
March 9, 2021

COVID-19 Adaptations ~ rapid response and future direction

Background:

The CCEB administers our examinations in support of our ten (10) members, the provincial regulatory colleges, in their regulatory obligation to protect the public. The self-regulation framework in Canada is clear: regulatory bodies are to conduct their work 'in the public interest'. A review of any of the regulatory colleges' websites and mission statements demonstrates a commitment to public protection and confidence in the profession.

The CCEB is charged with supporting our members in this important role in public protection, our mission:

[To ensure fair and defensible evaluation of candidates, using psychometrically valid and reliable examinations, as part of the licensing requirements of Canadian chiropractic regulatory authorities.](#)

What did the CCEB do to adapt in 2020?

In June 2020, only three months after the start of significant public health restrictions in Canada, the CCEB met with our members to share that we had been able to satisfy ourselves that we had secured a remote proctoring solution for the written components of the CCEB examination. We were committed to seeking a solution that maintained our need for psychometric excellence, including as it related to exam security, thus we elected to use a real-time, live-proctored, remote experience: the gold standard in remote testing security.

We remained concerned about providing a solution for candidates who were unable to meet the [testing requirements](#) of remote proctoring and, as such, we provided an in-person administration for those who felt uneasy about switching to remote proctoring. During our initial remote-proctored exam offering in October 2020, 55% of candidates elected to attempt their written examination using remote proctoring. In February 2021, our second remote-proctored offering, 76% of written examination candidates initially elected to use remote proctoring. In mid-January 2021, once it became clear that the path forward to the in-person administration in February was unfavourable, the CCEB reached out [proactively](#) to written examination applicants and offered to transfer them to the remote-proctored administration. As a result of this initiative and profound adaptation, we were able to test approximately 500 candidates in February 2021; we have administered approximately 800

individual examinations, using remote proctoring for the written components, in the October 2020 and February 2021 administrations combined.

Remote proctoring has proved to be an extremely reliable and secure method of testing the written examination components and, as a result, the CCEB Board of Governors unanimously approved the inclusion of remote proctoring as an administration tool of the CCEB beyond the immediate public health crisis. We will continue, until such time as it is no longer necessary, to offer an in-person option for those candidates who are unwilling or unable to leverage remote proctoring. Additionally, in order to provide a greater opportunity for candidates attempting B and C during the same administration, as is permitted under our [Examination Eligibility Policy](#), we have moved the written examination two weeks earlier than the OSCE for this upcoming, May, administration. We had noted that many Component B candidates appeared to be electing in-person as they were attempting the OSCE the following day. We believe this will be a positive change for candidates and further supports the reduction of in-person interactions required to participate in the CCEB examination.

How has CCEB addressed public health concerns?

The CCEB continued to work, throughout 2020, to secure permission to administer our examinations, in-person, in various jurisdictions across Canada. This work is ongoing. As restrictions evolve, new permissions and clarifications must be sought. The CCEB actively monitors the various jurisdictions in which we conduct examinations in order to be certain we continue to meet public health expectations and guidelines.

The CCEB takes public safety extremely seriously; after all, it is part of our core mission. We continue to work diligently to align with public health orders and, where necessary, cancel our in-person administrations. The CCEB proactively prepared a [Guidelines for Testing Organizations](#) document (in June 2020) and submitted it to various provincial governments for consideration. The document outlined the measures that would be (and have been) undertaken during an in-person administration. The CCEB guidelines mirror the types of protocols that are in place in chiropractic offices across the country, including masking, sanitization, and physical distancing to the extent possible while conducting the examination. In fact, it could be said that this contributes to the 'fidelity' of the experience in the new clinical environment that is the product of COVID-19.

If the CCEB is ever concerned that our examination administration requirements may be brushing up against public health regulations, we seek clarity from the relevant jurisdiction, including in some cases specific permissions or approvals. By way of example, only a few days prior to our October 2020 administration in Montreal the local health region went into a complete lockdown. We had not been forewarned and had not yet been successful in securing any specific approval/permission to conduct our examination. Working quickly and collaboratively with the Quebec regulator (OCQ), we were able to secure permission from the local health region to conduct our examinations. We are extremely grateful for the ongoing collaboration from all of the CCEB stakeholders; our success is in no small part the result of your trust and support.

How did the CCEB measure up?

The CCEB has remained as adaptive as is practical and responsible given the magnitude of the role the CCEB examination plays in support of public protection. As a result of the diligent efforts of the CCEB during the COVID-19 global pandemic, the organization managed to outpace other entry-to-practice testing organizations in 2020. Many testing organizations were unsuccessful in providing any OSCE examinations in 2020 and as a result have substantial backlogs.

This can be cast in stark relief with the actions and outcomes of the CCEB. The CCEB conducted two complete examination administrations in 2020, with no limits placed on applicant numbers; the CCEB committed to expanding capacity to test every candidate who applied. Additionally, in response to the last-minute change referenced above in Montreal for the October 2020 administration, the CCEB swiftly prepared a separate November 2020 administration in Montreal, for those candidates impacted, bringing our total OSCE administrations in 2020 to three (3). It is noteworthy that the CCEB typically conducts three (3) administrations of each examination component during a 'normal' year.

