

Standard Category:	Standard Title:	Standard #:
Professional Standard	Attaining & Maintaining Practice Competence	SOP-PROF-02
<b>Regulation   Bylaw Reference:</b>		<b>HPA Reference:</b>
Bylaws: sections 78, 96, 159, 161		Section 16(2)(d)
<b>Authorization:</b>	<b>Date Approved:</b>	<b>Date Revised:</b>
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## DEFINITIONS

**“Practice Competence”** means a combination of knowledge, skills, abilities, and judgments that are necessary to practice a profession, within a defined scope of practice. Practice competence is based on the core competencies of the profession and the application of the competencies is transferable across diverse practice settings and for various clinical populations (adapted from BCCNM).

Competence varies with a registrant’s level of experience as well as the complexity of the clinical work (e.g., just qualified, entry level practice, and certified practice). A registrant’s competence may be at risk in certain situations (e.g., practice transition to a new area of practice, long absences from practice). It is recognized that safe, competent, and ethical practice requires the integration and performance of many competencies at the same time.

**“Practice”** means any professional role, whether remunerated or not, in which the registrant uses their knowledge, skills, and abilities as an audiologist, hearing instrument practitioner, and/or speech-language pathologist. Practice includes the provision of clinical care as well as working in management, administration, education, research, advisory, regulatory, and policy development roles and any other roles that impact on safe, effective delivery of services in the profession and/or use of professional skills<sup>1</sup>.

**“Practice Hours”** means the number of eligible practice hours accumulated by a registrant within the specified, most recent 3-year cycle.

## SCOPE

All Full registrants of the College of Speech and Hearing Health Professionals of British Columbia (CSHBC), including those with Certified Practice (CP) certificates.

All Non-practicing registrants of CSHBC, including those returning to Full registration status.

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<sup>1</sup> Adapted from: Medical Board of Australia, Registration standard, October 2016

## STANDARD

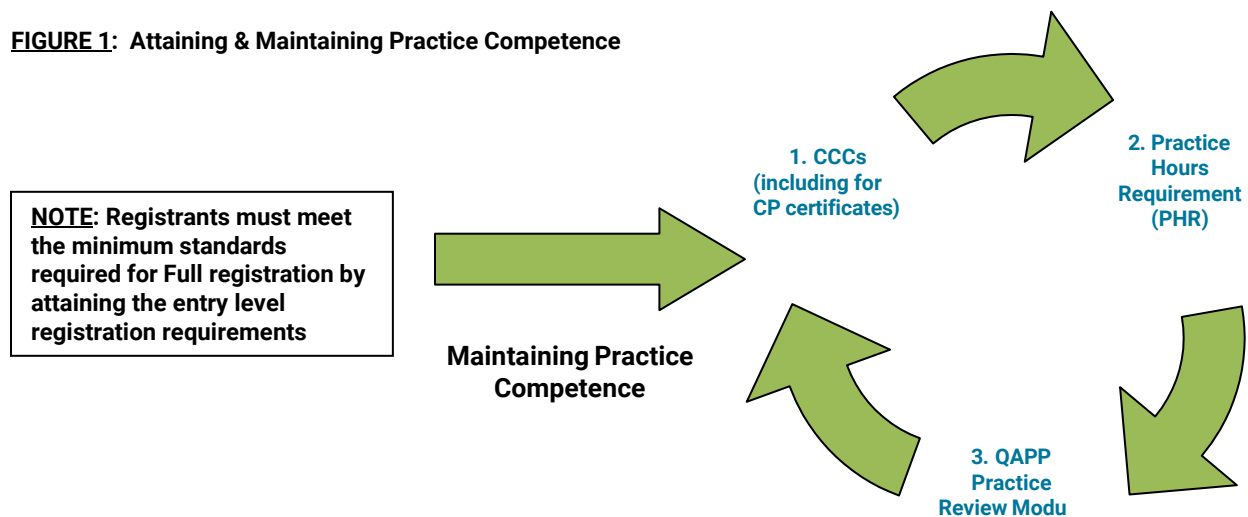
Full registrants are responsible for attaining the entry level registration requirements to be granted Full registration status with CSHBC according to registration-related bylaws (see Division B, Parts 7 ~ 9) and the Registration and Quality Assurance & Professional Practice (QAPP) standards of practice and policies.

It is incumbent on Full registrants to ensure that they continue to be competent in their practice over time and during times of risk such as during practice transition (e.g., changing from one practice environment to another).

