### Form O: HCA Program Compliance Report Form

This form is to be used in situations where an existing HCA program is seeking to report on its compliance to the minimum standards in advance of a recognition compliance assessment / reassessment site visit. HCA Programs recognized for combined delivery will also need to submit a *Form C2*. Educators with a recognized HCA ESL program variation will also need to submit a *Form C1*, Section 5 and ESL course outlines. Programs with multiple sites will need to submit a completed Addendum for each additional recognized location (*Template 6*).

The Registry will contact the program to confirm scheduling for the site visit / compliance assessment. It can be anticipated that a Completed Form O and evidence is to be submitted a minimum of three (3) months prior to the date to which recognition status is scheduled to expire. Refer to *Section IX HCA Education Program Recognition Compliance Reporting* in the HCA Program Recognition Guide (2024)as you complete.

Once you are ready to submit the completed Form and Attachments to the Registry, email Education@cachwr.bc.ca and a file share link will be provided to you for your submission upload.

**Submission on [submitted date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Information**

Name of institution: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title of New HCA programs: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Website: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program contact person (e.g. Department Head):

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address line1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address line2: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Postal code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area 1: Facilities and Institutional Resources**

**Standard 1.1 - Program resources are adequate to meet the learning outcomes. (See Guide for Educators, *Appendix 2: HCA Program Minimum Laboratory Equipment Checklist*)**

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| --- | --- |
| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 1.1a The physical infrastructure is adequate.  |  |  |  |
| 1.1b Appropriate learning resources are available. |  |  |  |
| 1.1c The lab equipment includes all items on the minimum laboratory equipment checklist. |  |  |  |
| 1.1d Students have sufficient access to laboratory equipment/supplies. |  |  |  |
| **Please describe your program:**What facilities are used for program delivery? (classrooms, computer labs, skills labs, etc.)What program learning resources and facilities are available? (Program textbooks, library resources, databases, computers, etc.) Is there an equipped practical skills laboratory on site meeting the minimum equipment checklist requirements? What policies and procedures are in place to ensure the lab and lab equipment are appropriately maintained?  If not on site, how does the program access all appropriate laboratory equipment? Are students scheduled in separate lab groups? How is access to the lab coordinated?How many hours of supervised lab training do students receive as part of their training?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?***Attachment 1:*** *Relevant policies and procedures (e.g., lab oversight and equipment maintenance / purchase)* |

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

*Physical facilities, Program Resources, Lab Equipment*

*Interviews with instructors, program staff and students*

**Area 2: Instructional Staff & Program Personnel**

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

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| --- | --- |
| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 2.1a The program has personnel with documented responsibilities for overall program delivery and compliance with education program standards, curriculum development/revisions, and instruction for theory, lab and practice experience. |  |  |  |
| 2.1b The program has a sufficient number of HCA instructional staff to sustain effective instruction/facilitation, adequate supervision and timely assessments of student learning. |  |  |  |
| 2.1cThe program has an appointed HCA Program Coordinator (or equivalent), who meets minimum instructor qualifications and is appropriately qualified to support the program in meeting provincial standards. |  |  |  |

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| **Please describe your program:**Are position descriptions available for all those who have roles / responsibilities for the HCA Program?If not available for all positions, describe how employer expectations are shared for their role in the program.What is the usual staff to student ratio in the HCA Program? Classroom? \_\_\_\_\_\_\_\_\_\_ Laboratory? \_\_\_\_\_\_\_\_\_\_ Clinical Practice Experience? \_\_\_\_\_  What mechanisms are in place to monitor and affirm that sufficient instructional support is in place for student education?What mechanisms that are in place to monitor and affirm that the program meets to BC HCA Program provincial requirements?***Attachment 2: Please complete Template 1 HCA Program Instructor Information and Template 2 HCA Program Staff and provide an organizational chart for the HCA program.***  |

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

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| --- | --- |
| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 2.2a All instructors meet the established minimum HCA instructor qualifications. |  |  |  |
| 2.2b Instructors receive a comprehensive orientation and ongoing support. |  |  |  |
| **Please describe your program:**Provide the minimum hiring qualifications for instructors in the HCA program.Outline the orientation and ongoing support available to instructors. |

**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*

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**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 Guide for Educators, *Appendix 4: Minimum Program Entry Requirements*)**

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| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 3.1a All students meet the established minimum HCA program entry requirements. A reliable process is in place to verify program entry requirements are met.  |  |  |  |
| 3.1b All students meet the established minimum pre-requisites for practice education. A reliable process is in place to verify pre-requisites for practice education are met.  |  |  |  |
| **Please describe your program:**List program entry requirements.Describe the process used to confirm students have met the program entry requirements.Describe the processes used to verify the legitimacy of admissions documents.If admitting international students, submit international student policies and procedures and comment on how items in the International Students Checklist (*Section XXIV*) are being met. If not required for program entry, how is it confirmed students meet additional requirements prior to their first practice experience? (Immunizations, CRC, First Aid, CPR, WHMIS, Foodsafe Level 1, etc.)***Attachment 3: Please attach important program information supplied to students (Program Outline, Orientation Package, Student Handbook)***  |

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

*Admission & Practice Education Requirements Policies/Forms*

*Recent Graduate and Active Cohort admissions files/information (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines)*

*Interviews with Students, Instructors, Practice Education Partners*

*Registry may request / conduct a cross-verification of applicant scores on file with agency that conducted assessment*

