

# **Health Care Assistant Program Recognition**

## **A Guide for Educators**



Health Care Assistant Program Recognition: A Guide for Educators  
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Province of British Columbia  
BC Care Aide & Community Health Care Worker Registry

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## I. Background

Since 2006, there has been a significant focus on, and commitment to, the role and education of health care assistants<sup>1</sup> (HCA) in British Columbia. Consultation with key stakeholders in the province, including the Ministry of Health, the Ministry of Advanced Education, the Private Career Training Institutions Agency of BC (PCTIA), health authorities, private care provider groups, educational institutions, professional associations and unions has drawn attention to the need for improved standards of education for this occupational group. HCA program recognition through the BC Care Aide & Community Health Worker Registry (the Registry) supports the shared interests of all stakeholders for improving the standards of care for vulnerable people, particularly BC seniors who receive personal care and assistance at residential facilities and in their homes.

This work began with the *Care Aide Competency Project (2007)* funded by the Ministry of Health that aimed to formalize the occupational competencies for this key group of health care providers. At that time this was a groundbreaking initiative, since care aide competencies had not been identified in many other jurisdictions in Canada. With the aim of improving the standards and delivery of quality care, this document provided a comprehensive picture of the work done by resident care attendants and community health workers, and identified the competencies required for safety and proficiency in their work.

The competency project provided a solid foundation for a renewed provincial curriculum.<sup>2</sup> Funded by the Ministry of Advanced Education, the goal was to develop a provincial curriculum that would standardize the educational preparation of health care assistants. In addition to describing curriculum organizing concepts, program learning outcomes and course design, the *Health Care Assistant Provincial Curriculum Guide (2008)* included a number of project recommendations with suggested requirements for program implementation.

In 2010, the BC Care Aide & Community Health Worker Registry was established by the Ministry of Health to protect vulnerable patients, clients and residents. The Registry was also created with a mandate to improve the standards of care in the care aide and community health worker occupations and to promote professional development. As the Registry has developed through a phased approach, there has been a provisional period in place allowing graduates from all HCA programs in BC to register. Health care assistants must register with the Registry to be eligible to work at publicly funded facilities or agencies.

Alongside the creation of the Registry, a Health Care Assistant Provincial Education Standards Advisory Committee<sup>3</sup> was formed to develop the standards and processes for HCA program recognition. The committee was informed by the *HCA Program Provincial Curriculum*, the *Private Career Training Institutions Regulation* and the *PCTIA Bylaws* (for private institutions) as well as the *College and Institute Act* (for public institutions). The work of this group was then set out in two reports by Janet Williams, the *Health Care Assistant Program Standards for Delivery of the BC HCA Curriculum (June 2011)* and the *Approval Process for BC Health Care Assistant Programs (June 2011)*.

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<sup>1</sup> Health care assistant is used inclusively for all of the following occupational titles: support worker, community health worker, home support attendant, health care worker, nurse aide, nurse/nursing assistant, resident care aide, care aide, personal care aide, personal support worker, patient care aide, home health aide, continuing care assistant, long term care aide and assisted living worker.

<sup>2</sup> Previous version: 1992 provincial HS/RCA Curriculum Guide

<sup>3</sup> Refer to the *Acknowledgements Section* of this report for committee members list.

In 2012, following up on recommendations from the Williams' *Standards for Delivery* report, experts from across the province were assembled into an English Language Testing Advisory Group<sup>4</sup> to standardize the requirements for HCA program entry. With widespread stakeholder acknowledgement that students entering the program as well as graduates working in the field often lacked functional English language proficiency, assessment requirements needed to be addressed. Failure to communicate effectively in the work environment is seen as a safety issue; HCAs are increasingly relied upon to undertake delegated tasks, think critically and interact effectively with members of the health-care team, residents/clients and their families.

In 2013, the HCA Standards Advisory Committee reconvened to review the entire process prior to its implementation. Post-secondary education providers were surveyed for their input and consultations sessions were held. The Ministry of Advanced Education, the Ministry of Health, PCTIA and the Registry also met to streamline HCA program recognition standards, with a goal of minimizing duplication in quality assurance reporting.

At a time when HCAs are providing up to 80% of the direct care to older Canadians living in long term care or in their homes (Berta et al, 2013), consistency in training and graduate outcomes are essential to the continuity and quality of care across the province. Under the auspices of the Registry, HCA program recognition will ensure that all BC HCA programs are following the provincial curriculum, implementing a common set of training standards and graduating competent front-line health care providers.

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<sup>4</sup> Refer to the *Acknowledgements Section* of this report for group members list.

## II. Program Recognition Standards Overview

Education standards have been categorized in six main areas to provide a framework for the assessment of HCA programs. Assessment criterion, indicators and supporting evidence to meet each standard are outlined in Section VII: Program Recognition Compliance Reporting.

### Area 1: Facilities and Institutional Resources

Standard 1.1 - Program resources are adequate to meet the learning outcomes.

### Area 2: Instructional Staff

Standard 2.1 - The program has an appropriate number and type of instructional staff to fulfill their role in supporting student learning to the level required to meet the learning outcomes.

Standard 2.2 - The qualifications and experience of instructional staff enable quality delivery of the program.

### Area 3: Program Entry Policies

Standard 3.1 - The program entry requirements and the requirements prior to starting the first practice experience are appropriate and applied consistently.

### Area 4: Program Outcomes, Delivery and Assessment

Standard 4.1 - The program meets the learning outcomes identified in the HCA Program Provincial Curriculum.

Standard 4.2 - The practice education experiences are effectively integrated into the program and the roles and responsibilities of all parties are clear.

### Area 5: Stakeholder Consultation

Standard 5.1 - A Program Advisory Committee (PAC) with appropriate representation is in place.

Standard 5.2 - Stakeholders have appropriate opportunities to provide feedback on the program.

Standard 5.3 - Timely improvements are made to the program based on stakeholder consultation.

### Area 6: Program Strengths (optional)

This final section provides the program with an opportunity to describe value-added components, noteworthy successes and solutions to challenges.

**Note:** When preparing the recognition compliance report, educational institutions will use *Electronic Template 1: HCA Program Recognition Compliance Report Tool*.

### III. Program Recognition Goals

The goals of the program recognition process are to ensure that programs are:

- following the BC HCA Program Provincial Curriculum;
- meeting the minimum prescribed quality standards for program delivery;
- graduating competent HCAs who qualify for registration on the BC Care Aide & Community Health Worker Registry.

Fundamental to the program recognition process is that all educational institutions (public and private) follow a consistent process. Having all education providers follow one recognition process will ensure that the program is being delivered with the same outcomes and to the same minimum standards across the province.

The implementation of program recognition processes advance the recommendations and action items established in both the 2012 BC Ombudsperson Report, *The Best of Care: Getting it Right for Seniors in BC (Part 2)* and the 2013 Ministry of Health *Review of the BC Care Aide & Community Health Worker Registry*. The Registry's mandate of patient protection and standardized training for care aides and community health workers is part of a wider provincial commitment to improving the quality of seniors care, preventing elder abuse and, ultimately, to achieving the best possible health and safety for all British Columbians.

## IV. HCA Provincial Curriculum Standards<sup>5</sup>

Post-secondary educational institutions in BC are expected to adhere to the Health Care Assistant Provincial curriculum standards. Recognized BC HCA Programs are to ensure that:

- The HCA provincial curriculum program purpose is being fulfilled
- Their HCA program graduates have met the prescribed HCA provincial curriculum program learning outcomes
- Their program structure aligns with the HCA provincial curriculum course guidelines set out in the program matrix.

### Program Purpose

The HCA Program is designed to provide students with opportunities to develop the knowledge, skills and attitudes necessary to function effectively as front-line care-givers, and respected members of the healthcare team, in community and facility settings. Under the direction and supervision of a health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients/residents. Upon completion of the program, graduates are prepared to work in any level of continuing care, including: home support, adult day care, assisted living, and complex care (including special care units).

### Program Learning Outcomes

Upon completion of the Health Care Assistant program, graduates will be able to:

1. Provide person-centered care and assistance that recognizes and respects the uniqueness of each individual resident or client
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients/residents and families
3. Provide care and assistance for clients/residents experiencing complex health challenges
4. Provide care and assistance for clients/residents experiencing cognitive and/or mental health challenges
5. Interact with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals
6. Communicate clearly, accurately and in sensitive ways with clients/residents and families within a variety of community and facility contexts
7. Provide personal care and assistance in a safe, competent and organized manner
8. Recognize and respond to own self-development, learning and health enhancement needs
9. Perform the care provider role in a reflective, responsible, accountable and professional manner.

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<sup>5</sup> Please note that the curriculum standards being published reflect the Health Care Assistant Provincial Curriculum 2008.

## Program Matrix

<b>Course Name</b>	<b>Minimum Course Hours</b>
Health and Healing: Concepts for Practice	70 hours
Health 1: Interpersonal Communications	50 hours
Health 2: Lifestyle and Choices	30 hours
Health Care Assistant: Introduction to Practice	30 hours
Healing 1: Caring for Individuals Experiencing Common Health Challenges	115 hours
Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges	60 hours
Healing 3: Personal Care and Assistance	120 hours
<b>Theory/Lab Course Hours</b>	<b>475 hours</b>
Practice Education Experience: Multi-level/Complex Care Facility Placement including Specialized Dementia Care	
Clinical Placement (Instructor-led)	150 hours (minimum)
Practicum/Preceptorship	60 hours
Practice Education Experience: Home Support/Assisted Living	
Practicum/Preceptorship	60 hours
<b>Practice Education Hours</b>	<b>270 hours</b>
<b>TOTAL MINIMUM PROGRAM HOURS</b>	<b>745 HOURS</b>

## V. Program Recognition Process

The basic steps of HCA program recognition are as follows:

**Step 1:** Completion of a Notice of Intent.

**Step 2:** Completion of an online Application for Recognition.

**Step 3:** Submission of a Compliance Report two (2) months prior to confirmed site visit date.

**Step 4:** Hosting of a Site Visit.

**Step 5:** Annual completion of an online Annual Training Profile.

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### Step 1: Notice of Intent (NOI)

To confirm that the HCA Program being offered by the educational institution is following the Health Care Assistant Provincial Curriculum (2008), an NOI (See *Appendix 1*) is to be submitted to the Registry. Only programs that successfully meet the requirements of the NOI will be able to continue in the program recognition process.

