



Canadian Alliance of Physiotherapy Regulators

Alliance canadienne des organismes de réglementation de la physiothérapie

How to Interpret Your Standard Scores and Performance Profile

The scores on your performance profile for the Physiotherapy Competency Examination are not percentage scores.

Your Standard Score

We have converted your percentage score to a standard score so that we can compare candidates' scores from different exams. Your standard score is not equal to the number of questions you answered correctly or the number of checklist items you did correctly.

Understanding Your Standard Score

We convert the average score for all Canadian-educated candidates taking the exam for the first time to a standard score of 500. The standard deviation is set at 100. These values allow you to see whether your score is above or below the average score. If your score is higher than 500, your performance was better than the average performance of the Canadian-educated candidates taking the exam for the first time. If your score is below 500, your performance was below that average.

Your Performance Profile

To give you more information on your performance, we have also given your score for each content area (sub-scores). If a sub-score is near 500, then your performance in that content area was similar to the average performance of all Canadian-educated candidates taking the exam for the first time. Your overall score is **not** equal to the average of your sub-scores.

For more information on how we calculate scores and set passing scores, please check the Frequently Asked Questions in the Exam section of our website, www.alliancept.org.



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The Three Criteria for the Clinical Component

We score the Clinical Component of the Physiotherapy Competency Examination on three criteria. You must meet all three criteria in order to pass the exam.

Your station score for ten-minute stations represents how many checklist items you did correctly (80 percent of the station score) and how the examiners rated your performance and communication (20 percent of the station score).

Your station score for five-minute stations represents how many checklist items you did correctly (40 percent of the station score), how the examiners rated your performance (10 percent of the station score) and how you scored on the written station (50 percent of the station score).

Total Score

Your total score is the average of your station scores, converted to a standard score. To meet this criterion, you must achieve a minimum overall score.

Meeting the total score criterion shows that you have demonstrated an overall minimal standard over a range of knowledge, skills and abilities. The total score does not provide information about specific areas of practice or functions in which you may have gaps in your knowledge, skills or abilities.

Number of Stations

To meet this criterion, you must pass a minimum number of stations.

Meeting the number-of-stations criterion shows that you have performed satisfactorily on a minimum number of sets of items. The number-of-stations criterion will identify frequent or systematic gaps in your knowledge, skills and abilities. The number-of-stations criterion prevents you from passing the Clinical Component if you do well in some stations but badly in others. By doing so, it ensures that you show consistent knowledge, skills and abilities from station to station.

Critical Incidents

To meet this criterion, you can have no more than two *minor* safety or professionalism violations during the exam, and you cannot have any *major* safety or professionalism violations.

Examiners write down any critical incidents, which are actions or behaviours that cause concern about your ability to practise physiotherapy safely and professionally. The Board of Examiners reviews these critical incidents and decides whether each identified incident is a safety or professional violation. They consider many factors, including the accuracy and completeness of the examiner's documentation, the planned portrayal by the standardized client, relevant literature, past decisions on similar critical incidents, and the professional judgment of the Board members.