



Alberta College of
Speech-Language Pathologists
and Audiologists

Introducing ACSLPA's Revised Continuing Competence Program (CCP)

February 2022

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Agenda

1

Outline reasons for revising the CCP

2

Provide the framework for the revised CCP

3

Outline the new CCP requirements for regulated members

4

Highlight the timeline for implementation of the CCP

Why the Change?

Self Assessment Tool*

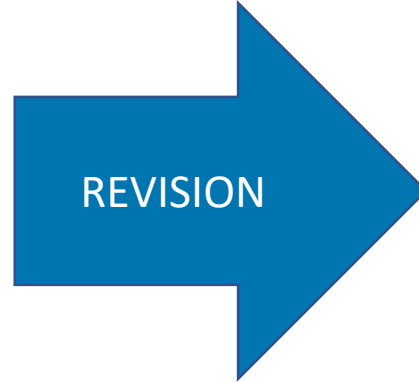
Goal Setting/Learning Plan

Learning Activities/Goal
Reflection

External Feedback*

Audit

*Required every 3 years



Consistent with current evidence†

Allow for identification of members at risk for
competence drift

Allows for provision of support to members
who fall below competency requirements

Less time and labour intensive

Bill 46 – competence program can include
assessment

†<https://www.acslpa.ca/wp-content/uploads/2022/01/2022-Continuing-Competence-Program-Background-and-Rationale.pdf>

The Evidence



Risks & Supports



Feedback from a
trusted source



Engagement and
investment in
profession



Continual learning

ELEMENTS OF CCP

Risks and Supports Profile

Peer Dialogue Reflection

Continuing Education

AUDIT

PASS

Exit

REFER

ASSESSMENT

INTERVIEW

PASS

Exit

REFER

PRACTICE REVIEW

CHART REVIEW

PASS

Exit

REFER

ONSITE VISIT

<https://www.acslpa.ca/wp-content/uploads/2022/01/2022-CCP-Framework-Flowchart.pdf>