### Step 2: Online Application for Recognition

To complete this next step, Educators will go online to the Registry website [www.cachwr.bc.ca](http://www.cachwr.bc.ca) and visit the Educators page to access the online application for recognition. A copy of the application has been provided in this guide so that a hard copy draft may be prepared for online data entry. (See *Appendix 6*) The application includes critical standards for program recognition; once educational institutions have been confirmed as successfully meeting the requirements for this phase, they will be included on the Registry website on the *BC HCA Recognized Programs List*. At this point in the process, a program may receive notification that they have not been successful in the application process due to a deficiency in meeting the application requirements. As determined by the Registry, the educational institution would need to take appropriate action (e.g. by submitting additional evidence or making necessary program changes) for its application confirmed as successful and for it to be included on the list of recognized HCA programs in BC. After this step is successfully completed, the Registry and the program contact will work together to confirm the educational institutions compliance report submission date and site visit date.

### Step 3: Compliance Report Submission

The compliance report is due at the Registry two (2) months prior to the confirmed site visit date. The due date of this report will vary from institution to institution depending on the dates set with the Registry. Educational institutions will use electronic templates to assist in the preparation of the compliance report. While all efforts will be made to work with the program to address any accidental errors or omissions, if a program fails to submit a complete report on time and/or if there clear evidence indicating that two or more standards are not being met, the program will be notified that a site visit will not proceed until specified criteria are addressed. The program will need to take appropriate action (e.g. by submitting additional evidence or making necessary changes), to remain on the list of recognized HCA programs in BC. If a program is removed from the recognized programs list, graduates of any planned future program starts will not be eligible for registration.

#### Step 4: Site Visit

An agenda for the site visit will be established and confirmed prior to the site visit. Some surveys and interviews may be conducted in advance of, or after, the site visit depending on the availability of the interviewees and the amount of time allocated for the on-site visit. To the extent possible, the timing of program reviews by the Registry will be coordinated with HCA program review cycles in public post-secondary institutions and with PCTIA review cycles in private post-secondary institutions.

Generally speaking, site visits will be one - two days and will include the following:

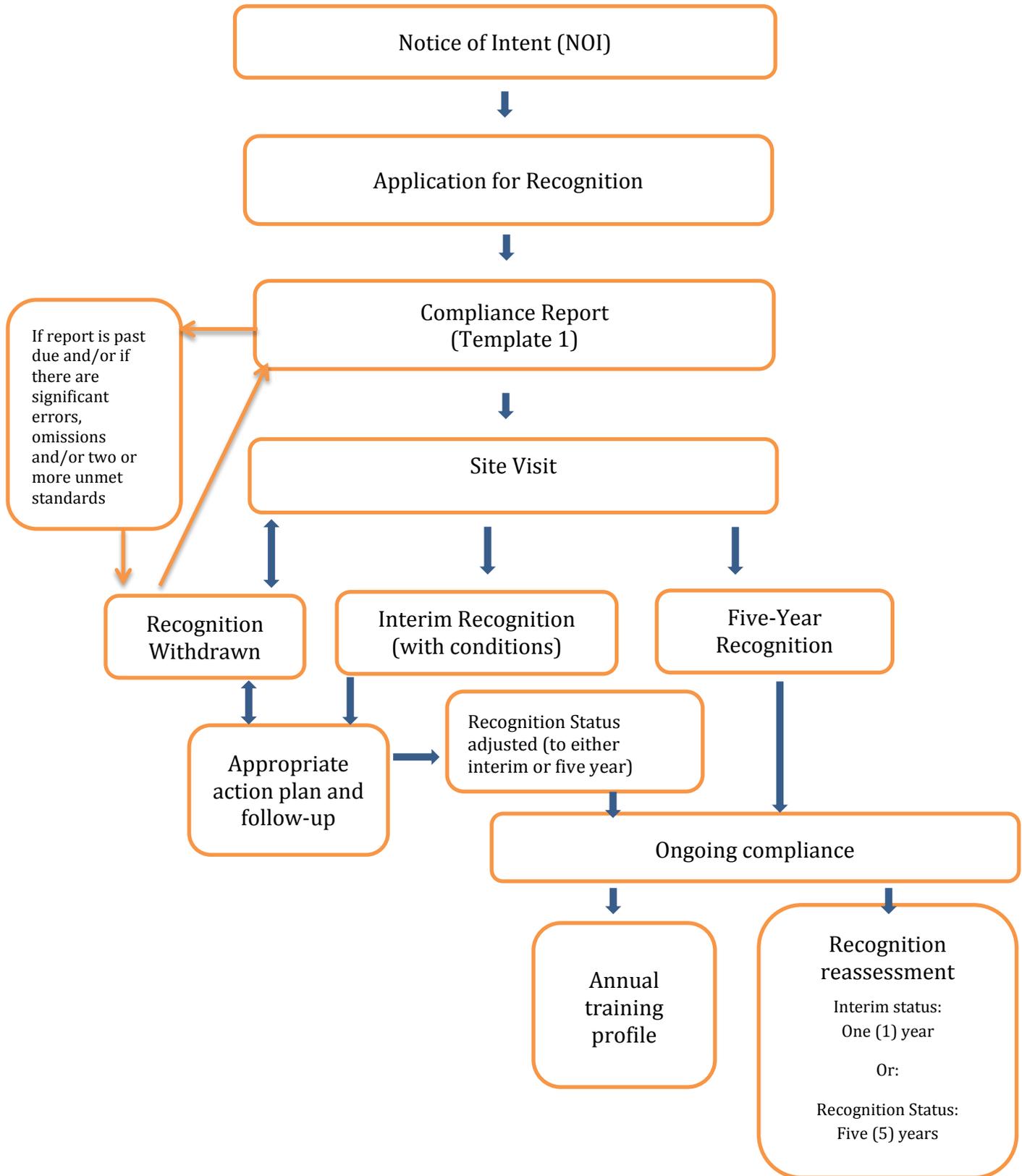
- A physical tour, a review of student and recent graduate files and practice education evaluations, a review of written documentation (policies, procedures, curriculum, evaluations), interviews with students, graduates and other key personnel such as instructors, partner site personnel and Program Advisory Committee members.
- Preliminary feedback will be provided to program staff at the end of the site visit.
- The Registry decision on compliance with program recognition will be provided within three weeks of the site visit and will indicate the status of each of the standards (met, met with conditions, or not met) and the recognition compliance status.

#### Step 5: Ongoing Compliance

For a program to retain its recognition status and remain in good standing on the recognized programs list, the following reporting requirements have been put in place:

1. Programs will submit an Online Annual Training Profile to the Registry each year (due by March 31). Educators will go online to the Registry website <http://www.cachwr.bc.ca> and visit the 'Educators Page' to access their training profile. A copy of the training profile is provided in hard copy for reference (see Appendix 7). This will allow for any minor (non-substantive) updates to be made on an annual basis.
2. In the case of an update to the provincial curriculum, recognized programs will be required to provide evidence that necessary curriculum revisions have been made.
3. Programs must notify and receive acknowledgement by the Registry before making any substantive program changes (see *Glossary of Key Terms* for definition). Any review of program changes may take up to four weeks and programs should plan the implementation of changes accordingly.

### HCA Program Recognition Process Diagram



## VI. Compliance Report Submission

A recognition compliance report submission will include the following:

- A completed electronic report using Template 1 (submitted as a Word or PDF document).
- Appendices with supporting evidence (to be included in order and format provided).
- If the educational institution offers the program at multiple sites, see Template 3.
- If the educational institution offers the program in different formats, Template 4.

### **Note:**

- All of the listed appendices are necessary in order to review and validate each standard as 'met.'
- If the educational institution has additional evidence outside the listed appendices, this can be included in the final appendix for 'supplementary evidence'.

### **Entirely electronic submissions are preferred:**

- Save Template 1 as "Institution Name\_Compliance Report" and then complete.
- Appendices and templates can be inserted electronically in the appendices section at end of the report (Template 1) or all supporting evidence may be provided within a separate electronic folder entitled "*Institution Name\_Appendices*" with subfolders (i. e., Appendix 1, Appendix 2).
- As it is anticipated that multiple files will be provided for Appendix 8: Curriculum Submission, this should be provided as a separate Appendix folder.
- The table of contents will need to be updated before submission.

In the case that a completely electronic submission is not feasible, follow these best practices for hard copy submissions:

- Use tabs to separate appendices.
- Use double-sided printing.
- Avoid use of plastic page protectors.
- Prepare two (2) copies for submission to the Registry.
- Prepare at least one (1) additional hard copy exactly as submitted to the Registry; this copy is to be retained by the educational institution for reference.

## VII. Program Recognition Compliance Reporting

**Note:** This section is provided for reference only; when preparing the compliance report, educational institutions will use *Electronic Template 1: HCA Program Recognition Compliance Report Tool*.

### Area 1: Facilities and Institutional Resources

**Standard 1.1 - Program resources are adequate to meet the learning outcomes. (See Appendix 2: Minimum laboratory equipment checklist)**

Assessment Criterion	Indicators Description on how the program meets the criterion	Supporting Evidence
1.1a The physical infrastructure is adequate.	What facilities are used for program delivery? (classrooms, computer labs, skills labs, etc.)	<i>Appendix 1: Floor plan</i> (map of the physical space that the educational institution uses for the HCA program)
1.1b Appropriate learning resources are available.  <i>Interpretation: It is expected that the program students will receive adequate learning resources (textbooks/supplies) and supplemental resources will be available. The program will provide students with computer and internet access.</i>	What program learning resources and facilities are available? (Program textbooks, library resources, databases, computers, etc.)	<i>Appendix 2: Learning resource inventory</i> (Student Booklist and a list of written, audio-visual and electronic resources specifically related to health care and the HCA program)
1.1c The lab equipment includes all items on the minimum laboratory equipment checklist.  <i>Interpretation: It is expected that the all lab equipment is appropriately maintained, in working order and that appropriate quantities are in place for student practice.</i>	Is there an equipped practical skills laboratory on site meeting the minimum equipment checklist requirements?  If not on site, how does the program access all appropriate laboratory equipment?	<i>Appendix 3: Laboratory equipment inventory and, if applicable, Lab Rotation Schedules</i>  If applicable, please provide external lab partner site information and contracts in <i>Appendix 15: Supplementary Evidence</i> .
1.1d Students have sufficient access to laboratory equipment/supplies.  <i>Interpretation: Depending on available resources, it is understood that students may be scheduled into separate lab groups.</i>	Are students scheduled in separate lab groups? How is access to the lab coordinated?  Do students have access to the laboratory for practice after class hours?  If yes, how many hours per week?  If not, how are students provided with additional practice or assistance with their skills?	

