Health Care Assistant Program Recognition

A Guide for Educators

2nd Edition, 2018

BRITISH COLUMBIA | BC Care Aide & Community Health Worker Registry

Health Care Assistant Program Recognition: A Guide for Educators
Copyright © 2013, 2015 and 2018 by the BC Care Aide & Community Health Care Worker Registry.
All Rights Reserved.

Province of British Columbia
BC Care Aide & Community Health Care Worker Registry

TABLE OF CONTENTS

I. BACKGROUND 5
II. EDITION UPDATES 6
III. PROGRAM RECOGNITION STANDARDS OVERVIEW 9
IV. PROGRAM RECOGNITION GOALS 10
V. HCA PROVINCIAL CURRICULUM STANDARDS 11
Program Purpose 11
Program Learning Outcomes 11
Program Matrix 12
Key Resources 12
VI. PROGRAM RECOGNITION PROCESS – NEW HCA PROGRAMS 13
VII. PROGRAM COMPLIANCE REASSESSMENTS - RECOGNIZED PROGRAMS 15
VIII. PROCESS DIAGRAMS 17
IX. PROGRAM RECOGNITION COMPLIANCE REPORTING 19
Area 1: Facilities and Institutional Resources 19
Area 2: Instructional Staff and Program Personnel 20
Area 3: Program Entry Policies 21
Area 4: Program Outcomes, Delivery and Assessment 22
Area 5: Stakeholder Consultation 24
X. STANDARDS COMPLIANCE ASSESSMENT 26
XI. PROGRAM RECOGNITION STATUS 26
Five-year Recognition Status 26
Interim Recognition Status (with Conditions) 27
Recognition Withdrawn Status 27
XII. PROCESS FOR RESPONDING TO POSSIBLE NON-COMPLIANCE 28
XIII. DISCLOSURE OF HCA PROGRAM RECOGNITION STATUS 28
XIV. NON-TRANSFERABILITY OF PROGRAM STATUS 28
XV. PROMOTING REGISTRY RECOGNITION STATUS 29
XVI. APPEAL PROCESS 30
XVII. HCA PROGRAM – DELIVERY AT A NEW LOCATION 31
ADDING OR MOVING TO A NEW LOCATION 31
ONE TIME FUNDED PROGRAMS 31
XVIII. HCA PROGRAM VARIATIONS – CONTENT AND DELIVERY METHODS 32
XIX. HCA PROGRAM DELIVERY PARTNERSHIPS 32
XX. HCA ESL PROGRAM GUIDELINES 33
XXI. ONLINE HCA PROGRAM DELIVERY GUIDELINES 36
XXII. HCA VIDEO CONFERENCE DELIVERY GUIDELINES 42
XXIII. GLOSSARY OF KEY TERMS 45
XXIV. REFERENCES 48
XXV. APPENDICES 50
APPENDIX 1: FORMS & EVIDENCE 51
Notice of Intent (NOI) 52
Form A: New Program Recognition Submission 53

Form B: New Location Submission (Recognized Program) *56*
Form C1: HCA ESL Program Variation Submission *58*
Form C2: HCA Online Program Variation Submission *60*
Form C3: HCA Video Conference Program Variation *63*
Form O: HCA Program Compliance Report Form *66*
APPENDIX 2: HCA PROGRAM MINIMUM LABORATORY EQUIPMENT CHECKLIST 76
APPENDIX 3: MINIMUM INSTRUCTOR QUALIFICATIONS 79
APPENDIX 4: MINIMUM PROGRAM ENTRY REQUIREMENTS 80
APPENDIX 5: PRACTICE EDUCATION REQUIREMENTS 84
APPENDIX 6: APPLICATION FOR RECOGNITION 86
APPENDIX 7: ANNUAL TRAINING PROFILE 91
APPENDIX 8: STAKEHOLDER INTERVIEWS 94
XXVI. ACKNOWLEDGEMENTS 98

I. Background

In 2010, the BC Care Aide & Community Health Worker Registry (the 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. In British Columbia, health care assistants[1] (HCAs) must register with the Registry to be eligible to work in publicly funded facilities or agencies.

Alongside the development of the Registry, consultation with key stakeholders in the province, including the Ministry of Health, the Ministry of Advanced Education, the Private Training Institutions Branch (PTIB) (formerly the Private Career Training Institutions Agency of BC (PCTIA)), health authorities, private care provider groups, educational institutions, professional associations and unions brought attention to the need for improved standards of education for this occupational group. A multi-stakeholder, HCA Education Standards Committee[2] was established in 2011 to develop the standards and processes for HCA program recognition to ensure that all programs would follow the BC HCA Provincial Curriculum and educate HCA students using a common set of training standards. 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)*.

Given longstanding stakeholder concerns regarding the English language proficiency of those graduating from HCA programs, English requirements for program entry also needed to be addressed within the recognition standards. In 2012, following up on recommendations from the Williams' *Standards for Delivery* report, experts from across the province were convened together to serve in a HCA English Language Testing Group[3] to set out English requirements for HCA program entry. In establishing the standards, there was a careful examination of standardized language proficiency test benchmarks and a relational analysis to essential skills for this occupation. There was also attention given to the band scores requirements for other health occupations (i.e. nursing and allied health professionals).

In 2013, the HCA Education Standards Committee reconvened to review the entire process prior to its implementation. The first edition of the *HCA Program Recognition: A Guide for Educators* was published on November 29, 2013. From 2014-2017, existing HCA programs across BC were assessed in alignment with the published standards and processes; a total of 40 BC educational institutions operating HCA Programs at 80 program delivery sites were reviewed. Recognized BC HCA programs and their recognition status are now posted on the Registry website at https://www.cachwr.bc.ca/About-the-Registry/List-of-HCA-programs-in-BC.aspx

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. HCA program recognition ensures 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.

[1] The title '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.
[2] Refer to the *Acknowledgements Section* of this report for a list of members.
[3] Refer to the *Acknowledgements Section* of this report for a list of members.

II. Edition Updates

In follow up to the original publication of the HCA Program Recognition Guide in November 2013, a Revised 1st edition of the HCA Program Recognition Guide was published in September 2015 to align with the updated *Health Care Assistant Program Provincial Curriculum 2015* and a *Health Care Assistant Program Provincial Curriculum 2015 Supplement, Ancillary Resources* (now in Second Edition).

Given that the first, full cycle of program recognition reviews has been completed (with existing BC HCA programs), a 2nd Edition of the HCA Program Recognition Guide has been prepared to address the process for recognizing new HCA programs (with no history of delivering the HCA Program) as well as the process for HCA Recognition Reassessments. To inform edition revisions, a summative evaluation was conducted to determine whether or not the goals for BC HCA program recognition are being met and to indicate areas where standards and processes could be updated. Online evaluation surveys were completed in January-February 2018 by BC HCA program contacts based on their experiences with the standards and processes of recognition; consultative input was also sought from other key stakeholders (HCA program instructors, recent HCA program graduates, HCA program practice education partners / employers) with respect to graduate outcomes.

A HCA Educator Working Session was held in February 2018 and a draft of the 2nd Edition was circulated for review and open consultation in March and April 2018. The 2nd Edition was then brought forward for final review and recommendation at the HCA Education Standards Committee in May 2018. The following table provides an overall summary of revisions.

