Mobility of Credentialed Professionals Within and Across National Borders

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Professional Examination Service

Background:  
2009 - The world was changing...  
- 3 Key Events:  
  - Changes to regulation of respiratory therapy (RT) in Canada  
  - Introduction of sweeping labour mobility legislation at national level  
  - Significant revisions to national competency profile  
- Needed to establish degree of comparability across jurisdictions and countries

Overview of Session  
In this session, we will:  
- Illustrate complexities of comparing a profession (RT) across jurisdictional boundaries  
- Describe a process used to evaluate similarities and differences in preparation to practice  
- Discuss how findings contributed to policy development regarding practitioner mobility within Canada as well as between the US and Canada
Differences in Profession: Within Canada

<table>
<thead>
<tr>
<th>Regulation</th>
<th>8 self-regulated jurisdictions (National Alliance) + Unregulated districts NARTBR sets National Competency Profile (NCP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice</td>
<td>Generally the same (88% congruence)</td>
</tr>
<tr>
<td>Education</td>
<td>Curriculum defined by NCP</td>
</tr>
<tr>
<td>Accreditation</td>
<td>All programs accredited by CoARTE</td>
</tr>
<tr>
<td>Exams</td>
<td>Quebec - ESPP Remainder of Canada - CBRC</td>
</tr>
<tr>
<td>Regional Differences</td>
<td>Quebec - Language + Anaesthesia + No ABGs* Saskatchewan - No legislated scope Manitoba - Care under direction of physician Ontario - Controlled Acts Model Unregulated - No RT-specific legislation</td>
</tr>
</tbody>
</table>

Difference in Profession: Across Countries

<table>
<thead>
<tr>
<th>Canada</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Model</td>
<td>Mainly publicly-funded</td>
</tr>
<tr>
<td>Regulation</td>
<td>Mainly privately-funded</td>
</tr>
<tr>
<td>Education</td>
<td>Self-Reg + Unregulated</td>
</tr>
<tr>
<td>Curiosity drawn from NCP</td>
<td>State boards</td>
</tr>
<tr>
<td>Accreditation</td>
<td>CoARTE</td>
</tr>
<tr>
<td>Exams</td>
<td>CBRC + Matrix</td>
</tr>
<tr>
<td>NARTBR dev'd from NCP</td>
<td>NBRC + Content(dev'd from NCP)</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>Generally the same</td>
</tr>
<tr>
<td>Level of Autonomous Practice</td>
<td>Generally the same</td>
</tr>
<tr>
<td>General expectation of autonomy (but does vary)</td>
<td>Generally physician-directed care</td>
</tr>
</tbody>
</table>

Strategic Considerations

- Identifying the players - there are more than you think!
- Engaging stakeholders - it takes longer than you think!
- Obtaining information - it is more challenging than you think!
Tactics for Examining Comparability

- Evaluate:
  - educational programs
  - entry to practice competencies
  - examinations

- Questions posed
  - Is Quebec equivalent to rest of Canada?
  - Is US equivalent to Canada?

Education Programs: Research Focus

- Are US program accreditation standards comparable to Canadian?
- Why the focus on accreditation?
  - Volume: 400+ RT schools in US, 20+ in Canada
  - Indicator of comparability of preparation to practice

- Line by line comparison
  - Extent and level of comparability
  - Clarification/verification with accrediting organizations

Education Programs: Findings

- Although structured differently, generally high degree of comparability
- Both sets of standards reference national entry to practice competencies
- Both require curriculum alignment with national competencies
- Small gaps identified - implications unclear
Features of Examinations

<table>
<thead>
<tr>
<th></th>
<th>US Level 1 (CRT)</th>
<th>US Level 2 (RRT)</th>
<th>Canadian National</th>
<th>Quebec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Associate’s degree</td>
<td>CRT + (multiple pathways)</td>
<td>RT Diploma or Bachelor’s</td>
<td>Currently enrolled in program</td>
</tr>
<tr>
<td>Format</td>
<td>MCQs</td>
<td>MCQs and simulations</td>
<td>MCQs</td>
<td>MCQs and complex MCQs</td>
</tr>
<tr>
<td>Number of questions</td>
<td>140 MCQs</td>
<td>100 MCQs and 10 simulations</td>
<td>250 MCQs, 150 scenario based</td>
<td>150 MCQs, all scenario based</td>
</tr>
<tr>
<td>Origin of content specifications</td>
<td>Job analysis</td>
<td>Job analysis</td>
<td>NCP</td>
<td>Provincial education ministry</td>
</tr>
</tbody>
</table>

Examinations:
Research Question #1

- Do examinations adhere to best practices in their development and administration?
  - Evaluation against external standards by psychometrician
  - NCCA standards 8 - 16 used as benchmark
  - Requires access to sensitive propriety information
  - Permits inferences regarding psychometric rigor

Findings on Psychometrics

- US examinations adhere to NCCA standards
- Canadian national examination generally adheres to NCCA standards
- Quebec examination demonstrates lower levels of adherence
Examinations:
Research Question #2

- Is examination content comparable?
- For US versus Canada
  - Line by line comparison of test blueprints
  - Initially cross-referenced by single SME
  - Verified by representative group of SMEs individually via email followed by group webinar
  - Clarification/verification of identified gaps by examination developers

Findings on Exam Content:
Between US and Canada

- Most Canadian competencies addressed explicitly or implicitly in US examinations
- Some differences due to different scopes and purposes of outlines
  - Canadian competencies → education + exam
  - US competencies → exam only
- True gaps:
  - Anaesthesia
  - Neonatal/pediatric practice

Findings on Exam Content:
Within Canada

- Difficult to compare content of Quebec and national examinations
- Only macro level comparisons possible
- Previous AIT-related research determined at least 80% comparable
Limitations of Approach (1 of 2)

- Sometimes comparing apples and oranges
- Reluctance to share information
- Results apply to groups, not individuals - cannot guarantee individual competency

Limitations of Approach (2 of 2)

- Accreditation standards not prescriptive of:
  - how to teach competencies (didactic v clinical)
  - content and duration clinical training
- Examination comparison did not address:
  - item types
  - amount of coverage of different topics
  - cognitive level of questions

Application of Results: National Policy Decisions

Canadian Focus
- Stronger relationships
- New exam matrix
- Further study of training standards

International Focus
- Harmonized assessment of int’l applicants
- Reciprocity issue
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Pathways for Entry to Canada

Application of Results: National Policy Decisions

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International Focus
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- Reciprocity issue
A Different Approach (Road Not Taken)

- Conduct research study = candidates take all three examinations at a single point in time
- If process results in identical pass/fail decisions, could permit mobility based on passing score on any exam
- In 1987 such a study led to now expired reciprocity agreement

Questions?
- Discussion...