

CRTO
Quality Assurance Program
2013 Evaluation
Final Report

November 2013

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2013 QA Evaluation Final Report

I. Introduction

The College of Respiratory Therapists of Ontario (CRTO) underwent the last evaluation of its Quality Assurance (QA) Program in 2008 and this covered the years from 2004 to 2007. It is a goal of the Quality Assurance Committee (QAC) to review the CRTO QA Program every five years or as directed by Council. Therefore, the next QAP Evaluation was slated to be completed in 2013 and would cover the years from 2008 – 2012. The introduction to this QA Evaluation Final Report includes the following:

- **Evolution of the CRTO QA Program: 1994 – 2012**
- **Components of the QA Program**
- **Laddered Approach**
- **2008 QA Program Evaluation Recommendation & Actions**

Evolution of the QA Program: 1994 to 2012

Since the inception of the College, the QA Program has undergone a number of significant changes and there have been some successes, as well as a few challenges along the way. The Continuing Education for Registered Respiratory Therapists (CERRT) credit program, a CSRT-run initiative, was the CRTO's preliminary QA tool from 1994 to 1999 and was subsequently replaced with the Core Competency Evaluation (CCE). When it became apparent that a revision of the College's QA processes was in order, the Fresh Start initiative allowed the CRTO to take a step back and establish a more values-based vision of the Program. It was evident that what was most crucial was to create a QA Program that met both the requirements under the *Regulated Health Professions Act* (RHPA) and the needs of the Members. This led to the development of the CRTO's current QA Program.

Components of the QA Program

The *RHPA* (s. 80.1 of the *Health Professions Procedural Code*) sets out the minimum requirements for QA Programs. They must include elements that support:

- Professional Development;
- Self, Peer and Practice Assessments.

Within this framework, each College must then determine which processes will meet their obligations under the legislation, while also accounting for the unique characteristics of each particular profession.

In compliance with the *RHPA*, the CRTO’s QA Program currently consists of the following three (3) components:

1. Portfolio Online for Respiratory Therapists (PORTfolio^{OM});
2. Professional Standards Assessment (PSA); and
3. Practice Assessment.

CRTO QA Program Components	Addresses the following requirements:			
	Professional Development	Self-Assessment	Peer Assessment	Practice Assessment*
PORTfolio	✓	✓	✓	
PSA			✓	✓
Practice Assessment			✓	✓

CRTO Approach to QA

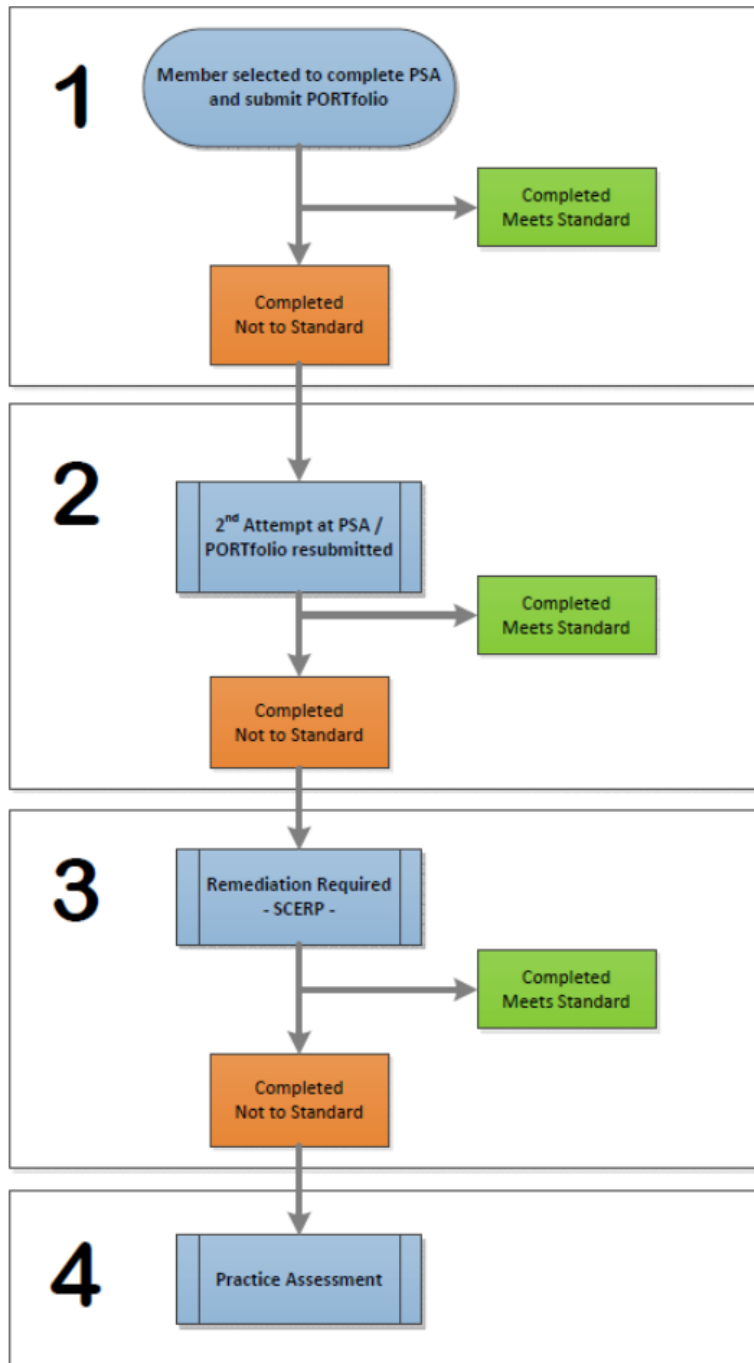
To implement these assessment components, the CRTO has adopted a “laddered approach”. The standard QA components utilized for all CRTO Members on a regular basis are the PSA and PORTfolio. Members are given two opportunities to meet the benchmark of the PSA and the established criteria of the PORTfolio. Between the first and the second attempts Members are offered support from College staff who assist Members in determining how best to meet the necessary criteria.

