

*This blueprint is used to guide exam development, and to provide exam candidates, educators, stakeholders and members of the public with a breakdown of the contents of CCHPBC's Clinical Knowledge and Theory exam.*

# Clinical Knowledge and Theory exam, external blueprint

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College of  
**COMPLEMENTARY HEALTH  
PROFESSIONALS OF BC**

## Context

The College of Complementary Health Professionals of British Columbia (CCHPBC, “the College”) is a professional regulatory body that exercises authority delegated by the provincial government through BC’s

[Health Professions Act.](#)

The College’s regulatory responsibilities include setting requirements and conditions for entry to practice. CCHPBC administers a registration examination to determine the readiness of candidates for entry into the profession to practice massage therapy. Specifically, the examination must determine whether each candidate possesses at least the minimum level of knowledge and competencies that a new RMT requires to practice massage therapy that is safe, ethical and effective.

The entry-level competencies and requirements are described in two documents: the *Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice* (PCs-PIs) and the *Guidelines for Foundational Knowledge in Massage Therapy Educational Programs* (GFK). These two documents can be viewed at <https://cchpbc.ca/for-professionals/registered-massage-therapists/applicants/#requirements>

In 2022, CCHPBC's registration examination will consist of three components:

- an online multiple choice exam titled *Clinical Knowledge and Theory*,
- an online course and exam titled *Law, Ethics and Professionalism*, and
- a Performance-Based Assessment.

### Registration Committee

College of Complementary Health Professionals of British Columbia

## About this blueprint

### Purpose

This exam blueprint was created to provide details of the *Clinical Knowledge and Theory exam (CKT)*. The blueprint is used to:

- guide exam development, and
- provide exam candidates, educators, stakeholders and members of the public with a breakdown of the contents of CCHPBC's *Clinical Knowledge and Theory exam*.

### Practice Competencies, Performance Indicators, and Foundational Knowledge

The *Inter-Jurisdictional Practice Competencies and Performance Indicators (PCs-PIs)* document sets a standard of care for massage therapy in those Canadian jurisdictions in Canada where the massage therapy profession is regulated. The PCs-PIs outline the integrated knowledge, abilities and clinical judgment required of an entry-level RMT.

Each Practice Competency (PC) in the PCs-PIs is defined by a set of Performance Indicators (PI). Performance Indicators are observable candidate behaviours that demonstrate the candidate's competency in a specified practice task.

For example, the Practice Competency, 2 (i) Perform Postural Assessment, has five Performance Indicators associated with it:

- 1. Identify indications and safety considerations for performing postural assessment**
2. Describe the process for performing a postural assessment
3. Demonstrate postural assessment
- 4. Differentiate between normal and abnormal findings**
- 5. Identify the relationship between findings and patient/client presentation**

The performance indicators listed above in **bold font** – 1, 4 and 5 – are marked in the PCs-PIs document as testable in the “Reg Exam MC” (registration examination multiple choice) assessment vehicle, and therefore they are testable in the *Clinical Knowledge and Theory exam*.

Consider performance indicator 4 in the example above, “Differentiate between normal and abnormal findings”. A layperson, lacking foundational knowledge of the human body and particularly of posture, might suggest that an individual has “poor posture”. An RMT must demonstrate knowledge of anatomy, physiology, and pathology to assess whether or not an individual's posture is normal or abnormal, and explore possible reasons for either choice. This is an example of the integration of foundational knowledge with performance of PIs that demonstrate the existence of a Practice Competency.

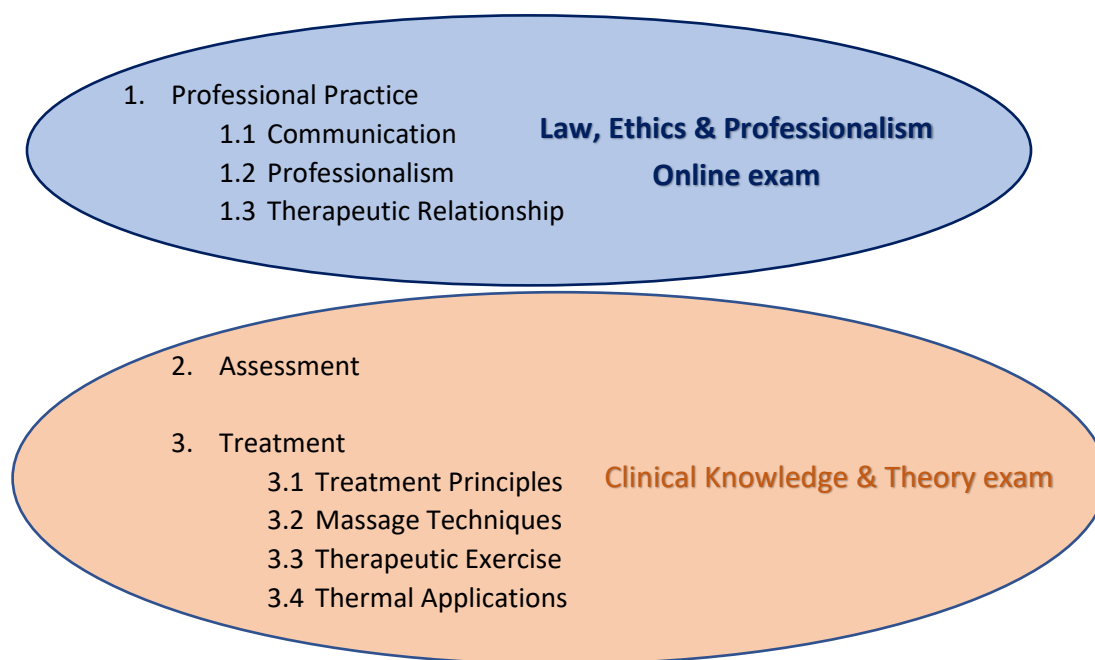
The PCs-PIs document groups competencies into three major areas of practice:

