



Alberta College of
Speech-Language Pathologists
and Audiologists

Continuing Competence Program Manual

August 2022

This document will not come into force until ACSLPA Council approves the new Continuing Competence Standard of Practice, currently anticipated for late September 2022.



Continuing Competence Program Manual

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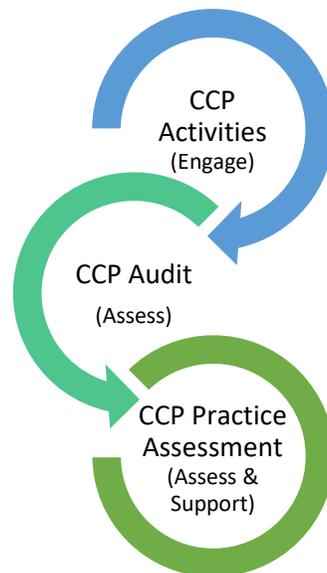
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Introduction to the Continuing Competence Program

As outlined in the *HPA*, Health Colleges are required to establish and maintain a Continuing Competence Program (CCP) in which regulated members must participate. The public benefits from the CCP due to a higher assurance of quality care, while ACSLPA regulated members of their respective professions benefit when all clinicians are supported and enabled to provide quality care to their clients.

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.

The CCP is designed to **engage** regulated members in maintaining and enhancing their competence, **assess** members' engagement in activities that maintain or enhance their competence, and **support** members whose competence to practice may be at risk. The program is comprised of three components:



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 as a practicing member on the general register 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:

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

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 around October 1st and must be completed before December 31st of the same practice year.

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. There is NO minimum number of hours that regulated members need obtain every practice year.

For the purposes of the CCP, one may report on any of the following categories of continuing education activities:

Any mandatory college-directed activities (e.g., jurisprudence education requirements, therapeutic boundaries guideline, etc.)

Attendance at professional/clinical education events (e.g., conferences, presentations, workshops, webinars, seminars)

Self-Study (e.g., review of scholarly articles, literature, and 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, AAA, ASAPP, CAA, or ASHA task force)

Coursework (online or in-person) (e.g., university courses related to profession)

Teaching (online or in-person) of coursework related to profession (e.g., university or college courses)

Presentations/in-services (e.g., to students or other professionals)

Attendance at presentations by manufacturers/developers

To complete the Continuing Education Report, regulated members must:

- Complete continuing education activities for at least two of the categories above,
- Provide specific identifying information (e.g., journal article title, title of conference and/or course, date of completion, etc.) for at least two continuing education activities completed,
- 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 learning or any changes to practice that occurred as a result).

Peer Dialogue Reflection

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

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

- Be a trusted colleague, with whom the regulated member can have an open and honest dialogue,
- Have skills, knowledge, abilities, or expertise that are relevant to the professional situation discussed, and
- Be able to provide advice, guidance, and support that positively impact 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 must 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 rationale for their choice of peer (i.e., the relevance of the peer to the professional situation discussed),
 - 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 dialogue reflection if they do not have a relevant peer dialogue on which to reflect. However, opting out of the reflection will trigger an automatic audit of their CCP submission (see the "CCP Audit" section for more information). Regulated members who opt out of completing the peer dialogue reflection will be ineligible to opt out of the peer dialogue reflection for a further four years.

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,
- For each risk identified, describe in writing (with a maximum of 350 words):
 - The rationale for selection of the identified risk, and
 - How the risk 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, and
- For each support identified, describe in writing (with a maximum of 350 words):
 - The rationale for selection of the identified support, and
 - How the support identified maintains or enhances their competence to practice.

CCP Audit

An audit of ACSLPA regulated members' CCP submissions takes place annually. It is designed to identify regulated members whose written submissions indicate that they did not satisfactorily complete the required CCP activities in the practice year. The requirements for successful completion of each of the CCP activities are shown in the table below.

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

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 at least once every five years, unless a special circumstance applies. In addition, 2-3% of submissions will be randomly selected for a completion audit.

In addition to audits on the regular 5-year cycle, the following categories of members will be audited annually, based on the specific circumstance:

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.
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 dialogue 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 CCP 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.
3. Any regulated member whose random selection for a completion audit reveals an incomplete submission.
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. Please refer to ACSLPA's Registration Handbook for more detailed information on this audit category.