### Standard 1 – Evidence to be assessed in the Site Visit:

Physical facilities, program resources, lab practice / rotation schedules, feedback from instructors, staff, student and graduates

**Area 2: Instructional Staff**

**Standard 2.1 - The program has an appropriate number and type of instructional staff to fulfill their role in supporting student learning to the level required to meet the learning outcomes.**

<b>Assessment Criterion</b>	<b>Indicators</b> Description on how the program meets the criterion	<b>Supporting Evidence</b>
<p>2.1a The program has personnel with documented responsibilities for overall program delivery, curriculum development/revisions, and instruction for theory, lab and practice experiences.</p> <p>2.1b The program has sufficient numbers of instructional staff to sustain effective instruction/facilitation, adequate supervision and timely assessments of student learning.</p> <p><i>Interpretation: It is expected that the program will not exceed ratios of 1:18 for lab instruction and 1:10 for Clinical Practice Experiences.</i></p>	<p>Are position descriptions available for all those who have roles / responsibilities for the HCA Program?</p> <p>If not available for all positions, describe how employer expectations are shared for their role in the program.</p> <hr/> <p>What is the usual staff to student ratio in the classroom, lab and clinical practice experience components of the HCA Program?</p> <p>What mechanisms are in place to monitor and affirm that sufficient instructional support is in place for student education?</p>	<p><i>Appendix 4: Position descriptions (for personnel with areas of responsibility for the HCA program, e.g. Department Head/Program Managers, Classroom Instructors, Practice Education Instructors, etc.)</i></p>

**Standard 2.2 - The qualifications and experience of instructional staff enable quality delivery of the program. (See Appendix 3: Minimum Instructor Qualifications)**

<b>Assessment Criterion</b>	<b>Indicators</b> Description on how the program meets the criterion	<b>Supporting Evidence</b>
<p>2.2a All instructors meet the established minimum HCA instructor qualifications.</p>	<p>Provide the minimum hiring qualifications for instructors in the HCA program.</p>	<p><i>Appendix 5: Instructor information (completed Template 2)</i></p>

**Standard 2 – Evidence to be assessed in the Site Visit:**

- Instructor Handbooks and orientation manuals
- Feedback from instructors, staff, student and graduates
- Instructor resumes and proof of current registration

**Area 3: Program Entry Policies**

**Standard 3.1 - The program entry requirements and the requirements prior to starting the first practice experience are appropriate and applied consistently. (See Appendix 4 Minimum Program Entry Requirements)**

<b>Assessment Criterion</b>	<b>Indicators</b> Description on how the program meets the criterion	<b>Supporting Evidence</b>
3.1a All students meet the established minimum HCA program entry requirements.	List program entry requirements.	Appendix 6: Published program information (brochures, handouts, orientation session information, etc.)  Appendix 7: Admission & Practice Education Requirements Policies/Forms
3.1b A reliable process is in place to verify program entry and pre-practice experience requirements are met.	Describe the process used to confirm students have met the program entry requirements.  If not required for program entry, how is it confirmed students meet additional requirements prior to their first practice experience? (Immunizations, CRC, Standard First Aid, CPR, WHMIS, Foodsafe Level 1)	

**Standard 3 – Evidence to be assessed in the Site Visit:**

Recent Graduate and Active Cohort admissions files/information (with released signed or redacted names/personal information in alignment with FOIPPA guidelines)  
Interviews with Students, Instructors, Practice Education Partners

## Area 4: Program Outcomes, Delivery and Assessment

### Standard 4.1 - The program meets the learning outcomes identified in the HCA Program Provincial Curriculum.

Assessment Criterion	Indicators Description on how the program meets the criterion	Supporting Evidence
4.1a Learning outcomes and content align with the HCA provincial curriculum.	<p>Submit curriculum documents demonstrating alignment with the HCA Provincial Curriculum.</p> <p>If the course design has been modified from that in the provincial curriculum, programs will need to contact the Registry to discuss additional requirements.</p>	<p><i>Appendix 8: Curriculum Submission (Detailed course outlines – to include, at a minimum, assessment descriptions, session-by-session content overviews, reading requirements and assessment due dates/exam schedule)</i></p> <p>****Due to the anticipated length of this appendix, curriculum is to be submitted in electronic format</p>
<p>4.1b The program is appropriately sequenced.</p> <p><i>Interpretation: Course theory, lab skills and practice experiences are well-paced and logically sequenced. There is a clear delineation of course and/or lab work that must be successfully completed prior to applying the knowledge/skills in a practice setting. Students may not practice a skill within the context of resident/client care (does not involve real life clients/residents) until he/she has been sufficiently instructed and appropriately assessed by an instructor as being able to provide that skill safely.</i></p>	<p>Submit a program delivery schedule showing the sequence/flow of course delivery from start to finish.</p>	<p><i>Appendix 9: Program Delivery Schedule / Calendar</i></p>
<p>4.1c Learning outcomes are delivered and assessed using a variety of strategies.</p> <p><i>Interpretation: The program applies the principles and best practices in the design and delivery of adult education. Learning strategies engage learners and provide them with opportunities for interaction and reflection. A variety of suggested assessment strategies are used.</i></p>	<p>List varied learning and assessment strategies used within the program.</p>	
4.1d The program can demonstrate students have met learning outcomes.	<p>Submit representative samples of assessments used by the program to confirm student attainment of learning outcomes.</p>	<p><i>Appendix 10: Three sample assessments (one from theory course, one from a lab course and one from clinical.)</i></p>

**Standard 4.2 - The practice education experiences are effectively integrated into the program and the roles and responsibilities of all parties are clear. (See Appendix 5 Practice Education Requirements)**

<b>Assessment Criterion</b>	<b>Indicators</b> Description on how the program meets the criterion	<b>Supporting Evidence</b>
4.2a Practice education experiences are effectively organized.	Describe how the program makes arrangements practice education experiences. (process flow)  Are students provided with advance notice of practice experiences?	Appendix 11: Practice education experience handbook(s) / documentation  Appendix 12: List of existing affiliation agreements covering all Practice Education Partner Sites (actual agreements to be provided for review during site visit)
4.2b Affiliation agreements are in place. <i>Interpretation: It is expected that affiliation and/or work experience training agreements are in place with all partner sites.</i>	Submit a list of all partner site agreements.	
4.2c Policies and procedures governing program specific practice experiences are clearly documented.	Submit documentation demonstrating how appropriate policies, procedures and practices are in place for practice experiences.	
4.2d Personnel at the practice education sites are provided with information about the HCA program, practice education experiences outcomes and their roles/responsibilities.	How are partner site personnel informed about the student practice education experience?	
4.2e Students are aware of their role/responsibilities while on practice education experiences.	Do students have an orientation to their practice education sites prior to beginning their practice? If not, describe how students are oriented to a clinical placement site.	

**Standard 4 – Evidence to be assessed in the Site Visit:**

Program/Curriculum Resources (Including copy of the student handbook, textbooks in use, lesson plans, teaching and assessment tools)

Completed Practice Education Evaluations for all students in most recent graduating cohort (with released signed or redacted names/personal information in alignment with FOIPPA guidelines)

Completed Student Course and Program Surveys

Interviews with Students, Instructors, Practice Education Partners

Signed Affiliation Agreements with Practice Education Partner Sites

## Area 5: Stakeholder Consultation

### Standard 5.1 - A Program Advisory Committee (PAC) with appropriate representation is in place.

Assessment Criterion	Indicators Description on how the program meets the criterion	Supporting Evidence
<p>5.1a Program has a PAC with terms of reference which meets a minimum of annually.</p> <p>5.1b PAC membership includes a minimum of three (3) external representatives which may include employers, practice education partners, graduates and/or practitioners.</p> <p>5.1c PAC meetings follow an established agenda with a list of attendees and minutes are taken.</p>	<p>Does the program have a Health Care Assistant Program Advisory Committee? How often does it meet?</p> <p>How many members are on the PAC? Describe the composition of the PAC and how the expertise of members provides relevant and meaningful input to the program.</p> <p>If applicable, explain how the program reviews and responds to labour market information and trends?</p>	<p><i>Appendix 13: PAC terms of reference and member list and minutes (from meetings within the last year only)</i></p>

### Standard 5.2 Key stakeholders (students, instructors, practice experience partners, employers and program graduates) have appropriate opportunities to provide feedback on the program.

Assessment Criterion	Indicators Description on how the program meets the criterion	Supporting Evidence
<p>5.2a There are formal mechanisms in place to gather feedback from key stakeholders. <i>Interpretation: At a minimum, it is expected that students will complete end of course surveys, practice experience sites/personnel will be surveyed after placements and graduate and employer surveys will be conducted. Faculty meetings should also be held to gather input.</i></p>	<p>What processes are used to gather course and program feedback?</p>	<p><i>Appendix 14: Stakeholder survey tools/questionnaires</i></p>

### Standard 5.3 Timely improvements are made to the program based on stakeholder consultation.

Assessment Criterion	Indicators Description on how the program meets the criterion	Supporting Evidence
<p>5.3a Evidence exists that concerns arising within feedback are being addressed.</p>	<p>Provide two (2) or more examples on how the program has used stakeholder feedback to make any needed improvements to the program.</p>	

### Standard 5 – Evidence to be assessed in the Site Visit:

PAC Meeting Minutes from previous years, Graduate employment rates, Program review reports (if available) and interviews with students, instructors, practice education partners, employers and graduates

## Area 6: Program Strengths (Optional)

**Note:** *This area is optional but may help the Registry evaluator(s) to gain a broader view of the program.*

This section provides the educational institution with an opportunity to highlight any unique program strengths, value-added components, accomplishments and examples of excellence in their delivery of the HCA program.

If the program wishes to attach additional information, this may be included in *Appendix 15: Supplementary evidence*.