1. professional practice,
2. assessment, and
3. treatment.

CCHPBC's *Law, Ethics and Professionalism* online course and exam deal exclusively with the first section, on professional practice (see diagram below).

The *Clinical Knowledge and Theory* exam assesses competencies listed in the PCs-PIs under the assessment vehicle, "Reg Exam MC", for:

- section 2, Assessment, and
- section 3, Treatment.



### Foundational Knowledge

Massage therapy relies heavily on the application of principles of the physical, biological, health, social and behavioural sciences.

To demonstrate all Practice Competencies with entry-level proficiency, exam candidates are expected to have a foundational knowledge base that is common to regulated health care professionals in Canada. RMTs additionally possess a more specialized foundational knowledge base related to the structure, function and inter-relationships of the human body's systems and their responses to massage therapy.

The PCs-PIs document is primarily outcome-based and does not itemize or list educational curriculum content such as foundational knowledge requirements. When a massage therapy education program is “recognized” by CCHPBC, its curriculum and program delivery meet accreditation requirements, including instruction in foundational knowledge of sufficient breadth and depth to enable graduates to perform practice competencies with entry-level proficiency.

Knowledge requirements outlined in CCHPBC's *Guidelines for Foundational Knowledge in Massage Therapy Educational Programs* that relate to applicable practice competencies are assessed in the *Clinical Knowledge and Theory* exam.

### **Testing format**

All questions in the *Clinical Knowledge and Theory* exam are in a multiple-choice format. Each question consists of a stem followed by four possible answer options, one of which is the correct answer. Candidates must choose the correct option to receive a mark for that question.

### **Question Presentation**

The *Clinical Knowledge and Theory* exam is made up of both independent and case-based questions. Independent questions are stand-alone questions that do not connect to other items on the examination. Case-based questions relate to a case scenario. They begin with a description of a clinical case scenario, followed by two to four multiple-choice questions that relate to the case. All questions related to a case scenario are independent of the other, which means that if a candidate answers one question incorrectly, it does not follow that the other case-related questions will necessarily be answered incorrectly. Each case-related question relates to the case, but does not build from one question to the next.

### **Length of Exam**

There are 150 scored questions on the *Clinical Knowledge and Theory* exam. Up to 5% of the questions are experimental and do not contribute to a candidate’s final mark. Candidates will have 180 minutes/3 hours to complete the exam, approximately 1.2 minutes per question.

### **Weighting of Competencies**

The percentage of questions dedicated to each area of practice, along with the Practice Competencies tested, is outlined below.

### Weighting of Practice Competencies by area of practice

Areas of Practice	Practice Competency	Percentage
Assessment	2.a – 2.t	60-70%
Treatment		30-40%
Treatment Principles	3.1.a – 3.1.c, 3.1.e – 3.1.g, 3.1.i, 3.1.j	12-22%
Massage Techniques	3.2.a – 3.2.p	7-13%
Therapeutic Exercise	3.3.a – 3.3.f	4-8%
Thermal Applications	3.4.a – 3.4.c	1-3%

The percentage ranges for each category were decided by a group of subject matter experts in 2019. A psychometric consultant was used to guide this process.

### Cognitive level percentages

Questions on the *Clinical Knowledge and Theory* exam vary in their level of difficulty. Each question has been classified into one of three categories adapted from Bloom’s taxonomy of cognitive ability. Level 2 questions require the candidate to understand information and apply it to new situations and level 3 items assess the ability to solve problems. “Learning Domains and Levels of Complexity” are addressed in the [PCs-PIs document on page 6](#), in the Preface to the competencies grid.

The percentage of questions on the *Clinical Knowledge and Theory* exam written at specified complexity levels is shown in the table below.

### Cognitive complexity levels (PCs-PIs Page 6)

Complexity	Descriptor	Percentage of questions
Level 2	Comprehend and apply information	55-75%
Level 3	Analyze and interpret information	25-45%

### Scoring

One point is given for every correct answer. No points are given for incorrect responses or unmarked items. Exam results are expressed as a scaled score.

**End.**