College of Occupational Therapists of British Columbia

Assessing the Competence of Internationally Educated Occupational Therapists for Practise in Canada:

Towards a Common Approach and an Assessment Toolkit

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EXECUTIVE SUMMARY

This paper describes a common approach to determine the substantial equivalency of Internationally Educated Occupational Therapists (IEOTs) to Canadian Educated Occupational Therapists (CEOTs). In addition, it describes a toolkit to assess substantial equivalency. Describing a common approach and toolkit to determine the substantial equivalency of IEOTs to CEOTs will serve IEOTs, the occupational therapy regulators, employers, government, occupational therapy professional organizations, and other stakeholders.

This paper builds on the previous work related to IEOTs. Over the past few years the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and other occupational therapy organizations and groups have completed various initiatives related to IEOTs. There are several reasons driving the need to move forward to assess the readiness of IEOTs for practice in Canada. The reasons include labour market information about shortage of occupational therapists and governmental interest in improved strategies to enhance the integration of IEOTs into the Canadian workforce.

Current approaches to assessing substantial equivalency of IEOTs vary widely amongst occupational therapy regulatory authorities. To develop an understanding of the current practices for substantial equivalency assessment, occupational therapy regulators completed a survey to provide information for the project consultants about the approaches and tools currently being used. In addition, a telephone consultation was completed to verify the information and ensure that the regulators were interpreting the questions and terms consistently. The project consultants also gathered examples of current tools and information about the regulatory authorities' use of tools for these assessment processes as they applied to IEOTS.

Substantial Equivalence of an individual infers that, following a review, reasonable confidence is established that the individual is, in all essential respects, the equivalent of or sufficiently similar to the comparator and meets accepted practice standards, i.e., the individual possesses the requisite competencies for registration to practice in the Canadian jurisdiction.

The proposed common approach to assessing the substantial equivalency of IEOTs to CEOTs includes Qualification Recognition and Competence Verification. The purpose of Qualification Recognition of IEOTs is to ensure the relative similarity of education and training (i.e., substantially equivalent education) between individual IEOT applicants and the established requirements for CEOTs. Qualification Recognition includes both Academic Credential Assessment and Profession-specific Credential Assessment.

Competence Verification is an evaluation of the individual practitioner's competencies (i.e., knowledge, skills and attitudes), capability, and practice context; occupational therapy regulators agree that IEOTs will meet the Canadian standards. Competence Verification includes competency-based assessments and performance-based assessments. Competency-based assessments are controlled representations of professional practice, and include paper-based, computer-based, standardized client-based assessments or any other methodology that simulates practice without being situated in a real client-clinician interaction. Performance-based assessments are situated in the real practice environment and include supervised practice and peer assessment or any other methodology that is situated in a real client-clinician interaction.

While IEOTs do not need to meet higher standards than the established CEOT standards, there may be variability in "how" an IEOT applicant demonstrates that his or her education is substantially equivalent to

the CEOT standards. The common approach to determining substantial equivalency for IEOTs may include opportunities for prior learning assessments that recognize learning outside of original professional education. The common approach may also include opportunities for some remediation (e.g. upgrading) for those IEOTs who are deemed not substantially equivalent to the CEOT.

The purpose of the assessment tools is to provide evidence of competence. While a broad range of tools for assessment were seriously explored, a smaller subset was deemed as most appropriate or possibly appropriate to assess substantial equivalence. A better understanding of the CAOT Certification Examination is required to confirm its use and, if so, to which dimensions of substantial equivalency assessment of IEOTs it applies.

A preliminary inventory was developed of the aspects of competence that are needed to assess the substantial equivalency of an IEOT applicant to the CEOT standard – including the requisite competences, required capabilities and occupational therapy practice contexts.

While much was accomplished, there is more that needs to be done for the occupational therapy regulators to fully realize the vision of implementing a common approach and toolkit to assessing the competence of the internationally educated occupational therapist for practise in Canada.

Glover Takahashi, S., McIlroy, J., & Beggs, C.

1.0 PROJECT BACKGROUND

1.1 About this Paper

This paper describes a common approach to determine the substantial equivalency of Internationally Educated Occupational Therapists (IEOTs) to Canadian Educated Occupational Therapists (CEOTs). In addition, it describes a toolkit to assess substantial equivalency.

This project was co-funded by the British Columbia Ministry of Economic Development, Saskatchewan Ministry of Advanced Education and Employment Immigration Branch, Manitoba Immigrant Integration Program, Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), and College of Occupational Therapists of British Columbia (COTBC), with in kind contributions by Advisory Committee members.

At the end of each section, under Summary Notes, several important concepts, assumptions, and definitions are highlighted. The summary notes serve as building blocks for the common approach to the assessment of IEOTS.

Section 1 briefly sets the stage for the need for this project and the outcomes that this project aims to achieve. This section also provides an overview of the project leadership and project funding.

Section 2, explores the available options for occupational therapy regulators to use a common approach to assess the substantial equivalency of IEOTs, including qualification recognition and competence verification.

Section 3 is a report on the current registration processes for occupational therapists in Canadian jurisdictions for the purpose of identifying gaps in substantial equivalency assessment and features of the current registration processes.

Section 4 explores the assessment tools that are likely most suitable to determine substantial equivalency and the relative advantages and limits of the different assessment tools.

Section 5 outlines a first generation model for assessing substantial equivalency of IEOTs, a preliminary inventory of identified preferred tools for the toolkit, and identified next steps to making the common approach a reality.

Appendix 1 is a Glossary, which includes key terms and definitions in the substantial equivalency process for IEOTs.

1.2 Recent Work about IEOTs

This paper builds on the previous work related to IEOTs. Over the past few years the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), other occupational therapy organizations (Association of Canadian Occupational Therapy Programs [ACOTUP], and Canadian Association of Occupational Therapists [CAOT]), and other groups have completed various initiatives related to IEOTs. Some of these initiatives include:

- Establishment of a Mutual Recognition Agreement in 2001 with revisions in 2006 to indicate the signatories' commitment to work toward an equivalency review model using a competency framework for the purposes of evaluating IEOTs (ACOTRO, 2001 & 2006);

- Educational Equivalency Working Group recommendations (ACOTRO, 2002);

- A review of the literature and an environmental scan of competency-based models and methods used by twelve health professions across eight countries to assess applicants' competence for registration/licensure (University of Alberta & ACOTRO, April 2007);

- Members of the occupational therapy profession have participated in Health Canada's Internationally Educated Health Professions (IEHP) forums to develop strategies to enhance integration of IEOTs into the Canadian workforce; and

- Development of an Access and Registration Framework for IEOTs, which identifies the steps to follow from an applicant's initial consideration of immigration through to integration in the Canadian occupational therapy workforce (ACOTRO, ACOTUP, & CAOT, October 2007).

While much work has been done, there is now a need to move forward to develop an approach as well as processes and tools to assess readiness of IEOTs for practice in Canada.

1.3   The Need to Review the Process for IEOTs

There are several reasons driving the need to move forward to assess the readiness of IEOTS for practice in Canada. The reasons include labour market information about the shortage of occupational therapists and governmental interest in improved strategies to enhance the integration of IEOTs into the Canadian workforce.

Labour market information indicates a strong current and future demand for occupational therapists in Canada. Additionally, shortages of occupational therapists exist in many jurisdictions. The factors that affect the demand and supply of occupational therapists in Canada include:

- Limited enrolment in university education programs such as at the University of British Columbia,[1]

- Not all provinces have an occupational therapy education program,

- Changing health systems and work environments,

- The desire for flexible workforce conditions (part-time, casual positions),

- Lack of a defined career path/ladder within the profession, and

- Early retirement from the profession.

Given the shortage of occupational therapists, it is not surprising that there is governmental interest in strategies to enhance the integration of IEOTs into the Canadian workforce. An example of the government interest is seen in occupational therapy being one of seven health professions targeted by Health Canada in its Internationally Educated Health Professions (IEHP) initiative.

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[1]*Canadian Association of Occupational Therapists & British Columbia Society of Occupational Therapists, (2007)*

1.4   Key Project Partners, Stakeholders, and Project Outcomes

The key partners in this project include the occupational therapy provincial regulatory organizations. These organizations[2] are all members of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). A representative from the Canadian Association of Occupational Therapy (CAOT), the national professional association and the Association of Canadian Occupational Therapy University Program (ACOTUP), the national educators' group, were members of the Advisory Committee to the project (See Appendix 2 for the list of Advisory Committee members). The representatives of the Advisory Committee also acted as subject matter experts.

Table 1 Intended Project Outcomes for Stakeholders	
Stakeholders	**Intended Project Outcomes**
Internationally Educated Occupational Therapists	• Improved clarity about the current registration processes to determine substantial equivalency including Qualification Recognition and Competence Verification • Improved fairness and equity for IEOTs • Increased ease of transition of IEOTs into practice in Canada • Improved professional mobility for IEOTs • Improved interest of IEOTs to practise in Canada
Occupational Therapy Regulators	• Shared understanding of the need for and driving forces behind the review of IEOTs substantial equivalency processes (i.e., including Qualification Recognition & Competence Verification) • Shared understanding of the options for determining the substantial equivalency of IEOTs • Improved understanding of the substantial equivalency-related features of the current registration processes • Improved understanding of the current registration processes amongst jurisdictions • Identification of gaps in the substantial equivalency features of the current registration processes • Identification of the options for substantial equivalency assessment of IEOTs (including Qualification Recognition & Competence Verification) • Consensus on a common approach to determine substantial equivalency of IEOTs including competence assessment and the specific competencies for assessment • Consensus on the 'toolkit' for IEOTs • Identification of the process to develop the needed tools to determine substantial equivalency of IEOTs • Each provincial regulator will have the information needed to determine the next steps for its own jurisdiction to advance to the next phase of the project
Employers of IEOTs, Government, Other Stakeholders	• Information/guidelines to determine whether IEOTs have the required competencies to provide occupational therapy services • Identification of components for performance based assessment in the workplace
Other Professional Regulatory Organizations	• An example of a common approach to determine substantial equivalency (including Qualification Recognition & Competence Verification) that will be applicable to other professions

[2] *Occupational therapy is not currently regulated in the territories.*

Key stakeholders for this project are Internationally Educated Occupational Therapists (IEOTs), occupational therapy regulators, other professional regulatory organizations, and employers of IEOTs.

The intended project outcomes for these stakeholders are numerous and broad, as outlined in Table 1. (See Appendix 3 for a list of the project deliverables.)

1.5   Summary Notes

✔   While much work has been done, there is now a need to move forward to develop an approach as well as processes and tools to assess the readiness of Internationally Educated Occupational Therapists (IEOTs) for practice in Canada.

✔   Describing a common approach and toolkit to determine the substantial equivalency of IEOTs to Canadian Educated Occupational Therapists (CEOTs) will serve IEOTs, the occupational therapy regulators, employers, government, occupational therapy professional organizations, and other stakeholders.