2nd Edition – Key Updates	**Page(s)**
Updated *Section I. Background*	5
The Private Training Institutions Branch (PTIB) of the Ministry of Advanced Education administers the Private Training Act and associated regulations and mention of the former agency, the Private Career Training Institutions Agency (PCTIA), has been removed. As per the updated processes, HCA Program recognition status now stands separately from PTIB status; if a registered institution meets all the standards, it may be granted full recognition (instead of remaining at interim recognition).	
Due to the importance of human resources to ensure quality program delivery, the following adjustments to Program Recognition Standards: Area 2 and Standard 2.1 have been made: *Area 2: Instructional Staff* Changed to: *Area 2: Instructional Staff <u>& Program Personnel</u>* *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.* Changed to: *Standard 2.1 - The program has an appropriate number and type of instructional staff <u>and program personnel</u> to fulfill their role in supporting student learning to the level required to meet the learning outcomes.*	9
Added Key Resources to *Section V. HCA Provincial Curriculum*	12
Revised *Section V1. Program Recognition Process for New HCA Programs*	13
Added *Section VII. Program Compliance Reassessments - Recognized Programs*	15
In *Section VIII. Process Diagrams* the diagram for HCA Program Recognition: New Programs was revised and a new diagram HCA Program Compliance Reassessment was added.	17-18
The supporting evidence outlined in *Section IX. Program Recognition Compliance Reporting* has been updated to eliminate redundant evidence submission. New evidence requirements: *Template 2 HCA Program Staff Information (Standard 2.1)* *Registry cross-verification of applicant scores on file with agency that conducted assessment – random audit (Standard 3.1)* *Stakeholder Contact List (Standard 5.3)*	19-25

Updated *Section X. Standards Compliance Assessment* to include information on 'Requirements for Ongoing Recognition'	26
Updated *Section XI. Program Recognition Status* with added information on 'Interim recognition status (with conditions)	27
New Section added entitled *Section XII. Process for Responding to Possible Non-Compliance* and removed former edition *Section XVI. Process for Withdrawal of Recognition Status*	28
Added *Section XV Promoting Registry Recognition Status* – this document was previously being supplied to Educators via email.	29
Replaced former edition *Section XII. Programs with Multiple Sites* and *Section XIV. One Time Funded Programs – New Sites* with *Section XVII. HCA Program – Delivery at a New Location*	31
Updated requirements for new site and one-timed funded program recognition, *Section XVII. HCA Program – Delivery at a New Location*	31
Updated requirements in *Section XVIII. HCA Program Variations – Content and Delivery Methods*	32
Added Section XIX. HCA Program Delivery Partnerships, XX. HCA ESL Program Guidelines, XXII. HCA Video Conference Delivery Guidelines	32-44
Moved information about *Online HCA Program Delivery* from *Section IX* in former edition to *Section XXI* in this edition	36
Updated *Section XXIV. References*	48
Appendix 1 was expanded and now includes all of the following forms: Notice of Intent (NOI) Form A: New Program Recognition Submission Form B: New Location Submission (Recognized Program) Form C1: HCA ESL Program Variation Information Form C2: HCA Online Program Variation Form C3: HCA Video Conference Program Variation Form O: HCA Program Compliance Report Template 1: HCA Program Instructor Information Template 2: HCA Program Staff Information Template 3: HCA Program Delivery Schedule Template 4: HCA Practice Education Partner Sites List Template 5: HCA Program Stakeholder List	50-97
Appendix 2 HCA Program Minimum Laboratory Equipment Checklist was updated • Items removed: temperature test strips, crutches • Items added: call bell or simulation, garbage can, wash basin, hand sanitizer, dentures, oral care swabs, supplies for medication support activities and documentation, acute care supplies, hip protectors, raised toilet seat, bath bench, laundry basket. • Items updated: towels and washcloths, incontinence underpads, transfer belt, urinary drainage systems, colostomy supplies, transfer board, torsos and genitalia *parts, mechanical lifts.*	76
Appendix 3 Minimum Instructor Qualifications – changed from "'Two or more years of full-time nursing experience" to "'Two or more years of full-time *Canadian* nursing experience"	79
Appendix 4 Minimum Program Entry Requirements – English Language Competency Requirements Native VS Non Native English speaker – terminology changed to *'Applicants whose first language is English'* and *'Applicants whose first language is not English'*	80
Appendix 4 Minimum Program Entry Requirements - Notes for Admission: Specification that a required level of 'Standard' First Aid is to be completed prior to the first practice education experience has been removed; accordingly, an alternate level of first aid certification may be accepted, such as 'Emergency' First Aid. A note was added regarding Foodsafe Level 1 (or an appropriate equivalent)	80
Appendix 4 Minimum Program Entry Requirements - Notes for Admission: Added Provincial Violence Prevention E-Learning Modules completion prior to starting practice education.	80

Appendix 4 Minimum Program Entry Requirements - Notes for Admission: Corrected Criminal Record Check requirement, by removing reference to the *Ministry of Justice* and updating to: *Criminal record check from the Ministry of Public Safety and Solicitor General, including clearance to work with vulnerable adults.* Given that educational institutions may admit international students to the HCA program, information on how to obtain criminal record clearance from countries outside of Canada has been provided.	80
Appendix 4 Minimum Program Entry Requirements – English Language Competency Requirements Reference to the acceptance of CELPIP – Academic test scores has been removed from the Minimum Program Entry Requirements. The CELPIP-Academic Test has been retired and the last official test sitting was on August 13, 2015. Given that test results should be no more than 2 years old, this assessment was removed from the list.	81
Appendix 4 Minimum Program Entry Requirements – English Language Competency Requirements Added the following note: *In cases where applicants already hold Canadian English Language Benchmark Assessment for Nurses (CELBAN) results (testing within the last 2 years), the following minimum scores will be accepted: Speaking 7, Listening 7, Reading 6, Writing 6.*	81
Appendix 4 Minimum Program Entry Requirements The Standardized English language proficiency tests have been reorganized to list the most easily accessible and least expensive testing options first. A note has been added regarding ensuring test score is from an authorized assessment centre.	81
Added information to the *Additional Criteria – English Language Competency Requirements* regarding LINC Report Cards and processes to ensure validity of admissions documents.	82
Changed information listed under the *Additional Criteria – English Language Competency Requirements* To be considered a speaker of English as a first language, the number of years of secondary / post-secondary education in an English-speaking environment has been changed to 3 years (previously stated as 4 years). This update was made following consultation with the HCA English Language Testing Committee and BC HCA educators and has been made on the basis that: 1) Current BC high school transcripts show only 3 years of education (Grades 10, 11, 12). 2) The updated *Practical Nursing Supplemental Guide (2018)* states that those with 3 years of full-time, face to face, secondary or post-secondary education satisfy English language proficiency requirements. 3) A survey of the admission requirements of member schools of the Colleges and Institutes Canada Universities (CICAN - https://www.collegesinstitutes.ca) – the majority of those in BC, Alberta and Ontario have set a requirement for 3 years of secondary / post-secondary education in an English speaking country (without further test score requirements).	82
Added clarification in *Appendix 5: Practice Education Requirements* to highlight clinical (instructor-led hours) should be completed prior to community placement and to emphasize complex care placements should be at least 50% morning care shifts.	85-86
Added a footnote to *Appendix 5: Practice Education Requirements* regarding the instructor/student ratio for clinical instruction is set at 1:10: *It is recommended that this ratio be set at 1:8 due to the increased acuity of clients in complex care settings and the reluctance of partner sites to accept clinical groups that exceed this size.*	85
Added Key Policies / Guidelines for Safe Student Practice to *Appendix 5: Practice Education Requirements*	87
Appendix 5: Practice Education Requirements – makes reference to the recommended use of the Professional Behaviour Development Rubric as published on page 204 in the *Health Care Assistant Program Provincial Curriculum (2015) Supplement, 2nd Edition*	87
Removed *Appendix 8: Appendices for the Compliance Report* [NB: as per the new Form O: HCA Program Compliance Report, HCA programs are now asked to submit Attachments 1-8 instead of previously required Appendices 1-15.]	
Added *Appendix 8: Stakeholder Interviews* – information was previously supplied to Educators via email.	94
Updated *Acknowledgements (Section XXVI.)* – listed all current representatives on the HCA Education Standards Committee and the HCA English Language Testing Group	98

III. Program Recognition Standards Overview

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

Area I: Facilities and Institutional Resources

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

Area 2: Instructional Staff & Program Personnel

Standard 2.1 - The program has an appropriate number and type of instructional staff and program personnel 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.