## VIII. Standards Compliance Assessment

For each of the minimum prescribed program standards, one of the following ratings will be accorded:

- a) **Met:** *All assessment criteria for the standard were met. Suitable resources, policies and/or procedures are in place together with sufficient supporting evidence. A history of relevant quality assurance actions is apparent for this standard (if applicable).*
- b) **Met with conditions:** *One of the assessment criteria for the standard was not met. Conditions have been set which will require *minor adjustments* to resources, policies and/or procedures so that the program will be able to demonstrate that the overall standard is being adequately met. A history of relevant quality assurance actions is apparent for this standard (if applicable).*
- c) **Not met:** *More than one of the assessment criteria for the standard was not met. There is a need for immediate action and *major adjustments* to resources, policies and/or procedures for the program to demonstrate that the overall standard is being adequately met. There is no history of relevant quality assurance actions for this standard (if applicable).*

## IX. Program Recognition Status

Once the Application for Recognition is submitted and has been confirmed by the Registry as successful, the program will be added to list of “Recognized BC HCA Programs” on the Registry website. Listed program graduates will be eligible for registration. If an educational institution is uncooperative or unresponsive to the Registry requests or requirements as they are set forward in the recognition processes, recognition may be withdrawn.

The Recognition Compliance Report and Site Visit (or Recognition Reassessment) determines ongoing program recognition status as follows:

### Five-year recognition status

- Awarded to an HCA program that meets, with a rating of ‘**met**’, all of the minimum prescribed standards and each of the assessment criterion.
- Subject to compliance reporting (annual training profile submission).
- Full recognition status is granted for a period of five (5) years and then is subject to reassessment.
- The Registry retains the right to reassess the program at any time during the five-year period if evidence comes forward indicating non-compliance with a standard.
- **Noted Exception:** PCTIA registered institutions that have met all standards will be accorded an interim recognition status (with conditions) until they have become accredited.

### Interim recognition status (with conditions)

- Awarded to an HCA program in which a ‘**met with conditions**’ or ‘**not met**’ rating has been accorded to no more than one standard.
- A program may hold the status of “interim recognition” for a period of up to one (1) year.  
**Noted Exception:** PCTIA registered institutions will be accorded interim recognition status for a period of up to 2 years with a condition of becoming accredited by the end of this period.

- The program will be required to produce an appropriate action plan within thirty (30) days which outlines how and when they will meet any unmet standards.
- By the end of the Interim recognition period, the Registry will have reviewed the action plan follow-up reporting to determine if:
  - i) All conditions have been met and the program can be accorded “Five-year recognition status” for a five-year period; or
  - ii) The program has not met conditions and will be moved to a “recognition withdrawn” status.
- A revisit may be necessary to confirm progress made to meeting the deficient standard.
- The Registry retains the right to reassess the program at any time if evidence comes forward indicating non-compliance with another standard.
- Status is subject to ongoing compliance reporting (annual training profile submission).

### Recognition withdrawn

- This status is granted to an HCA program in which a **‘met with conditions’** or **‘not met’** rating has been accorded to two or more standards.
- *If this status is accorded after a compliance report submission:* Evidence of action to address deficient standards must be received within thirty (30) calendar days for the program to remain on the list of recognized programs and for a site visit to proceed. If a program is removed from the recognized programs list, graduates of any planned future program starts will not be eligible for registration.
- *If this status is accorded after a site visit:* Evidence of action to address deficient standards must be received within thirty (30) calendar days for the program to remain on the list of recognized programs. Depending on the follow-up standards compliance, the program may achieve either a status of interim recognition (with conditions) or five-year recognition.
- Programs that do not take the appropriate action to address a ‘recognition withdrawn’ status will be removed from the list recognized programs on the Registry website. Graduates of any planned future program starts will not be eligible for registration.

### Disclosure of HCA program recognition status

If recognition is withdrawn, the program will be removed from the Registry “Recognized BC HCA Programs List” and may be added to a “Non-Recognized Programs List”. Interim recognition (with conditions) or five-year recognition status may also be indicated on the Registry website.

### Non-transferability of program status

Recognition status is not transferable. If a corporate authority (see *Glossary of Key Terms* for definition) that delivers a recognized program transfers, sells or brokers the program or any portions to another agency or institution, the program will not be recognized under the new corporate authority. In such cases, the new corporate authority must apply for program recognition on its own behalf.

### Programs with multiple sites

A Notice of Intent is to be submitted for *each* site offering an HCA program. An educational institution will then complete one Application for Recognition, providing additional details if the program is delivered at multiple sites. At the time of compliance reporting, educational institutions offering the program at more than one site will follow addendum guidelines provided in *Template 3*. The Registry reserves the right to request additional information. Each site will host a site visit and will receive its own recognition status.

## Combined (HCA Plus) & Alternate Delivery programs

It is recognized that educational institutions may also deliver the HCA program with added content (i.e. ESL HCA Program) and/or in alternate delivery formats (i.e. online). A Notice of Intent is to be submitted for *each* HCA program variation offered. An educational institution will then complete one Application for Recognition, providing additional details for any combined program and/or alternate delivery variations offered. At the time of compliance reporting, educational institutions with such offerings will follow addendum guidelines provided in *Template 4*. The Registry reserves the right to request additional information. Each program variation will be reviewed and will hold its own recognition status.

## X. Appeal Process

A program may appeal the following statuses within 30 calendar days of receipt of the formal report from the Registry:

- The recognition status awarded as a result of a recognition compliance report submission;
- The recognition status awarded as a result of a site visit;
- The recognition status accorded as a result of a review of an action plan report;
- The recognition status accorded as a result of a program revisit.

Appeals must be formed on the basis of specific and well-rationalized objections, such that the outlined recognition process was not followed and may not be general in nature (i.e., did not like the decision).

Within 30 calendar days of receiving of a program appeal, the Registry will appoint an appeal review team. Appeal team members will not have been involved in the program recognition review or the awarding of status. It can be expected that program appeals will be taken under review by three external representatives (employers/educators/health care professionals). All review team members will be required to complete conflict of interest declarations. The appeal review team will review the program's appeal and supporting evidence, evidence submitted previously by the program that resulted in the recognition status that is being appealed (e.g., Application, 30-day response report following a visit or revisit, or action plan follow-up report). The appeal review team may consult, either verbally or in writing or both, with the Registry and the program's contact person to obtain additional information regarding the application, the recognition compliance report, the supporting evidence submitted by the program or the appeal. Within 60 calendar days of the original receipt of the appeal from the program, the appeal review team will forward a decision on the appeal. The time frame for review and resolution of an appeal may need to be adjusted due any intervening holiday period(s). A primary goal of this process is to ensure that the program has had a fair and appropriate opportunity for their appeal to be reviewed.

An administrative fee will be levied upon submission of any appeals. This fee will be fully refunded for any appeals are decided in the program's favour.

## **XI. Process for Withdrawal of Recognition Status**

If a program has its recognition status withdrawn, it will be removed from the list of “Recognized BC HCA Programs” on the Registry website. Graduates of any future planned program starts will not be eligible for registration.

The Registry also reserves the right to re-examine the program if evidence comes forward indicating the program may not be in compliance with program recognition standards. If applicable in any such instances, the Registry will first confirm that parties presenting complaints have followed appropriate channels and procedures for complaints and dispute resolution. Unless there are extenuating circumstances, it will only be after such processes have been exhausted that the program would receive written notification from the Registry and will have 30 calendar days to respond. Within 30 days of receiving the response, the Registry will decide on program status and next steps, such as a site visit, if required. If the Registry is satisfied with the written response provided, the recognition status may be upheld. If the Registry does not receive a written response or receives an unsatisfactory response in the time frame given, the recognition status may be withdrawn.

If an educational institution has demonstrated a continued inability to comply with minimum standards three times (i.e. a program is awarded an interim recognition on three separate recognition re-assessments), the Registry will not recognize the program or allow it to participate further in the recognition process.

## XII. Acknowledgements

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The Registry is also very grateful to those who offer their time and expertise by serving on the following committees:

### HCA Provincial Education Standards Advisory Committee

Name	Title	Organization Represented
Pat Bawtinheimer	Retired	Previously Representative Deans and Directors / Consultant for Registry on Standards
Bruce Bell	Program Director	BC Care Aide & Community Health Worker Registry
Heather Campbell	Director of Policy and Research	BC Care Providers Association (BCCPA)
Diana Campbell	Practice Lead	Vancouver Island Health Authority (VIHA)
Paul Clarke	Health Education Coordinator	Ministry of Advanced Education, Innovation and Technology
Sarina Corsi	Consultant, Education Assessment	BC Care Aide & Community Health Worker Registry
Janet Hebron	Chair, HCA Program Articulation Faculty of Health and Human Services, Vancouver Island University	HCA Provincial Articulation Committee
Jacqollyne Keath	Chair, BCCCA Health Care Committee; Dean of Nursing, Stenberg College	BC Career Colleges Association
Chris Kinkaid	HEU Research and Policy Director	Hospital Employees' Union (HEU)
Barb Lawrie	Executive Director, Clinical Education Learning and Development	Vancouver Coastal Health
Baljit Lal	Clinical Practice Consultant, Professional Practice & Integration	Fraser Health Authority
Monica Lust	Assistant Registrar	Private Career Training Institutions Agency (PCTIA) of BC
Lori MacKenzie	Director of Programs	Ministry of Advanced Education

Debbie McLachlan	Director	Health Human Resources Planning (Nursing and Allied), Ministry of Health
Yvonne Moritz	Dean of Science, Technologies and Health, Okanagan College	Health Sciences Deans and Directors
Katelyn Ranger	Policy Analyst	Health Human Resources Planning (Nursing and Allied), Ministry of Health
Monica Staff	Local Representative	United Food & Commercial Workers' Union (UFCW)
Heather Straight	Regional Manager, Clinical Education	Vancouver Coastal Health
Charlene Wuerch	Home Support Project Lead and Educator	Fraser Health Authority
Anita Zaenker	Research and Campaigns Officer	BC Government and Service Employees' Union (BCGEU)

### English Language Testing Advisory Group

Name	Title	Organization Represented
Pat Bawtinheimer	Retired	Previously Representative Deans and Directors / Consultant for Registry on Standards
Bruce Bell	Program Director	BC Care Aide & Community Health Worker Registry
Beth Beeching	Communications Instructor and Consultant	Capilano University; Kwantlen Polytechnic University; Vancouver Community College
Sandy Berman	Consultant / ESL Specialist	
Barbara Binczyk	Senior Policy Analyst	Adult Education and Skills Development, Ministry of Advanced Education
Cindy Bubb	Regulatory and Compliance Officer	PCTIA
Sarina Corsi	Consultant, Education Assessment	BC Care Aide & Community Health Care Worker Registry
Camilla Dietrich	Instructional Coordinator	Immigrant Services Society of BC
Pamela Hunt	Retired, Assistant Department Head of Vocational ESL Programs	Vancouver Community College
Cindy James	Testing Specialist	Thompson Rivers University
Robin Russell	Retired, Instructor, English Language Studies	Kwantlen Polytechnic University
Katelyn Ranger	Policy Analyst	Health Human Resources Planning (Nursing and Allied), Ministry of Health
Tanis Sawkins	Curriculum Developer	Vancouver Community College
Marta Tejero	ESL Instructor	College of New Caledonia