2.0 BACKGROUND ABOUT QUALIFICATION RECOGNITION & COMPETENCE VERIFICATION

2.1 The Need for a Common Approach to Assessment of IEOT Competence

Due to the growing international mobility of professionals, there is a need to ensure that effective processes are in place to facilitate professionals' movement from one jurisdiction of practice to another. It is also clear that the assessment or recognition of a professional's education and competence is a complex enterprise and that it takes time and resources to develop and implement effective systems of recognition.

Therefore, it is critical that regulatory authorities have a shared understanding of issues related to education and qualification recognition.

Given the need for mobility across Canada, there is value for the regulatory authorities to have a common approach to determining the substantial equivalency of IEOTs to CEOTs. Additionally, with a common approach, applicants will not be inclined to shop for the regulator with the perceived easiest requirements. It is noteworthy that a common approach does not infer or suggest a unified administrative structure.

Determining substantial equivalency is a relatively new role for some regulatory authorities. The assessment of substantial equivalency may be perceived as daunting due to the proliferation of qualifications and national qualification systems worldwide, variation in education and training structures, and constant changes in these systems. In addition, there is a lack of clarity about the concepts involved in determining substantial equivalency and the "best way" to compare the competence of the IEOT to the competence of the CEOT.

2.2 Using Substantial Equivalency Assessment to Develop a Common Approach to IEOTs

The common approach to the substantial equivalency assessment presumes that there are five criteria for substantial equivalency. Table 2 defines and describes the five criteria for substantial equivalency (Glover Takahashi, 2007a).

Table 2: Criteria for the Substantial Equivalency Assessment Process[3]	
Criterion	**Characteristics of Criteria**
1. Application + Eligibility	Applicants need to apply for access to registration with the occupational therapy (OT) regulatory authority. It is assumed that applicants are not eligible with another professional regulatory authority and that there is not another regulatory authority to which they might more reasonably submit their application. There may also be general or administrative requirements (e.g. criminal record check, insurance coverage) that vary amongst the jurisdictions.
2. Occupational Therapy Benchmark	The regulatory authority requires an explicit description of the OT comparator to make an accurate determination of substantial equivalency (e.g., Essential Competencies of Practice for Occupational Therapists in Canada). Therefore, the regulatory authority must have solid knowledge about occupational therapy education and practice.
	To determine substantial equivalency, the reviewers require an understanding of how the features of the OT's qualifications apply to Canadian professionals as well as to the applicant. Ideally, the professionals involved in qualification recognition evaluation are knowledgeable about qualitative assessment procedures as well as OT professional education nationally, and internationally.
	Common types of 'standards' documents used to develop benchmarks include:
	a) national regulatory-focused descriptions of Canadian scope of practice, competencies, practice standards, examination requirements, and educational requirements;
	b) provincial regulatory-based descriptions of scope of practice, competencies, practice standards, examination requirements, and educational requirements;
	c) regulatory-focused descriptions of OT international scope of practice, competencies, practice standards, examination requirements and educational requirements;
	d) documents developed by provincial, national, or international professional associations that describe range of practice and practitioners; and
	e) Provincial, national or international educational focused documents that describe the outcomes (e.g., objectives or competencies) or processes (i.e., course requirements, course syllabus).
	It is important to underscore that the documents used as comparators need to allow for a Competence Verification — so they need to be written with respect to the knowledge, skills and abilities, practice roles, and context of practice.
3. Decision Rules	The regulatory authority needs to establish outcome alternatives before the assessment is done. The outcome alternatives must reasonably manage the public interest and risk to the public of adverse decisions and can include:
	a) YES — Substantial equivalency to Canadian OT • Establishing the 'rules' for substantial equivalency before a case is reviewed is advisable. • What aspects are 'must be present', what aspects are 'optional'? • What does YES mean? - Yes to full registration. - Yes to provisional/restricted registration. - Yes to a targeted educational program (e.g., established bridging program). • It is important to track decisions over time to ensure consistency.

[3] *Glover Takahashi, S. (2007a).*

Criteria	Characteristics of Criteria
3. Decision Rules (cont'd)	b) YES – Substantial equivalency to Canadian OT if the following are completed (i.e., offer focused educational or practice opportunity to "fill the gaps" to become substantially equivalent): • What gaps can be filled? • What resources are available for applicants to fill gaps? • If provisional or restricted practice, are there appropriate checks on the applicant's practice while the substantial equivalency is being determined? c) Don't know if substantial equivalency to Canadian OT – Need more prolonged, detailed or field based information to make a decision (Note: In this case, the regulatory authority is advised to give very detailed directions to the applicant and evaluators about what is to be assessed, and the time period for assessment. Additionally, the terms and conditions of the temporary licensure and any appeal mechanisms need to be explicit.) • The purpose, approach, rater, ratings and possible outcomes for this assessment must be provided. d) NO – No substantial equivalency to Canadian OT • Specific competency based reasons for the decision should be provided to the applicant. • What are the next steps for the unsuccessful applicant?
4. Common Features & Aspects of Competence	4.1. Professional title 4.2. Intent of education (i.e., preparatory and professional education) 4.3. Educational systems and processes 4.4. Outcome of professional education 4.5. Context of professional practice The regulatory authority needs to compare the applicant's demonstration of evidence of the common features to the OT professional profile. The review should include consideration of: • a comparison of the common features of the OT professional group and the applicant; and • which of the many professional competencies should be requisite competencies that will need to be evaluated for designation of substantial equivalency; the requisite competencies can be as found in the education, experience, practice or other qualifications; and can look at: core elements, key elements, and important aspects in the OT practice context.
5. Transparency & Due Process	• Assessment requirements and procedures should be clear, concise, understandable, in plain language, and as simple as possible for the applicants, the reviewers, and the reviewing organization. • Applicants who are denied entry to the profession should receive a detailed written explanation of the rationale for the decision and, whenever possible, information on available opportunities to remedy identified deficiencies. • There may be established appeal mechanisms in the legislation that must be communicated to the candidate.

2.3   Defining the Substantial Equivalency for IEOTs

The substantial equivalency assessment process for IEOTs will have a common approach that uses
1) Qualification Recognition,
       and
2) Competence Verification
to evaluate whether an applicant's requisite competencies (i.e., the education, experience, practice or other qualifications) satisfy the regulatory authority with evidence of competence that is equivalent in all essential respects and meets the standard Canadian standard for safe, effective practice.

This section explores the two components of Substantial Equivalency Assessment: Qualification Recognition – Academic Credential Assessment (ACA) and Profession-Specific – Credential Assessment (PSCA), and Competence Verification - Competency Based Assessment (CBA) and Performance Based Assessment (PBA).

Figure 1 is a summary 'picture' of the common approach to determining the Substantial Equivalency of an applicant who is an Internationally Educated Occupational Therapist (IEOT) to the Canadian Educated Occupational Therapist standard.

Figure 1

SUBSTANTIAL EQUIVALENCY of an IEOT to CEOTs (i.e., Substantially Equivalent in Competencies + Capabilities + Context)	

= Qualification Recognition
(a review of *past* education and experience)
 	
• Academic Credential Assessment
  (reports on the educational system)
• Profession-Specific Credential Assessment
  (reports on the profession-specific education)
	+ Competence Verification
	(a demonstration of *current* knowledge, skills, abilities and attitudes for the new practice context)

2.3.1   Qualification Recognition

Qualification recognition is a qualitative process of systematically evaluating the documentary evidence provided by a professional to determine if his or her qualifications are sufficiently similar to the established and published standard of the receiving jurisdiction.

Qualification recognition includes two phases of evaluating the applicant's documentary evidence: academic credential assessment and profession-specific credential assessment.

• Academic credential assessment (ACA) looks at the nature of the applicant's educational system and its equivalence to the receiving jurisdiction, i.e., recognition of an institution by a governmental agency, standards for grading, program entry and requirements, grading systems, length of academic semester/ year, name of exit credential. An important feature of effective ACA is the authentication of credential and comparative description of the level and extent of the education completed.

• Profession-specific credential assessment (PSCA) looks at the nature and scope of the individual's documentary evidence to evaluate the similarity of the educational curriculum, i.e., scope of educational program, content, scope of coursework in key professional domains, methods of instruction and evaluation, fieldwork or other requirements.

In Canada best practices for qualification recognition are prepared by the Canadian Information Centre for International Credentials (CICIC). ICES, IQAS, ACAS, CEFAHQ, and WES[4] are member agencies of the Alliance of Credentialing Evaluation Services of Canada (ACESC), which sets the standards to ensure members provide a fair and credible academic credential assessment service that recognizes education achieved in countries outside of Canada. These agencies comply with strict published national standards.

2.3.2   Competence Verification

Competence Verification, which generally follows Qualification Recognition, is based on the assumption that the training and education of IEOTs is substantially equivalent to that of CEOTs.

Epstein and Hundert (2002) have defined competence in practice as "the habitual and judicious use of communication, knowledge, technical skills, professional reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served"[5] (emphasis added).

Assessment of an applicant's competence must be seen to be directly linked to a standard of performance for the entire domain his or her credential encompasses. In the case of the ACOTRO member organizations, this domain has been defined by the Essential Competencies of Practice for Occupational Therapists in Canada – 2nd Edition.[6]

An alternate way of conceptualizing any assessment methodology or approach and its role in competence assessment would be to use Miller's pyramid[7] as a framework to understand assessment.

Miller (1990) described four components to an assessment framework: knows, knows how, shows how, and does. Essentially, written assessments can evaluate the "knows" and "knows how" components. "Shows how" typically is assessed in a simulated environment, and only "does" can be evaluated in an in vivo situation, i.e., with real clients in a real practice context.

More recently, this model was revised by Rethans et al. (2002) where they distinguish between:

- "Competency-based assessment" (i.e., assessment that measures what [clinicians] can do in controlled representations of professional practice) that includes paper-based, computer-based, and standardized client-based assessment or any other methodology that simulates practice without being situated in a real client-clinician interaction; and

- "Performance-based assessment" (i.e., assessment that measures what [clinicians] do in actual professional practice) that includes supervised practice and peer assessment.

This distinction is relevant to determining which aspects of competence will be assessed with which tools and when they will be assessed (i.e., before or after entry into the clinical environment).

2.3.3   Areas of Competence to Evaluate

To determine substantial equivalence requires that the common features for safe, effective occupational therapy practice be well understood, documented, and regularly reviewed and updated.

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[4] *The ACESC members are: International Credential Evaluation Service (ICES), International Qualification Assessment Services (IQAS), Academic Credentials Assessment Service (ACAS), Centre d'expertise sur les formations acquises hors du Québec (CEFAHQ), and World Evaluation Services (WES),.*

[5] *Epstein & Hundert, 2002, p. 226*

[6] *ACOTRO, 2003*

[7] *Miller, 1990*

Competence Verification is an evaluation of the individual practitioner's

- Requisite competencies (i.e., knowledge, skills and attitudes),

- Required capability, and

- Necessary work context.

Requisite Competencies

One 'competency' is a unit of or component part of the whole (i.e., competence). A competency is an outcome statement that reflects the knowledge, skills, and attitudes to achieve a major part of one's job (a role or responsibility). Each competency can be measured against well-accepted standards, and can be improved via training and development.

