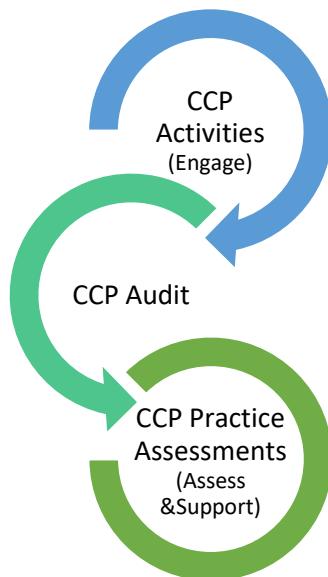


## Introduction to the Continuing Competence Program

As outlined in the *HPA*, Health Colleges are required to establish and maintain a Continuing Competence Program (CCP) in which regulated members must participate. Although most healthcare professionals are competent to practice and take steps on their own to stay competent, there are a certain number of individuals whose competence may be at risk at any given time. Risks to competence often arise at times of workplace change, personal stress, working in isolation, and a variety of other external reasons.

ACSLPA's CCP program is intended to identify those regulated members whose competence may be at risk, so that they can be provided with the support they need to continue providing safe and effective care to their clients. The public benefits from the CCP due to a higher assurance of quality care, while ACSLPA regulated members benefit from the boost of the overall reputation of their profession that occurs when all clinicians are supported and enabled to provide quality care to their clients.

The CCP is designed to **engage** regulated members in maintaining and enhancing their competence, **assess** members' competence, and **support** members who are experiencing or at risk of competence drift, i.e., a decline in competence over time. The program is comprised of three components: 1) the CCP activities to be completed annually by members, 2) an audit of a percentage of CCP submissions, and 3) a practice assessment for regulated members who are referred for this assessment after the audit of their CCP submission.



### Who Needs to Participate in the CCP?

All ACSLPA regulated members who apply to renew their registration as a practicing member on the general register must complete the CCP annually; they will not be able to renew their practice permit without completing the CCP.

## CCP Activities

The CCP activities are the professional development activities that must be completed annually by regulated members. These activities form the basis of the College's goal to engage members in maintaining and enhancing their competence. Regulated members must complete the following activities annually:

- Risks and Supports Profile,
- Peer Dialogue Reflection, and
- Continuing Education Report.

The CCP is completed through the regulated member's portal on the College's online reporting system. The program 'opens' to regulated members every year on October 1<sup>st</sup> and must be completed before December 31<sup>st</sup> of the same practice year.

### Risks & Supports Profile

Completing the Risks and Supports Profile requires the regulated member to reflect on the factors that may negatively impact their competence to practice, and the contingencies that they have, or can, put in place to prevent errors or unsafe practice.

To complete the Risks and Supports Profile, regulated members must:

- Identify at least one risk that impacts their competence from the list of risks provided,
- Describe in writing (with a maximum of 350 words):
  - The rationale for selection of the identified risk(s), and
  - How the risk(s) identified impacts their competence to practice,
- Identify at least one support that they have in place that helps to maintain or enhance their competence from the list of supports provided,
- Describe in writing (with a maximum of 350 words):
  - The rationale for selection of the identified support(s), and
  - How the support(s) identified maintains or enhances their competence to practice.

### Peer Dialogue Reflection

The Peer Dialogue Reflection is designed to support the regulated member's engagement with their peers and promote their obtaining feedback from trusted sources about their practice.

For the purposes of the CCP, the peer selected by the regulated member for dialogue should:

- Be a trusted colleague, with whom the regulated member can have an open and honest dialogue,
- Have skills, knowledge, abilities, or expertise that is relevant to the professional situation discussed, and
- Be able to provide advice, guidance, and support that positively impacts the regulated member's competence to practice,

The peer selected by the regulated member does not have to be of the same profession as the regulated member and does not have to be a regulated member of ACSLPA. Regulated members are asked to keep their written submissions focused on the topic of their competence and should not provide personal or private details about their peer, their relationship with their peer, or any clients whose cases may have been discussed as part of the dialogue.