CCP Practice Assessment

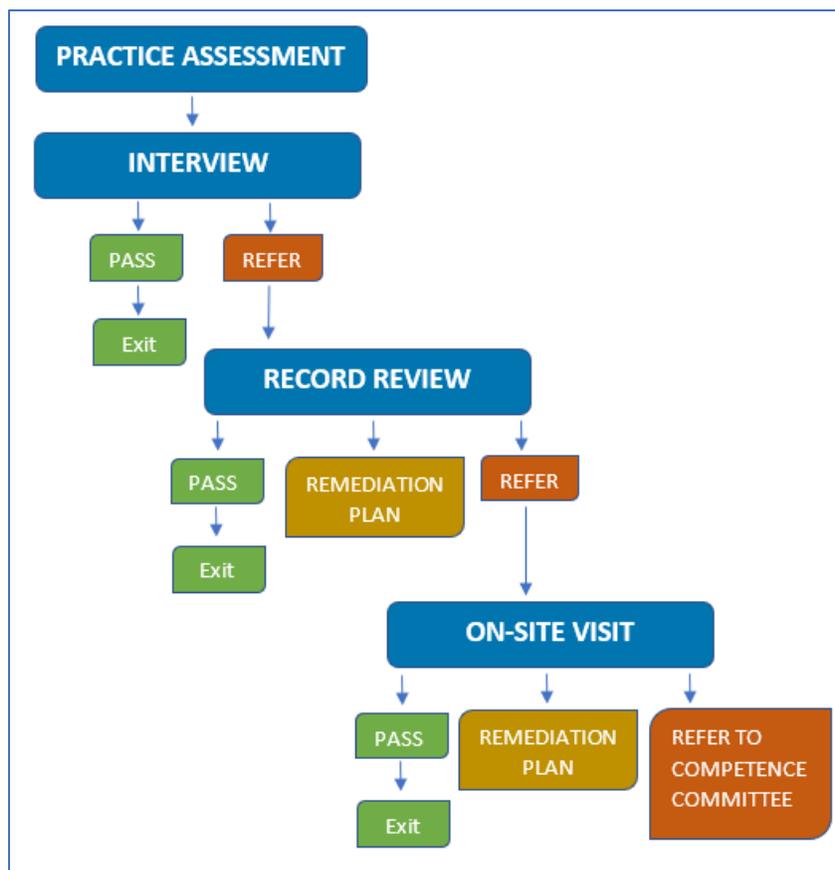
Regulated members who are unable to meet the criteria for satisfactory completion of the CCP activities through their written submissions and who have been identified through the audit of their submission are referred to the practice assessment component of the CCP. The purposes of the practice assessment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

- To better understand the regulated member's CCP submission and how well it reflects on the regulated member's engagement in the CCP activities meant to promote competence,
- To determine whether the regulated member meets ACSLPA minimum competence to practice standards in their provision of professional services, and
- To provide support and guidance to the regulated member to meet minimum competence requirements when required.

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 at each stage will exit the CCP, while those who do not meet criteria will be referred on to the next stage. A remediation plan may also be developed for regulated members who undergo the record review of on-site practice visit assessment stages (see the section 'Remediation Plan').



Interview

The interview is the initial stage of the practice assessment. Written 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 scoring requirements will be discussed. The interview provides the member with an opportunity to verbally provide additional or clarifying information that strengthens their written CCP submission. As needed, the interview will provide support and guidance to the regulated member to enhance their participation in the CCP activities.

There are two 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 under 'CCP Audit' above).
2. **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.

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 may include 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
- 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 that show the range of clinical areas of service where the regulated member provides input. It is expected that client records would be redacted of any identifying information prior to submission.</p> <p>Records must 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 no older than one (1) year.</p> <p>Records may include annotations with explanatory/clarifying information as judged necessary by the regulated member.</p>	<p>Three records that show decision-making process or performance with three tasks related to the profession. Any identifying information must be redacted prior to submission.</p> <p>Examples include:</p> <ul style="list-style-type: none"> ▪ Documentation related to the supervision of regulated members, support personnel, or students, ▪ Resources developed related to the profession and/or the regulated member’s role, ▪ Learning materials developed related to the profession and/or the regulated member’s role, ▪ Documentation of meeting minimum standards of practice within role (e.g., infection control procedures, informed consent, or advertising and marketing). <p>Records may include annotations with explanatory/clarifying information as judged necessary by the regulated member.</p>

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, as outlined in the Standards of Practice, and
- Uses sound professional judgement and clinical decision-making skills.

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 competence to practice standards, as outlined in the 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’s minimum competence to practice standards, 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 and will be completed for regulated members who are in clinical and non-clinical roles.

The purpose of the on-site practice visit is to gather direct observational information on the regulated member’s competence to practice (i.e., the knowledge, skills, attitudes, and/or judgement required to provide professional services), and to determine if the regulated member practices in compliance with ACSLPA’s minimum competence to practice requirements, as outlined in the College’s Standards of Practice and competency profiles. For regulated members in clinical roles, on-site practice visits will include observation of a clinical interactions with clients (with client consent).

Regulated members in non-clinical roles who are referred for an on-site practice visit will undergo a chart stimulated recall (CSR). During the CSR, the member will be asked to clarify the issues arising from the documentation that they originally submitted for record review. They may also be asked to present other documentation for review which indicates that they meet minimum competence to practice standards, or to answer behavioural questions as evidence of meeting minimum competence standards.

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, as outlined in the College’s 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 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, as outlined in the Standards of Practice and competency profiles. See the section “Noncompliance or Unsatisfactory Completion of the CCP”, below, for more information on this outcome.

CCP Remediation Plans

Assessors who engage with regulated members during the record review and on-site practice visit stages of the CCP may use their discretion to develop a remediation plan for 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/minimal 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).

The remediation plan will detail:

- The remediation activities that must be undertaken,
- The evidence that must 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 must be submitted within 30 days of being notified of practice permit conditions or suspension.

Accomodation

Regulated members with physical and/or mental disabilities, or those who face other extenuating circumstances can be accommodated with respect to their participation in any stage of the CCP. Regulated members seeking accommodation for the CCP should contact their profession's practice advisor to develop an accommodation plan. Requests for accommodation should be received at least two weeks before the deadline of the CCP activity or practice assessment stage for which the accommodation is being sought.

More information on the College's CCP accommodation policy can be found on the ACSLPA website: <https://www.acslpa.ca/wp-content/uploads/2022/05/2022-CCP-Accomodation-Plan.pdf>.