IV. 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.

V. HCA Provincial Curriculum Standards[4]

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 health care team. 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.

Upon completion of the program, graduates are prepared to work in a variety of practice settings including home support, assisted living, residential/complex care, special care units, other home and community care settings and acute care.

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.

[4] Please note that the curriculum standards being published reflect the Health Care Assistant Program Provincial Curriculum 2015.

Program Matrix

Course Name	Minimum Course Hours
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 *Supervised Practice in a Lab Setting - Minimum 78 hours*	120 hours
Theory/Lab Course Hours	**475 hours**
Practice Education Experience: Multi-level/Complex Care Facility Placement including Specialized Dementia Care *Clinical Placement (Instructor-led) Minimum 150 hours* *Practicum/Preceptorship 60 hours*	210 hours
Practice Education Experience: Home Support/Assisted Living/Group Homes *Practicum/Preceptorship*	60 hours
Practice Education Hours	**270 hours**
TOTAL MINIMUM PROGRAM HOURS	**745 HOURS**

Key Resources

In addition to the *HCA Program Recognition: A Guide for Educators*, the following documents are to be used to ensure BC HCA program and course material is aligned with provincial standards. The BC HCA Program Provincial Curriculum and the BC HCA Program Provincial Curriculum Supplement are published with Creative Commons copyright licenses[5]. Information may be used / remixed / revised from these documents so long as appropriate attribution is provided. This can be done by appropriately acknowledging these source documents within program / course materials:

British Columbia Ministry of Advanced Education. (2015). *Health Care Assistant Program Provincial Curriculum 2015.* Retrieved from https://urls.bccampus.ca/5vi

British Columbia Ministry of Advanced Education. (2015). *Health Care Assistant Program Provincial Curriculum 2015 Supplement, Ancillary Resources, 2nd Edition.* Retrieved from https://urls.bccampus.ca/5vj

[5] It is not necessary to sign a licensing agreement for use the HCA Program Provincial Curriculum Guide.

VI. Program Recognition Process – New HCA Programs

The basic steps for new HCA program recognition are as follows:

Step 1: Completion of a Notice of Intent *(Appendix 1)*

Step 2: Educator Orientation Meeting

Step 3: Completion of an Online Application for Recognition

Step 4: Completion of Form A: New Program Recognition Submission (*Appendix 1*)

Step 5: Program Compliance Assessment (Site Visit)

Step 6: Ongoing Compliance

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, a Notice of Intent (NOI) *(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: Educator Orientation Meeting

Within 2 weeks of receiving a Notice of Intent, the Registry will contact the program to set up a meeting to discuss the new program recognition process. In addition to the designated HCA program contact, educational institutions are expected to involve an appropriately qualified Subject Matter Expert (SME) to support program development in alignment with provincial standards. The SME should meet the Instructor Minimum Qualifications *(Appendix 4)* and should have experience in developing curriculum and prior involvement in Nursing / HCA Program delivery and instruction.

Step 3: Completion of an Online Application for Recognition

To complete this next step, Educators will go online to the Registry website to register as an Educator https://www.cachwr.bc.ca/Application/Educator-Registration.aspx and in order to login / access their Educator Account and complete an Online Application for Recognition. A copy of the application has been provided in this guide so that a hard copy draft may be viewed in advance of online data entry. (See *Appendix 6)* The online application allows for data entry of basic program information indicating compliance with minimum standards.

Step 4: New Program Recognition Submission

New educational institutions are asked to complete Form A: New Program Recognition Submission (*Appendix 1*).

The time required for submission review will vary. It will take less time if the program clearly demonstrates its alignment to HCA program standards within its initial submission; the review of an initial submission will take up to 4 weeks. Where there is insufficient evidence that the program delivery standards and curriculum correspond to minimum standards for HCA Program Recognition, the process will be lengthier and may require several submissions. Accordingly, it can be anticipated

that the review of any subsequent resubmissions may take up to 4 weeks. In addition, the program will need to take into consideration the time that may be required for appropriate approvals from other oversight bodies within the timeline to program implementation.

The Registry reserves the right to conduct an initial site visit at this phase to confirm the educational institution has appropriate facilities and resources to deliver the program to minimum standards. 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*[6].

Step 5: Program Compliance Assessment (Site Visit)

At the direction of the Registry, a new HCA program will prepare and submit a Compliance Report Form (*Appendix 1: Form 0*). A compliance assessment site visit will be scheduled to take place 1-2 months prior to the completion of the first graduated cohort.

To the extent possible, the timing of compliance assessments by the Registry will be coordinated with HCA program review cycles in public post-secondary institutions and with PTIB review cycles in private post-secondary institutions.

Generally speaking, site visit compliance assessments will be a full day at each program site and will include the following:

- An agenda for the site visit will be established and confirmed 2-3 weeks prior to the site visit.
- The program will receive a 'Pre-Visit Compliance Assessment Report' 1-2 weeks prior to the site visit indicating specific areas for further attention and follow up to support advance preparation by the program in addressing any questions that will arise.
- A physical tour, a review of student files, instructor resumes, a review of written documentation (policies, procedures, and evaluations), interviews with current students and key program personnel such as program contacts, instructors and admissions / student services support personnel.
- Preliminary feedback will be provided to program staff at the end of the site visit.
- The Registry determination on compliance and program recognition status will be issued in a Draft Compliance Assessment report issued 3-4 weeks after the site visit date.
- Within 3 months of issuing the Draft report, a Finalized Compliance Assessment report will be released and program recognition status will be updated on the Registry website on the *BC HCA Recognized Programs List.*
- To demonstrate compliance with Standard 4.1, new programs will be expected to submit Program Learning Outcome Verification Forms for all practice education placements for each student in the first intake (please see pages 202-203 in the Health Care Assistant Program Provincial Curriculum, 2015 Supplement: Ancillary Resources: Ministry of Advanced Education, 2015 (2nd Edition).

[6] To support private educational institutions seeking approval through PTIB, the Registry will provide the HCA Program Contact with written confirmation that it has met the requirements for recognition will be posted on the BC HCA recognized programs list pending PTIB Program Approval.

Step 6: 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). To complete, educators login at https://www.cachwr.bc.ca/Global/Login.aspx to their existing Educator account. This will allow for any minor (non-substantive) updates to be made on an annual basis. All recognized educational institutions, regardless of where they are in the program recognition process, are required to file an Annual Training Profile. A copy of the training profile is provided in hard copy for reference (see *Appendix 7*).

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. The Registry will communicate requirements and provide a reasonable timeline for curriculum revisions to be made.

3. Programs must notify and receive acknowledgement by the Registry before making any substantive program changes (see *Glossary of Key Terms* (Section XXIII) for definition). Any review of program changes may take up to four weeks and programs should plan the implementation of changes accordingly.

VII. Program Compliance Reassessments - Recognized Programs

Educational institutions will be contacted approximately 6 months prior to the expiration of their recognition status expiry date to confirm / discuss arrangements for a compliance reassessment.