To complete the Peer Dialogue Reflection, regulated members must:

- Describe in writing (with a maximum of 350 words per bullet):
  - The situation they discussed with their peer,
  - Their rational for their choice of peer (i.e., explain the relevance of the peer to the professional situation),
  - How the dialogue and any feedback received from their peer impacted their practice (i.e., any learning or changes to practice that occurred as a result), and
- Identify the competency areas that were impacted through the dialogue with their peer (from the National [Audiology](#) or [Speech-Language Pathology](#) Competency Profile, which will be provided for reference).

Regulated members will have the option to “opt out” of the peer reflection if they do not have a relevant peer dialogue to reflect on, however opting out of the reflection will trigger an automatic audit (see the “CCP Audit” section for more information).

### **Continuing Education Report**

The Continuing Education Report is designed to support regulate members’ engagement in continuing education activities that are meaningful and impactful to their practice. In this report, members are asked to indicate the continuing education activities that they undertook during the practice year, and to describe how these activities impacted their competence to practice. For the purposes of the CCP, one may report on any of the following categories of continuing education activities:

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

To complete the Continuing Education Report, regulated members must:

- Complete continuing education activities for at least two of the categories above,
- Provide a specific identifying reference (e.g., journal article title, title of conference and/or course, etc.) for at least one activity per category in which they identified completion of activities,
- Describe in writing (with a maximum of 350 words per bullet):
  - Their rationale for undertaking each activity,

- How completing the activity impacted their competence (i.e., any learning or changes to practice that occurred as a result),
- Identify the competency areas that were impacted after completion of the continuing education activities (from the National [Audiology](#) or [Speech-Language Pathology](#) Competency Profile, which will be provided for reference), and
- Describe in writing (with a maximum of 350 words) how their practice in the competency areas identified was impacted (i.e., any changes to competence that occurred as a result).

### **Failure to Complete the CCP Activities**

Regulated members who do not complete the annual CCP reporting will be unable to renew their practice permit for the following practice year.

### **CCP Audit**

An audit of ACSLPA regulated members' CCP submissions takes place annually. It is designed to identify regulated members whose written submissions do not meet the criteria to indicate that they satisfactorily completed the CCP activities. These are the regulated members who, based on the information contained in their CCP submission, may be at risk for competence drift.

The requirements for successful completion of each of the CCP activities are shown in the table below.

<b>CCP Activity</b>	<b>Requirements for Satisfactory Completion</b> <i>The following is evident in the regulated member's written submission:</i>
Risks and Supports Profile	<ul style="list-style-type: none"> <li>● An explanation of how the risks identified impact the member's practice, including at least one specific example of a practice area, task, or situation where the risk impacts their competence or performance,</li> <li>● An explanation of how the supports identified impact the member's practice, including at least one specific example of a practice area, task, or situation where the support maintains or enhances their competence or performance, and</li> <li>● That the supports identified mitigate the risks identified by the member.</li> </ul>
Peer Dialogue Reflection	<ul style="list-style-type: none"> <li>● That the member consulted with an appropriate peer on a professional situation to gain guidance or feedback, and</li> <li>● An explanation of how the dialogue impacted the member's competence to practice (i.e., any learning or any changes to practice that occurred as a result).</li> </ul>
Continuing Education Report	<ul style="list-style-type: none"> <li>● Specific referencing information on the continuing education activities completed, and</li> <li>● An explanation of how the activities impacted the member's competence to practice (i.e., any learning or any changes to practice that occurred as a result).</li> </ul>

Regulated members who are unable to meet all the above requirements in their written CCP submission are referred to the practice assessment stage of the CCP.

## Audit Categories

The CCP audit takes place on a 5-year cycle, so that every regulated member on the general register is audited once every five years, unless a special circumstance applies. In addition, 2-3% of submissions will be randomly selected for a completion audit (i.e., reviewing for coherent sentences in narrative text boxes).