There are several requirements which pertain to maintaining practice competence over time. These include:

- Completion and submission of acceptable Continuing Competency Credits (CCCs) for a 3-year cycle, and participation in the random CCC audit as required in Appendix A and *Registration & Certified Practice Certificate Renewal Requirements* (POL-R-11);
- Completion and submission of CCCs, for a 3-year cycle, pertaining to any CP certificate a registrant may hold and signing declarations related to competence at the time of certificate renewal (*Certified Practice & Above Entry Level Practice* (SOP-PROF-06): Appendix A);
- Completion of the Practice Hours Requirement (PHR) required in a 3-year cycle (Appendix B);
- Participation in the QAPP Practice Review module.

**FIGURE 1: Attaining & Maintaining Practice Competence**



## 1. CONTINUING COMPETENCY CREDIT (CCC) REQUIREMENT

### *Base Level Requirement for CCCs*

Demonstration of continued competency is mandatory for registrants of CSHBC. Registrants are required to collect and report CCCs for each registration that they hold. A minimum of 45 hours of continuing competency credits within a 3-year cycle is required for the first registration held. Forty-five CCCs are required for both full and part-time professionals, as registrants cannot be registered in a part-time capacity. For additional registrations refer to part B below.

Of the total CCCs that are collected over a 3-year period, a maximum of 15 may be in related topics related to audiology, hearing instrument dispensing, or speech-language pathology. Registrants may collect all 45 CCCs in their profession, (i.e., all credits may be in topics specific to audiology, hearing instrument dispensing, or speech-language pathology).

The 3-year cycle begins on January 1<sup>st</sup> and ends on December 31<sup>st</sup>, 3 years later. All CCCs must be reported through the registrant portal on or before December 31<sup>st</sup> of the third year. Credits cannot be carried over to another reporting cycle.

Eligible credit categories can be found through the Registrant Portal or in Appendix A.

### *CCCs for Registrants who are Registered in 2 or 3 Professions*

There are 45 credits required for the first professional registration. For each subsequent registration, there must be an additional 15 credits reported that are directly related to the second registration for a total of 60 credits. In an instance where a registrant holds 3 registrations and has 3 reserved titles, then the total credits required is 75 over 3 years. The credits which are directly related to a profession are those that can be collected in categories A ~ J in Appendix A. For example, supervising of an audiology graduate student practicum would count for audiology credits, where supervision of a hearing instrument dispensing practicum would count for hearing instrument dispensing.

### *CCCs for Certified Practice (CP) Certificate Holders*

Registrants holding CP certificates are required to obtain 4 CCCs for each certificate that they hold. The 4 credits for each certificate may be part of the total credits required. Registrants must enter these credits as applying to the applicable certificate in the registrant portal.

### *Audits*

Audits may be conducted, without notice to a registrant, to ensure the accuracy and truthfulness of the reported CCCs. If during an audit, the Quality Assurance & Professional Practice (QAPP) Committee finds an inaccuracy or false reporting and is unable to resolve that deficiency by subsequent negotiation with the registrant, the committee may report that finding to the Inquiry Committee which may in turn investigate the registrant for a breach of the Bylaws.

### **Proof of CCCs**

Registrants are required to keep proof of activities one-year post completion of the 3-year cycle. All credits can be entered online through the Registrant Portal of the CSHBC website.

### **CCC Deficiencies at the End of a Cycle**

Registrants with deficient CCCs at the end of a reporting cycle must submit a CCC deficiency plan no later than February 15<sup>th</sup>. Any deficiency plans received after this date will be subject to a deficiency plan fee of \$200.

Deficiency plans must follow the format prescribed by the *CCC Deficiency Plan Form (AF-28)*, and must include:

- the reason for the deficiency;
- the CCC category(s), activity(s), and number the registrant plans to obtain; and
- a timeline for obtaining the required CCCs.

The Director, QAPP, will review all deficiency plans received by the February 15<sup>th</sup> deadline, and where necessary will work with a registrant to finalize their plan for approval.

All deficiency plans require approval from the Registration Committee<sup>1</sup>. All deficiency plans must be submitted to the College on or before February 15<sup>th</sup> so that plans can be processed and approved in advance of the end of the registration year on March 31<sup>st</sup>. CSHBC does not guarantee that plans received after February 15<sup>th</sup> will be reviewed before March 31.

The Director, QAPP, reports to the QAPP Committee a list of all deficiency plans which have been reviewed and approved by the Registration Committee.