Educational institutions can anticipate that they will be required to submit a completed Compliance Report Form (*Appendix 1: Form 0*) a minimum of 3 months prior to the specified recognition status expiration date.

The Registry Compliance Reassessment (including site visit) will then be conducted to confirm graduate outcomes and to validate program compliance with recognition standards. The site visit will be scheduled to take place a minimum of 1 month prior to expiration date of recognition status.

Electronic surveys and/or telephone interviews will be conducted with recent graduates, practice education partner sites and program advisory committee (PAC) members in advance of the site visit.

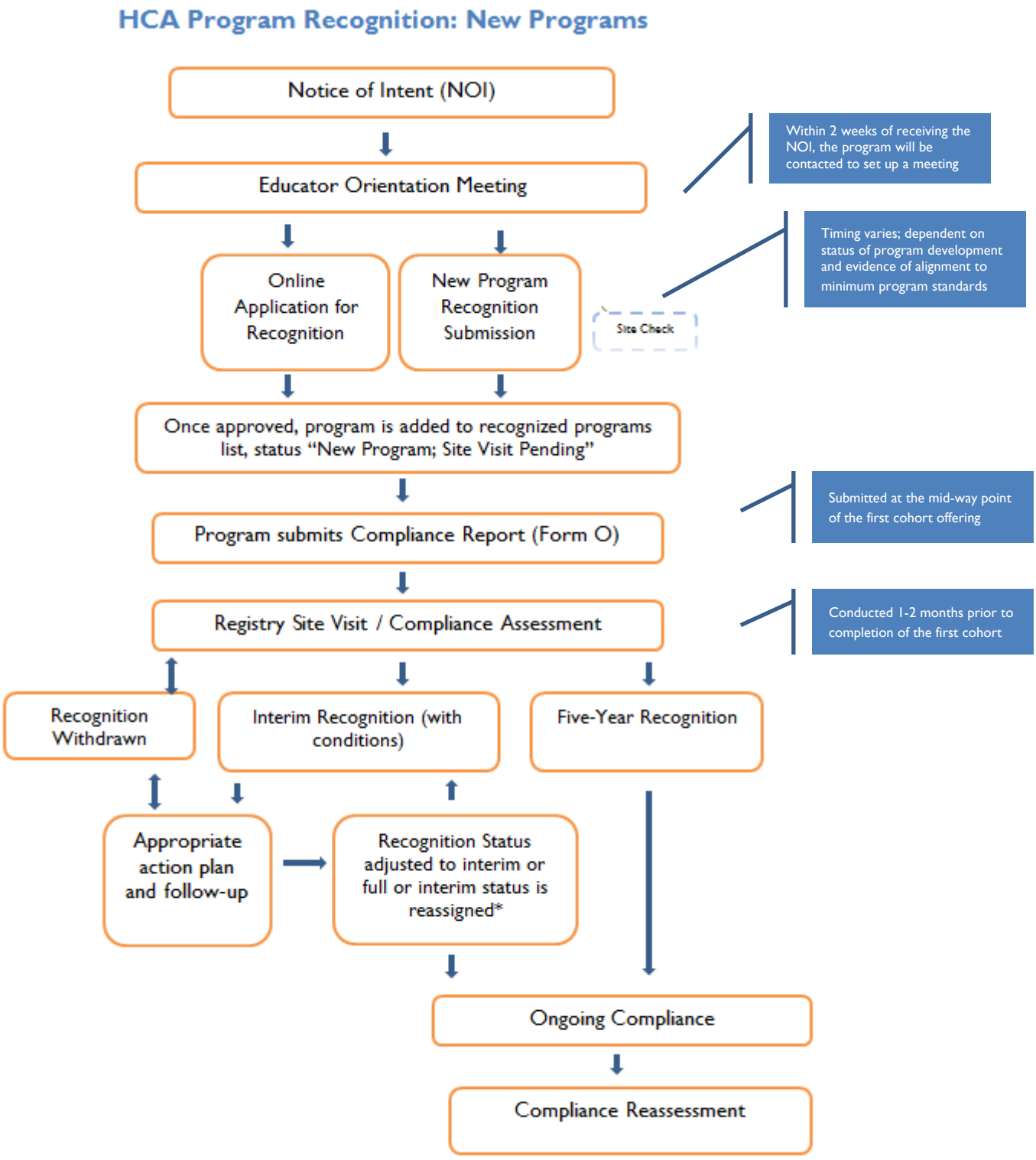
To the extent possible, the timing of compliance reassessments by the Registry will be coordinated with HCA program review cycles in public post-secondary institutions and with PTIB review cycles in private post-secondary institutions.

Generally speaking, site visits compliance reassessments will be a full day at each program site and will include the following:

- An agenda for the site visit will be established and confirmed 2-3 weeks prior to the site visit.
- The program will receive a 'Pre-Visit Compliance Reassessment Report' 1-2 weeks prior to the site visit indicating specific areas for further attention and follow up to support advance preparation by the program in addressing any questions that will arise.

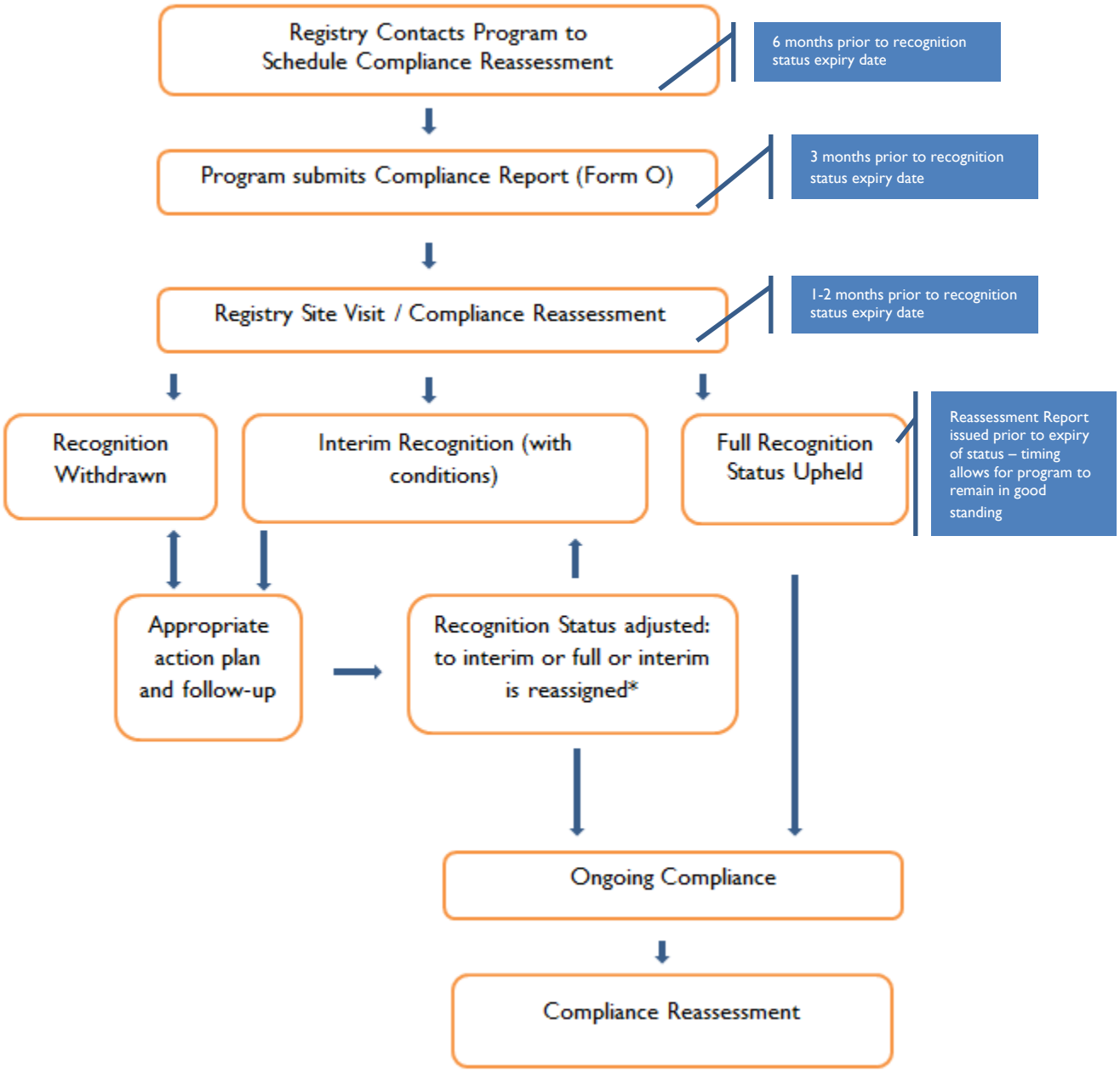
- A physical tour, a review of student and recent graduate files, instructor resumes, practice education evaluations, a review of written documentation (policies, procedures and evaluations), interviews with current students and key program personnel such as program contacts, instructors, and admissions / student services support personnel.
- Preliminary feedback will be provided to program staff at the end of the site visit.
- The Registry determination on compliance and program recognition status will be documented in a Draft Compliance Reassessment report issued 3-4 weeks after the site visit date.
- Every effort will be made to ensure that the Draft Compliance Reassessment report is issued prior to the recognition status expiration date.
- Within three months of issuing the draft report, a Finalized Compliance Reassessment report will be released and program recognition status will be updated on the Registry website on the *BC HCA Recognized Programs List.*