Given that there are four documents that can guide and inform the selection of requisite occupational therapy competencies for assessment, reconciling these documents will be necessary. The four documents are:

1) *Essential Competencies of Practice for Occupational Therapists in Canada* – 2nd Edition *[Essential Competencies]*, (ACOTRO, 2003),

2) *Profile of Occupational Therapy Practice in Canada [Profile of Occupational Therapy],* (CAOT, 2007),

3) *Skills Profile for the Profession of Occupational Therapy in Quebec [OEQ Skills Profile]* (OEQ, 2008), and

4) *Competency Based Fieldwork Evaluation for Occupational Therapists [Fieldwork Evaluation],* (Bossers et al., 2002).

The first document, ACOTRO *Essential Competencies,* is the natural "starting off place" for the regulatory stakeholder group to look. The *Essential Competencies* document was last updated in 2003. Given the pace of change in practice and practice models, there are risks to the full development of an inventory of requisite competencies based on a document in need of revision or updating. Further, important aspects of competence and competence assessment—context of practice and capability—are not explicitly reflected in this document.

The second competency document, the CAOT *Profile of Occupational Therapy,* is newer and was updated using the current best practices in competency framework development including context of practice. The development and validation of this document was rigorous and evidence based. A limitation of this framework is that, while there was regulatory stakeholder participation at the advisory level, there has been limited examination of its completeness to the ACOTRO Essential Competencies from the regulatory perspective.

The third competency document, developed by the Ordre des ergothérapeutes du Québec (OEQ), is being developed for the Quebec context. This document provides an overview of the content of the skills profile for the profession of occupational therapy in Quebec. The approach adheres more closely to the client intervention rather than the broader view of practice used in other documents. As such, it will serve as a resource rather than a guide for developing the common approach to assessing the substantial equivalency of IEOTs.

The fourth competency document, *Fieldwork Evaluation,* is a tool that is organized to evaluate the fieldwork performance of occupational therapy students. There are a few limits to the application of this tool for IEOTs. First the document may need to be revised as it is more than 6 years old and, as noted, the pace of change in practice and practice models suggests, at a minimum, that it needs review. Additionally, which competency

profile the tool is directed towards is not clear – the CAOT *Profile of Occupational Therapy* upon which educational accreditation and the certification exam are focused or the ACOTRO *Essential Competencies* upon which standards of occupational therapy practice and registration are based. Further, important aspects of competence and competence assessment—context of practice and capability—are not explicitly reflected in this document.

The document(s), e.g. competency profile(s), that will be used to determine the requisite competencies for assessment of IEOT competence needs to be determined.

Capability

Capability refers to the physical, mental, and emotional potential and facility[8] of an individual that enables them to fulfill his or her professional role. Abilities include talent, aptitude, and adequacy. Most often there are not explicit requirements in this area

Evidence of capability may include language tests, criminal record checks, verification of application of 'good standing', standards with respect to capacity, and undertakings with respect to mental and/or psychological fitness to practice.

Context

Context is the environment where practice occurs. Context of practice describes the details about the practice milieu including the who (types of clients, groups, populations), what (areas of practice, types of service), where (practice settings), and how (professional roles, funding models) in which practitioners may practice. The areas describing the context of practice are interrelated and affect which requisite competencies are needed for safe and effective practice.

2.3.4   Equivalence to the Canadian Standard

One of the cornerstones of the substantial equivalency approach is that there is a need to satisfy the regulatory authority with evidence of competence that the person's qualifications and competence are equivalent in all essential respects and meet the standard (i.e., Canadian standard) for safe, effective practice.

Occupational therapy regulators have established that IEOTs will meet the Canadian standards. It is also noteworthy that the approach for IEOTs does not require applicants to meet or seem to be required to meet a higher standard than the established CEOT standards. But while the standard is expected to be substantially equivalent, there may be differences in how an individual IEOT applicant demonstrates substantially equivalence to the CEOT standard.

2.4   Implications of Using a Substantial Equivalency Assessment Approach for IEOTs

Most decisions about an applicant's demonstration of substantial equivalency are neither black nor white, but rather a determination about the shade of gray.

The level of confidence for the determination of substantial equivalency may be *satisfied, sufficiently similar, reasonably confident,* or *meets accepted minimum standards.*

The common approach to determining substantial equivalency for IEOTs may also include opportunities for including prior learning assessments (i.e., outside of original professional education) as well as opportunities

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[8] *Synonyms for capability that further help explain the ability include talent, aptitude, adequacy, facility, and potential*

for some remediation (i.e., upgrading) for those IEOTs who are deemed not substantially equivalent to the CEOT.

When an applicant has provided satisfactory evidence of substantial equivalency of competence in some aspects of competence but gaps in other aspects of competence, the regulatory authority may require the applicant to successfully complete remedial education and further assessments (e.g. one or more educational programs, written or clinical examinations, or supervised practice related to specific aspects of competence).

At issue is to decide which areas of deficiency may be 'made up' through remedial work and what degree of deficiency can be made up through remedial work.

Experience shows that applicants benefit from education, support, and mentorship as they navigate the assessment processes.

2.5 Summary Notes

✔ Given the need for mobility across Canada, there is value for the regulatory authorities to have a common approach to determining the substantial equivalency of IEOTs to CEOTs.

✔ A common approach does not infer or suggest a unified administrative structure.

✔ Substantial Equivalence of an individual infers that, following a review, reasonable confidence is established that the individual is, in all essential respects, the equivalent of or sufficiently similar to the comparator and meets accepted practice standards, i.e., the individual possesses the requisite competencies for registration to practice in the Canadian jurisdiction.

✔ The common approach to assessing the substantial equivalency of IEOTs to CEOTs includes Qualification Recognition and Competence Verification.

✔ Qualification Recognition includes both Academic Credential Assessment and Profession-Specific Credential Assessment.

✔ The purpose of Qualification Recognition of IEOTs is to ensure the relative similarity of education and training (i.e., substantially equivalent education) between individual IEOT applicants and the established requirements for CEOTs.

✔ Competence Verification includes competency-based assessment and performance-based assessments.

✔ Competency-based assessments are controlled representations of professional practice, and include paper-based, computer-based, standardized client-based assessments or any other methodology that simulates practice without being situated in a real client-clinician interaction.

✔ Performance-based assessments are situated in the real practice environment, and include supervised practice and peer assessment.

✔ Competence Verification is an evaluation of the individual practitioner's competencies (i.e., knowledge, skills and attitudes), capability, and practice context.

✔ The document(s), e.g., competency profile(s), that will be used to determine the requisite competencies for assessment of IEOT competence needs to be determined.

✔ The regulatory authorities will establish how the competencies, capability and context will be assessed.

✔ IEOTs will meet the Canadian standards.

✔ While IEOTs do not need to meet a higher standard than the established CEOT standards, there may be variability in 'how' an individual IEOT applicant demonstrates that their education is substantially equivalent to the CEOT standard.

✔ The common approach to determining substantial equivalency for IEOTs may include opportunities for including prior learning assessments (i.e., outside of original professional education).

✔ The common approach may include opportunities for some remediation (i.e., upgrading) for those IEOTs who are deemed not substantially equivalent to the CEOT.

3.0 REGISTRATION PROCESSES IN CANADA FOR IEOTS

3.1 Current Assessment Practices of Substantial Equivalence of IEOTs in Canada

To develop an understanding of the current practices for substantial equivalency assessment, occupational therapy regulators completed a survey to provide information for the project consultants about the approaches and tools currently being used, including examples of how these tools are used to assess substantial equivalency for IEOTs (see Appendix 4). In addition, a telephone consultation was completed to verify the information and ensure that the regulators were interpreting the questions and terms consistently. How the current tools were explored and built upon is described in Section 5.

Use of the common approach (Figure 1) for assessing substantial equivalency of IEOTS varies widely amongst occupational therapy regulatory authorities. This section provides a summary of the regulators' current use of the common approach to determining substantial equivalency of IEOTs and illustrates that it is not consistently applied. Table 3 provides a count of ACOTRO members who use each of the four steps. The count does not reflect the who, when, where, and how the steps are completed. Following Table 3 there is a summary of the themes that emerged in analyzing the documents, data and interviews.

3.1.1 Current Approaches to Substantial Equivalency

The summary of current Qualification Recognition processes indicates:

- All of the occupational therapy provincial regulatory authorities complete both phases of Qualification Recognition (i.e., Academic Credential Assessment and Profession-Specific Credential Assessment).

- All of the occupational therapy provincial regulatory authorities complete the first phase, Academic Credential Assessment, through assessment by a member of the Alliance of Credentialing Evaluation Services of Canada (ACESC) using strict published national standards.

- Eight of the ten occupational therapy provincial regulatory authorities complete the second phase, Profession-Specific Credential Assessment, through CAOT or an internal process that uses the WFOT Minimum Standards for the Education of Occupational Therapists.

- Some of the occupational therapy provincial regulatory authorities provide specific direction about approach to Academic Credential Assessment.

- Two of the occupational therapy provincial regulatory authorities (i.e., Manitoba and Quebec) complete the second phase, Profession-Specific Credential Assessment, using an internally developed process that is not based on the WFOT Minimum Standards.

Table 3: Current Approaches to Substantial Equivalency

	1. Qualification Recognition	2. Competence Verification
Competency-based Assessment	**1.1 Academic Credential Assessment** • Completed by all regulatory authorities (by ACESC member) **1.2 Profession-Specific Credential Assessment** • Completed by all regulatory authorities (8 of 10 through CAOT or internal process using WFOT standards; 1 uses internal process not based on WFOT standards)	• Completed by 9 of 10 regulatory authorities (through requirement to complete the CAOT exam)
Performance-based Assessment	*No current performance based tools for Qualification Recognition*	• Completed by 8 of 10 regulatory authorities (through supervised practice under temporary/provisional licensure)

3.1.2   Observed Strengths in Current Assessments of Substantial Equivalency of IEOTs

Amendments to Regulations and Bylaw

In many provinces there will be, or there have recently been, amendments to the Occupational Therapy Acts that have given regulators increased and/or new authority to act in areas related to registration. Therefore, in preparing new regulations or bylaws, many regulators are well positioned to incorporate any new assessment standards and processes for substantial equivalency into new regulations.

Eligibility and Assessment Criteria

Regulatory authorities have developed general criteria for registrants who have provisional or temporary registration status, in some cases using a wide range of eligibility criteria and practice options, including mentorship arrangements and development of learning contracts. There is little use of structured assessments with explicit criteria that would improve confidence, transparency, reproducibility and defensibility.

Decision-Making

Some regulatory authorities have developed, or are in the process of developing, documentation/flow charts that clearly outline different decision-making scenarios regarding the legislative provisions and related academic standards, review processes, registration status granted and assessment tools. Many would benefit from more explicit and standardized criteria in decision-making.

Documentation

Some regulatory authorities have developed extensive documentation related to the regulatory processes and substantial equivalency assessment including policies and procedures, guidelines, checklists, and assessment tools. Others lack consistent approaches to documentation and transparency practices.