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

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

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| --- | --- |
| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 4.1a Learning outcomes and content align with the HCA provincial curriculum. |  |  |  |
| 4.1b The program is appropriately sequenced. |  |  |  |
| 4.1c Learning outcomes are delivered and assessed using a variety of strategies. |  |  |  |
| 4.1d The program can demonstrate the students have met learning outcomes.  |  |  |  |
| **Please describe your program:**Submit curriculum documents demonstrating alignment with the HCA Provincial Curriculum. If the course design has been modified from that in the provincial curriculum, programs will need to contact the Registry to discuss additional requirements.Describe any updates / improvements made to your HCA program curriculum within the past year. ***Attachment 4: Curriculum Submission (in electronic format – course outlines/course schedules/reading lists)******Attachment 5: Program Delivery Schedule / Calendar, please see Template 3*** |

**Standard 4.2 - The practice education experiences are effectively integrated into the program and the roles and responsibilities of all parties are clear. (See Guide for Educators, *Appendix 6: Practice Education Requirements*)**

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| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
|  4.2a Practice education experiences are effectively organized. |  |  |  |
|  4.2b Affiliation agreements are in place. |  |  |  |
| 4.2c Policies and procedures governing program specific practice experiences are clearly documented.  |  |  |  |
| 4.2d Personnel at the practice education sites are provided with information about the HCA program, practice education experiences outcomes and their roles/responsibilities. |  |  |  |
| 4.2e Students are aware of their role/responsibilities while on practice education experiences. |  |  |  |
| **Please describe your program:**Describe how the program makes arrangements practice education experiences (process flow).How far in advance are students provided with details for their practice experiences (location and schedule)? Summarize program policies that support HCA instructors to put learning plans into place where learning outcomes are not being met and/or to remove from the practice setting. Indicate how the grade appeal policy provides students with a mechanism in place to appeal cases of failing due to unprofessional/unethical behaviour or unsafe practice or a variety of other factors.What processes are used to share expectations for student learning with partner site personnel?Outline the orientation and ongoing support that the program provides to partner site HCA mentors involved in student learning. What processes are used to share practice education expectations with students? How are students oriented to their practice education placement sites?  ***Attachment 6: Practice education experience handbook(s) / documentation******Attachment 7: Provide a list of HCA Practice Education Partner Sites, please see Template 4***  |

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

*Healing 3: Personal Care and Assistance course information will be reviewed in detail by site visitor, including resources and activities used for the integration of skills in the lab setting, care scenarios and practice tools*

*Completed Theory, Lab and Practice Education Evaluations for all students in most recent graduating cohort (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines)*

*Policies and procedures (including policies to address student attendance, student academic progression, failure and readmission).*

*Interviews with Students, Instructors, Practice Education Partners*

*Signed Affiliation Agreements with Practice Education Partner Sites*

**Area 5: Partner Consultation**

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

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| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 5.1a Program has a PAC with terms of reference which meets a minimum of annually.  |  |  |  |
| 5.1b PAC external membership includes a minimum of three (3) external representatives which may include employers, practice education partners, graduates and/or practitioners. |  |  |  |
| 5.1c PAC meetings follow an established agenda with a list of attendees and minutes are taken. |  |  |  |
| **Please describe your program:**Does the program have a Health Care Assistant Program Advisory Committee? How often does it meet? 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.If applicable, explain how the program reviews and responds to labour market information and trends? |

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

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| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 5.2a There are formal mechanisms in place to gather feedback from key partners. |  |  |  |
| **Please describe your program:**What processes are used to gather course and program feedback? |

**Standard 5.3 Timely improvements are made to the program based on partner consultation.**

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| --- | --- |
| **Assessment Criterion** | **Self-Assessment 🗹** |
| Met | Not Met | Partially Met  |
| 5.3a Evidence exists that concerns arising within feedback are being addressed. |  |  |  |
| **Please describe your program:**Provide two (2) or more examples on how the program has used partner feedback to make any needed improvements to the program.***Attachment 8: Please provide a Partner Contact List, please see Template 5.*** |

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

*PAC Terms of Reference and PAC Meeting Minutes from previous years, Faculty Meeting Minutes, Graduate employment rates, Program review reports (if available)*

*Completed Partner Surveys / Questionnaires*

*Interviews with current students, instructors and program staff*

**Area 6: Program Strengths (Optional)**

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

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| **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.** ***Attachment 9: Supplementary Evidence; if applicable, additional documents can be supplied in this attachment.***  |

**Compliance Report Attachments**

*Electronic Folders “Attachment 1” with corresponding documents / files inside each folder*

Attachment 1: Relevant policies and procedures (e.g., lab oversight and equipment maintenance / purchase)

Attachment 2: Please attach completed *Template 1* and *Template 2* and organizational chart

Attachment 3: Please attach important program information supplied to students (Program Outline, Orientation Package, Student Handbook)

Attachment 4: Curriculum Submission (in electronic format – course outlines and course schedules/reading lists)

Attachment 5: Program Delivery Schedule / Calendar, see *Template 3*

Attachment 6: Practice education experience handbook(s) / documentation

Attachment 7: Provide a list of HCA Practice Education Partner Sites, see *Template 4*

Attachment 8: Please provide a Partner Contact List, see *Template 5*

Attachment 9: Supplementary Evidence; if applicable, additional documents can be supplied in this attachment.

**Important Note:** Programs with multiple sites will need to submit a completed Addendum for each additional recognized location (*Template 6*).