## Special Circumstance Audit Categories

In addition to audits on the regular 5-year cycle, the following categories of regulated members will be audited under special circumstances:

1. All new registrants of ACSLPA who obtained their practice permit between renewal cycles. These members may require additional support, particularly those who are transitioning from new graduate to professional. This initial audit is part of the 5-year cycle; therefore, these members are exempt from audit for four years after their initial CCP submission.
2. Any regulated member who has opted out of submitting a Peer Dialogue Reflection for the practice year. In opting out, these members indicate that they have not engaged in collaboration or consultation with a peer, which is a risk to competence. During the audit, the member's explanation for not completing this CCP activity, along with their submissions for the other activities will be reviewed. If the regulated member is unable to provide a valid reason for not completing the Peer Dialogue Reflection, or if their submissions for the Risks and Supports Profile and Continuing Education Reports do not meet the requirements in the table above, the member will be referred to the practice assessment stage of the CCP. Audits in this category are considered part of the 5-year cycle, therefore these members are exempt from audit for four years after being audited in this category.
3. Any regulated member whose random selection for a completion audit reveals an incomplete submission. Audits in this category are considered part of the 5-year cycle, therefore these members are exempt from audit for four years after being audited in this category.
4. Any regulated member who falls below the mandatory currency hours that are required for renewal are part of a special process to support their continued competence. These individuals will receive communications from Registration staff that is separate from the CCP. Please refer to ACSLPA's Registration Handbook for more detailed information on this audit category.

## CCP Practice Assessment

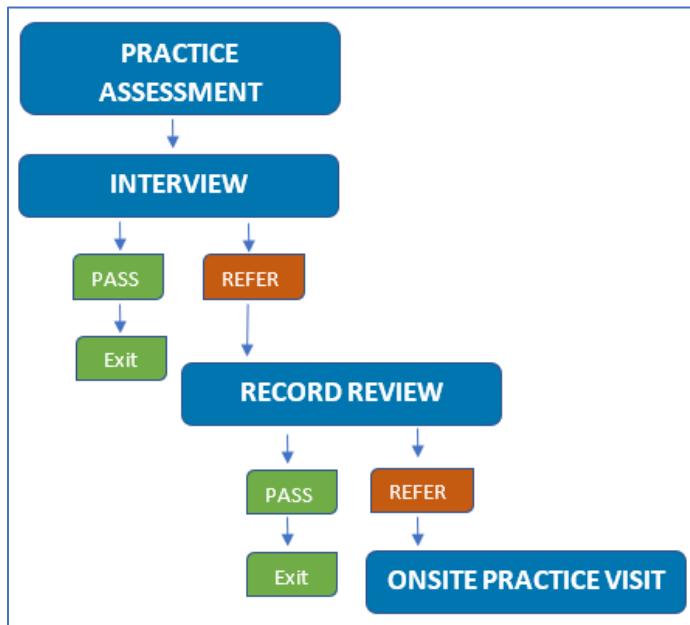
Regulated members who are unable to meet the criteria for satisfactory completion of the CCP activities through their written submissions and who have been identified through the audit of their submission are referred to the practice assessment component of the CCP. The purposes of the practice assessment are:

- To better understand the regulated member's submission and how well it reflects on the regulated members risk of competence drift,
- To determine whether the regulated member meets ACSLPA standards of practice in their provision of professional services,
- To evaluate the regulated member's competence to practice, and
- To provide support and guidance to the regulated member to meet minimum competence requirements.

The practice assessment has a progressive approach, with three stages:

1. Interview
2. Record Review
3. On-site Practice Visit

There are potential exit points after each stage of the practice assessment. Regulated members who meet the criteria for successful completion will exit the CCP, while those who do not meet criteria will be referred on to the next stage.