Registrants must submit proof of all required CCCs for the purposes of an audit upon completion of the approved deficiency plan.

### **Extenuating Circumstances**

Registrants not meeting their CCC requirements by the end of the reporting cycle for extenuating circumstances must submit a written request for special accommodation to the Director, QAPP, as soon as possible after they become aware that they will not meet the requirement. Wherever possible, this written request should be submitted before December 31<sup>st</sup> (the end of the reporting cycle). Special accommodation requests will be assessed on a case-by-case basis by the Registration Committee.

### **Failure to Meet the CCC Requirement**

Registrants who are unable to meet the CCC requirement within the 3-year cycle should consult *Registration & Certified Practice Certificate Renewal Requirements (POL-R-11)*

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<sup>1</sup> On the recommendation of the QAPP Committee.

## 2. PRACTICE HOURS REQUIREMENT

### *Base Level Requirement for Practice Hours*

The standard for practice hours is 750 hours over a prescribed 3-year cycle for Full registration.

Registrants are responsible to ensure that they attain the minimum number of practice hours required in a defined 3-year cycle. The cycle for practice hours is aligned with the CCC 3-year reporting cycle and the registration renewal timelines. All Full registrants must keep documentation or have access to their eligible, paid and unpaid practice hours in the event of an audit for a period of one year after the end of the cycle.

Registrants who transferred to BC or have been practising outside of BC while holding registration with CSHBC are responsible for providing documentation of their practice hours which were accumulated in another regulated jurisdiction for any portion of the 3-year cycle when they practiced elsewhere. See the Practice Hours for Applicants policy (POL-R-13), which sets out criteria and process for demonstrating completion of such hours.

Non-practicing registrants who have been non-practising for part of the 3-year cycle must meet the practice hours requirement prior to the end of the cycle.

At the end of the prescribed 3-year cycle, registrants are responsible for having or obtaining a record of their practice hours.

Seven hundred and fifty hours over 3 years equates to 250 hours/year. Any combination of hours across the 3 years is acceptable.

For illustrative purposes, the following chart shows a distribution of practice hours based on an 8 -hour workday. The totals exceed the minimum hours requirement.

8-hour days worked per week (48-week year)	Total hours (1 year)	Total hours (3 years)	
1 day/week =	384	1,152	
2 days/week =	768	2,304	
3 days/week =	1,152	3,456	
4 days/week =	1,536	4,608	
5 days/week =	1,920	5,760	

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Eligible categories for practice hours are shown in Appendix B. If a registrant is uncertain as to how to record their hours, they should contact CSHBC.

### ***Practice Hour Requirement for Registrants who are Registered in 2 or 3 Professions***

When a registrant is registered as a Full registrant in more than one profession, in addition to completing and reporting the hours for one profession, the registrant must also, within the same 3-year cycle, practice and report a minimum of 250 hours in each other profession, with the same considerations noted above for the base level requirement.

### ***Practice Hours for Certified Practice (CP) Certificate Holders***

Registrants holding CP certificates are required to obtain a minimum number of practice hours, determined by the QAPP Committee, specific to the area of practice pertaining to that certificate.

### ***Audits***

Audits may be conducted, without notice to a registrant, to ensure the accuracy and truthfulness of the reported PHR. Proof of practice hours can be recorded on a *Confirmation of Practice Hours* (AF-30) form or a Record of Employment. If during an audit, the QAPP Committee finds an inaccuracy or false reporting and is unable to resolve that deficiency by subsequent negotiation with the registrant, the committee may report that finding to the Inquiry Committee which may in turn investigate the registrant for a breach of the Bylaws.

### ***Proof of Practice Hours***

Registrants are required to keep proof of activities one-year post completion of the 3-year cycle. All hours can be entered online through the Registrant Portal of the CSHBC website.

The practice hours requirement is on a 3-year cycle beginning January 1<sup>st</sup> and ending December 31<sup>st</sup> 3 years later. All practice hours must be reported by registrants in the Registrant Portal of the CSHBC website before the December 31<sup>st</sup> deadline of the 3<sup>rd</sup> year in a cycle. Hours cannot be carried over from one reporting cycle to the next.

### ***Practice Hour Deficiencies at the End of a Cycle***

Registrants with deficient Practice Hours as at the end of a reporting cycle must submit a Practice Hours deficiency plan no later than February 15<sup>th</sup>. Any deficiency plans received after this date will be subject to a deficiency plan fee of \$200.