VIII. Process Diagrams



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

HCA Program Compliance Reassessment



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

IX. Program Recognition Compliance Reporting

Note: This section is to be used for reference and interpretation. Forms can be found in Appendix 1 and may be downloaded in PDF fillable format at http://www.cachwr.bc.ca/Educators.aspx). A general list of items that will be used to indicate how criteria has been met are listed in the "Supporting Evidence" column; educators are to refer to relevant Form and Attachments (see *Appendix 1*) for items they will be required to submit to the Registry (e.g., Form A will require Floor Plan and Photographs but a Form O will not require these items),

Area 1: Facilities and Institutional Resources

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

Assessment Criteria	**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.)	⇒ *Floor plan / Photographs* ⇒ *Resources List* ⇒ *Lab Equipment Checklist* ⇒ *Lab Rotation Schedules (if applicable)* ⇒ *Partnership Agreement (if applicable)* ⇒ *Tour of Physical facilities* ⇒ *Lab Equipment Audit* ⇒ *Interviews with instructors, program staff and students*
1.1b Appropriate learning resources are available. *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.*	What program learning resources and facilities are available? (Program textbooks, library resources, databases, computers, etc.)	
1.1c The lab equipment includes all items on the minimum laboratory equipment checklist. *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.*	Is there an equipped practical skills laboratory on site meeting the minimum equipment checklist requirements? [Refer to *Appendix 2: Minimum Lab Equipment Checklist]* If not on site, how does the program access all appropriate laboratory equipment?	
1.1d Students have sufficient access to laboratory equipment/supplies. *Interpretation: Depending on available resources, it is understood that students may be scheduled into separate lab groups.* *It is essential that a minimum of 65% (78 hours) of the 120-hour Personal Care and Assistance course consists of the supervised application*	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?	

of hands-on skills to ensure students are deemed safe and competent in performing personal care.	If not, how are students provided with additional practice or assistance with their skills?	

Area 2: Instructional Staff and Program Personnel

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

Assessment Criteria	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
2.1a The program has personnel with documented responsibilities for overall program delivery, curriculum development/revisions, and instruction for theory, lab and practice experiences.	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.	⇒ *Job Descriptions and Resumes* ⇒ *Template 1 HCA Program Instructor Information* and *Template 2 HCA Program Staff Information* ⇒ *Interviews with instructors, program staff and students* ⇒ *Instructor Handbooks / Orientation Manuals*
2.1b The program has sufficient numbers of instructional staff to sustain effective instruction/facilitation, adequate supervision and timely assessments of student learning. *Interpretation: It is expected that the program will not exceed ratios of 1:18 for lab instruction and 1:10 for Clinical Practice Experiences.*	What is the usual staff to student ratio in the classroom, lab and clinical practice experience components of the HCA Program? What mechanisms are in place to monitor and affirm that sufficient instructional support is in place for student education?	

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

Assessment Criterion	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
2.2a All instructors meet the established minimum HCA instructor qualifications. [Refer to *Appendix 3: Minimum Instructor Qualifications]*	Provide the minimum hiring qualifications for instructors in the HCA program.	⇒ *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.

Assessment Criteria	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
3.1a All students meet the established minimum HCA program entry requirements. [See *Appendix 4 Minimum Program Entry Requirements*] 3.1b A reliable process is in place to verify program entry and pre-practice experience requirements are met. *Interpretation: It is the responsibility of the educational institution to develop a process which will confirm HCA Program applicant status (as either a speaker of English as a first language or not). Once status has been correctly identified, appropriate admissions documents need to be supplied.*	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 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)	⇒ *Admissions Policies and Procedures* ⇒ *Program Outline, Orientation Package, Student Handbook* ⇒ *Admission & Practice Education Requirements Policies/Forms* ⇒ *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* ⇒ *Processes to confirm legitimacy of admissions documents (e.g., requiring original documents, cross-validation of documents, etc.).* *N.B.: The Registry may conduct a cross-verification of applicant test scores and admissions evidence to confirm validity with relevant agencies (e.g., CLB PT or LINC Report Card assessments may be audited at random)*

Area 4: Program Outcomes, Delivery and Assessment

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

Assessment Criteria	Indicators Description on how the program meets the criterion	Supporting Evidence
4.1a Learning outcomes and content align with the HCA provincial curriculum.	Submit curriculum documents demonstrating alignment with the HCA Provincial Curriculum. Describe any updates / improvements made to your HCA program curriculum within the past year. If the course design has been modified from that in the provincial curriculum, programs will need to contact the Registry to discuss additional requirements.	⇒ *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)* ⇒ *Program Delivery Schedule / Calendar* ⇒ *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 released signed or redacted names/personal information in alignment with FOIPPA guidelines)*
4.1b The program is appropriately sequenced. *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.*	Submit a program delivery schedule showing the sequence/flow of course delivery from start to finish.	
4.1c Learning outcomes are delivered and assessed using a variety of strategies. *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 in each course (i.e. minimum of three).* *The program demonstrates that it uses appropriate assessment tools to*	The curriculum submission demonstrates that the program uses varied learning and assessment tools and strategies.	

confirm students can perform personal care safely and competently [via lab skill procedure checklists (formative evaluation) and scenario-based practical skills testing (summative evaluation)]. Competency-based tools should use a pass/fail scoring systems (vs. percentile scoring) to indicate acceptable performance level(s) have been met in requisite competency areas prior to clinical practice. 4.1d The program can demonstrate students have met learning outcomes. *Interpretation: The program can demonstrate that students have met all required program learning outcomes, through application in the clinical practice environment.*	The curriculum submission demonstrates that the program confirms students meet program learning outcomes before graduating.	