Design Objectives



Positive support and
coaching



Fairness and justice

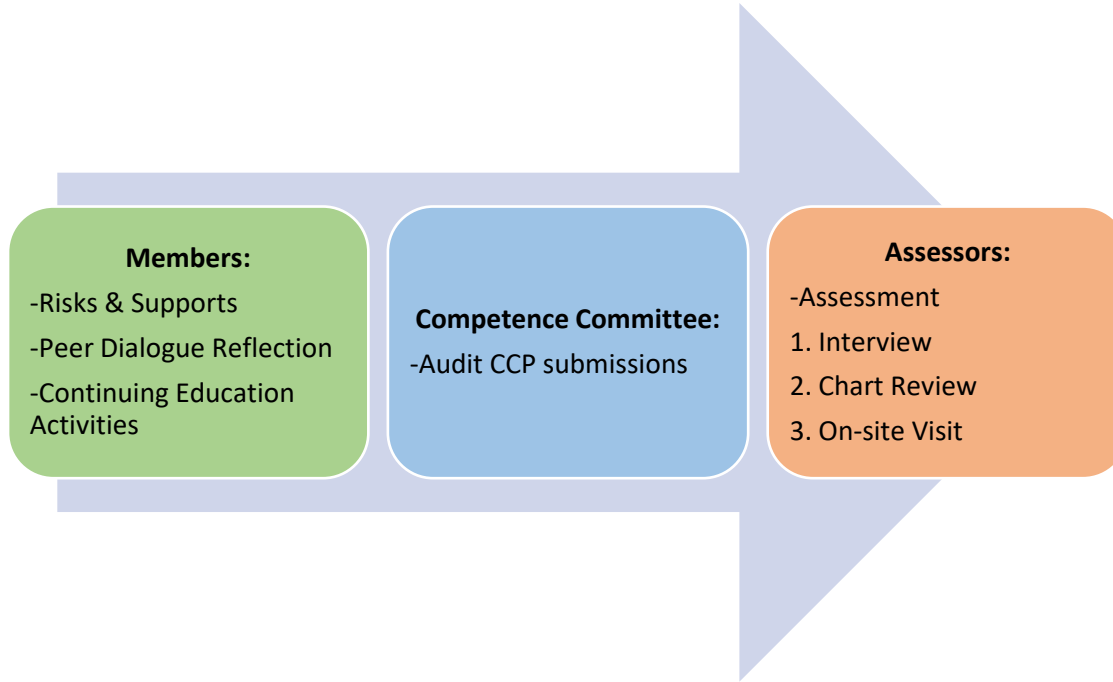


Effective and
efficient



Progressive approach

CCP Overview



CCP Element – Risks and Supports Profile

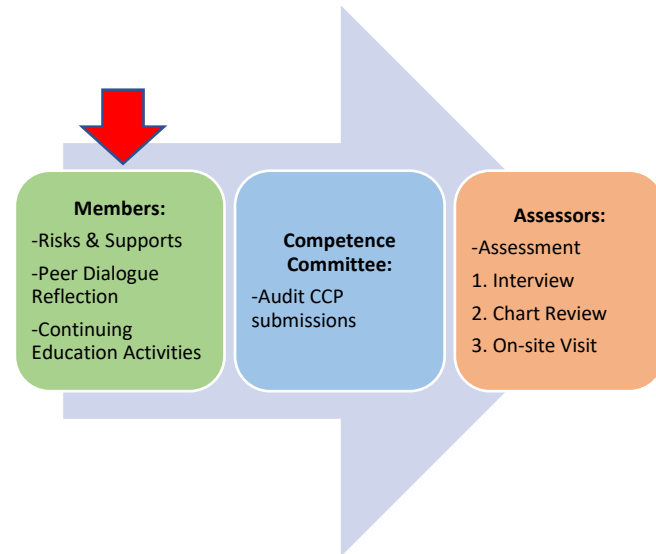
- What risks and supports do you have to your competence?
 - Pick from a list and/or provide your own
- Discuss how risks impact your competence (link risks to practice)
- Discuss how supports mitigate risks and impact competence (link supports to practice)

**Every clinician has risks to practice*

***Identifying risks is important to reflective practice*

****No 'punishment' for identifying risks*

*****Applicable to clinical, administrative, and academic positions*



Risks - Examples

Adequacy of practice preparation or education	Previous education program not sufficient in providing specific skills or knowledge due to brevity or low quality in that area	No/little coursework in specialized clinical area, e.g., pediatric feeding and swallowing, pediatric amplification, cerumen management, treatment for tinnitus and hyperacusis
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Wellness	Physical or mental health issues that affect service delivery	Illness, chronic conditions, anxiety, stress, depression, burn out, etc.
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Resources	Lack of resources within the practice environment	People (e.g., insufficient human resources to cover caseload), financial (e.g., insufficient funding, equipment, materials, time) etc.
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Supports – Examples

Quality assurance participation	Participation in formal and structured workplace quality assurance program	Workplace continuing competence programs, etc.
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Continuing education participation	Involvement in an educational activity during the practice year. May include specialized training	Courses, workshops, conferences, virtual interest groups, communities of practice, personal study, etc.
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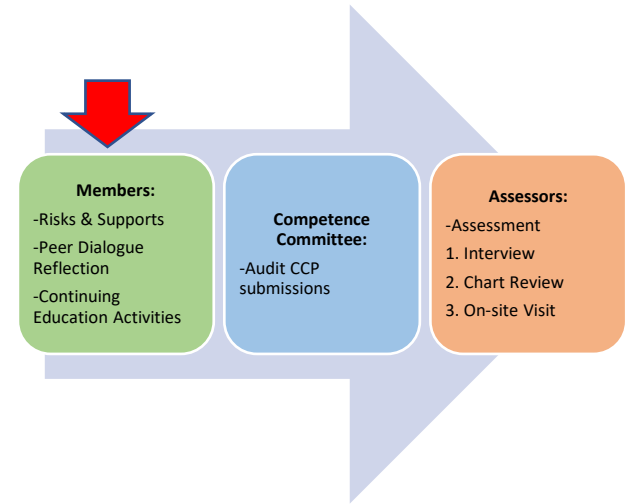
Support through structure or organization	Employer or site-specific structures/processes that develop or maintain competence	Clinical practice lead supervision
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CCP Element – Peer Dialogue Reflection