Deficiency plans must follow the format prescribed by the *Practice Hours Deficiency Plan Form* (AF-29), and must include:

- the reason for the deficiency;
- a description of the Practice Hours the registrant plans to obtain; and
- a timeline for obtaining the required Practice Hours.

The Director, QAPP, will review all deficiency plans received by the February 15<sup>th</sup> deadline, and where necessary will work with a registrant to finalize their plan for approval.

All deficiency plans require approval from the Registration Committee<sup>2</sup>. All deficiency plans must be submitted to the College on or before February 15<sup>th</sup> so that plans can be processed and approved in advance of the end of the registration year on March 31<sup>st</sup>. CSHBC does not guarantee that plans received after February 15<sup>th</sup> will be reviewed before March 31.

The Director, QAPP, reports to the QAPP Committee a list of all deficiency plans which have been reviewed and approved by the Registration Committee.

Registrants must submit proof of all required Practice Hours for the purposes of an audit upon completion of the approved deficiency plan.

### ***Extenuating Circumstances***

Registrants not meeting their Practice Hours requirement by the end of the reporting cycle for extenuating circumstances must submit a written request for special accommodation to the Director, QAPP, as soon as possible after they become aware that they will not meet the requirement. Wherever possible, this written request should be submitted before December 31 (the end of the reporting cycle). Special accommodation requests will be assessed on a case-by-case basis by the Registration Committee.

## **1. PRACTICE REVIEW REQUIREMENT**

The QAPP Program Practice Review module is a requirement of CSHBC to ensure ongoing practice competence, adherence to CSHBC standards, and to demonstrate performance as required. Screening tools and onsite assessor reviews are based on the 'must do' elements of the CSHBC standards. Remediation plans for any deficiencies are set by the assessor and registrant or in the case of extensive remediations, by the profession-specific practice review panel appointed by the QAPP Committee.

QAPP practice reviews will be conducted for each registration held by a registrant (for example, RAUD, RHIPs will undergo a practice review relating to their audiology practice, as well as their dispensing practice). This process will include all Full registrants and will involve a screening and review process initially. Onsite practice reviews will also be conducted with all new registrants within their first two years of practice in BC. Practice reviews may also be conducted by:

- random audit;
- after a long absence from practice;
- registrant self-request;
- referrals due to incomplete practice hours.

Registrants are required to participate in the Practice Review and to remediate any recommendations and/or major concerns identified during the process.

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<sup>2</sup> On the recommendation of the QAPP Committee.



## CSHBC RELATED DOCUMENTS

*Certified Practice & Above Entry Level Practice (SOP-PROF-06)*

*Confirmation of Practice Hours (Form AF-*

*30)CCC Deficiency Plan Form (AF-28)*

*Registration & Certified Practice Certificate Renewal Requirements (POL-R-11)*

*Practice Hours Deficiency Plan Form (AF-29)*

*Practice Hours Requirement for Applicants (POL-R-13)*

## REFERENCES

Professional Standards: BC College of Nursing Professionals: [BCCNP Professional Standards](#).

Recency of Practice, October 2016: [Medical Board of Australia](#)



## APPENDIX A: CONTINUING COMPETENCY CREDIT (CCC) CATEGORIES

Continuing Competency Credit (CCC) Category Description	Allowable Credits per Year
<b>ACTIVITIES DIRECTLY RELATED: ALL PROFESSIONS</b>	
<p><b>A1. Conferences, conventions, presentations, workshops, lectures, rounds, seminars, online courses, teleconferences/tele-rounds (all professions)</b></p> <p>Each hour of attendance for education content (e.g., not a business meeting) will equal 1 CCC. Teleconferences, tele-rounds and on-line courses, must be arranged by a professional association, health or education agency, society, college or university. Also applies to general manufacturer sponsored seminars/workshops on general topics.</p>	No maximum
<p><b>A2. Manufacturers' product training workshops (all professions)</b></p> <p>Each hour of attendance for product or equipment training will be counted as 1 CCC.</p>	Maximum 10
<p><b>A3. CSHBC developed online learning modules: each CSHBC course will count for 3 CCCs.</b></p>	No maximum
<p><b>A4. Conferences, conventions, presentations, workshops, lectures, rounds, seminars, online courses, teleconferences/tele-rounds that pertain to one or more of CSHBC standards of practice. Each hour of participation will count as 1 CCC.</b></p> <p>For example, on topics such as records management, supervisory skills, inter-professional practice, team-based competencies and cultural safety and humility.</p> <p><b>NOTE: Virtual learning modules which pertain to a CSHBC standard count in A4 not A3.</b></p>	No maximum
<p><b>B. University/college course (all professions)</b></p> <p>Each course given or taken for audit or credit, will count for 15 CCCs.</p>	No maximum
<p><b>C. Study/interest group (all professions)</b></p> <p>A study/interest group has an educational component, meets regularly, and its goal is better service for the client. Meeting dates must be maintained as part of the record. One meeting of a study/interest group or one hour electronic-interest group equals 1 CCC.</p>	Maximum 5
<p><b>D. Self-study: all professions</b></p> <p>Self-study is a self-initiated program of education that may be multi-media and is not designated for course work. The list of articles or books studied, tapes viewed/audited, or site/peer/manufacturers' visits should be maintained. One hour of study equals 1 CCC.</p>	Maximum 5