Infrastructure

Some regulatory authorities have a highly developed infrastructure and expertise in the assessment of substantial equivalency related to registration processes that are the same for Canadian and IEOTs, ensuring a systematic process is followed for all registrants. Other regulators will require more infrastructure

development and expertise. Some regulators, due to their low IEOT applicant volumes, may consider developing a fee-for-service approach with one of the regulators who has a larger applicant volume, rather than developing their own infrastructure.

3.2 Current Standards for the Assessment of Substantial Equivalence of IEOTs in Canada

Qualification Recognition in Occupational Therapy for all provincial occupational therapy regulatory authorities includes both the Academic Credential Assessment and the Profession-specific Credential Assessment.

All of the provincial occupational therapy regulatory authorities require that an IEOT has an academic credential assessment. Most often this requirement arises out of the requirement for the successful completion of the Canadian Association of Occupational Therapists (CAOT) Certification Examination.

For applicants to the CAOT Certification Examination, depending on the educational program and country of education, there are different paths to academic credential assessment:

- For those IEOTs who were educated at a World Federation of Occupational Therapy (WFOT) approved program, the documents are authenticated by an agency who is a member of the Alliance of Credentialing Evaluation Service of Canada (The Alliance). These agencies authenticate that the submitted credentials are from an approved educational institution.

- For those IEOTs who were not educated at a WFOT approved program, the applicant must have a basic assessment completed by a member of the ACESC and the CAOT completes a profession-focused credential assessment using the WFOT Minimum Standards for Educational Programs.[9]

As the WFOT appears to be the benchmark standard for many jurisdictions for the Profession-Specific Credential Assessment, a closer look at the comparability of the WFOT standard is prudent to ensure it reflects the CEOT standard – which is the defacto Canadian standard for substantial equivalency.

3.2.1 WFOT Education Program Standards

The WFOT standard is flexible to reflect the needs of the local citizens and the local health and education systems. The differences between the WFOT and the Canadian standards are seen in both the educational system and the educational outcome.

Firstly, WFOT's approach to approving an education program varies greatly from the Canadian approach of educational program accreditation. Table 4 depicts a comparison of the two approaches related to assessment principles, assessment standards, and decision-making; it also compares the two approaches in relation to the *Guidelines for Good Practice of Academic Accreditation of Professional Programs* (1999) published by the Association of Accrediting Agencies of Canada[10] (AAAC).

In short, to become approved a first time, applicant education programs must submit a self-report about Local Context, Curriculum, and Self-Evaluation. The review of the submitted documents by WFOT Program Evaluators is coordinated through the WFOT Programme Coordinator of the Education and Research Program

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[9] *Process for Approval of Educational Programs, WFOT, 2004. http://www.wfot.org/office_files/Process%20of%20Approval%20EduProg.pdf*

[10] *The Association of Accrediting Agencies of Canada is a national federation of accrediting agencies, which has a mission to pursue excellence in standards and processes of accreditation to foster the highest quality of professional education in Canada*

(ERPC). Once the documentation is evaluated, and further information is gathered as needed, the ERPC completes the final report and makes a recommendation about the program's approval to the WFOT Council. The ongoing monitoring of educational programs to meet the WFOT Minimum Standards is the responsibility of the occupational therapy professional association in the WFOT member country. WFOT approved programs are profiled and listed at http://www.wfot.org/schoolLinks.asp

Secondly, the minimum occupational therapy education that is approved by WFOT (Minimum Standards for the Education of Occupational Therapists)[11] also varies greatly from that of the CEOT. The WFOT is not a standard in the sense of a minimum bar for educational outcome. That is why there are approved programs with wide variations. Examples of this are found in both the intent of the educational systems and processes and in the outcome of professional education. For example among the WFOT approved programs are programs of varying length (2 years, 5 years), at varying levels of educational outcome (certificate, diploma, Bachelor's Degree, Master's Degree, Professional Doctorate), and at varying levels of autonomy of practitioner (no autonomy, fully autonomous, primary care). Examples of some WFOT approved programs which at first do not appear to be substantially equivalent to the CEOT are found in countries including: Belgium, Indonesia, Kenya, Russia, Spain, Sri Lanka, and Uganda.

Table 4 : A Comparison of WFOT and Canadian Education Program Assessment Approaches		
	WFOT Approach	**Canadian Approach**
Assessment Principles	- education program quality improvement - collaboration between programs - confidentiality	- comprehensive philosophy and guiding principles
Assessment Standards	- local context - curriculum (philosophy, content, methods, fieldwork, resources, graduate competencies, and educators)	- 9 outcome-based standards (university based, conceptual framework; student support and resources; resources for finances, human, environmental and learning; evaluation; research), 32 tests of quality, & 113 indicators
Decision-Making	- WFOT program evaluators make judgements about graduates' competence in local context; and recommend if program should be approved (based on guidelines provided) - WFOT Education and Research Program Coordinator (ERPC) writes recommendation about approval, based on report submitted by evaluators - if ERPC recommends approval, information presented to WFOT Council for ratification	- On-Site Team recommends award to Academic Credentialing Council (ACC) - quantitative approach guides decision-making in consideration of qualitative information provided by self-study, on-site reviews, and accreditation experts - ACC has final authority for decision recommendation - CAOT Board approves final decision

[12] *Process for Approval of Educational Programs, WFOT, 2004. http://www.wfot.org/office_files/Process%20of%20Approval%20EduProg.pdf*

AAAC Best Practices	WFOT	CAOT
The accreditation process is transparent, consistent, fair, and maximizes objectivity and confidentiality.	- assessment processes and responsibilities are documented - occupational therapy association decides how it will determine if an education program meets standards	- several related Policies in Self Study Guide: http://www.caot.ca/pdfs/ GuideComplete.pdf
The purpose of accreditation status is to maintain the quality of programs and to promote their continuing improvement.	- having one education program that meets WFOT standards is required for a country to become and remain a WFOT member	- promote quality occupational therapy education - support growth and development of OT educational programs
The accreditation agency is an autonomous organization from the educational program under accreditation.	- WFOT Education and Research Program is autonomous from education program	- ACC is autonomous from education program
The accreditation agency has representation by the relevant stakeholders to accreditation.	- there is no participation of stakeholders beyond educators	- the ACC is responsible to the CAOT Board of Directors and has regional representation with diversity of practice settings, and educational representation and academic qualification; at least two members use French as their primary language; two members are appointed by the Association of Canadian Occupational Therapy University Programs; one member is a public member with experience in accreditation and the CAOT Director of Standards is a non-voting member
Qualified peer reviewers conduct the accreditation review.	- ERPC appoints 2 reviewers who are OTs with experience in education	- both on-site and off-site team members are appointed by the ACC
There is a mechanism for training peer reviewers.	- no training provided but must have read and understood WFOT standards	- AAAC on-line education program
There is a clear description of the accreditation process, including the goals and specific steps taken by all parties the accreditation process.	- WFOT Process for Approval of Educational Programmes document outlines all processes	- processes are documented in CAOT Academic Accreditation Standards and Self-Study Guide
There is a time-defined accreditation status and requirements to maintain the status.	- programs must be re-approved every 5 or 7 years (5 if 3 year program and 7 if 4 year program) - OT association in program country is responsible to determine ongoing compliance of program with standards	- 5 or 7 year awards (possibility for 5 year award to be extended by 2 years if meet all criteria)
There are mechanisms to define accreditation status.	- guidelines provided for evaluators to make judgements	- policies and procedures for ACC

The flexibility of the WFOT standard, which allows an approved program to reflect the needs of the local citizens and the local health and education systems, and allows national voluntary organizations to self-report the ongoing compliance with the WFOT standard, is completely consistent with the WFOT mandate for the international development of a profession. But the WFOT standard, in many aspects, fails to reflect the current Canadian education standard. As the WFOT standard is not comparable to the profession specific education of a CEOT, regulators will need to develop assessment tools for the Profession-focused Credential Assessment that reflects a more accurate view of the current Canadian occupational therapy educational standard.

3.3 Summary Notes

✔ Use of the common approach for assessing substantial equivalency of IEOTs varies widely.

✔ All of the occupational therapy regulators have applicants complete an Academic Credential Assessment, through assessment by a member of the Alliance of Credentialing Evaluation Services of Canada (ACESC) using strict published national standards.

✔ The regulators need to monitor the approach to Academic Credential Assessment (e.g. originals documents or copies, information in report re: eligibility to work in jurisdiction of education).

✔ All of the occupational therapy regulators have a Profession-Specific Credential Assessment, but many use of the WFOT approval status as the Canadian standard.

✔ The WFOT standard, while consistent as a mandate for the international development of a profession, in many aspects, fails to reflect the current Canadian education standard.

✔ As the WFOT standard is not comparable to the profession-specific education of CEOT, regulators will need to develop assessment tools for the Profession-Specific Credential Assessment that reflects a more accurate view of the current Canadian occupational therapy educational standard.

4.0 TOOLS FOR SUBSTANTIAL EQUIVALENCY ASSESSMENT

The purpose of assessment tools is to provide evidence of competence. While a broad range of tools was seriously explored, a smaller subset was deemed as most appropriate or possibly appropriate to assess substantial equivalence.

This section describes the principles for assessment, and then describes this smaller subset. Additionally, there is a brief commentary on the rationale for inclusion of particular tools.

4.1 Principles and Criteria for the Common Approach to Assessment of IEOTs

When developing an assessment system there are general principles and criteria that need to be considered including :

- have transparent and clear assessment processes,
- be developed in collaboration with all stakeholders,
- be flexible enough to address variations in jurisdictions and in individual IEOTs,
- be fairly and equitably implemented for all applicants,
- respect due process,
- use known standards (i.e., based on required competencies and experience for safe and effective occupational therapy practice),
- be timely (i.e., have reasonable timeframes),
- be as cost affordable as is feasible,
- be economically sustainable,
- be acceptable in each jurisdiction for the purpose of mobility, and
- be regularly updated to reflect improvements to assessments and changing practice standards.[12]

Each major revision or development of the common approach should include revisiting the above list to determine how it is "measuring up".

4.2 Key Measurement Principles to Consider when Selecting Tools for Competency Assessment

When selecting and developing a specific assessment tool, there are key measurement principles that need to be considered as outlined below.

Face Validity

Face validity is a characteristic that describes how closely the tasks or actions required of the applicant match the actual competencies the tool is designed to assess. Tests of knowledge should appear, on their "face" to be assessing knowledge, and tests of practice skills should appear to be assessing practice skills.

[12] *Glover Takahashi, Millette, & Eftekari, 2003*

Reliability

Reliability means that the tools used in the Substantial Equivalency Assessment program can give reproducible results. In other words, the same conclusion would be drawn in different but parallel assessment conditions (e.g., different raters, different cases or items, different occasion of assessment).

Validity

Validity is a measurement concept related to the accuracy of the inferences of the assessments. For the purposes of the Substantial Equivalency Assessment programs this means that those applicants who pass the assessments are in fact competent (i.e., capable of delivering safe, effective occupational therapy services in the context of the receiving jurisdiction). It also it means that the tools utilized in the programs can identify those applicants who are not competent for practice in that jurisdiction.