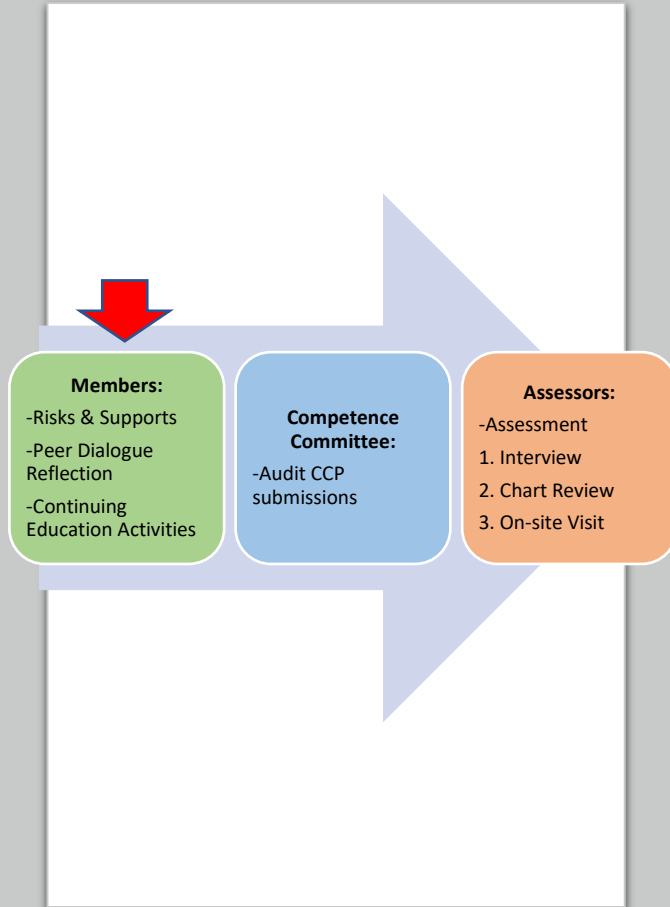
- Describe
 - The situation discussed with peer (or supervisor or mentor)
 - Why you chose this peer
 - How discussion impacted your practice (link to practice)

*peer does not have to be an SLP or Audiologist

**peer does NOT have to fill anything out



CCP Element – Continuing Education Activities



- List continuing education activities undertaken for the year
- Need to provide specifics (dates, URLs, article references etc.)
- Must check off **AT LEAST ONE** activity
- **NO MIMIMUM** number of hours required
- Describe how activities impacted competence (link to practice)

Continuing Education Tracking

- All college-directed activities (e.g., jurisprudence education requirements, therapeutic boundaries guideline, etc.).
- Attendance at professional/clinical education event(s) (e.g., conference(s), presentations, workshops, webinars, seminars)
- Self-Study (e.g., review of scholarly articles, literature, internet searches)
- Supervision and mentorship of colleagues or students
- Publications in a peer-reviewed journal
- Participation in a study or interest group
- Professional committee work (e.g., ACSLPA committee, SAC or ASHA task force)
- Coursework (online or in-person) including university courses related to profession
- Teaching (online or in-person) of coursework related to profession (e.g., university or college courses)
- Presentation(s)/in-service(s) (e.g., to students, other professionals)
- Presentation by manufacturer