### XIII. References

- Berta et al. (2013). *The evolving role of health care aides in the long-term care and home and community care sectors in Canada*. Retrieved from the Human Resources from Health website: <http://www.human-resources-health.com/content/111/1/25>
- British Columbia Ministry of Health. (2007). *Care Aide Competency Project: Framework of Practice for Community Health Workers and Resident Care Attendants*. Retrieved from the BC Ministry of Health, Health and Human Services Library website: <http://www.health.gov.bc.ca/library/publications/year/2007/CareAideCompetencyProjectFramework.pdf>
- British Columbia Ministry of Advanced Education. (2008). *Health Care Assistant Program: Provincial Curriculum*.
- British Columbia Ministry of Health. (2013). *Review of the BC Care Aide & Community Health Worker Registry: An Action Plan*. Retrieved from the BC Ministry of Health, Health and Human Services Library website: <http://www.health.gov.bc.ca/library/publications/year/2013/hlth-review-action-plan.pdf>
- British Columbia Ombudsperson Report. (February 2012). *The Best of Care: Getting it Right for Seniors in BC (Part 2)* Retrieved from the Province of BC Office of the Ombudsperson website: <http://www.ombudsman.bc.ca/investigations/systemic-investigations/systemic-investigations-completed-in-2011-12/137-public-report-no47-the-best-of-care-getting-it-right-for-seniors-in-british-columbia-part-2>
- Canadian Medical Association. (2008). *Conjoint Accreditation Services, Requirements for Accreditation*. Retrieved from the Canadian Medical Association website: [http://www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Accreditation/pdf/requirements.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Accreditation/pdf/requirements.pdf)
- Health Canada. (2012). *Canadian Educational Standards for Personal Care Providers: Environmental Scan & Reference Guide*. Prepared for the Association of Canadian Community Colleges (ACCC) and its Affinity Group the Canadian Association of Continuing Care Educators. Retrieved from the ACCC website: <http://www.accc.ca/xp/index.php/en/programs/cdnpartnerships/contcare>
- Health Sciences Placement Network. (2013) Practice Education Guidelines. Retrieved from the HSP.net website: <http://www.hspscanada.net/managing/content-management.asp>
- Hospital Employees' Union. (2009). *Quality of Care in in B.C.'s residential care facilities: A submission to the Office of the B.C. Ombudsman on Seniors' Care*. Retrieved from <http://www.heu.org/sites/default/files/uploads/2010%20seniors/HEU%20submission%20to%20Ombudsper%20son.pdf>
- National Association for Regulatory Administration (NARA). (2009). *The NARA Vision Series, Part I: Recommended Best Practices for Regulatory Agencies (First Edition)*. Retrieved from the NARA website: [http://www.naralicensing.drivehq.com/publications/NARA\\_Best\\_Practices.pdf](http://www.naralicensing.drivehq.com/publications/NARA_Best_Practices.pdf)
- Private Career Training Institutions Agency (PCTIA) of BC (2012) *PCTIA Bylaws Approved May 12, 2012*.
- Teamwork and Communication Working Group. Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultations. Edmonton (AB): Canadian Patient Safety Institute; 2011. Retrieved from Canadian Patient Safety Institute website: <http://www.patientsafetyinstitute.ca>
- Williams, Janet. (2011). *Health Care Assistant Program Standards for Delivery of the BC HCA Curriculum*. June 11, 2011. MacKinnon Williams Consulting for the British Columbia Ministry of Health.

## **XIV. Glossary of key terms**

### **Assessment Criterion**

The assessment criterion establishes a minimum acceptable level of performance against which the program's actual performance is reviewed in confirming the achievement of each standard.

### **Contact Person**

The individual designated by the program to communicate with the BC Care Aide & Community Health Worker Registry.

### **Corporate Authority**

The body responsible for making strategic and financial decisions regarding an educational program, and awarding the certificate to graduates upon their successful completion of program requirements.

### **Instructor**

An instructor delivers the theory and lab components of the program and supervises practice experiences. An instructor is responsible for the assessment of students, for providing feedback and for conducting student evaluations.

### **Lab experiences**

Students have an opportunity to acquire personal care and assistance skills within the parameters of the HCA role. Lab experiences are directly supervised by an instructor. Instructor/student ratio does not exceed 1:18 in the lab. Students may not practice a skill within the context of resident/client care until he/she has been assessed by the instructor as being able to practice that skill safely. Lab experiences may be offered in a laboratory dedicated for the purpose and/or in a real-life setting with access to the appropriate equipment.

### **Partner Site**

A clinical institution or agency that provides a student(s) with a practice education experience(s).

### **Partner Site Mentor**

A mentor is a partner site employee (typically an LPN or a Registered HCA) that has agreed to provide direct, 1:1 hands-on guidance for a student HCA. If the mentor is an HCA, the HCA and student are under the supervision of a RN, RPN or LPN. The mentor is provided with opportunities to give feedback to the instructors about the performance of a student(s).

### **Program Site Types (educational institutions)**

#### **Main campus**

A main campus is the primary location of an educational institution.

#### **Branch campus**

A branch campus is any location of an institution other than the main campus, under the same corporate structure as the main campus.

#### **Learning Site**

A learning site is a location in proximity to a main or branch campus where educational services are conducted. The geographical location of the learning site is set up in such a way that students can easily avail themselves of the educational and administrative services of a main or branch campus.

#### **Satellite Site**

A satellite is a site geographically separate from a main or branch campus that is used intermittently for the delivery of courses or programs and does not provide the educational and administrative services of a main or branch campus.

## **Practice Education Experiences**

### **Clinical Placement**

The clinical placement component is an unpaid mandatory requirement to obtain the credential and is not more than 50 percent of the total program hours. The instructor/student ratio is 1:10 or less and is in a real-life setting under the immediate supervision of a fully qualified instructor designated by the institution. Students are taught, directly supervised and evaluated by the instructor. This type of experience is appropriate for multi-level / complex care.

### **Practicum**

The practicum component is an unpaid, mandatory requirement to obtain the credential and is not more than 20 percent of the total program hours. Students perform clinical procedures on residents/clients in a real life setting. This type of experience is appropriate for multi-level/complex care, assisted living and/or home support. During the practicum, the student is under the direct supervision of an assigned mentor at the practice education site and the indirect supervision of an instructor employed by the educational institution.

Assigned practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's instructor on the student's performance. The instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The instructor makes frequent checks on the student throughout the practicum and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the practicum. The instructor is available to support the student throughout the duration of the practicum experience. The instructor confirms practicum hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the instructor.

### **Preceptorship**

The preceptorship component is an unpaid mandatory requirement to obtain the credential and is not more than 10 percent of the total program hours. As per the [StudentAid BC Policy Manual \(2013-2014\)](#): *Preceptorship is a period of final work experience required for graduation from an educational program in which the student performs actual clinical or other professional procedures in a real life setting under the immediate supervision of a single, fully qualified individual (similar to practicum).*

This type of experience is appropriate for multi-level/complex care, assisted living and/or home support. Assigned practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's instructor on the student's performance. The instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The instructor makes frequent checks on the student throughout the preceptorship and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the preceptorship. The instructor is available to support the student throughout the duration of the preceptorship. The instructor confirms preceptorship hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the instructor.

### **Recognition**

The process used by the Registry to affirm HCA programs are following the BC HCA provincial curriculum and are meeting minimum program delivery standards.

### **Stakeholder**

A person, group or organization that has interest and/or concern in the program. A program stakeholder is also someone that can be impacted by the actions, outcomes and policies of the educational institution. Examples of program stakeholders include instructors, students, employers, partner site personnel and Program Advisory Committee (PAC) members.

**Standard**

The required outcome that programs must demonstrate for recognition compliance.

**Substantive Program Change**

Changes of more than 15 percent to the curriculum content or program length and/or changes to the method of delivery, including the addition of distance education modalities.

## **XV. Appendices**

## Appendix I: Notice of Intent (NOI)

The NOI confirms that the educational institution (named below) follows the Health Care Assistant (HCA) Provincial Curriculum (2008). The program should include a minimum of 475 hours of course theory and laboratory, as well as 270 hours of applied practice experiences, for a total of 745 HCA program hours.

This notification process allows the BC Care Aide & Community Health Worker Registry (the Registry) to update the list of HCA programs on its website and to initiate the HCA Program Recognition Process.

A separate NOI is to be completed for each program site (i.e. campus, branch or satellite offering location) as well as for each HCA program type (i.e. Health Care Assistant Program, Health Care Assistant + ESL Program, etc.).