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*)

Assessment Criteria	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
4.2a Practice education experiences are effectively organized.	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)?	⇒ *A list of HCA Practice Education Partner Sites* ⇒ *Affiliation Agreements and/or Letters of Support* ⇒ *Practice Education Policies and Procedures* ⇒ *Completed Student Course and Program Surveys* ⇒ *Interviews with Students, Instructors, Practice Education Partners* ⇒ *Signed Affiliation Agreements with Practice Education Partner Sites*
4.2b Affiliation agreements are in place. *Interpretation: It is expected that affiliation and/or work experience training agreements are in place with all partner sites.*	Submit a list of all partner site agreements.	
4.2c Policies and procedures governing program specific practice experiences are clearly documented. 4.2d Personnel at the practice	Submit documentation demonstrating how appropriate policies, procedures and practices are in place for practice experiences.	

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.	What processes are used to share expectations for student learning with partner site personnel? What processes are used to share practice education expectations with students? How are students oriented to their practice education placement sites?	

Area 5: Stakeholder Consultation

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

Assessment Criteria	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
5.1a Program has a PAC with terms of reference which meets a minimum of annually. 5.1b PAC 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.	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?	⇒ *PAC Terms of Reference, Agendas and Meeting Minutes*

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**
5.2a There are formal mechanisms in place to gather feedback from key stakeholders. *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.*	What processes are used to gather course and program feedback?	⇒ *Completed stakeholder surveys /questionnaires*

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**
5.3a Evidence exists that concerns arising within feedback are being addressed.	Provide 2 or more examples on how the program has used stakeholder feedback to make any needed improvements to the program.	⇒ *Stakeholder Contact List* ⇒ *PAC Meeting Minutes from previous years* ⇒ *Graduate employment data* ⇒ *Program review reports (if available)* ⇒ *Interviews with students, instructors, practice education partners, employers and graduates*

X. Standards Compliance Assessment

For each of the minimum prescribed program standards, a rating of **Met**, **Met with Conditions** or **Not Met** will be accorded.

Conditions may be set where there is lack of evidence to confirm that a standard and/or assessment criterion has been met and/or there is evidence of non-compliance with a standard.

Requirements for Ongoing Recognition may be set where there is evidence that a standard and/or assessment criterion has been partially met. Requirements set out need to be addressed for the program to remain in good standing, but will not impact recognition status awarded.

Descriptions for the following ratings are as follows:

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). Requirements for ongoing recognition may be set where there is evidence that a standard has been partially met.

b) **Met with Conditions**: *One of the assessment criteria for the standard was not met and one or more conditions have been set. Requirements for ongoing recognition may also be set.* Adjustments to resources, policies and/or procedures and/or submission of evidence are required to demonstrate that the overall standard is being adequately met.

c) **Not Met:** *More than one of the assessment criteria for the standard were not met and two or more conditions have been set. Requirements for ongoing recognition may also be set.* Adjustments to resources, policies and/or procedures and/or submission of evidence is required to demonstrate that the overall standard is being adequately met.

XI. 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.
- Requirements for ongoing recognition may be set for one or more standards. Requirements set out need to be addressed for the program to remain in good standing, but will not impact recognition status awarded.
- Subject to compliance reporting (annual training profile submission).

- Full recognition status is granted for a period of 5 years and then is subject to reassessment.
- The Registry retains the right to reassess the program at any time during the 5-year period if evidence comes forward indicating non-compliance with a standard.

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.
- One or more conditions have been set. Requirements for ongoing recognition may also be set for one or more standards.
- A program may hold the status of "interim recognition" for a period of 1 year. The program will be required to take appropriate action to meet any deficient 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) All conditions have not been met and the program may be reassigned an "Interim Recognition status (with conditions)" for one year; or
  iii) The program has not met conditions and/or non-compliance with one or more additional standards has come forward. In such cases, the program will be moved to "Recognition Withdrawn" status and will have 90 calendar days to evidence appropriate action taken to address deficient standards.
- A site revisit may be necessary to confirm progress made to meeting the deficient standard. While a submission of a Compliance Report (Form O) will not be required in such instances, the Registry may request that the program supply related materials or evidence.
- If an educational institution has demonstrated a continued inability to comply with minimum standards three times (i.e. interim recognition is reassigned three times), the Registry will not recognize the program or allow it to participate further in the recognition process.
- 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 Status

- 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. Two or more conditions have been set. Requirements for ongoing recognition may also be set for one or more standards.
- Evidence of action to address deficient standards must be received within 90 calendar days for the program to remain on the list of recognized programs.
- It can be expected that the assessment reports will be shared with either the Private Institutions Training Branch (PTIB) or the Ministry of Advanced Education, Skills and Training.
- Programs may be asked to cease admitting students to upcoming intakes if multiple standards have not been met.
- 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 of recognized programs on the Registry website. Graduates of any planned future program starts will not be eligible for registration.

XII. Process for Responding to Possible Non-Compliance

The Registry reserves the right to re-examine a program if evidence comes forward indicating the program may not be in compliance with program recognition standards. Re-examination may result in a change of recognition status.

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. If it is determined that further follow up is warranted, it can be expected that a Registry representative will contact the program and a process to demonstrate compliance with the standard(s) in question will be outlined. If the Registry does not receive a response or receives an unsatisfactory response in the time frame given, recognition status may be updated or withdrawn.

Re-examination may involve an off-site submission of related evidence and/or a site visit and a compliance status update report may be issued. Where compliance has been confirmed, program recognition status will be affirmed. Where non-compliance has been evidenced, a compliance update report will be released in draft status and the program will have three months to address any requirements for ongoing recognition and/or conditions that have been set. Following the 3 month draft status period, a final report will be released and program recognition status will be affirmed or updated.

In cases where recognition status has been updated to "Interim Recognition," the terms of "Interim Recognition" will apply. In cases where recognition status has been updated to "Recognition Withdrawn," the terms of recognition withdrawn will apply. Any updates in program status will be reflected on the list of "Recognized BC HCA Programs" on the Registry website.

If a program has its recognition status withdrawn, it will be removed from the list of "Recognized BC HCA Programs" and graduates of any future planned program starts will not be eligible for registration.
If an educational institution has demonstrated a continued inability to comply with minimum standards three times (i.e. interim recognition is reassigned three times), the Registry will not recognize the program or allow it to participate further in the recognition process.

XIII. 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". Status as a 'New Program (Pending Site Visit); Interim Recognition (with Conditions) or Five-year Recognition will be indicated on the Registry website.

XIV. Non-transferability of Program Status

Recognition status is not transferable without a compliance reassessment. If a corporate authority (see *Section XXIII Glossary of Key Terms* for definition) delivering a recognized program transfers, sells or brokers the program or any portions to another agency or institution, the program will not automatically be recognized under the new corporate authority. In such cases, the new corporate authority must provide evidence of compliance with program recognition standards.

XV. Promoting Registry Recognition Status

Programs are encouraged to promote that they are recognized by the BC Care Aide & Community Health Worker Registry (the Registry) but should take care to ensure accuracy in their promotional material or on the web.

Once an educational institution has been added to the Recognized BC HCA Programs list as a 'New Program; Site Visit Pending', it may advertise its status using the following approved statements. This statement may also be used by programs that have achieved Interim Recognition status.

- The [name of program] delivered by [name of educational institution] is recognized by the BC Care Aide & Community Health Worker Registry.
- Graduates of the [name of program] delivered by [name of educational institution] are eligible for registration with the BC Care Aide & Community Health Worker Registry.