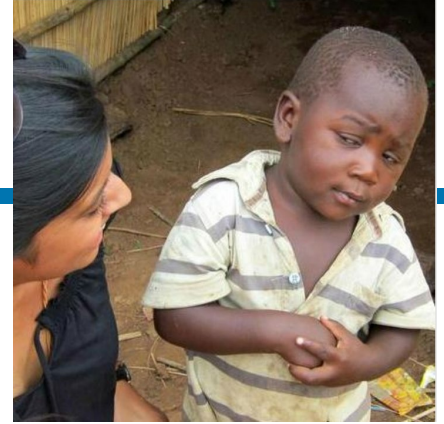
<https://www.acslpa.ca/wp-content/uploads/2022/01/2022-Continuing-Education-Activities-What-Counts.pdf>

Component	Previous CCP	Revised CCP
Self-assessment	<p>Self-Assessment Tool - every 3 years</p> <p>Evaluated against entry-level competencies</p>	<p>Risk & Supports Profile completed annually.</p> <p>Self-evaluated risks to competence drift and supports in place to mitigate risk</p>
Learning Goal(s)	<p>Identify at least one learning goal annually.</p> <p>Indicate which competence area is targeted</p>	<p>Not required</p>
Continuing Education	<p>Indicate continuing education undertaken to help meet identified learning goal</p> <p>Link learning from activities to progress with goal</p>	<p>Indicate all continuing education activities undertaken</p> <p>Reflect on how learning impacted competence</p>
Peer Engagement	<p>External feedback options - every 3 years</p> <p>Both member and peer complete form</p> <p>Reflect on learning from peer feedback</p>	<p>Reflection of peer dialogue completed annually</p> <p>No requirements from peer</p> <p>Summarize the conversation they had about a specific case, or situation, information about which competence areas were impacted, and reflect on what changed in competence</p>

Less time & labour intensive?

Yes!

- Checklists
- Question prompts & scaffolding
- Relevance to practice
- Examples
- Rubrics
- Ongoing support during transition
- Practice Advisor support



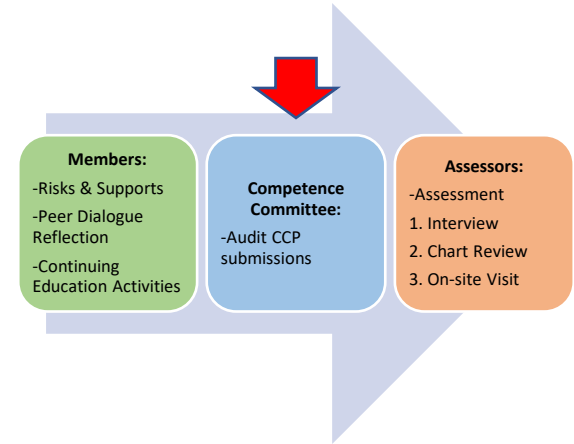
Audit/Review/Screening of CCP Submissions

WHO – 10-20% of members annually + 2-3% of members (random completeness check) + any member flagged for audit