**All programs must submit and meet NOI requirements in order for graduates to be eligible for registration.**

1. Name of educational institution: \_\_\_\_\_
2. Title of program: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Program's contact person: (e.g. Department Head)  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_
5. Program Site Address \_\_\_\_\_  
 Site Contact Person (if different from above) \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_
6. Total program hours \_\_\_\_\_ Total program weeks \_\_\_\_\_
7. Total theory / lab hours \_\_\_\_\_ Total theory/lab weeks \_\_\_\_\_
8. Total practice education experience hours \_\_\_\_\_ Total practice education weeks \_\_\_\_\_

Signature by an Administrator\* or equivalent at the educational institution (i.e. Dean or Owner/President)

*On behalf of the above named educational institution, I confirm the accuracy of information provided on the NOI:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY,  
**ATTN: CONSULTANT, EDUCATION ASSESSMENT**  
**TOLL FREE FAX: 1-877-494-3222 OR EMAIL SCANNED COPY TO: [Education@cachwr.bc.ca](mailto:Education@cachwr.bc.ca)**

## Appendix 2: HCA Program Minimum Laboratory Equipment Checklist

<input checked="" type="checkbox"/>	Equipment	Ratio per student number
	Hospital beds	1:4
	Linens for <u>each bed</u> :	
	Top sheet (minimum 2 sets)	
	Bottom/fitted sheets (minimum 2 sets)	
	Pillows (minimum of 2 per bed) (minimum 4)	
	Pillow cases (minimum 4)	
	Blankets (one per bed)	
	Slider sheets (minimum 1 per bed)	
	Flannel blankets (minimum 1 per bed)	
	Incontinence underpads (minimum 1 per bed)	
	Equipment for <u>each bed</u> : (unless otherwise noted)	
	Bed stand/bedside/overbed table	
	One bedpan	
	Urinal	
	One kidney basin or small bowl	
	Soap*	
	Roll of toilet paper	
	Moisturizing lotion*	
	Mouth wash (or simulation)	
	Denture cup and brushes	
	Brush and comb*	
	Toothbrush and toothpaste*	
	Nail file*	
	Sample Meal tray (two per lab)	
	Set of dishes and cutlery*	
	Thermometers – variety: digital, tympanic and temperature test strips (two of each per lab)	
	Transfer belt (two per lab)	
	Personal Protective Equipment (goggles, face shields, disposable or launderable gowns, masks) (two of each per lab)	
	Measuring cups for measuring intake and output	
	Urinary drainage systems, including catheters	
	Condom catheter system	
	Colostomy bags	
	Samples of suppositories and enemas	
	Samples of pre-packaged medications	
	Samples of non-prescription eye/ear drops	
	Specimen containers – Assorted	
	Patient clothing	
	Pajamas*	1:4
	Patient shirt and pants*	1:4

	Support stockings (with special gloves for application and removal)	1:8
	Adult disposable briefs (along with a variety of incontinence supplies for demonstration purposes)	1:4
	Sink (hot and cold running water) (one per lab)	
	Towels and washcloths (minimum of 2 per bed)	
	Disposable gloves for each student*	
	Paper towels	
	Scale (one per lab)	
	Transfer board (one per lab)	
	Bed cradle for hospital bed (one per lab)	
	Eyeglasses for simulation of visual deficiencies	1:4
	Hearing aid (one per lab for demonstration only; does not need to be in working order)	
	Electric razor (for demo only, students to bring their own for practice)*	
	Wheelchairs	1:8
	Patient walkers	1:8
	Commode	1:8
	Crutches	1:12
	Canes	1:12
	Patient mechanical lift (sit to stand) – (one per lab)	
	Patient mechanical lift (full) with a variety of slings - (one per lab)	
	One male torso – (one per lab) or Male Genitalia Parts (1:4)	
	One female torso – (one per lab) or Female Genitalia Parts (1:4)	
	Adult manikin (one per lab: high fidelity recommended but not required)	
	Stethoscope (for demonstration purposes)	
	Sphygmomanometer (for demonstration purposes)	
	Glucometer and testing strips (for demonstration purposes)	
	Oxygen equipment (for demonstration purposes)	
	Inhaled Respiratory Devices (for demonstration purposes)	

**Note:**

Items listed with an \* can be supplied by students themselves; in such cases, there should be evidence that students are provided with written notification in advance to bring items required for lab practice (i.e. items and dates they will be required are listed within course outline/course information).

To ensure students are provided with adequate access to equipment, it is understood that a lab rotation schedule may be established.

There is a ratio of a minimum of 1 instructor to 18 students in the lab.

## Appendix 3: Minimum Instructor Qualifications

### Theory Courses

1. Current full registration or non-practising registration with the CLPNBC, CRNBC or CRPNBC<sup>6</sup>; and
2. Demonstrated ability to teach adult learners (i.e. completion of Provincial Instructor Diploma **or** equivalent education **or** previous teaching experience with satisfactory references **or** positive performance evaluations and student course evaluations); and
3. Two or more years of full-time nursing experience (1 year = 1400 hours) with relevant knowledge of the Canadian health care system, the roles and responsibilities of healthcare team members and current policies and procedures within residential and community care settings. Nursing work experience to include:
  - Experience in working with older adults with complex health needs; and
  - Experience or orientation in home support and multi-level/complex care.

**Note:** Other faculty qualifications may be considered for the Interpersonal Communications course (e.g., undergraduate degree in a Health or Human Services field).

### Lab and Practice Experience

1. Same as per theory except *must have current full registration* with the CLPNBC, CRNBC or CRPNBC.

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<sup>6</sup> In cases of proven hardship (i.e. where longstanding instructors do not meet these minimum instructor qualifications), an educational institution may contact the Registry.

## Appendix 4: Minimum Program Entry Requirements

**Note:** These are the *minimum* program entry requirements; an educational institution may set admissions standards that exceed these requirements (e.g. setting higher program entry requirements),

### All Applicants:

*Prior to acceptance:*

1. Proof of Grade 10 graduation or mature student status
2. Proof of meeting **English Language Competency Requirements**
  - English 10 or equivalent (for native speakers of English)
  - Standardized English language proficiency test score (for non-native speakers of English)

*Notes for Admission:*

The following are to be completed prior to the first practice education experience:

- a) Proof of meeting current immunizations / vaccinations as per health care organization policies / guidelines (or signed vaccination exemption form, except TB)
- b) Criminal record check from the Ministry of Justice, including clearance to work with vulnerable adults
- c) Standard First Aid
- d) CPR Level “C” or “HCP”
- e) Foodsafe Level I

*Educational institutions should publish / provide information to prospective applicants about additional practice education and workplace specific health and safety requirements. Practice education partner sites may also have other training / certification standards prior to placement. For placements at BC Health Authority sites, educational Institutions should carefully consult the Practice Education Guidelines (PEGs) to ensure that they comply with practice guideline standards. Approved PEGs are posted on the: HSPnet website: <http://www.hspscanada.net/managing/content-management.asp>*

*The knowledge and skills offered in the Standard First Aid, CPR Level “HCP” and Foodsafe Level I courses are not included in the provincial curriculum. Individual institutions may choose to include some or all of these courses as part of the HCA program. In these cases, the hours for these courses would be above and beyond the required minimum program hours.*



## BC Health Care Assistant (HCA) Programs English Language Competency Requirements

To be accepted into a recognized BC HCA program, applicants are required to demonstrate proficiency in English. Students must be able to communicate effectively in English in order to be successful in their studies and to be capable of providing safe and competent care to patients/clients/residents in the work environment. Teamwork and communication failures are a primary cause of patient safety incidents in healthcare; the ability to communicate effectively is one of the fundamental safety competencies identified by the Canadian Patient Safety Institute (CPSI).

All BC HCA program applicants are required to demonstrate English language proficiency. Domestic and/or international applicants who are non-native English speakers will need to take a standardized proficiency assessment to confirm communicative competency in all four language skills areas (speaking, listening, reading and writing).

<b>Domestic and/or international applicants</b>	
<b>Native English speakers</b>	<b>Non-native English speakers</b>
<b>Requirement:</b> English 10 or equivalent	<b>Requirement:</b> Standardized English language proficiency test score
<p><i>Evidence of one of the following:</i></p> <ol style="list-style-type: none"> <li>1. Proof of completion of Grade 10 English; or</li> <li>2. College <u>courses</u> determined to be equivalent to completion of Grade 10 English (or higher) by post-secondary institutions. Applicants must produce transcripts as evidence of completion. A minimum of a C grade is acceptable.</li> <li>3. Canadian Adult Achievement Test (CAAT): Reading Comprehension 35/50 Spelling 23/32</li> <li>4. Language Placement Index (LPI): The three individual scores (Sentence Structure, English Usage, and Reading Comprehension) must total a minimum of 20, out of a maximum possible score of 40. Essay level of 4, with a minimum essay score of 24/40</li> <li>5. Accuplacer: Grade 10 level or higher</li> </ol>	<p><i>Evidence of one of the following test scores:</i></p> <ol style="list-style-type: none"> <li>1. The Test of English as a Foreign Language (TOEFL): test must be within the last two years, IBT only -- Overall score of 76 with no score lower than 20 in Speaking and Listening and no score lower than 18 in Reading and Writing</li> <li>2. International English Language Testing System (IELTS): Academic or General -- test must be within the last two years: Overall score of 6 with a minimum of 6 in Speaking and Listening and no score lower than 5.5 in Reading and Writing</li> <li>3. Canadian Language Benchmark Placement Test (CLB PT): test must be within the last six months: Listening 7, Speaking 7, Reading 6 and Writing 6</li> <li>4. Canadian English Language Proficiency Index Program (CELPIP): Academic or General -- Aggregate score of 4L or better, with 4L or better in Speaking and Listening and 3H or better in Reading and Writing</li> <li>5. Canadian Academic English Language Assessment (CAEL): Overall Score of 60, with no section less than 50</li> </ol>

## Additional Criteria - English Language Competency Requirements

To support educational institutions in ensuring applicants meet Registry English language competency requirements, the following criteria have been put into place:

1. To achieve functional language proficiency and be termed as a *native English speaker*, one would require seven (7) years of education in an English-speaking environment (these years could be acquired in either a consecutive or non-consecutive manner). If, however, these years were all consecutive and inclusive of only secondary or post-secondary education in an English-speaking environment, the number of years to meet the native English speaker requirement could be achieved in a period of 4 years.
2. To ensure consistency and quality assurance in student program entry, institution-created tests are not acceptable for the assessment of non-native English speakers at this time.<sup>7</sup>
3. The Registry has established the following list of countries as those with English language systems/institutions.<sup>8</sup>

### **Countries with English language systems / institutions (where English is a primary, official language and the language used for education)**

American Samoa	Dominica	Mauritius	Uganda
Anguilla	Falkland Islands	Montserrat	United Kingdom (England, Scotland, Wales and Northern Ireland)
Antigua	Fiji	New Zealand	United States of America (USA)
Australia	Ghana	Seychelles	US Virgin Islands
Bahamas	Grenada	Singapore	
Barbados	Guam	South Africa	
Belize	Guyana	St. Kitts and Nevis	
Bermuda	Irish Republic	St. Lucia	
British Virgin Islands	Jamaica	St. Vincent	
Cayman Island	Kenya	Trinidad and Tobago	
Canada*	Malta	Turks and Caico Islands	

\*Applicants educated in Quebec at an institution where the language of instruction was not English, must meet the current English language proficiency requirements.

<sup>7</sup> In cases of proven hardship, (e.g. College is located in a remote location and there is no local access to any of the listed tests), the educational institution may contact the Registry.

<sup>8</sup> Weighted criteria to determine inclusion of a country on this list were: use of English as by more than 50% of the population, country literacy rate as compared to world literacy rate, School Life Expectancy (SLE) rate as compared to the world SLE rate, schooling in languages other than English in primary grades, consistency of listing by Canadian post-secondary institutions the country recognition on the BC College of Physician & Surgeons List.