Feasibility

Refers to the reasonableness of implementation given the resources (human, financial, infrastructure) to achieve the desired processes or outcomes.

Sustainability

It is important for a licensure program to invest in its future. This can be done by ongoing research and periodic examination reviews of competencies and testing procedures. Professions and measurement practices change over time, and a licensure program must ensure that it remains current.

4.3   Tools to Assess Competence of IEOTs

This section provides a brief overview of the tools to assess competence of IEOTs. While a broad range of tools for assessment was seriously explored, a smaller subset was deemed as most appropriate or possibly appropriate to assess substantial equivalence.

This section builds upon information from a number of sources both inside and outside of occupational therapy. An excerpt from the Royal College of Physicians and Surgeons of Canada's CanMEDs *Assessment Tools Handbook,* which is a user friendly and publicly available background resource on performance assessment tool, is included in Appendix 5.

A few words about what tools are not included. The current consensus is that the Objective Structured Clinical Examination (OSCE) and other standardized client-based assessment methodology are not included as they were considered not acceptable. The lack of acceptability centred on the high costs of such assessments and that would likely necessitate a central examination administration, which has not yet been determined as preferred.

Important assumptions about the use of any tool to assess competence is that

- there is a systematic use of the tool (i.e. systematic administration, scoring, knowledgeable developers, administrators),
- there are well developed criteria for what is being assessed (i.e. explicit criteria of what is being assessed, scoring rubric), and
- that there is an explicit decision made about what is `good enough' (i.e. passing score, next steps for those unsuccessful).

4.3.1   Academic Credential Assessment Tools

Credentialing agencies, such as WES, IQAS, ICES, and ACES-MB, understand education internationally and educational credentials assessment. In doing Academic Credentials Assessment, the occupational therapy regulators are contracting these agencies to provide information to them for registration decisions. In using such agencies it is important that the occupational therapy regulators:

- provide clarity on what information is needed to make decisions,
- have an understanding of the agencies' assessment tools, and
- provide specific instructions on any criteria important to regulators.

The credentialing agencies should be able to demonstrate that they have specific guidelines for making decisions, including scoring or interpretation rubrics and quality assurance systems.

The "tool" may consist of one or more checklists completed by file reviewers, or they may be more "global assessments" of the quality of the academic credential relative to the Canadian system. However, so the assessment process is reliable, credentialing agencies must use standardized and well-documented approaches as to how each rater should assess the file. They should do periodic assessments of the inter-rater reliability, where two raters evaluate the same applicant file and compare the results, to ensure consistency across raters. The transparency of the process should be evident to both applicants and consumers of the reports.

Validity and sustainability of the assessment process and tools are important and can depend on such factors as the need to maintain up-to-date information about evolving educational systems.

4.3.2   Profession-Focused Credential Assessment Tools

Completing a profession-focused credential assessment requires a good understanding of occupational therapy internationally and the Canadian occupational therapy comparator. The Canadian education comparator needs to be unpacked so that specific criteria can be applied to the education and experience of the internationally educated applicant. It is likely that the Canadian comparator includes educational documents (e.g. transcripts, course descriptions, certificate) and practice documents (e.g. past registration and work history).

Due to the level of interpretation involved, the person completing the Profession-Specific Credential Assessment needs to be knowledgeable about credentials, education, and assessment. In many systems a registered professional (i.e. occupational therapist) would be responsible for the decisions.[13]

Similar to Academic Credential Assessment, those doing Profession-Specific Credential Assessment for the occupational therapy regulators are being contracted to provide information for registration decisions. In using such agencies, it is important that the occupational therapy regulators:

- provide clarity on what information is needed to make decisions,
- have an understanding of the agencies' assessment tools, and
- provide specific instructions on any criteria important to them.

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[13] *Some Profession-Specific Credential Assessment systems set up a precedent system so that after the qualifed professional makes a decision on the first case from a given school then subsequent similar cases (i.e. same school, same year, same program) could be processed by administrative staff with final verification by qualified professional.*

The Profession-Specific Credential Assessment requires specific guidelines for making decisions, including scoring or interpretation rubrics and quality assurance systems.

The "tool" may consist of one or more checklists completed by file reviewers or it may be "global assessments" of the quality of the academic credential relative to the Canadian system. However, in order that the assessment process is reliable, credentialing agencies must use standardized and well-documented approaches as to how each rater should assess the file. They should do periodic assessments of the inter-rater reliability, where two raters evaluate the same applicant file and compare the results, to ensure consistency across raters. The transparency of the process should be evident to both applicants and consumers of the reports.

Validity and sustainability of the Profession-Specific Credential Assessment process and tools are important and can depend on such factors as the need to maintain up-to-date information about evolving occupational therapy educational programs.

4.4   Competency-based Assessment Tools

As previously described, competency-based assessment involves any approach to evaluation or assessment that measures what clinicians can do in controlled representations of professional practice.

Written and Oral Examinations of Language Proficiency
There are a number of "off-the-shelf" tests assessing language proficiency, the most prevalent of which is the Test of English as a Foreign Language (TOEFL). Many of these assessments include a written and an oral component. These tests are developed for a number of broad-ranging purposes, and many are not specific to the domain of occupational therapy.

The language proficiency tests are typically reliable in that the scores are reproducible over test forms and occasions. They are likely valid for making decisions regarding how one would perform in an academic (i.e., post-secondary) setting and are often used as eligibility criteria for entry into post-secondary educational institutions in North America.

Users of the results of the TOEFL, or similar tests of language proficiency, need to understand the stated purpose of the test, the construct(s) that it purports to measure, and more importantly, what it does not measure, e.g. effective communication as an occupational therapist in the context of client care.

Written Examinations of Application of Clinical Knowledge
There are many types of written examination formats (e.g. multiple choice, short answer, long answer). Written examination formats can be oriented toward recall of factual knowledge or they can evaluate clinical reasoning skills in a case-based situation.

The examination delivery mechanisms can be paper and pencil or via computer. Written simulations (paper-based or computer-based) fall here under the category of written examinations.

The more open ended the examination response format (e.g. essay), the more discriminating the test can be about the person's ability, but more time and effort are required to score the examination. The more close-ended the examination response format (e.g. true-false, multiple choice), the less discriminating the test can be about the person's ability, but it requires less time and effort to score the examination.

To develop the common approach to the assessment of the substantial equivalency of IEOT, document analysis and a meeting were conducted and a preliminary report was developed. The preliminary report about the CAOT Certification Examination is included in Appendix 6.

The review of the CAOT Certification Examination (CAOTCE) was primarily focused on information gathering so the project consultants could ensure they had been able to access and review all publicly available information provided by the CAOT regarding the examination. The summary of the review of public documents notes that:

- There are numerous well developed candidate documents;
- The available public documents and the highly regarded psychometric consultants provide confidence in the design and administration of the CAOTCE; and
- For a full understanding of the suitability of the CAOTCE as a registration requirement by the occupational therapy regulators, additional information that is not available publicly is required. The additional information could include: examination psychometric indices for each administration of the exam, including scale reliability, and decision consistency; and evidence of validity including content validity, face validity, internal structure, and/or criterion-related (concurrent or predictive) validity.

Portfolio Assessments

Portfolios provide a flexible, multifaceted means of collecting evidence. Depending on the competencies being assessed and criteria for assessment, the evidence gathered by the candidate will differ. A portfolio might be the label placed on a number of documents and a variety of information that the occupational therapy regulator may ask the IEOT to gather for the Qualification Recognition and/or the Competence Verification.

A logbook of clinical activities, a resume, and documentation of professional development activities are examples of evidence that might be gathered for a portfolio. This may have some utility in substantial equivalency assessment of IEOTs, or in Prior Learning Assessment and Recognition (PLAR) processes.

Portfolios are excellent for providing ongoing formative assessment and for facilitating dialogue with the applicant or learner.

As in other open ended written assessments that do not have "one right answer", the use of standard criteria and scoring systems are needed for a portfolio to be used for assessment of substantial equivalence.

Practice-Based Interview

Using a structured interview, interviewees are required to describe practice experiences where they demonstrated specific competencies. This approach can be useful for clarifying or verifying competencies related to attitudes, ethics, general approach toward clients, decision-making, problem-solving skills, etc. A skilled interviewer, standard criteria, and scoring systems are needed for this to be used for assessment of substantial equivalence.

4.5   Performance-based Assessment Tools

As previously described, performance-based assessment involves any approach to evaluation or assessment that measures what clinicians actually do in real-life professional practice. The face validity of performance-based tools will, by virtue of being situated in actual clinical practice, be higher than the tools described in the previous section. A limit of these evaluation tools is that they are less standardized than a controlled environment, so they require specific criteria and scoring systems.

Direct Observation of Practice

Direct observation refers to the ongoing observation, assessment, and documentation of actions taken by learners in real clinical settings during their training period. The critical factor that distinguishes direct

observation from other forms of assessment is that the learner is observed performing authentic actions that occur naturally as part of daily clinical experience.[14]

Evaluation forms are completed by supervisors/observers at a prescribed frequency.

Ideally there are specific performance criteria, expectations for performance, and rater training. The clinical setting determines the extent of what can be demonstrated.

As clinical settings vary it may be necessary to develop a menu of types of situations, clients, and interventions that need to be evaluated. Pre-existing tools, such as the Bossers et al. tool[15], may need to be adapted and validated for use with IEOTs.

Peer Assessment of Practice

Peer assessment on its own, or as part of a "360-degree" or multi-source feedback (MSF) assessment system, evaluates what is done in the actual clinical setting; therefore face validity is high. Feedback is typically provided by completing a questionnaire-based tool that is designed to assess clinical behaviours.

MSF can include input from people who do not normally have a hierarchal responsibility for providing feedback (i.e. clients, peer colleagues, other professional groups, administrative staff), but who may have a different perspective on the candidate's actual day-to-day performance.

Explicitly incorporating the input of peers into the assessment of IEOTs may have the added benefit of additional opinions (raters) of performance, thereby decreasing bias associated with single-rater approaches.

Chart Audit

Chart audits entail reviewing a sample of a clinician's charts (i.e., notes on client interactions) to glean information about their competence. The tool can either be a checklist with standardized criteria or global ratings of the therapist's competence on a number of pre-defined domains as assessed by the rater.

Chart-Stimulated Recall

Chart-stimulated recall (CSR) is a tool where actual client charts are used as the basis for discussion of clinical reasoning and client management approaches. CSR permits client, environmental, systemic and other factors that can influence clinical decisions to emerge. Whereas chart audits assess what clinicians wrote, CSR allows further probing, thereby possibly decreasing the possibility that omissions in charting penalize the candidate. Rater differences can be tempered through the use of standardized scoring rubrics and/or multiple raters.

Practice Review

Practice Review is an intensive, often practice based, review of all aspects of a clinician's practice. Tools incorporated into the review may include some combination of practice interview, review of learning portfolio, review of work samples, recent cases, decisions made, etc.

Practice review is comprehensive for both the reviewer and the person being reviewed. It is a lengthy, laborious and intensive process used most often for those who have been "flagged" through screening assessments or for disciplinary cases. Rater agreement and reproducibility of assessment findings require standardized approaches and scoring/performance assessment criteria.