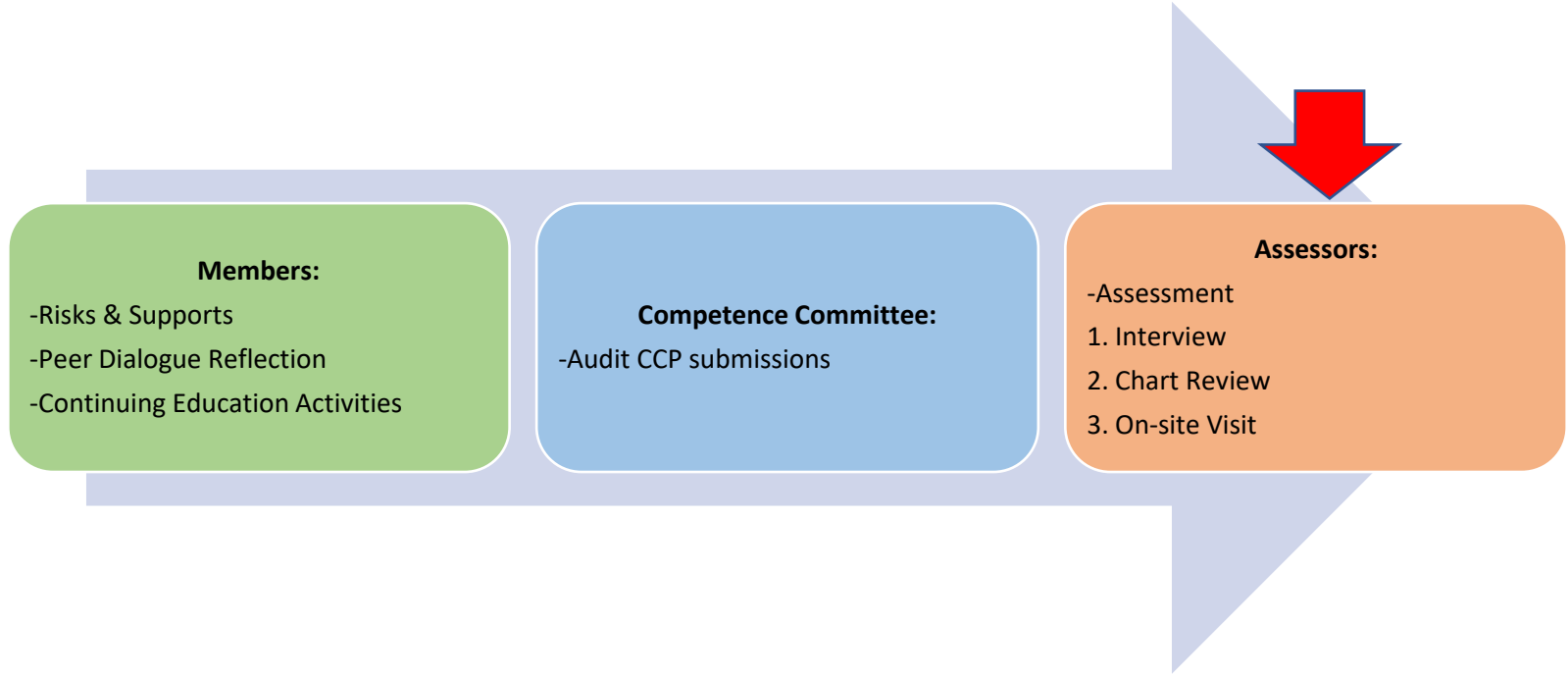
WHAT – Review CCP submissions

HOW – Use rubrics to determine if submission meets/does not meet criteria

WHY – Determines members in need of support to meet competency requirements



Assessment

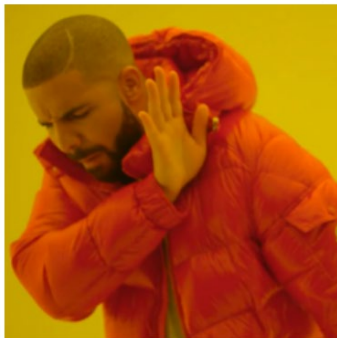


Assessment

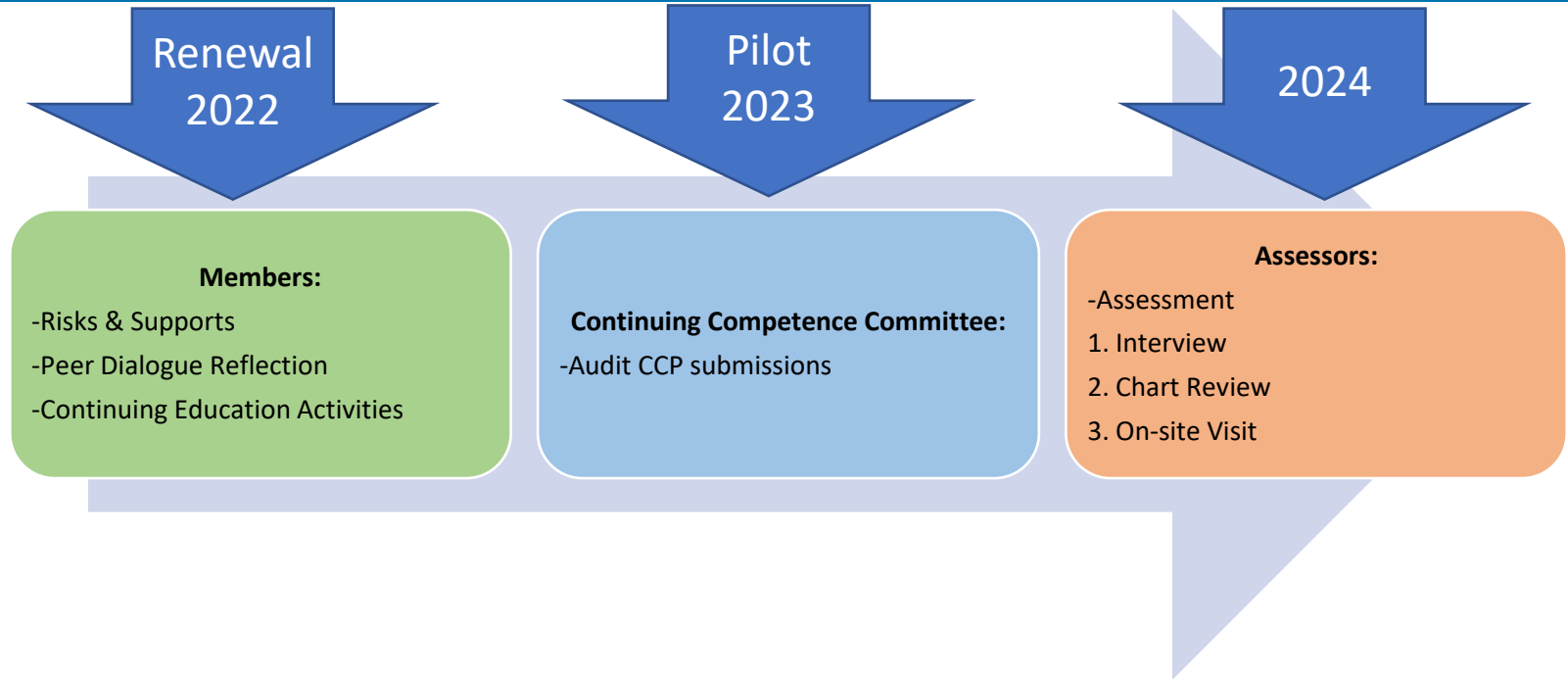
1. Interview
2. Chart Review (Practice Review, part 1)
3. On-Site Visit (Practice Review, part 2)



A Quick Break



Timeline



When/How Will You Get More Information?

<https://www.acslpa.ca/wp-content/uploads/2022/01/2022-CCP-Checklist-for-Members.pdf>

January	February <ul style="list-style-type: none">-View CCP Overview webinar-Start tracking continuing education-Review CCP resources on website	March <ul style="list-style-type: none">-Review CCP resources on website
April <ul style="list-style-type: none">-Review CCP resources on website	May <ul style="list-style-type: none">-Review new resources on website (PowerPoints, blank forms, examples of CCP submissions)-Send questions to SLP or Audiology Practice Advisor	June <ul style="list-style-type: none">-Review CCP resources on website
July <ul style="list-style-type: none">-Review CCP resources on website	August <ul style="list-style-type: none">-Review CCP resources on website	September <ul style="list-style-type: none">-View webinar on Completing the New CCP-Review resources on website
October <ul style="list-style-type: none">-Complete CCP once registration renewal opens (Oct 1st)	November <ul style="list-style-type: none">-Attend CCP submission Q and A webinar as needed	December <ul style="list-style-type: none">-Complete CCP submission and registration renewal by Dec 1st

What's on the website?



Questions?

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