If a Member is unable to successfully complete these components after two attempts, it is necessary to provide them with an opportunity to improve their knowledge before any further assessments are undertaken. This is typically done through a Specified Continuing Education or Remediation Program (SCERP). A SCERP is an educational program customized to the learning needs identified in the Member’s previous assessment(s).

Once the SCERP is completed, the QA Committee makes a determination as to the success of the learning session in enhancing the Members knowledge, skill and judgement. If it is decided that further assessment is necessary, there are several options available to the Committee. One of those is for the Member to undergo a Practice Assessment. This assessment would be conducted at the Members practice site (or other appropriate location) and facilitated by an RT who has been trained as an assessor.

CRTO Approach to QA at a Glance

The following diagram illustrates the process that a Member would go through before a Practice Assessment would be considered necessary.



2008 QA Program Evaluation Recommendation & Actions

There were nine (9) recommendations that came out of the 2008 QA Evaluations. The chart below illustrates these recommendations, as well as the actions taken in the five (5) years that followed. For more information, please see the [2008 QA Program Evaluation Report](#).

Recommendations	Actions
<i>Develop and publish a position statement/paper on the Goals of the QA Program.</i>	CRTO published Communiqué on The New Vision of the CRTO Quality Assurance Program
<i>Provide randomly selected Members with a list of Assessors for the purpose of identifying conflicts of interest.</i>	List of RT PORTfolio Reviewer is provided to Members in their notification of Random Selection as of September 2008.
<i>Develop a web-based Professional Portfolio.</i>	The PORTfolio ^{OM} was launched in spring 2010.
<i>Incorporate examples of Learning Goals & Learning Activities of Members who are in a variety of practice settings, including non-direct patient care roles, in future versions of the Professional Portfolio form.</i>	A number of examples are provided to assist Members in completing both the Learning Log and Learning Goal sections of their PORTfolio (spring 2010).
<i>Review the practice of selecting Inactive Members in the random selection process.</i>	Council approved a motion in 2009 to have Inactive Members removed from Random Selection Process
<i>Review the random selection process to investigate limiting the number of times a Member can be selected and increasing the percentage of Members who have not previously been selected.</i>	3-pool system was adopted in 2009 with the intent of decreasing the number of Members who were reselected. The QAC has continued to monitor reselection on an annual basis.
<i>Monitor the French translation process to ensure that Members who prefer to receive communications from the College in French have equal access to all QA Program components.</i>	A parallel French version of the PORTfolio was launched in the fall of 2011. Integration of PSA in both English & French onto the PORTfolio platform was completed in the fall of 2012.
<i>Review the Self-Assessment section of the Portfolio with the intention of facilitating Members' skill development (patient related, changes in technology or other) as prescribed in regulation; "assessment of members' knowledge, skills and judgment".</i>	The Self-Assessment portion of the PORTfolio was revised for the online version. The QAC continues to explore ways to refine the self-assessment process to ensure that it provides Members with a valuable means to determine their learning needs.
<i>Ensure compliance with the Regulated Health Professions Act amendments.</i>	The QAC determined that it met and continues to meet the necessary requirements under the RHPA.