Continuing Competency Credit (CCC) Category Description	Allowable Credits/Year
<b>ACTIVITIES DIRECTLY RELATED: ALL PROFESSIONS</b>	
<p><b>E1. Supervision of practicum students and Communication Health Assistant students</b></p> <p>University, college or practicum student supervision in AUD, HID, SLP including professional and CHA student practicum placements. One hour of supervision equals 1 CCC to a maximum of 8 per year for one student and an additional 4 CCCs per year for a second or more students in the same year.</p>	<p><b>Maximum 12</b></p>
<p><b>E2. Supervision of Communication Health Assistant(s)</b></p> <p>Supervision of employed CHAs accountable to the registrant claiming the credits. Supervision for 1-year equals 6 CCCs and pro-rated for ½ year. The number of CHAs does not increase the credit limit.</p>	<p><b>Maximum 6</b></p>
<p><b>E3. Supervision of Conditional registrant(s)</b></p> <p>Supervision/mentoring of Conditional registrant(s) with a formal learning plan or registration conditions for a period of not less than 3 months. Supervision of 3-month period is equal to two CCCs for a total of no more than 8 credits in one year.</p>	<p><b>Maximum 8</b></p>
<p><b>E4. Supervision of a registrant's Certified Practice (CP) certification program &amp; application</b></p> <p>Supervision of 1 month or more equals 5 CCCs up to a total of 10 CCCs per year. This maybe for one or more CP areas and may apply to the supervision of more than one CP applicant.</p>	<p><b>Maximum 10</b></p>
<p><b>E5. Formal mentorship or practice supervisor arrangement to support a new or returning registrant, or a registrant in need of remedial support</b></p> <p>Practice supervision or mentorship for a 1-month period or more is equal to 5 CCCs with a maximum of 10 CCCs per year</p>	<p><b>Maximum 10</b></p>
<p><b>F1. Professional publications (peer reviewed)</b></p> <p>CCCs are available for all authors in the initial publication of an AUD, HID, SLP article in a professional, peer reviewed publication. This does not include newsletters. Registrants who are peer editing and/or reviewing professional publications may also claim credits. One published article or one review equals 10 CCCs.</p>	<p><b>Maximum 20</b></p>
<p><b>F2. Publications (non-peer reviewed)</b></p> <p>CCCs are available for all authors in the initial, non-peer reviewed publications. This does not include newsletters or comment/editorial letters. One published article equals 5 CCCs.</p>	<p><b>Maximum 10</b></p>