## **HCA ESL Program Entry**

*For institutions offering a combined ESL HCA program (a minimum of 12 weeks/300 hours of additional program time for English language skills instruction), non-native speakers of English will require evidence of one of the following test scores when applying for program entry:*

1. The **Test of English as a Foreign Language (TOEFL)** -- test must be within the last two years.  
IBT only: Overall score of 56 with no score lower than 15 in Speaking and Listening and no score lower than 13 in Reading and Writing.
2. **International English Language Testing System (IELTS)** Academic or General -- test must be within the last two years: Overall score of 5.5 with a minimum of 5.5 in Speaking and Listening and no score lower than 5.0 in Reading and Writing.
3. **Canadian Language Benchmark Placement Test (CLB PT)** -- test must be within the last six months: Listening 6, Speaking 6, Reading 5 and Writing 5.
4. **Canadian English Language Proficiency Index Program (CELPIP)** Academic or General:  
Aggregate score of 3H or better, with 3H or better in Speaking and Listening and 3L or better in Reading and Writing
5. **Canadian Academic English Language Assessment (CAEL)**  
Overall Score of 50, with no section less than 40.

## Appendix 5: Practice Education Requirements

Practice education experiences in the HCA program are to align with the following descriptions:

### Clinical Placement

The clinical placement component is an unpaid mandatory requirement to obtain the credential and is not more than 50 percent of the total program hours. The instructor/student ratio is 1:10 or less and is in a real-life setting under the immediate supervision of a fully qualified instructor designated by the institution. Students are taught, directly supervised and evaluated by the instructor. This type of experience is appropriate for multi-level / complex care.

### Practicum

The practicum component is an unpaid, mandatory requirement to obtain the credential and is not more than 20 percent of the total program hours. Students perform clinical procedures on residents/clients in a real life setting. This type of experience is appropriate for multi-level/complex care, assisted living and/or home support. During the practicum, the student is under the direct supervision of an assigned mentor at the practice education site and the indirect supervision of an instructor employed by the educational institution.

Assigned practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's instructor on the student's performance. The instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The instructor makes frequent checks on the student throughout the practicum and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the practicum. The instructor is available to support the student throughout the duration of the practicum experience. The instructor confirms practicum hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the instructor.

### Preceptorship

The preceptorship component is an unpaid mandatory requirement to obtain the credential and is not more than 10 percent of the total program hours. As per the [StudentAid BC Policy Manual \(2013-2014\)](#): *Preceptorship is a period of final work experience required for graduation from an educational program in which the student performs actual clinical or other professional procedures in a real life setting under the immediate supervision of a single, fully qualified individual (similar to practicum).*

This type of experience is appropriate for multi-level/complex care, assisted living and/or home support. Assigned practice site mentors are expected to guide the practice of the HCA student to ensure appropriate care is provided to the assigned clients/residents. Mentors are also expected to provide feedback to the student's instructor on the student's performance. The instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The instructor makes frequent checks on the student throughout the preceptorship and maintains regular contact with the partner site, either in person or by telephone, throughout the duration of the preceptorship. The instructor is available to support the student throughout the duration of the preceptorship. The instructor confirms preceptorship hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the instructor.

**HCA programs in BC are to have a minimum of 270 hours of practice education experience which will include a minimum of:**

- 210 hours of multi-level or complex care including specialized dementia care
  - of which a minimum of 150 hours are as within an instructor-led clinical placement
  - of which a maximum of 60 hours may be completed in a practicum or preceptorship format, with indirect supervision by an instructor employed by the educational institution

- instructor-led clinical placement hours must be completed **first**
- 60 hours of community experience
  - Home Support, Assisted Living, Adult Day Centres, Group homes
- Completed in a practicum or preceptorship format, by an instructor designed by the educational institution
- On all practice education experiences, students will be in addition to normal staffing levels.

**For each experience, here is a minimum practice education information checklist: (program may provide this information in any format, e.g., in a handbook, etc.)**

- A summary of the practice education experience (describing setting and required experiences)
- Clearly defined learning outcomes
- Total hours/length of the practice experience
- Delivery format (e.g. 4 day/week x 7 hours/day)
- Description of supervision model and student to instructor ratio
- Student attendance requirements
- Description of the evaluation mechanisms (ultimate responsibility must rest with the instructor/program)
- Dress requirements of students and instructors on practice experiences
- Responsibilities of students, program personnel and partner (host) site personnel
- If a practicum or preceptorship experience, a description of how the instructor/program will monitor the students' performance is required aligned with the following minimum expectations:
  - Instructor will make contact with the practice site manager to introduce self and student and to clarify roles and responsibilities including competency requirements, monitoring and evaluation processes.
  - Instructor will be reachable at all times when a student is on-site for a practicum/preceptorship.
  - Instructor will make frequent checks on the HCA student and speak to the practice site manager / mentor(s) about the student's performance and learning needs. Check-ins must occur at least weekly and more often if a student is having difficulty.
  - Works with student to develop a plan to meet learning needs
  - Tracks / ensures practice hours are met.
  - Conducts student evaluations and determines whether a student passes or fails.
- Clarity on the lines of communication / communication protocol between: student and instructor(s); student and partner site personnel; partner site personnel and instructor(s) and among instructor(s) and institution.

## Appendix 6: Application for Recognition

***This document is provided in hard copy for reference and as a working draft only; the application information will be submitted online at Educators' page of the Registry's website - [www.cachwr.bc.ca](http://www.cachwr.bc.ca)***

### Application Form - HCA Program Recognition

To successfully apply for recognition, HCA Programs must follow the Health Care Assistant Provincial Curriculum (2008). This includes a minimum of 745 hours in total, with 475 hours of theory and lab, and 270 practice education experience hours (with a minimum of 210 hours in multi-level or complex care of which at least 150 hours are instructor-led clinical placement, and a minimum of 60 hours of community experience).

**Graduates from programs that do not meet Application for Recognition requirements will not be eligible for registration.**

1. Name of institution: \_\_\_\_\_
2. Title of HCA program: \_\_\_\_\_
3. Credential received upon graduation:       Certificate     Diploma
4. Website: \_\_\_\_\_
5. Program contact person: (e.g. Department Head)  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
6. Administrator\* or equivalent of the program (i.e. CEO/President; Owner, Assistant CEO/Vice-President; Dean, Director etc.)  
 Name \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\* This individual will be copied on formal communications regarding the program's recognition status and is to sign the Request for Program Recognition

7. Program Sites: (educational institution)

Campus/ Site Name	City	Address	Phone Number	Type of Site (Main Campus, Branch Campus, Learning Site or Satellite Site)	Frequency of Program Offering

8. Program type: Check all of the following that are applicable for the program title listed in #2.
  - a) New program (no graduates)
  - b) Distance education / alternate delivery format with 
    - i. Correspondence completion
    - ii. Online completion
    - iii. Combined online and face to face completion
  - c) Program offered repeatedly
  - d) Full-time

- e) Face-to-Face delivery only  f) Part-time
- g) Program delivered in more than one location
- h) In addition to the main HCA program (title listed in Question 2) being described in the application, program variations also offered (Combined HCA Plus Programs and/or Alternate Delivery Formats) – if yes, please also respond to Question 21.

9. Any additional information about program (if applicable): \_\_\_\_\_

10. Program structure: List all program courses in the sequence they are delivered.

Course Code	Course Name	Course Hours

- 11. Total program hours \_\_\_\_\_ Total program weeks \_\_\_\_\_
- 12. Total hours per week \_\_\_\_\_ (if different, theory hours per week \_\_\_\_\_ and practice education experience hours per week \_\_\_\_\_)
- 13. Total theory hours \_\_\_\_\_
- 14. Total lab hours \_\_\_\_\_
- 15. Total practice education experience hours \_\_\_\_\_
- 16. Instructor-led clinical placement hours \_\_\_\_\_
- 17. Practicum/preceptorship hours \_\_\_\_\_
- 18. Multi-level/complex care hours \_\_\_\_\_  
How many of these hours include specialized dementia care? \_\_\_\_\_
- 19. Community experience hours (e.g. home support, assisted living, group homes, adult day cares and rural health centres) \_\_\_\_\_
- 20. If applicable, other type of practice education experience \_\_\_\_\_ Hours \_\_\_\_\_

21. Combined (HCA Plus) Programs & Programs in Alternate Delivery Formats:  
For the purposes of recognition, it is expected that any Combined (HCA Plus) Programs as well as any HCA programs offered in alternate delivery formats will also meet the HCA provincial curriculum standards. It is recognized that Combined (HCA Plus) Programs will also have added content above and beyond these standards. To confirm alignment with provincial curriculum standards, the following section must be completed for each program variation offered at the educational institution:

- a.
  - i. Title of Program \_\_\_\_\_
  - ii. Credential received upon graduation:  Certificate  Diploma
  - iii. Delivery Format: Distance Delivery  Face to Face  Combined
  - iv. Does the program meet the HCA provincial curriculum standards? Yes  No
  - v. Does the program contain all the HCA program aspects as described in Questions 11-20? Yes  No
  - vi. If **no** to either ii. or iii. above, give details on any differences: (program structure and hours)

- vii. Outline added program content. (courses and hours)
  - viii. Explain the purpose of the added content.
- b. Etc. (Repeated as above for each Combined HCA Plus Program / Program offered in Alternate Delivery Format)

22. Partner sites for practice education placements: List the official names and addresses of all partner sites that provide student placements. Provide the type of facility and placement(s) offered.

Name of partner site	Address (street name and city)	Type of Facility (i.e., Residential Care, Assisted Living, Home Support)	Program components provided (i.e., practice education experience and hours)	Maximum number of students (per placement at any one time, as applicable)

23. Current and imminent student cohorts: Complete the following grid.

Program Name	Program Site	Start date (year/month)	End date (year/month)	Number of students per cohort

23. Program Admission Requirements: Attach document outlining admission requirements

Please also indicate:

Changes submitted – Yes  No  First cohort start date with changes - \_\_\_\_\_

24. Minimum Instructor Qualifications: Attach document outlining instructor qualifications

Please also indicate:

Changes submitted – Yes  No  First cohort start date with changes - \_\_\_\_\_

26. Optimal target date for the site visit of your program(s) \_\_\_\_\_

**Note:** Recognition compliance report is due two (2) months prior to the confirmed date of the site visit.

**Applicable only to private educational institutions offering the HCA program:**

Do you have a valid License Agreement with the Province of British Columbia for the Health Care Assistant Program Curriculum Guide?  Yes  No

Has your Health Care Assistant Program(s) been approved by the Private Career Training Institutions Agency (PCTIA)?  Yes  No Date of program(s) approval: \_\_\_\_\_

What is your current institution status:  Registration Application in Process  Registered (Please indicate all that apply)  Accreditation Application in Process  Registered and Accredited

Institution Officer Name: \_\_\_\_\_

Last Review of Accreditation Site Visit Date (if applicable): \_\_\_\_\_

\*\*\*As much as possible, site visits will be coordinated with the next PCTIA compliance and/or review visit.