II. Foundation of the CRTO QA Program

In 2013, the CRTO once again underwent a large scale evaluation of its QA Program; this time looking at the years from **2008 – 2012**. This section of the QA Evaluation Final Report includes the following:

- **Stakeholders of the QA Program**
- **Role of the College**
- **Assumptions of the College**
- **Goals of the QA Program**
- **Objective of the QA Evaluation**

Stakeholders of the QA Program

The following groups of individuals are potentially affected, either directly or indirectly, by the CRTO QA Program, and therefore have a vested interest in the outcome of this evaluation:

- Public of Ontario;
- CRTO Members;
- CRTO Council, Committees and staff;
- Employers of Respiratory Therapists; and
- Ministry of Health and Long-Term Care.

Role of the CRTO QA Program

The primary goal of the CRTO's QA Program is to support its Members in this process of ongoing professional growth and development. The [Regulated Professions Health Act \(RHPA\)](#) mandates that each health regulatory College's Program consist of specific components and that its Members provide evidence of participation in the Program. Beyond that, however, the objective of the CRTO QA Program is to engage Members in a partnership of ongoing professional development.

Assumptions of the College

CRTO Members:

1. Provide safe, competent and ethical patient/client care;
2. Uphold the standards of practice of the profession;
3. Are dedicated to ongoing professional development through life-long learning; and

4. Are committed to the principle of self-regulation and working together with the CRTO to ensure that the CRTO QA Program meets the needs of the Members and the public of Ontario.

Goals of the QA Program

1. To assure the Public of Ontario that Respiratory Therapists are safe, competent and ethical professionals.
2. To support and encourage Respiratory Therapists engagement in continuous professional development that facilitates the maintenance and acquisitions of knowledge and skills founded on the best available evidence.
3. To maintain a mechanism for assessing and providing remediation for Respiratory Therapists' knowledge and skill, as well as monitoring their continuous professional development activities.

Rationale and Objectives of the QA Evaluation

Rationale:

- To provide Members with an enhanced understanding of the existing QA Program and the new Professional Development Framework.
- To assist Members in making a connection between the QA Program and their professional/personal development (e.g., leadership).
- To ensure Members have an adequate opportunity to provide input into the QA Program in order to enhance engagement and avoid/limit Member dissatisfaction.

Objectives:

- To learn what process and/or tools work well and what might need to be improved to ensure that the QA Program has value for the Members and meets the needs of the public.
- To determine, looking forward, whether there are specific elements that need to be added to the QA Program as the practice of Respiratory Therapy continues to evolve.

III. Implementation of the QA Evaluation

This section of the QA Evaluation Final Report includes the following:

- **Summary of the 2013 CRTO QA Evaluation Plan**
- **CRTO monthly ebuletins**
- **Background Information provided to Members**

Summary of the 2013 CRTO QA Evaluation Plan

The CRTO QA Committee determined that the mechanism that would be employed to obtain Member feedback was through a series of webinars and on-site visits. A series of monthly ebuletins were also sent to all the Members to provide information about the CRTO QA program and how it compared to the QA program of other health regulatory colleges. The timelines for the evaluation was as follows:

Action	Deadline
Phase 1 – host consultations via webinar and site visits	February – June 2013
Review data & draft recommendations	July & August 2013
Phase 2 – hold additional consultation on draft recommendations	September 2013
QAC to develop draft QAP Evaluation Report	October 2013
QAC to recommend final draft of QAP Evaluation Report to Council for approval	November 2013

CRTO monthly ebuletins

Over five (5) months (March to July) , the CRTO place a feature in its ebuletins that each month provided a comparison between CRTO QA processes with five (5) other Colleges, which were the:

- College of Nurses of Ontario (CNO)
- College of Physiotherapists of Ontario (CPTO)
- College of Medical Laboratory Technologists of Ontario (CMLTO)

- College of Medical Radiation Technologists of Ontario (CMRTO)
- College of Occupational Therapists of Ontario (COTO)

The elements compared were:

- Program Components (e.g., PSA & PORTfolio)
- Selection Criteria
- Selection Process
- Timelines and Deadlines
- Deferral Process