Continuing Competency Credit (CCC) Category Description	Allowable Credits per Year
<b>ACTIVITIES DIRECTLY RELATED: ALL PROFESSIONS</b>	
<p><b>G. Presentations</b></p> <p>Presentation related to AUD, HID, SLP given at a conference, convention, workshop, seminar, or lecture, for the first time only; up to ½ day presentation equals 4 CCCs and full day presentation equals 8 CCCs. Presentation of the same or similar material for a second time equals 2 CCCs for ½ day and 4 CCCs for full day.</p>	<p><b>Maximum 12</b></p>
<p><b>H. Special projects</b></p> <p>Special projects (e.g., research, writing a book, program/course) related to AUD, HID, SLP must have proof of completion and expand knowledge relevant to clinical practice. Each project will receive 10 CCCs in the year in which it was completed.</p>	<p><b>Maximum 10 (in year completed)</b></p>
<p><b>I. Committee work</b></p> <p>Participation on College, provincial, or national boards, committees, or projects related to AUD, HID, SLP. These must be non-social in nature, require active participation, and have a direct, major impact on one or more of the professions (i.e., the purpose of improving the quality of audiology, hearing instrument dispensing, or speech-language pathology. 10 hours equals one CCC.</p>	<p><b>Maximum 10</b></p>
<p><b>J. Peer review/Study of Patient/Client cases:</b></p> <p>Two or more professionals may review and study specific cases for the purposes of ensuring consistent outcomes and to assist all participants in their provision of clinical care. This review may be in person or by electronic means (e.g., video conferencing or review of digital images) and must be agreed to by all parties, stating the proposed objectives and outcomes of the reviews. One hour equals one CCC to a maximum of 5 CCCs/year.</p>	<p><b>Maximum 5</b></p>
Continuing Competency Credit (CCC) Category Description	Allowable Credits per Year
<b>ACTIVITIES INDIRECTLY RELATED: ALL PROFESSIONS</b>	
<p><b>K. Conferences, conventions, seminars, lectures, rounds, workshops, teleconferences or online courses on a topic with an indirect relationship to AUD, HID, SLP</b></p> <p>Each hour of attendance for education content (e.g., not a business meeting) will equal 1 CCC. Teleconferences must be arranged by a professional association, agency or university. Examples of related topics include but are not limited to: Psychology, Education, Neurology, Stress management, Counselling, Linguistics, Computers, Child Development.</p>	<p><b>Maximum 15 (for a 3-year cycle, all in 1 year or across the 3 years)</b></p>



<p><b>L. University/College courses given or taken on a topic with an indirect relationship to AUD, HID, SLP</b></p> <p>A single course, taken for audit or credit, will count for 15 CCCs in the year in which it is completed. This would fulfil the maximum number of CCCs in a related area for the 3-year period. For example: Psychology, Geriatrics, Neurology, Oncology etc.</p>	<p><b>Maximum 15 (in year completed)</b></p>
<p><b>M. Presentations given in topics with an indirect relationship to AUD, HID, SLP</b></p> <p>A presentation given on an indirect topic at a conference, convention, workshop, seminar or lecture, for the first time, equals 4 CCCs.</p>	<p><b>Maximum 8 (in 3-year cycle)</b></p>
<p><b>N. Special projects in an area with an indirect relationship to AUD, HID, SLP</b></p> <p>Special projects (e.g., research, writing a book, program/course) must have proof of completion and demonstrate relevance to clinical practice. Each project will receive 10 CCCs in the year in which it was completed.</p>	<p><b>Maximum 10 (in year completed)</b></p>
<p><b>O. Professional publications in topics indirectly related to AUD, HID, SLP</b></p> <p>CCCs for authors in the initial, peer reviewed publication of an article, on a topic indirectly related to SLP, AUD and/or HID. This does not include newsletters or comment/editorial letters. One published article equals 4 CCCs.</p>	<p><b>Maximum 8 (per year, per 3-year cycle)</b></p>

## APPENDIX B: ELIGIBLE PRACTICE HOURS (EXAMPLES)

“Practice hours”, as defined on page 1, are not limited to client contact hours. The following categories may be used for the purpose of practice hours reporting. There are no maximum or minimum hours allowed.

### Practice Hours Descriptions

#### A. Client services

- May be provided in person or virtually
- Each hour of service may be counted, including time spent with clients as well as hours in related services such as documentation, report writing, or making referrals.

#### B. Providing education and training

- May be provided in person or virtually to other registrants, communication health assistants (CHAs), students, and other health professionals.

#### C. Supervising or managing registrants, CHAs, or students

- This includes supervision and oversight within the applicable profession(s). This may include hours as a QAPP Practice Review Assessor or Supervisor and Examiners.

#### D. Providing client consultation, advice, education, and counselling

- This includes profession-specific consulting, advisory, educational, or profession-specific counseling services to clients, families, caregivers.

#### E. Managing, leading, or administering programs or services

- This pertains to profession-specific programs or services.

#### F. Leading or participating in research or academic writing

#### G. Leading or participating in professional activities

- These are professional activities that impact the practice of the profession (e.g., committee work).

#### H. Performing regulatory or professional association activities

- This is intended for practice or clinically related work and does not include clerical or administrative work. It may include policy development work and development of practice documents such as guidelines.

#### I. Teaching profession-specific courses

#### J. Other professional practice activities

- These activities must have a direct link to or impact on the practice of the profession.