In addition, the following approved statements may also be used by programs who have been awarded a *Five Year Recognition* Status:

- The [name of program] delivered by the [name of educational institution] has been granted a full, five-year recognition status by the BC Care Aide & Community Health Worker Registry.
- Graduates of the [name of program] delivered by [name of educational institution] are eligible for registration with the BC Care Aide & Community Health Worker Registry.

Depending on the means of communication, a program may also wish to use the following approved background statement:

- The BC Care Aide & Community Health Worker Registry reviews and recognizes Health Care Assistant (HCA) programs in BC to ensure that they are: following the provincial curriculum, implementing a common set of training standards and graduating competent front-line health care providers. Confirming that HCAs meet registration requirements is integral to the Registry's mandate of patient protection and improved standards of care.

HCA programs are invited to include a link to the Registry's website to provide readers with more information about the recognition process and standards.

Recognized BC Health Care Assistant programs are not permitted to use the BC Care Aide & Community Health Registry word mark / logo. The use of Province of BC official mark is strictly monitored, and no use of the logo is permitted.

XVI. Appeal Process

A program may appeal the following statuses within 30 calendar days of receipt of a final compliance assessment 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 reassessment.

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 a Conflict of Interest Declaration. 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 timeframe 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.

XVII. HCA Program – Delivery at a New Location

Adding or Moving to a New Location

A *Notice of Intent* is to be submitted to inform the Registry of this new location, followed by a *Form* B a minimum of 3 months prior to the new location HCA program delivery date.

Programs will update location information, partner site information and cohort intake information when completing their next online Annual Training Profile.

One Time Funded Programs

It is possible that recognized educational institutions may apply for and receive one-time funding to offer the HCA program in new communities to address specific regional employment needs (i.e. funding sources such as the Ministry of Advanced Education or First Nations Communities). Such programs, when being delivered at a new site (not a primary or branch campus with ongoing intakes[7]), need to be brought to the attention of the Registry to ensure that graduates are eligible for registration.

In the case of a One-Time Funded program submission, a *Notice of Intent* is to be submitted as soon as possible (even before funding has been confirmed) and a *Form* B a minimum of 1 month prior to the proposed program start date.

It should also be noted that additional items for one-time funded programs, such as evidence of graduate outcomes (i.e. via completed practice education evaluations demonstrating learning outcomes have been met) may also be required. While not the norm, a site visit may be required.

Locations of one-time funded program delivery sites will not be published on the recognized programs list and, as long as the program demonstrates compliance with minimum standards, graduates will be eligible for registration.

Programs are also asked to update location information, partner site information and cohort intake information when completing the Annual Training Profile to provide details on one-time funded programs.

[7] **Note:** If the institution has received special funding to run an additional cohort at a primary or branch campus location (one that has been assessed by the Registry and delivers regular intakes of the HCA Program), a new location submission is not required and cohort information can be reported in the Annual Training Profile.

XVIII. HCA Program Variations – Content and Delivery Methods

Educational institutions may deliver the HCA program with added content (i.e. HCA ESL Program) and in a variety of delivery formats (i.e. online, video-conference). Prior to delivering a new program, please submit a *Notice of Intent* with a *Form C1 (for HCA ESL),* a *Form C2 (for HCA Online)* or a *Form C3 (for HCA Video Conference delivery)*. To support a timely process, these forms are to be submitted a minimum of 3 months prior to the proposed program start date. An online Application for Recognition may be required for additional program variations.

It should also be noted that additional items, such as evidence of graduate outcomes (i.e. via completed practice education evaluations demonstrating learning outcomes have been met) may also be requested. While not the norm, a site visit may be required.

Added program variations will be subject to ongoing compliance and will be reviewed with the HCA program at the time of the next Recognition Compliance Reassessment.

XIX. HCA Program Delivery Partnerships

When an educational institution plans to collaborate with an external partner in the delivery of classroom and/or lab-based components of the program (i.e. offering these educational components at a multi-level/complex care setting), it is important to ensure students will have the necessary access to required learning resources and equipment. To support this process, a partnership agreement or a memorandum of understanding, signed by representatives of both the educational institution and the partner site should be generated.

It is recommended that the following items (at a minimum) be addressed and this information supplied to the Registry a minimum of 1 month prior to proposed program start date.[8]

- Site location and identification of the specific learning space(s) to be used by the program.
- Designated individuals who will serve as communication liaisons – clear lines of communication in case questions or concerns arise.
- Terms for access for learning space(s) to be used by the program, including a schedule outlining the days and hours of access.
- Confirmation of available learning resources and WiFi access
- Confirmation that the lab space that will be used has access to a sink with hot and cold running water.
- Confirmation that all items on the minimum equipment checklist are available for use in the lab learning space.
- If any equipment is being rented from the facility itself, the agreement must also specify that this equipment is available for the duration of the Healing 3: Personal Care & Assistance course.
- Specific items the educational institution will provide should also be specified (e.g., gloves, etc.).
- Terms will be outlined for student pre-requisites that should be completed prior to initial access to the learning location. For example, consideration is given to the fact that students may be in

[8] **Note:** Unless being offered as third party training, all private institution learning sites must be approved by PTIB and educational institutions should plan accordingly.

direct proximity and have access to vulnerable patients, residents and clients, and pre-requisites may include:

- Evidence an acceptable Ministry of Public Safety and Solicitor General criminal record check, including clearance to work with vulnerable adults
- Evidence of a negative TB test
- Proof of meeting current immunizations / vaccinations as per health care organization policies / guidelines (or signed vaccination exemption form, except TB)

- Terms for required maintenance responsibilities (e.g. laundry, cleaning, equipment repair, etc.)

XX. HCA ESL Program Guidelines

It is recognized that institutions may deliver or seek to deliver a combined ESL HCA program. Students admitted to this program variation would be able to enter at a lower language benchmark (one benchmark lower in each of the skills areas). Such programs would provide students with the opportunity to increase their language abilities by adding a minimum of 300 hours of coursework in targeted English language skills instruction.

It is imperative that the ESL course curriculum development demonstrates an awareness and alignment with expected language standards and appropriate CLB levels. At a minimum, the person in charge of ESL program development should have a TESL Canada Professional Standard Two and experience teaching CLB levels of level 5 and above. Educational objectives and learning outcomes should be designed using the Canadian Language Benchmarks Listening 7, Speaking 7, Reading 6 and Writing 6 as the outcome criteria. There should be a clear indication of language level and abilities to be achieved upon completion of each unit / course (i.e. aligned with the CLB levels). Statements that clearly articulate expected performance outcomes at appropriate benchmark levels will need to be evidenced (i.e. by the end of this course, the student will be expected to demonstrate a CLB 7 in listening as evidenced by the following indicators...).

Course materials (including course outlines, activities and assessments) will also need to be appropriately levelled to ensure that target language performance indicators / benchmark levels are successfully achieved and assessed.

The Registry reserves the right to request an assessment be conducted by an appropriately qualified external ESL consultant in order to confirm that ESL materials (and/or HCA ESL students) are being prepared to required language proficiency standards. Private educational institutions are also asked to supply a copy of the completed PTIB Subject Matter Expert Program Evaluation for the ESL Component alongside the Form C1 submission.