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[14] *Bandiera, Sherbino & Frank, 2006..*
[15] *Bossers et al, 2002*

4.6 Summary Notes

✔ Many tools can be used to assess a number of different aspects of competence (competencies, context, capability)... as long as they are specifically developed with a stated purpose and validated for that purpose.

✔ To understand the utility of a given tool or measure, one needs to understand:

- What is the construct one is trying to measure?
- What are the criteria by which to measure it?
- What is the process to ensure the criteria are applied in a standardized fashion?
- How are the measurement principles and criteria being monitored (reviewed and revised) on a regular basis in order to ensure they are consistently being met?

✔ A better understanding of the CAOT Certification Examination is required to confirm its use and if so, which dimensions of assessment substantial equivalency of IEOTs apply.

5.0 IMPLICATIONS AND NEXT STEPS

The common approach to assess the Substantial Equivalency of IEOT applicants has the following dimensions.

1. **WHO**

   Internationally Educated Occupational Therapist (IEOT)

2. **WHAT**

   ASPECTS OF COMPETENCE for Substantial Equivalence: Competence includes requisite competencies, required capability, and occupational therapy practice contexts to be equivalent to those of therapists educated in the Canadian system

3. **WHEN**

   TIMING: Refers to the time sequence in which the assessment of substantial equivalency may or must occur

4. **WHERE**

   Competency-based assessment (i.e. in controlled settings) and Performance-based assessment. (i.e. in practice settings)

5. **WHY**

   Qualification Recognition (i.e. Academic Credential Assessment and Profession-Specific Credential Assessment) and Competence Verification

6. **HOW**

   The "evidence" of how we know they meet substantial equivalence.

Table 5   **A Common Approach to Substantial Equivalency Process**

SUBSTANTIAL EQUIVALENCY ASSESSMENT PROCESS (i.e. Substantially Equivalent in Competencies + Capabilities + Context of IEOT applicant to CEOTs' standard)		
TYPE OF ASSESSMENT (i.e. 'where' & 'when')	**PURPOSE** (i.e. 'why')	
	Qualification Recognition	**Competence Verification**
Competency-based Assessment	Tools = What & How	Tools = What & How
Performance-based Assessment	Tools = What & How	Tools = What & How

5.1 Aspects of Competence

The Advisory Committee developed some consensus inventories which serve as a preliminary look at the aspects of competence with are important when assessing the Substantial Equivalency of an applicant who is an IEOT to the CEOTs' standard. The consensus inventories includes the requisite competencies, the required capability and the needed contexts for substantial equivalency.

5.1.1 Requisite Competencies

By definition, all of the 'essential competencies' must be demonstrated to determine substantial equivalency. That said, in a preliminary discussion, there was some consensus that it may be reasonable that the knowledge of competencies may need to be demonstrated (indicators appear in gray), while others need further discussion (not in gray).

Validation of the preliminary draft list of requisite competencies found in Table 5 would be needed.

	Need to be demonstrated
	Need further discussiond

Table 6 : PRELIMINARY Requisite Competencies

Unit 1. Assumes Professional Responsibility[16]

1.1 Practises within scope of professional and personal limitations and abilities.
1.2 Understands the obligation of protection of the public and acts accordingly.
1.3 Adheres to the Code of Ethics recognized by the provincial regulatory body.
1.4 Understands the necessity, obligation and process to take action to report unsafe, unethical or incompetent OT practice.
1.5 Maintains the Essential Competencies of practice.
1.6 Acts with professional integrity.

Unit 2. Demonstrates Practice Knowledge

2.1 Within practice demonstrates an integration of occupational therapy skills with current occupational therapy theory and relevant supporting scientific knowledge.
2.2 Demonstrates awareness of the socio-cultural and economic environment of the jurisdiction of practice.
2.3 Demonstrates knowledge of and adherence to legislative and regulatory requirements relevant to the province and area of practice.

Unit 3. Utilizes a Practice Process

3.1 Defines and clarifies one's scope and context of practice.
3.2 Identifies client and other stakeholders in the practice process and establishes and maintains a professional relationship with each.
3.3 Understands and negotiates roles and responsibilities appropriate to the OT service with clients and stakeholders.
3.4 Ensures informed consent prior to and throughout service provision.
3.5 Demonstrates a systematic client-centred approach in the delivery of occupational therapy services.
3.6 Utilizes and/or refers to reasonable and appropriate resources to support client needs.
3.7 Maintains timely and accurate records consistent with provincial regulatory requirements.

[16] *ACOTRO, 2003*

Unit 4. Thinks Critically

4.1 Within practice, demonstrates sound clinical and professional judgment consistent with accepted models of occupational therapy practice.
4.2 Within practice, demonstrates responsible decision-making.
4.3 Within practice, formulates, articulates and demonstrates sound clinical reasoning.
4.4 Engages in a reflective and evaluative approach to practice and integrates findings into practice.

Unit 5. Communicates Effectively

5.1 Identifies and communicates with key individuals, organizations and groups with whom collaboration is necessary.
5.2 Uses client-centred principles in the communication process.
5.3 Respects and considers the information and opinions of clients and colleagues.
5.4 Maintains a professional relationship in all communications.
5.5 Demonstrates timely and effective communication.
5.6 Maintains confidentiality and security in the transmission, storage and management of information.

Unit 6. Engages in Professional Development

6.1 Demonstrates a process of self-evaluation related to one's practice and participates in on-going professional development.

Unit 7. Manages the Practice Environment

7.1 Contributes to a practice environment that supports client-centered occupational therapy as well as a safe, ethical and effective service.
7.2 Identifies potential risks in practice and takes action to minimize risks.
7.3 Demonstrates responsibility for occupational therapy service components assigned to staff, assistants and others under the therapist's supervision.

5.1.2   Required Capability

Capability refers to the physical, mental, emotional potential, and facility[17] of an individual required to fulfill his or her professional role. Evidence of capability may include language tests, criminal record checks, verification of applicant's 'good standing', standards with respect to capacity, and undertakings with respect to mental and/or psychological fitness to practice.

In a preliminary discussion, there was consensus on how capability would be included in the assessment of substantial equivalence of an IEOT. Validation of the preliminary draft list of requisite capabilities would be needed. One example could be through a portfolio document assessment in the Qualification Recognition process (i.e. profession-specific credential assessment), where an applicant would submit information about the scope and nature of his or her professional education and practice if applicable.

Table 7 : PRELIMINARY Capabilities to be Assessed

- Moral character
- Physical functioning, mental functioning, history of addictions (i.e., regarding impact of ability to function as registered occupational therapist)
- Criminality (finding or current actions)
- Disciplinary finding or current actions
- Language fluency

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[17] *Synonyms for capability that further help explain the ability include talent, aptitude, adequacy, facility, potential.*

5.1.3   Needed Occupational Therapy Practice Contexts

A preliminary list of the Canadian occupational therapy contexts that need to be assessed as part of determining the substantial equivalency of IEOTs is found below.

Some important practice contexts were not yet explored such as funding systems and practice settings.

Validation of the preliminary draft list of occupational therapy practice contexts as they appear in Table 8 would be needed.

Table 8 : PRELIMINARY Draft List Of Occupational Therapy Practice Contexts

a) Client Ages for Primary Practice Location
Assessment Criteria

- Client Ages: Preschool (<4 yrs), School Age (4-17 yrs), Adults (18-64 yrs), Seniors (65+ yrs)

Rationale

- Generalist registration
- Competent to practise in any age group
- Able to apply knowledge base to any age group

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b) Occupational Performance Issues
Assessment Criteria

- Performance Components (physical, cognitive, affective, spiritual)
- Environmental Conditions (physical, institutional, social, cultural)

Rationale

- Core business
- Foundational

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c) Occupational Therapy Services
Assessment Criteria

- A preliminary list of criteria for inclusion in substantial equivalency assessment is described in Table 6

Rationale

- Need further review of list – inclusive, definitions, will be informed by the numbers
- Assume "services" provided by individual occupational therapists
- Assume that "all occupational therapists must know about these services"
- Included if two or more groups identified
- In Academic Credential Assessment, may help inform the scope and nature of education and practice
- Criteria can be examples of activities that will be assessed (i.e. knowledge tests, supervised practicum)

In a preliminary discussion, there was some consensus about which occupational therapy services most likely needed to be demonstrated (appear under STRONG CONSENSUS "YES"), and which ones required further discussion (appear under NEED FURTHER REVIEW). Validation of the preliminary draft list as appears in Table 9 would be needed.

Table 9: PRELIMINARY Occupational Therapy Practice Services		
STRONG CONSENSUS "YES"		
Advocacy	**Ethics**	**Orthotics**
Assistive technology(i.e. low technology)	Feeding/Swallowing	Planning
Caregiver support/education	Functional Mobility	Policy development
Client education	Hand functioning rehabilitation	Program evaluation
Cognitive/perceptual therapy	Home care	Seating
Consulting	Independent living/ activities of daily living	Stress management
Counselling support therapy	Neurorehabilitation/neurosciences	Substances and Addictions
Dementia	Occupational life skills	Universal Design
Ergonomics	Occupational theory/Philosophy	
NEED FURTHER REVIEW		
Alternative therapies	**Eating Disorders**	**Occupational therapy education**
Behaviour therapy	Client safety	Primary Health care
Case management	Forensic/Correctional Services	Program coordination & management
Chronic pain management	Pain management	Prosthetics
Community Development	HIV/AIDS rehabilitation	Research utilization
Continuous quality improvement	Leadership training	Sensory integration
Crisis/Emergency Service	Medical/Legal	Workplace health
Driver Education and Training	Neonatology	OTHERS – to be confirmed

5.2 Processes, Tools and Timing

In a very preliminary discussion, there was some consensus about how the processes, tools, and timing fit together. Where there was strong common ground, those options are noted in dark grey (i.e., 3 of 3 Groups Had Common View). Where there was some shared perspectives are noted in medium grey (i.e., 2 of 3 Groups Had Common View). Where there was one group that had a view point, those options appear white (i.e. 1 of 3 Groups Had Common View). Validation of the following preliminary draft lists would be needed.

