therapists of Ontario

1. “Core Competencies”. Available on College’s website - click on “Standards, Guidelines & Policies” link.
2. “Core Competencies Evaluation” (provincial registration exam). Click on website’s “Registrant Information” link.

CONTACT INFORMATION

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Appendix B

About the Speakers

Catherine Laurier

Catherine Laurier is a senior Program and Policy Consultant with the Access to Professions & Trades Unit of the Ontario Ministry of Training, Colleges & Universities. She was a leader in getting a new provincial academic credential assessment service established to evaluate international educational degrees and diplomas. She has also served as a government consultant on collaborative projects with professional regulators to develop prior learning assessment and bridge training programs for internationally trained professionals. In partnership with professional regulators, Catherine has also contributed to the development of occupational fact sheets to give immigrants up-to-date information on professional entry-to-practice requirements.

Before joining the Access to Professions and Trades initiative, Catherine worked as an activist, policy analyst, and legal advocate in the fields of labour rights, social justice and women's equality. She holds a B.Sc and an LL.B from the University of Toronto.

Tim Blakley

Tim Blakley is a Senior Policy Analyst with the College of Nurses of Ontario. During his 10 years with the College Tim has worked on a number of projects related to the assessment and registration of nurses. Most recently he participated in the development of a competence-based assessment process for the registration of primary health care nurse practitioners and managed the program for the past 4 years. Tim has an Honours BA in Political Science and Mass Communications from York University.

Susan Glover Takahashi

Susan is the Executive Director of the Canadian Alliance of Physiotherapy Regulators (The Alliance). As the Chief Executive Officer, Susan is the spokesperson and advocate of the provincial physiotherapy regulators. She directs, manages and implements The Alliance strategic projects, the Physiotherapy Competency Examination Program and the day-to-day operations of The Alliance. One of key accomplishments of The Alliance, under Susan's leadership, has been the implementation a competency-based approach to its examinations and revision of the programs to assess the credentials of internationally educated physiotherapists. In addition, The Alliance has done groundbreaking work in the development and implementation of programs that improve access to the physiotherapy profession for internationally educated physiotherapists. Susan has expertise in performance description and the measurement and evaluation of competence. She is presently completing doctoral studies on describing the learning of ethical conduct by physiotherapists at the Ontario Institute for Studies in Education of the University of Toronto.

Robin Kilpatrick

Robin Kilpatrick has served as the Registrar for the College of Midwives of Ontario since the establishment of the College in 1993. She is a former practicing midwife, having worked in a busy Toronto practice for ten years up until 1995. Ms. Kilpatrick was an active participant in the efforts to have midwifery legally recognized.

Glen Randall

Glen Randall is the Registrar and CEO of the College of Respiratory Therapists of Ontario. He has held this position since the formation of the College in 1993. His background includes a range of clinical and administrative health care positions. Mr. Randall holds an Honours BA in Political Science, an MA in Public Policy and Administration and an MBA in Health Administration, all from McMaster University in Hamilton. Mr. Randall is also in the process of completing the requirements for a PHD in Health Administration from the University of Toronto.

About The Maytree Foundation

The Maytree Foundation is a Canadian charitable foundation established in 1982. Maytree believes that there are three fundamental sets of issues that threaten political and social stability: wealth disparities between and within nations; mass migration of people because of war, oppression and environmental disasters; and the degradation of the environment. Since our resources are limited compared to the magnitude of these issues, we have chosen to focus our energy on the reduction of poverty in Canada.

We view society's toleration of poverty as a fundamental threat to stability both in the world at large and in Canada in particular. Systemic poverty is an unjustifiable burden to millions of people, and bears paralyzing costs to society. It perpetuates a vicious cycle by limiting opportunity and repressing the human spirit. The correlation between poverty and most serious social problems is a stunning indictment of society's continuing toleration of poverty.

Maytree believes that poverty can be reduced through initiatives that create opportunities for people to break the poverty cycle. We also believe that progressive social policies can play a significant role in alleviating poverty and supporting the common good. Recognizing that newcomers, and especially refugees, are among the most vulnerable groups in society and frequently face real barriers to full social participation, since 1988 Maytree has focused significant energy and resources on serving this community. We view migration as an opportunity if we recognize the strengths of newcomers.

With the increasing concentration of Canada's population in its larger cities, efforts to reduce poverty must be focused on these urban communities. Maytree therefore supports a variety of urban-based initiatives to encourage the growth of healthy and inclusive communities.

The Maytree Foundation looks for ways to maximize the impact of its work. It focuses on empowering individuals, funding innovative ideas, supporting effective leaders and finding ways to achieve change and enhance the public good.

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