### Interview

The interview is the initial stage of the practice assessment. CCP submissions that are flagged as not meeting requirements during audit are referred to the interview stage. The regulated member's CCP submission forms the basis for the interview; only those CCP activities where the member did not meet competence requirements will be discussed. The interview provides the member with an opportunity to provide additional or clarifying information that strengthens their written CCP submission, and, as needed, provides support and guidance to the regulated member, through a remediation plan developed in collaboration between the interviewer and the member.

There are three potential outcomes for regulated members after the interview:

1. **Exit the CCP:** this occurs when the regulated member, through discussion with their interviewer, meets the requirements for satisfactory completion of the CCP activity that they were flagged for interview for (See the table of requirements in the “CCP Audit” section above).
2. **Remediation Plan:** this occurs when the interviewer notes minor deficiencies in meeting the requirements for satisfactory completion of CCP activities (e.g., deficiencies in reflecting on risks, putting supports in place, engaging with and learning from peers, or undertaking impactful continuing education activities). See the section “CCP Remediation Plans” below for more detailed information on this outcome.
3. **Refer to Record Review (Practice Assessment Stage Two):** this occurs when the regulated member is not able, after discussion with the interviewer, to meet the requirements for satisfactory completion of CCP activities and is unable to develop a remediation plan to address practice deficiencies.

## Record Review

The record review is the second stage of the practice assessment. It is intended to evaluate whether the regulated member practices in compliance with ACSLPA standards of practice, as evidenced by their records, which includes client records. Record reviews will be completed for regulated members who are in clinical and non-clinical roles. For the purposes of the CCP, non-clinical roles are those in which:

- Client services are provided on an exceptional basis only, and
- Where most of the regulated member's time is spent in administration, management, education, instruction, research, or sales.

The general requirements for records to be submitted for review for each type of role is shown in the table below:

Clinical Roles	Non-clinical Roles
<p>Three clinical records with different clinical presentations. It is expected that client records would be redacted of any identifying information prior to submission.</p> <p>Records should include some aspect of assessment and some indication of client outcomes. For clinicians who complete assessments only, outcome documentation can include any recommendations, referrals, or follow up.</p> <p>Records are for clients seen over a period of time (i.e., not seen once and then discharged).</p> <p>Records are no older than one (1) year.</p>	<p>Three records that show decision-making process or performance with three tasks related to the profession. Any identifying personal information should be redacted prior to submission. Examples include:</p> <ul style="list-style-type: none"><li>- Documentation related to the supervision of regulated members, support personnel, or students, and/or</li><li>- Policies or procedures developed and/or implemented related to the profession</li><li>- Learning materials developed related to the profession, and/or</li><li>- Documentation of meeting minimum standards of practice within role (e.g., infection control procedures, informed consent, or advertising and marketing).</li></ul>

Assessors will complete a blind review of the submitted records to determine if the regulated member:

- Practices in compliance with ACSLPA's minimum standards of practice,
- Uses sound professional judgement and clinical decision-making skills, and
- Utilizes documentation practices that allow for continuity of care, where applicable.

There are three potential outcomes for regulated members after the record review:

1. **Exit the CCP:** this occurs when the regulated member, through their records, demonstrates that they meet minimum standards of practice.
2. **Remediation Plan:** this occurs when the interviewer notes minor deficiencies in meeting minimum standards of practice. See the section "CCP Remediation Plans" below for more detailed information on this outcome.
3. **Refer to On-Site Practice Visit (Practice Assessment Stage Three):** this occurs when the review of the regulated member's records shows that the member is not practicing in compliance with ACSLPA minimum standards of practice, and therefore requires further evaluation of their competence to practice.

## On-site Practice Visit

The on-site practice visit is the third and final stage of the practice assessment. The visit will include observation of the regulated member while providing regulated services, which may also include observation of a clinical interaction with a client (with the client's consent). The purpose of the on-site visit is to gather in-person information on the regulated member's competence to practice, and to determine if the regulated member demonstrates a lack of competence to practice, i.e., if the member lacks the knowledge, skills, attitudes, and/or judgement required to provide professional services. On-site practice visits will be completed for regulated members who are in clinical and non-clinical roles.