5.2.1 Qualification Recognition

a) **Academic Credential Assessment**

Assessment Criteria

[3 of 3 Groups Had Common View]
- Authentic
- Original documents
- Approved and recognized by home government/agency
- Meet the Canadian education standards
    - 12 years of primary and secondary education
    - 4 year professional degree at a university level or equivalent

Assessment or Assessment tools may include:
- Official education transcripts
- ACESC reports

[2 of 3 Groups Had Common View]
- School/program reports including fieldwork, course descriptions etc

b) **Profession-Specific Credential Assessment**

Assessment Criteria

[3 of 3 Groups Had Common View]
- Number of hours/semester in occupational therapy education
- Areas of occupational therapy competence taught include competencies, capabilities, and context
- A minimum number of hours of fieldwork (e.g. 1000 hours)

[2 of 3 Groups Had Common View]
- Course work covering topics of foundational sciences, and occupational therapy theory, standards, clinical skills, environments
- Language fluency

[1 of 3 Groups Had Common View]
- Currency of courses
- Education program leadership and faculty are occupational therapists

Assessment or Assessment tools may include:

[3 of 3 Groups Had Common View]
- Self-report about capabilities
- School/program reports including fieldwork, course descriptions etc
- Regulator report, if applicable
- Official education transcripts
- Curriculum vitae (in specified format; to identify gaps)

[2 of 3 Groups Had Common View]
- Results of standardized language tests

5.2.2   Competence Verification

a) Competency-Based Assessment

Assessment or Assessment tools may include:

> [3 of 3 Groups Had Common View]

- Pre-registration - written or on-line (NIH model)
- Written jurisprudence assessment focusing on principles, social and legal contexts (CPPF model)

> [2 of 3 Groups Had Common View]

- Practice-based interview

b) Performance-Based Assessment

Assessment or Assessment tools may include:

> [3 of 3 Groups Had Common View]

- Structured fieldwork placement (specifics include length, plan, evaluation criteria)
- Direct observation by external assessor
- Direct observation by practice supervisor

> [2 of 3 Groups Had Common View]

- Peer assessment
- Chart audit
- Chart stimulated recall (e.g. via videoconference)
- Multi-source feedback (team)

> [1 of 3 Groups Had Common View]

- Short practice review (1-3 days)
- Portfolio
- Practice based intervention

5.2.3   CAOT Certification Examination

> [3 of 3 Groups Had Common View]

- All groups identified the CAOT examination as a component of the substantial equivalency process

The ongoing use of the CAOT exam is predicated on a positive outcome in the planned external review of the exam. Positive infers a valid, reliable exam with clarity about which competencies are covered, reasonable costs and effective administration.

5.2.4   Timing

The timing and integration of the different dimensions of the assessment of IEOTs is a complex challenge. The axiom "as soon as possible" is balanced by the need to ensure readiness for practice.

Provisional licensure pending the completion of a summative examination (e.g., CAOT exam) is possible in many jurisdictions. At issue is what assessment of substantial equivalency steps is required for due diligence prior to provisional licensure. As well, how the extent of the supports to IEOTs and supervision of IEOTs during the provisional licensure needs to be considered.

Most regulators anticipate that some steps may be done concurrently. One group suggested that the self-report and regulator reports be provided once Qualification Recognition is completed and prior to initiation of any competence verification, to allow for extended time periods that may be necessary to meet all of the PSCA criteria.

Table 10   **SAMPLE OUTLINE of Toolkit for use in the Substantial Equivalency Assessment Process**

SUBSTANTIAL EQUIVALENCY ASSESSMENT PROCESS		
TYPE OF ASSESSMENT (i.e. 'where' & 'when')	**PURPOSE** (i.e. 'why')	
	Qualification Recognition	**Competence Verification**
Competency-Based Assessment	**Academic Credentialing Assessment** ACESC reports attesting to: - Authenticity of documents - Similarity of degree **Profession-Specific Credentialing Assessment** - checklists related to Canadian comparator to record components of competence assessed, criteria for assessment, may include: criteria for assessment, specific decisions for each criterion, checklists related to Canadian comparator to record components of competence assessed, and transcripts for courses and supervised clinical practice done during professional training	Self-report, e.g. of: a. Moral standing b. Criminality c. Disciplinary actions/ findings d. Fitness to practice Language assessment Written assessment (pencil-and-paper, computer or online delivery) of application of knowledge
Performance-Based Assessment	There are no planned performance-based assessments related to the Qualification Recognition.	Direct observation of practice in structured fieldwork placement, e.g., • By mentor / supervisor • By external (OT) evaluator • By peers • By team members • By clients

One group suggested that all of the competency-based assessment tools be used, along with some performance-based assessment tools, to conduct the initial assessment and to guide determination of what performance based assessments should be done.

Once there is more clarity on "what" and "how", the "when" can be more reasonably established for the different aspects, processes and tools being used to determine substantial equivalency.

5.3   Implications for Occupational Therapy Regulators

The implication of this paper is that priorities and a phased approach are likely needed to move toward a common approach and toolkit. Below is a first version of the priority activities that could lead to full implementation of the common approach and toolkit:

FIRST PRIORITY
Developing Benchmarks For Assessing Competence of IEOTs

1.1   Establishing the occupational therapy competency profile for IEOT substantial equivalency.
1.2   Describing the Canadian educated occupational therapy benchmark.
1.3   Validating the draft inventory of capabilities, context and competencies to be assessed.
1.4   Describing the standard for the substantial equivalency of IEOTS.

SECOND PRIORITY

2.1   Establishing priorities for tool development.
2.2   Development of the Canadian occupational therapy standards for the assessment   tools for
-   Academic credential assessment,
-   Language fluency, and
-   Capability assessments.

2.3   Development of Canadian occupational therapy profession-specific credential assessment tool (i.e. including prior learning assessment options and remedial support options for substantial equivalence).
2.4   Establishing administrative options for implementing the common approach and toolkit.

THIRD PRIORITY

3.1   Development the Canadian occupational therapy competency-based assessment tool(s).
3.2   Development the Canadian occupational therapy performance-based assessment tool(s).

FOURTH PRIORITY

4.1   Mentorship of IEOTs
4.2   Educational programming
4.3   Examination preparation
5.4   Moving to a common approach and toolkit

Moving towards a common approach to determine the substantial equivalency of an applicant who is an internationally educated occupational therapist to the standards for Canadian educated occupational therapists includes developing a consensus on the dimensions of the common approach and toolkit. Consensus on priorities, timeframes and accountabilities would then need to follow.

In summary, this paper reflects that there is considerable consensus on what a common approach would look like, and what would be included in a common toolkit to determine the substantial equivalency of applicant who is an internationally educated occupational therapist to the standards for Canadian educated occupational therapists.

While much has been accomplished, there is more that needs to be done so that the occupational therapy regulators may fully realize a common approach and toolkit to assessing the competence of the internationally educated occupational therapist to practise in Canada.

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APPENDIX 1: GLOSSARY

Working Definitions for the Substantial Equivalence Process for IEOTs

Assessment

A structured and analytical review of an individual's knowledge, skills, abilities and/or competencies. Sometimes the words assessment and evaluation are used interchangeably. In this document the word assessment pertains to the individual and evaluation applies to a review of a program or organization.[18]

Capability

Refers to the physical, mental, emotional potential, and facility[19] of an individual that enables him/her to fulfill his/her professional role. Abilities include talent, aptitude, and adequacy.

Competence

Reflects an outcome of training to a specific standard or a level of performance. Competence in practice is the habitual and judicious use of communication, knowledge, technical skills, professional reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.[20]

Competence Assessment

Competence assessment is an analytical form of evaluation of the individual's capability to perform adequately in the:

- requisite knowledge, skills and attitudes,
- required capability, and
- necessary work context.

Competency-Based Assessment

Competency-based assessment is a criterion-based process of obtaining evidence about performance and making judgements on that evidence against prescribed standards of performance. Rethans et al.[21] distinguish between "competency-based assessment," i.e. assessment that measures what clinicians can do in controlled representations of professional practice, and "performance-based assessment," i.e. assessment that measures what clinicians do in actual professional practice.

Competency

One "competency" is a unit of or component part of the whole, i.e. competence. A competency is an outcome statement that reflects the knowledge, skills, and attitudes to achieve a major part of one's job (a role or responsibility). Each competency can be measured against well-accepted standards, and can be improved via training and development.

Often two levels of competencies are described, key competencies and enabling competencies:

- Key competencies are the important outcome objectives, i.e., what is to be achieved or performed. Central to the accuracy of the competencies is the action verb.
- Enabling competencies are the sub-objectives, or key ingredients to achieving the key competencies.

[18] *SGT & Associates Consulting, October 2006*

[19] *Synonyms for capability that further help explain the ability include talent, aptitude, adequacy, facility, potential*

[20] *Adapted from Epstein & Hundert, 2002*

[21] *Rethans et al., 2002*

Competent

Being competent refers to the skill level of a practitioner, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements

- context of practice,
- capability of practitioner (e.g., physical, cognitive, affective), and
- competencies demonstrated by practitioner.

Context of Practice

Context of practice is the environment where practice occurs. It describes the details about the practice milieu including the who (types of clients, groups, populations), what (areas of practice, types of service), where (practice settings), and how (professional roles, funding models) in which practitioners may practice. The areas describing the context of practice are interrelated and impact on which essential competencies are needed for safe and effective practice.[22]

Performance-Based Assessment

Refers to assessment approaches or methodologies that measure what clinicians do in actual professional practice. This is in contrast with assessment approaches or methodologies that measure a clinician's capability to perform in a simulated environment (e.g., written or live simulations).

Qualification Recognition

Qualification Recognition is a qualitative process of systematically evaluating the documentary evidence provided by a professional to determine if his or her qualifications are sufficiently similar to the established and published standard of the receiving jurisdiction. Qualification recognition includes two phases of evaluating the applicant's documentary evidence: academic credential assessment and profession-focused credential assessment:

Academic credential assessment looks at the nature of the educational system and its equivalence to the receiving jurisdiction, i.e. recognition of an institution by a governmental agency, standards for grading, program entry and requirements, grading systems, length of academic semester/year, name of exit credential.

Profession-specific credential assessment looks at the nature and scope of the individual's documentary evidence to evaluate the similarity of the educational curriculum, i.e. scope of educational program, content, scope of coursework in key professional domains, methods of instruction and evaluation, fieldwork or other requirements.

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[22] *Adapted from Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Occupational Therapy Academic Council, 2004*

APPENDIX 2:
PROJECT ADVISORY COMMITTEE MEMBERS

Louise Beaton	Newfoundland and Labrador Occupational Therapy Board (NLOTB)
Kathy Corbett	College of Occupational Therapists of British Columbia (COTBC)
Heather Cutcliffe	Prince Edward Island Occupational Therapists Registration Board (PEIOTRB)
Sharon Eadie	College of Occupational Therapists of Manitoba (COTM)
Cheryl Johnston	Saskatchewan Society of Occupational Therapists (SSOT)
Cathy Pente	New Brunswick Association of Occupational Therapists (NBAOT)
Helene Polatajko	Association of Canadian Occupational Therapy University Programs (ACOTUP)
Gayle Salsman	College of Occupational Therapists of Nova Scotia (COTNS)
Katryna Spadafore	Alberta College of Occupational Therapists (ACOT)
Kathy Van Benthem	Canadian Association of Occupational Therapists (CAOT)
Barb Worth	College of Occupational Therapists of Ontario (COTO)

SGT & Associates Consulting

Susan Glover Takahashi (project lead)

Cathryn Beggs

Jodi McIlroy

Project Manager

Mary Clark	College of Occupational Therapists of British Columbia (COTBC)

APPENDIX 3: PROJECT DELIVERABLES

Based on the project agreement the deliverables include:

1. Development of a framework that will be used to determine competency-based assessment and toolkit development.

2. Profile of key aspects of competence that must be demonstrated (and assessed) prior to registration.

3. Profile of key aspects of competence that may be safely demonstrated following registration and determining the possible mechanisms (such as provisional registration) and processes required for confirming the competencies, e.g., supervised practice and mentoring.