**Request for Program Recognition**

The completion of this application indicates that the corporate authority of the program is familiar with the recognition standards, described in Health Care Assistant Program Recognition: A Guide for Educators and understands that these are the standards by which its Health Care Assistant (HCA) program(s) will be evaluated, and to the best of its understanding, has programming in place that the corporate authority believes meets these standards.

Program recognition standards are established within the following six categories. There are also specified minimum laboratory equipment, instructor qualifications, student program entry/admission requirements and practice education requirements.

- ❖ Area 1: Facilities and Institutional Resources
- ❖ Area 2: Instructional Staff
- ❖ Area 3: Program Entry Policies
- ❖ Area 4: Program Outcomes, Delivery and Assessment
- ❖ Area 5: Stakeholder Consultation
- ❖ Area 6: Program Strengths

Submission of this completed application constitutes a request for assessment of the HCA program(s) for compliance with the requirements for recognition by the BC Care Aide & Community Health Worker Registry (the Registry). It is also an agreement to comply with all requirements for program recognition.

The undersigned administrator\*, signing on behalf of the program's corporate authority, affirms that the corporate authority is committed to the outcomes and ongoing needs of the HCA Program(s) offered by its institution. The administrator agrees to inform all partner sites and program personnel involved in student education and evaluation about the program's application for recognition and that information about their role in the program will be provided during the recognition process.

The corporate authority agrees to inform the Registry of any substantive changes in the ownership, program activity, structure, personnel or resources assigned to the HCA program(s), as soon as these changes become known to the persons responsible for the program. The administrator also confirms that students in recent and active cohorts in the program at the time of the recognition site visit will have signed releases allowing site assessor(s) to view their student files and evaluation records.

The Registry may review the standards and processes for program recognition and make revisions as deemed reasonable and necessary. The Registry shall provide educational institutions with any revised documents in a timely manner and the institution agrees to comply with any and all changes.

Once the Application for Recognition is submitted and has been confirmed by the Registry as successful, the program will be added to list of "Recognized BC HCA Programs" on the Registry website. Listed program graduates will be eligible for registration. If an educational institution is uncooperative or unresponsive to the

Registry requests or requirements as they are set forward in the recognition processes, recognition will not be awarded and/or may be withdrawn. The Recognition Compliance Report and Site Visit (or Recognition Reassessment) determines ongoing program recognition status. If recognition is withdrawn, the program will be removed from the Registry list of “Recognized Programs List” and may be added to a “Non-Recognized Programs List”.

The details of a program assessment, including a copy of the compliance report, may be disclosed to members of the HCA Education Standards Advisory Committee, the Private Career Training Institution’s Agency of BC (PCTIA), the Ministry of Health or the Ministry of Advanced Education or an appointed Appeal Review team. In no other circumstance will the details of a program assessment be disclosed to a third party without the consent of the program.

The Registry reserves the right to request information from a recognized program at any time to determine continuing compliance of the program with the standards; to request a site visit to confirm compliance; or to withdraw recognition from programs that fail to maintain compliance with the recognition standards. The corporate authority shall indemnify and hold harmless the Registry, its officers and employees involved in the provision of recognition services from any claims, demands, losses or damages arising from the recognition process or any change in recognition status.

Administrator\* representing the program’s corporate authority:

*I certify all information provided in this application is accurate and reflects the current state of the program. I agree to the terms outlined within.*

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Name

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Title

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Signature

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Date

\* Administrator representing the corporate authority for the program, for example: CEO/President; Owner, Assistant CEO/Vice-President; Dean, etc.

**Note:** The Registry would like to acknowledge the Canadian Medical Association (CMA) for allowing the BC Care Aide & Community Health Worker Registry to incorporate similar features to the forms used in the CMA conjoint accreditation process.

## Appendix 7: Annual Training Profile

**This document is provided in hard copy for reference and as a working draft only; the application information will be submitted online at Educators' page of the Registry's website - [www.cachwr.bc.ca](http://www.cachwr.bc.ca)**

### Annual Training Profile – Ongoing Compliance for HCA Program Recognition

1. Name of institution: \_\_\_\_\_
2. Title of HCA program: \_\_\_\_\_
3. Credential received upon graduation:       Certificate     Diploma
4. Website: \_\_\_\_\_
5. Program contact person: (e.g. Department Head)  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
6. Administrator\* or equivalent of the program (e.g., CEO/President; Owner, Assistant CEO/Vice-President; Dean, Director)  
 Name \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\* This individual will be copied on formal communications regarding the program's recognition status and is to sign the Request for Program Recognition

7. Program Sites: (educational institution)

Campus/ Site Name	City	Address	Phone Number	Type of Site (Main Campus, Branch Campus, Learning Site or Satellite Site)	Frequency of Program Offering

8. Program type: Check all of the following that are applicable for the program title listed in #2.
  - a) New program (no graduates)
  - b) Distance education / alternate delivery format with 
    - i. Correspondence completion
    - ii. Online completion
    - iii. Combined online and face to face completion
  - c) Program offered repeatedly
  - d) Full-time
  - e) Face-to-Face delivery only
  - f) Part-time
  - g) Program delivered in more than one location
  - h) In addition to the main HCA program (title listed in Question 2) being described in the application, program variations also offered (Combined HCA Plus Programs and/or Alternate Delivery Formats) – if yes, please also respond to Question 21.

9. Any additional information about program (if applicable): \_\_\_\_\_

10. Program structure: List all program courses in the sequence they are delivered.

Course Code	Course Name	Course Hours

11. Total program hours \_\_\_\_\_ Total program weeks \_\_\_\_\_

12. Total hours per week \_\_\_\_\_ (if different, theory hours per week \_\_\_\_\_ and practice education experience hours per week \_\_\_\_\_)

13. Total theory hours \_\_\_\_\_

14. Total lab hours \_\_\_\_\_

15. Total practice education experience hours \_\_\_\_\_

16. Instructor-led clinical placement hours \_\_\_\_\_

17. Practicum/preceptorship hours \_\_\_\_\_

18. Multi-level/complex care hours \_\_\_\_\_  
 How many of these hours include specialized dementia care? \_\_\_\_\_

19. Community experience hours (e.g. home support, assisted living, group homes, adult day cares and rural health centres) \_\_\_\_\_

20. If applicable, other type of practice education experience \_\_\_\_\_ Hours \_\_\_\_\_

21. Combined (HCA Plus) Programs & Programs in Alternate Delivery Formats:  
 For the purposes of recognition, it is expected that any Combined (HCA Plus) Programs as well as any HCA programs offered in alternate delivery formats will also meet the HCA provincial curriculum standards. It is recognized that Combined (HCA Plus) Programs will also have added content above and beyond these standards. To confirm alignment with provincial curriculum standards, the following section must be completed for each program variation offered at the educational institution:

- a.
  - i. Title of Program \_\_\_\_\_
  - ii. Credential received upon graduation:  Certificate  Diploma
  - iii. Delivery Format: Distance Delivery  Face to Face  Combined
  - iv. Does the program meet the HCA provincial curriculum standards? Yes  No
  - v. Does the program contain all the HCA program aspects as described in *Questions 11-20*? Yes  No
  - vi. If **no** to either ii. or iii. above, give details on any differences: (program structure and hours)
  - vii. Outline added program content. (courses and hours)
  - viii. Explain the purpose of the added content.
- b. Etc. (Repeated as above for each Combined HCA Plus Program / Program offered in Alternate Delivery Format)

22. Past and projected cohorts: Complete the following grid.

Program Name	Campus Location	Start date (year/month)	End date (year/month)	Number of students	Number of graduates	Placements in HCA related jobs, at 6 months after graduation	
						Full Time	Casual/ Part-Time

23. Program Admission Requirements:

24. Minimum Instructor Qualifications:

**Applicable only to private educational institutions:**

What is your current institution status:  Registration Application in Process  Registered  
 (Please indicate all that apply)  Accreditation Application in Process  Registered and Accredited

Institution Officer Name: \_\_\_\_\_

Last Review of Accreditation Site Visit Date (if applicable): \_\_\_\_\_

**Ongoing Compliance with Recognition****Acknowledgement Form – All Programs**

Submission of the Annual Training Profile serves as a statement of ongoing compliance with the program recognition standards of the BC Care Aide & Community Health Worker Registry. It also serves as a declaration that the program(s) continue to follow the Health Care Assistant Provincial Curriculum.

The Registry may review the standards and processes for program recognition and make revisions as deemed reasonable and necessary. The Registry shall provide the educational institution with revised documents with sufficient advanced notice and the educational institution agrees to comply with any and all changes.

I certify all information provided in this application is accurate and reflects the current state of the HCA program(s) being delivered.

---

Name

---

Title

---

Email

---

Signature

---

Date

**Note:** The Registry would like to acknowledge the Canadian Medical Association (CMA) for allowing the BC Care Aide & Community Health Worker Registry to incorporate similar features to the forms used in the CMA conjoint accreditation process.

## Appendix 8: Appendices for the Compliance Report

*Appendix 1: Floor plan*

*Appendix 2: Learning resource inventory*

*Appendix 3: Laboratory equipment inventory*

*Appendix 4: Position descriptions*

*Appendix 5: Instructor information (completed Template 2)*

*Appendix 6: Published program information*

*Appendix 7: Admission & Practice Education Requirement Policies/Forms*

*Appendix 8: Curriculum Submission (\*in electronic format)*

*Appendix 9: Program delivery schedule*

*Appendix 10: Three sample assessments*

*Appendix 11: Practice education experience handbook(s) / documentation*

*Appendix 12: List of affiliation agreements*

*Appendix 13: PAC terms of reference and member list and minutes (from meetings within the last year only)*

*Appendix 14: Stakeholder survey tools/questionnaires*

*Appendix 15: Supplementary evidence (if applicable)*