Background Information provided to Members

1. The current QA Program.
 - Existing processes (e.g., random selection, remediation, etc.)
 - Minimum requirements as set out in the *Regulated Health Professions Act* (RHPA).
 - Current CRTO QA components (i.e., PSA, PORTfolio, SCERP and Practice Assessment)
 - Statistics regarding the PSA benchmark and PORTfolio criteria
 - Overall structure and function of the CRTO
2. What other Colleges do as part of their QA Programs.
 - Program components
 - Selection process
 - Selection criteria
 - Timelines and deadlines
 - Deferral process
3. What range of options are available to make changes within the College's existing program, for example (please note these are examples only):
 - Random Selection Process
 - Keep it the same (stratified random selection)
 - Targeted (after someone is selected once or twice they are out of the pool)
 - Everyone on a predetermined cycle (e.g., every five (5) years)
 - On a volunteer basis
 - Alter timing of the QA notification (e.g., change to January)
 - Revise Self-Assessment tool

- Structure learning domains around the new professional development framework
 - Change assessment process for PORTfolios
 - Peer reviewers
 - Practice specific assessments
4. What the impact of those changes might potentially be.
- Consideration of impact on RHPA requirements, the public, Members and other members of the healthcare team
 - Impact on CRTO resources (i.e., human and financial)
5. What could and what could not be changed in the existing QA Program.
- Program components
 - Selection process
 - Timelines and deadlines

IV. 2013 QA Evaluation Data

Included in this section is an overview of the outreach activities that took place in order to obtain broad-based feedback on the CRTOP QA Program from as wide a variety of Members as possible. The information included in this section is as follows:

Summary of outreach feedback

Summary of survey on Members randomly selected in 2012

Summary of outreach feedback

Presentation	Date	# of participants	Feedback/suggestions
Sunnybrook	March 8, 2013	32	<ul style="list-style-type: none"> • Members don't all realize that the PORTfolio is hosted externally from the College – therefore need to state that upfront on the eLearning module. • Need to change the self-assessment to make it more personally reflective and not so focused on “PSA type” questions.
Mt. Sinai	March 19, 2013	15	<ul style="list-style-type: none"> • Could we make the self-evaluation more reflective? • What about enabling the use the CME's and/or other employer directed learning activities?
Webinar	March 20, 2013	11*	<ul style="list-style-type: none"> • Cert credits • Timeliness of reporting results back to Members • Sometimes the PSA questions can seem unnecessarily tricky
ProResp	April 12, 2013	23	<ul style="list-style-type: none"> • Clearer link to home care practice (e.g., • Fear that Member could lose their license if they were not successful in either their PSA or PORTfolio • Perception that the random selection process was “unfair” • Self-evaluation too long and focused on College issues
Webinar	May 9, 2013	9*	<ul style="list-style-type: none"> • Find the PORTfolio complicated to

			<p>use.</p> <ul style="list-style-type: none"> • Find the PORTfolio self-assessment too long • Would like to see the program more integrated into what members already have to do for the employer.
Mackenzie Health	May 28, 2013	12	<ul style="list-style-type: none"> • Do not understand the process (e.g., Members are concerned that if they are unsuccessful they will lose their license) • Do not feel the random selection process is fair
Guelph General Hospital	June 17, 2013	14	<ul style="list-style-type: none"> • Feel the random selection process is not fair, as several people have been selected multiple times. • Perception that some people are being targeted. • Self-assessment section if felt by some to be too long.
Mackenzie Health	August 6, 2013	10	<ul style="list-style-type: none"> • If someone gets selected more than once, his/her coworkers may look at them as if they are being targeted. • Concern that if they are unsuccessful in the QA requirements that their employer will be informed.

*Number of participants may actually be higher, as this number only reflects the number of sites that registered to participate in the webinar.

Summary of survey on Members randomly selected in 2012

Total number of responses = 16

Question	Yes	No	Comments
<p>Do you feel that the Professional Standards Assessment (PSA) provided you with the opportunity to improve your knowledge of the CRTO's standards and guidelines, as well as the legislations and regulations relevant to your practice?</p>	100%		<p>Making sure that the entire body have had the opportunity to be selected once before others have been selected for a duplicate time. This will allow all Respiratory Therapists to review and improve upon their CRTO Knowledge.</p>
			<p>the ethic part was excellent</p>
			<p>I like this portion even though it takes time it generates discussion with other RT's about the legislation and over time I believe we will as a profession know more about what guides our practice.</p>
<p>In my opinion the PSA may be unnecessarily tricky and at times unrealistic. My approach to the PSA was to review the documents and to do the test in one try. Several attempts were needed to complete questions that I could not answer initially. I was personally disappointed with my test score, a few questions I got wrong were straight forward and I should have known and some I did not agree with as I noted.</p>			
<p>Do you feel that the self-assessment section of the PORTfolio enabled you to reflect on your practice and identify potential areas for</p>	93.75 %	6.25%	<p>The greatest challenge is always time, as everything interesting is an opportunity for self-knowledge and growth.</p>
			<p>I am already very much engaged in my professional development, this reinforced what I am already doing</p>