4. Recommendations for the toolkit of assessments needed for assessing defined critical aspects of competence.

5. Action plan detailing clear and focused direction for implementation of Phase 2 of the project, e.g., selection, development and testing of tools.

6. Information for each provincial occupational therapy regulator[23] regarding the needed tools in order to advance the toolkit development (Phase 2) of the project.

7. A copy of the English translation of the competencies for Occupational Therapists developed in Quebec by the Ordre de Ergotherapeutes du Quebec (OEQ).

8. A report identifying issues and gaps, particular to Saskatchewan, that may need to be addressed in implementing any proposed national models of competency-based assessment.

9. A comprehensive report on the progress of the ACOTRO project against the broad project stages.

10. A copy of the decision making framework developed by ACOTRO to determine: .
    a) Which of the identified competencies must be demonstrated (and assessed) prior to any form of registration to practice as an Occupational Therapist; and,

    b) Which of the identified competencies may be safely demonstrated following professional registration.

11. A copy of the recommendations for potential assessment methods, strategies and future directions that will be developed to guide the action plan development.

12. A copy of the action plan developed by ACOTRO detailing clear and focused direction for the selection, development and testing of the identified competency assessment tools.

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[23] *All OT regulators except Quebec which is proceed with related project in similar timeframe*

Glover Takahashi, S., McIlroy, J., & Beggs, C.

APPENDIX 4: SURVEY ABOUT CRITERIA & TOOLS FOR SUBSTANTIAL EQUIVALENCY ASSESSMENT

A Toolkit to Assess The Competence of Internationally Educated Occupational Therapists for Practice in Canada
Criteria and Tools for Substantial Equivalency Assessment

The Substantial Equivalency Assessment Process is an approach that uses qualification recognition and/or competency assessment to evaluate whether an applicant's requisite competencies (i.e., the education, experience, practice or other qualifications) satisfy the regulatory authority with evidence of competence that is equivalent in all essential respects, and meets the standard for safe, effective occupational therapy practice.

The five criteria for substantial equivalency assessment are listed in this document along with examples of tools and questions about the regulatory authorities' use of tools for these assessment processes as they apply to internationally educated occupational therapists. Before you fill in the chart, we recommend that you review *A Substantial Equivalency Assessment Framework*[24], which you will find posted on the Peer-to-Peer (P2P) website.

NEXT STEPS:

- Please fill in the chart with information as it applies to the regulatory authority that you represent by March 4, 2008.
- Send an electronic copy of the tools you identify in your answers to Mary Clark mclark@cotbc.org by March 7, 2008.
- Be prepared to participate in a follow up telephone meeting the week of March 10th or March 17th to review your answers.

The information you provide will assist us in gathering information to prepare for the consensus exercise to take place on April 18 and 19. Thank you for taking the time to complete the chart about tools for assessment of substantial equivalency for internationally educated occupational therapists.

With appreciation,

Susan Glover Takahashi, Jodi McIlroy, Cathryn Beggs

SGT & Associates Consulting

[24] *Glover Takahashi, 2006*

A Toolkit to Assess The Competence of Internationally Educated Occupational Therapists For Practice in Canada

Criteria and Tools for Substantial Equivalency Assessment

The Substantial Equivalency Assessment Process is an approach that uses qualification recognition and/or competency assessment to evaluate whether an applicant's requisite competencies (i.e., the education, experience, practice or other qualifications) satisfy the regulatory authority with evidence of competence that is equivalent in all essential respects and meets the standard for safe, effective occupational therapy practice.

Assessment Criteria	Examples of Assessment Tools / Considerations	• Assessment Tools Used by YOUR Regulatory Authority • EXACT name of document + wording that permits regulatory use of those tools • Send electronic version of sample of tool(s), score sheets, guidelines, for each section	Who Uses the Tools (e.g., Registration/ Evaluation Committee) How is Tool Used	Comments: • Are there other tools that you are aware of, and what aspects do you like/not like about them? • Are there any challenges to using any of these tools?
1. Application + Eligibility	• eligibility to practice in country of education – "good standing" • language proficiency • grade conversion charts • scoring rubrics • notarized copies of			
2. Occupational Therapy Comparator Benchmark	• written examinations • *Profile of Occupational Therapy Practice in Canada* • ACOTRO Essential Competencies • regulatory standards and scopes of practice • regulatory quality assurance procedures • educational focused documents that describe outcomes or processes			

Assessment Criteria	Examples of Assessment Tools / Considerations	• Assessment Tools Used by YOUR Regulatory Authority • EXACT name of document + wording that permits regulatory use of those tools • Send electronic version of sample of tool(s), score sheets, guidelines, for each section	Who Uses the Tools (e.g., Registration/ Evaluation Committee) How is Tool Used	Comments: • Are there other tools that you are aware of, and what aspects do you like/not like about them? • Are there any challenges to using any of these tools?
3. Determining Possible Outcomes	• assessment rubrics • rules for substantial equivalency • documents describing decision options			
4. Assessing Evidence Of Common Features & Demonstration Of Requisite Competence				
4.1 Professional title				
4.2 Intent of education (i.e. preparatory & professional education)	• transcripts and course material • theoretical constructs; competencies • clinical education requirements			
4.3 Educational systems and processes	• educational institution, systems/approach • how are competencies assessed			
4.4 Outcome of professional education	• knowledge, skills, and abilities inventories • educational credential			
4.1 Context of professional practice	• roles, practice standards, regulations, health systems, populations			

Assessment Criteria	Examples of Assessment Tools / Considerations	• Assessment Tools Used by YOUR Regulatory Authority • EXACT name of document + wording that permits regulatory use of those tools • Send electronic version of sample of tool(s), score sheets, guidelines, for each section	Who Uses the Tools (e.g., Registration/ Evaluation Committee) How is Tool Used	Comments: • Are there other tools that you are aware of, and what aspects do you like/not like about them? • Are there any challenges to using any of these tools?
5. Determining & Communicating Outcomes	• information provided to successful and unsuccessful applicants • methods for review & evaluation of processes			

LEGAL NAME OF REGULATORY AUTHORITY:

Tables Completed by:

Email address:

Phone number:

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APPENDIX 5: CanMEDS ASSESSMENT TOOLS HANDBOOK

Provided as a separate document due to size.

APPENDIX 6: PRELIMINARY REPORT OF THE CAOT CERTIFICATION EXAMINATION

Meeting To Inventory Public Documents About The National Occupational Therapy Certification Examination

MEETING NOTES AND KEY OBSERVATIONS

PURPOSE OF THE MEETING

The meeting was primarily focused on information-gathering so that the consultants to the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) working on the project entitled *Assessing the Competence of Internationally Educated Occupational Therapists for Practise in Canada: Towards a Common Approach and an Assessment Toolkit* could ensure that they had been able to access and review all publicly available information provided by the Canadian Association of Occupational Therapists (CAOT) regarding the National Occupational Therapy Certification Examination (NOTCE).

DATE OF MEETING

The meeting took place via teleconference on April 8, 2008 at 11:00 a.m. EDT.

ATTENDEES

Kathy van Benthem, Director of Standards, CAOT

Diana Aarons, Exam Services Administrator, CAOT

Susan Glover Takahashi, Consultant, SGT and Associates

Jodi McIlroy, Consultant, SGT and Associates

DOCUMENTS REVIEWED

- Work-Study Information for Internationally-Educated Occupational Therapists
- Application Package for WFOT Graduates to Establish Eligibility for the CAOT Certification Examination
- Examination Information on the CAOT website including:
    - Webinar
    - CEC Bulletin July 2007
    - General Information—Frequently Asked Questions
    - What to Expect on Exam Day
- Internationally Educated Occupational Therapist (IEOT) information:
    - Requirements of Practice
    - Provincial Regulatory Organizations
    - IEOT Discussion Board
- Sample Examination Results letters:
    - For passing candidates
    - For failing candidates
    - Notes for interpretation
    - Expanded formative information for failing candidates

- Certification Examination for Occupational Therapists: Exam Procedures Manual (2006)
- Certification Examination for Occupational Therapists: Resource Manual (2006)
- Journal article: Egan, M., Dubouloz, C.J., Vallerand, J., & Robichaud, L. (2007). Exploring the impact of a new translation process on the performance of French form writers of the Canadian Certification Exam. *Canadian Journal of Occupational Therapy, 74*(5), 401-406.

KEY OBSERVATIONS

1. **Examination Design Features**

   Purpose of the exam is explicitly stated, and specifically notes to "ensure that all individuals who are entering the profession of occupational therapy have met a minimum standard in the written application of academic knowledge and professional behaviour."

   Exam blueprint is detailed description about examination content. It is outlined and available for examination applicants in the Resource Manual. See pages 7-12 of the resource manual for details about the content and blueprint. Terms used in the blueprint are also defined and referenced.

   The standard of performance for the examination items and document are not stated explicitly. Documents note that the exam blueprint is explicitly linked to OT practice in Canada, and has undergone at least one major review and revision in 1996-97. The details of that linking are not available in publicly available documents.

   Examination format is described for applicants, with several sample test questions provided. These samples provide some information of how questions "map" to the exam blueprint.

   The practice of item writing and review procedures are reported. The use of item statistics to monitor "item performance" and flag items that may need to be reviewed and revised are also reported. The reported key validation procedures to ensure scoring of items is described in the 2007 *Canadian Journal of Occupational Therapy* paper and are consistent with best practices in assessment. Specifics of these procedures are not available in the documents reviewed.

   Accommodations for special needs candidates are noted in the information for applicants. Specifics of these and how these candidates' scores are treated and reported are not available.

   Sample Candidate Score Reports provide detailed information with scores on the major axes of the exam blueprint, plus a summative pass-fail statement. Reports for unsuccessful candidates include expanded information to allow further formative information to candidates. Candidate reports reflect established examination administrative practices.

2. **Regarding Examination Technical Reports**

   The examination psychometric consultants at the University of Alberta have a long standing, well-established reputation for high level of expertise and performance. Technical reports are not available publicly.

3. **Governance, Resources and Oversight of Exam Systems**

   The documents report that the Certification Examination Committee membership is designed to be representative of OT practice in Canada.

The Certification Examination Committee is a committee of the CAOT and thus has accountability to that organization, and is responsible to the CAOT Board of Directors. The CAOT "ensures adherence to policies and procedures related to the exam."[25]

PRELIMINARY COMMENTS:

There are numerous well-developed candidate documents. The available public documents and the highly regarded psychometric consultants provide confidence in the design and administration of the (NOTCE) provided by the CAOT.

For a full understanding of the suitability of the NOTCE as a registration requirement by the occupational therapy regulators, additional information not available publicly is required. The additional information could include: eligibility for exam processes, examination psychometric indices for each administration of the exam, including scale reliability, decision consistency, evidence of validity including content validity, face validity, internal structure, and/or criterion-related (concurrent or predictive) validity.

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[25] *Pages 12 and 13 of the CAOT National Certification Examination Information Webinar*

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