As a result of the support of our members and diligence of the staff and Board of Governors of the CCEB, we are able to report that we administered 1,375 individual examinations and issued 378 CCEB certificates in 2020. Of those candidates who received a certificate, 340 were 2020 graduates, 30 of whom graduated in December 2020.

In 2019, we administered a total of 1,452 individual examinations and issued 389 certificates. This is worth restating: in spite of the pandemic, our exams administered and certificates issued was not significantly different from prior years.

Historical issuance of certificates:

2015	361
2016	357
2017	361
2018	352
2019	389
2020	378

There is no evidence of any CCEB candidates, including 2020 graduates, being disadvantaged by the actions of the CCEB. Furthermore, due to the organization's success in conducting two full administrations in 2020, and based on our current [Examination Eligibility Policy](#) there are only two (2) reasons why any 2020 graduate, including those who graduated as late as December of 2020, would not have received a CCEB certificate:

1. The candidate failed one, or more, components of the CCEB examination in 2020; and/or

2. The candidate did not complete an application for an examination for which they were eligible in 2020.

The CCEB empathizes with candidates who are frustrated by exam cancellation and the disruption related to the COVID-19 pandemic. However, while other professions spent 2020 in limbo, the CCEB moved forward and delivered the same aggregate access, albeit adapted and altered, to CCEB examinations in 2020 as in prior years.

What about a virtual OSCE?

As organizations with substantial candidate backlogs attempt to cope with the disruption caused by the COVID-19 pandemic, some have publicly declared they will be administering a 'virtual OSCE' (objective structured clinical examination) in 2021. The CCEB would be remiss if we did not provide some insight into our own explorations into the viability for chiropractic. There is a lot to unpack on the topic of remote or virtual OSCE's. This is vastly foreign territory for high-stakes entry-to-practice examinations. While the CCEB remains open minded about adaptation, some very relevant, recently published, research supports our concerns and hesitation with respect to wide sweeping changes to the CCEB OSCE; specifically the departure from 'fidelity to the criterion' in a virtual chiropractic OSCE, and the potential risk that poses for the public.

High-fidelity assessments are those in which the assessment itself appears to be fairly life-like and authentic. The ability of a remote OSCE to remain highly like-life or 'high-fidelity' is very much related to the actual practice environment in that profession. In some professions, where physical contact with a patient is either unnecessary, non-existent, or rare there is less risk of loss of fidelity between virtual and in-person activities. In many cases, professionals were permitted to provide comprehensive virtual services/telehealth care well before the COVID-19 pandemic; for example, psychologists have been providing virtual care for decades in some jurisdictions.

In a profession like chiropractic, where the overwhelming majority of clinician-patient interactions rely on contact, it would create a 'low fidelity' examination if not performed in person; the exam would have very little relationship with the environment in which the clinician hopes to practice and, by extrapolation, would provide a much-reduced level of public protection and confidence.

Published in February 2021, [COVID-19: how has a global pandemic changed manual therapy technique education in chiropractic programs around the world?](#) (de Luca et al.), is an important and relevant work when discussing making sweeping changes to the CCEB examination format.

The conclusion of the international study specifically tuned to chiropractic is that:

“Chiropractic programs around the world provided their students with rapid, innovative learning strategies, in an attempt to maintain high standards of chiropractic

education; however, challenges included maintaining student engagement in an online teaching environment, psychomotor skills acquisition and staff workload". (de Luca et al.)

While the paper has a variety of interesting insights, both positive and negative, related to the changes in teaching necessitated by the pandemic, it also highlights concerns related to the acquisition of psychomotor skills. While schools worked to the best of their ability to adapt and provide continuity to their students, the research suggests that the adaptation came at a cost. In short, that price is related to hands-on skills development. Excerpts from the de Luca et al. [article](#):

"[...] it was felt that there has been a significant drop in participation in online manual skills activities. Relatively few students have taken advantage of the feedback or practice sessions thus far."

"Academics noted that without structure and specific timetabled psychomotor skills practical, some students will fail to engage as they will be somewhat disconnected from their cohort reducing peer to peer learning and practice sessions."

"Faculty have serious concerns about skill acquisition [...] psychomotor skill acquisition was severely hampered since there were no classes [...] and [...] academics had no way to ensure safety by allowing students to practice psychomotor skills remotely [...], reveal the real concern that academics have for students' psychomotor skill acquisition."

Clearly, from a public protection perspective, if even one (1) candidate has received insufficient clinical exposure or psychomotor skills acquisition, as is posited above, then reducing the need to demonstrate those skills in a high-fidelity examination environment could expose Canadians to unnecessary risk. Demonstrating those skills effectively in a remote/at home environment would suffer from the same limitations as teaching those skills in that environment. Excerpt from de Luca et al.:

"An important barrier to the learning of manual therapy techniques online that was highlighted by academics, was that students at home do not have the correct equipment and are not insured to work on other people."

While adaptation and nimble responses have been the necessary bi-product of the global pandemic for all organizations including the CCEB, there is a critical need to continue to remain focused on the purpose of the organization. Adaptation should not jeopardize the purpose; in the case of the CCEB, the purpose is entry-to-practice examination in support of the regulatory role in public protection.