There are three potential outcomes for regulated members after the on-site practice visit:

1. **Exit the CCP:** this occurs when the observation of the regulated member's practice shows that they meet minimum competence to practice standards, i.e., that they demonstrate the knowledge, skills, attitudes, and judgement required to provide quality professional services.
2. **Remediation Plan:** this occurs when the interviewer notes minor deficiencies in meeting minimum standards of practice. See the section "CCP Remediation Plans" below for more detailed information on this outcome.
3. **Refer to the Competence Committee:** this occurs when the on-site observation of the regulated member's practice shows that they are not meeting minimum competence to practice requirements. See the section "Noncompliance or Unsatisfactory Completion of the CCP" below for more information on this outcome.

## CCP Remediation Plans

Interviewers and assessors who engage with regulated members during the practice assessment stages of the CCP may use their discretion, to develop a remediation plan with the member. Remediation plans target any practice area where the member does not meet the minimum requirements for successful completion of the practice assessment stage, but where minor deficiencies are observed, i.e., when there is no/low risk of harm to clients and when it is anticipated that any deficiencies can be readily remediated within a short timeframe (within the practice year).

Interviewers and assessors, in collaboration with the regulated member, will develop a plan for the remediation that details:

- The remediation activities that should be undertaken,
- The evidence that should be provided as proof of remediation, and
- The timeline for submission of evidence.

Completion of any remediation plans that are developed during any of the practice assessment stages, within the timeframes specified by the interviewer or assessor, is a requirement of the CCP.

## Noncompliance or Unsatisfactory Completion of the CCP

Regulated members are expected to comply with all components of the College's CCP. Failure to complete or unsatisfactory completion of any portion of the College's CCP will result in the regulated member being referred to the ACSLPA Competence Committee. This includes situations where the regulated member:

- Does not respond to attempts to contact them from ACSLPA staff, interviewers, or assessors regarding their CCP submission or practice assessment,
- Does not submit the required records for review if referred to the record review stage of the practice assessment,

- Does not submit evidence of completion of their remediation within the specified timeframe,
- Unsatisfactorily completes their remediation plan (e.g., does not complete all the remediation activities in their plan, or completes a reflection that does not demonstrate that any learning or changes to practice occurred), or
- Demonstrates competence to practice concerns or a lack of competence during their on-site visit.

In response to noncompliance or unsatisfactory completion of the CCP, the Competence Committee may:

1. Direct the regulated member to undertake one or more remediation activities within a specified period;
2. Impose conditions on the regulated member's practice permit, including conditions that
  - (a) The regulated member practices under supervision,
  - (b) The regulated member's practice be limited to specified professional services or to specified areas of practice,
  - (c) The regulated member refrains from performing specified restricted activities,
  - (d) The regulated member refrains from engaging in sole practice,
  - (e) The regulated member submits to additional practice visits or other assessments,
  - (f) The member reports to the Registrar on specified matters on specified dates,
  - (g) The practice permit is valid only for a specified purpose and time,
  - (h) The member is prohibited from supervising students, other members, or other health professionals, and
  - (i) The member completes the CCP requirements within a specified timeframe;
3. Refer the member to the Complaints Director as a complaint; or
4. Direct the Registrar to suspend the regulated member's registration and practice permit.

## Appeals

Regulated members may lodge an appeal in writing with the Competence Committee after any decision at any stage in the practice assessment. An appeal may be lodged if the regulated member, while participating in the CCP:

- Believes they have not been given due process, or
- Has reasonable and compelling grounds for an exemption of any part of practice assessment.

Regulated members who have conditions imposed on their practice permit, or who have their practice permits suspended can request a review by ACSLPA Council by submitting a written request for a review to the Registrar. The request for review by Council should be submitted within 30 days of being notified of practice permit conditions or suspension.