improvement?			Yes I like the fact I can tailor it to my needs and my positions in the workforce depending on what is current.
Do you feel the current random selection process is equitable?	75%	25%	I have been a RT for 23 years and this is the 3rd time I have been selected. There are RTs who have been working 14 years that have never been selected.
			I thought it was every 10 years so I was surprised to see my name will go back into the pile again in 2016.
			I definitely believe that the process is not equitable as I have been chosen three times and I work with colleagues that have not been selected in > 25 years. How can this be fair?
			I don't know which would be preferable ,but I know people who have yet to be selected.
			As long as those selected are taken out of the selection pool for several years, until everyone has been selected once.
			No and Yes, I would like to see everyone selected at least once, by taking the names out of the pool of those who have been selected until ALL have gone through the process. But I know is this then considered Random? One may argue, so I really think this is a challenge.
Do you feel changing the selection notification time from September to January would allow for a more	62.50 %	37.50 %	Although September was fine to work around, some goals are still in process and it means waiting until the end of the portfolio. As hard to believe as this may sound, I am thankful

<p>logical development of a learning goal for the PORTfolio?</p>		<p>that my portfolio was reviewed so I know that I am providing valid logical and practical information to my practice as I move along throughout the year.</p> <p>We are human, so I think a 6 mos. notification is good.</p> <p>I like to get things done before Christmas but I can see others might feel that it is too much at that time of year. I am flexible it doesn't really matter that much.</p>
<p>Please add any additional comments.</p>		<p>The questions are too college-y.</p> <p>It would be helpful if an automated checklist would be updated as the portfolio was filled out. At times it was difficult to tell where missing information was that was not allowing for submission, and required review of all the sections multiple times.</p> <p>wasn't as bad as I thought it was going to be</p> <p>I think some of the questions should be more straightforward for a true measurement of knowledge, instead of trying to guess the exact meaning of the question, and looking for subtleties.</p> <p>it was a good experience</p>

V. 2013 QA Evaluation Recommendations

The QAC reviewed the activities of the QA Evaluation on an on-going basis over the course of 2013. Based on the feedback received by our Members, six (6) recommendations were proposed at the QAC’s September 13, 2013 meeting. These recommendations are as follows:

Recommendations

1. Change the random selection process to further reduce the likelihood of reselection.
2. Revise self-assessment section of the PORTfolio to make it more personally reflective for the Member.
3. Improve timeliness of reporting the results back to the Members.
4. Revise both the Learning Log and Learning Goal sections of the PORTfolio so that there is greater integration with the Member’s practice.
5. Make the PORTfolio more user-friendly.
6. Enhance the communication regarding the QA processes and its implications to Members.

These recommendations were then presented to the RTs at several sites during RT Week presentations. Their responses were measure using a five (5) point Likert scale (strongly agree, agree, disagree, strongly disagree and neutral). The overall responses were as follows:

Question	Responses				
	strongly agree	agree	disagree	strongly disagree	neutral
Change the random selection process to further reduce the likelihood of reselection.	67%	33%	0%	0%	0%
Revise self-assessment section of the PORTfolio to make it more personally reflective for the Member.	57%	0%	14%	0%	29%
Improve timeliness of reporting the results back to the Members.	60%	20%	0%	0%	20%
Revise both the Learning Log and Learning Goal sections of the PORTfolio so that there is greater integration with the Member’s practice.	29%	14%	0%	0%	57%
Make the PORTfolio more user-friendly.	80%	20%	0%	0%	0%
Enhance the communication regarding the QA processes and its implications to Members.	40%	20%	0%	0%	40%

Quality Assurance Program Plan Five Year Plan

The QAC plans to implement these recommendations over the next five (5) years. The timelines for this implementation is as follows:

2013	<ul style="list-style-type: none">• Undergo QA Evaluation (Dec. 2012 – July 2013) & recommend final report to Council for approval (November 2013)
2014	<ul style="list-style-type: none">• Prioritize recommendations in terms of urgency, keeping in mind resource implications, and develop an implementation schedule.• Begin phased implementation.
2015	<ul style="list-style-type: none">• Implement recommendations from 2013 QA Evaluation
2016	<ul style="list-style-type: none">• Implement recommendations from 2013 QA Evaluation
2017	<ul style="list-style-type: none">• Implement recommendations from 2013 QA Evaluation

Next QA evaluation: 2018 (years 2013 – 2017)