To ensure best practices in the delivery of ESL components, the following guidelines have been developed:

	Face to Face Delivery	**Online/Blended Delivery**
A Instructor Qualifications	1. TESL Canada, Professional Standard One [Interim] as a minimum qualification level to teach ESL coursework: *Professional Standard One [Interim]:* • *University degree + 100 hrs. (methodology and theory) and a minimum of 20 hrs. in a*	1. TESL Canada, Professional Standard One [Interim] as a minimum qualification level to teach ESL coursework: *Professional Standard One [Interim]:* • *University degree + 100 hrs. (methodology and theory) and a minimum of 20 hrs. in a*

		supervised adult ESL/EFL classroom practicum.	*supervised adult ESL/EFL classroom practicum.* 2. ESL Instructor has additional certification and/or training in facilitating online learning.
B	**Mechanisms for Student Support**	1. The ESL Instructor works closely with the HCA instructional team to support student learning. *For example:* ESL instructor is aware of and seeks to support learning in relation to topics and vocabulary being taught in HCA program and provides ongoing support / is present during practice education.	1. For classroom-based learning, the ESL Instructor works closely with the HCA instructional team to support student learning (see adjacent *example*). 2. For online learning, the ESL Instructor facilitates delivery, to provide ongoing support, opportunities for interaction, progress monitoring and assessment. 3. IT support is provided for students and instructors.
C	**Program Structure, Sequencing and Integration**	1. There is clear integration of ESL and HCA content. [ESL: 300 hours minimum] *For example:* AM: HCA component. PM: ESL support for AM component 2. Up to 100 hours may be frontloaded (takes place prior to the start of HCA program coursework). Integration of ESL instruction throughout the program is optimal. 3. Where an ESL segment is front loaded, healthcare related content is used rather than generic ESL content to enhance student interest and participation. 4. Total instructional hours do not exceed 30 hours per week / 6 hours per day. 5. The sequencing pathway for language level advancement is clearly articulated. ESL programming is divided into clear segments/courses with learning activities, assignments and assessments required for segment/course completion. *(see **note** below table)* 6. ESL hours are typically completed prior to practice education. In cases where an HCA ESL program offers integrated practice education placements, there may be a viable rationale for extending ESL learning and assessment into the clinical setting should a dedicated ESL instructor	1. There is clear integration of ESL and HCA content (see adjacent *example*). [ESL: 300 hours minimum] 7. Up to 100 hours may be frontloaded (takes place prior to the start of HCA program coursework). Integration of ESL instruction throughout the program is optimal. 2. Where the ESL segment is front loaded, healthcare related content is used rather than generic ESL content to enhance student interest and participation. 3. Total instructional hours do not exceed 30 hours per week / 6 hours per day. 4. The sequencing pathway for language level advancement is clearly articulated. ESL programming is divided into clear segments/courses with learning activities, assignments and assessments required for segment/course completion. *(see **note** below table)* 5. ESL hours are typically completed prior to practice education. In cases where an HCA ESL program offers integrated practice education placements, there may be a viable rationale for extending ESL learning and assessment into the clinical setting should a dedicated ESL instructor also be on-site with students to guide and support authentic communication. 6. At least 100 hours (1/3 of total minimum

	also be on-site with students to guide and support authentic communication.	hours) of ESL coursework is instructed in a face to face format.
D Program Delivery and Assessment	1. Student centered learning activities are used to increase and maximize opportunities for meaningful student language practice / interaction. 2. There is an appropriate balance of focus between receptive skills (listening and reading) and productive skills (speaking and writing). 3. Guidelines for assessment are clearly articulated (i.e. assessments and rubrics are clear and demonstrate how students are improving their English skills to next benchmark level). 4. There is a mechanism in place to monitor/record completion of ESL hours.	1. Face to face and online learning activities are designed to increase student-student and student – instructor interaction. Online learning activities are supported and monitored by the instructor. 2. There is an appropriate balance of focus between receptive skills (listening and reading) and productive skills (speaking and writing). 3. Guidelines for assessment are clearly articulated (i.e. assessments and rubrics are clear). 4. The online learning platform meets established standards for HCA online program delivery. 5. There is a mechanism in place to monitor/record completion of ESL hours (both online and in class). 6. In-person assessment is incorporated and occurs at regular intervals.
E Further Recommendations	1. A minimum of one external member from the program advisory committee is appropriately qualified to advise on matters related to ESL programming.	1. A minimum of two external members from the program advisory committee are appropriately qualified to advise on matters related to, respectively, ESL and online programming (or one member with demonstrated expertise in both areas).

Recommended Resources for ESL Program Development:

A useful guide for understanding Canadian Language benchmarks:

Citizenship and Immigration Canada (2012). *Canadian language benchmarks: English as a second language for adults.* http://www.cic.gc.ca/english/pdf/pub/language-benchmarks.pdf

Resources available at the Canadian Centre for Language Benchmarks

http://www.language.ca/publications/english-publications-downloadable/

A description of TESL standards and requirements:

TESL Canada Federation National Professional Certification Standards.
https://tesl.ca/certification/tesl-canada-professional-certification/2015-08-09-23-46-45.html

A collection of e-activities developed in alignment with content from LINC5-7 Classroom Activities, Volumes 1 and 2.

Toronto Catholic District School Board (2012) and New Media Language Training (2013). *LINC 5-7 Classroom Activities (vol. 1 and 2) e-Resources.* http://www.settlementatwork.org/lincdocs/linc5-7/

Online access to assessment tools and rubrics that align with CLB levels:

Tutlea Online Community for ESL/FSL Professionals. www.tutela.ca

XXI. Online HCA Program Delivery Guidelines

To provide information on the quality of online training components, the following standards and assessment criteria have been assembled and are derived from the Essential Quality Standards 2.0 developed by eCampusAlberta.

In addition to the *Program Recognition Compliance Reporting* outlined in *Section IX,* these additional standards and assessment criteria will be used to evaluate programs that are delivering components of the program online (i.e. theory courses). The HCA Program cannot be delivered exclusively in an online format due to the provincial curriculum requirements for hands-on lab skills training and practice education components. Educational institutions with online course delivery need to provide the Registry Evaluator with access to the learning platform so that compliance with each of the standards and assessment criteria can be validated.

Terms of Use: This material is licensed under a Creative Commons Attribution 3.0 Unported License. The original document, by eCampusAlberta, is titled "Essential Quality Standards 2.0". Source: http://quality.ecampusalberta.ca

A. Web Design Standards	**Assessment Criteria:**
A.1 Format The course elements use a logical and consistent structure and design format.	A.1a Movement through the course is intuitive and logical and a consistent layout design orients users throughout the course. A.1b Font, colour, graphics and icons are consistent throughout the course. A.1c The course site design uses consistently formatted sections, pages or units that incorporate the same writing style, layout, graphic design, and organizational levels. A.1d All naming conventions are appropriate, logical and consistently applied throughout the course.
A.2 Legibility and Readability The course is designed to facilitate legibility and readability.	A.2a Design strategies include use of visual contrast between the text colour and background, use of sans serif font, appropriate use of typographical emphasis (e.g., bolding, underlining, colour changes) and appropriate use of white space and alignment. A.2b Font size is a minimum of 11 to 13 pt. for text (except for footnotes, credits or referencing).
A.3 Navigation Navigation throughout the course is consistent, predictable and efficient.	A.3a A consistent, predictable and efficient navigation scheme is used throughout the course. A.3b Hyperlinks and internal links are clearly identified by underlining (or other differentiation). A.3c It is easy for the learner to move from the course to outside links and back again.

	A.3d At least 90% of the links function properly.
B. Course Information Standards	**Assessment Criteria:**
B.1 Course Outline/Syllabus A course outline/syllabus and course description is provided.	B.1a The approved course outline/syllabus is included in the course. If the current course outline/syllabus is not available during the review process, a past course outline/syllabus or placeholder for such is provided and is identified as such.
B.2 Instructor Communication Learners are informed of the ways in which they can communicate with the instructor.	B.2a Instructor contact information is provided, which includes, at a minimum, an email address and expected response time for student questions. B.2b Open office hours are made available (minimum of 2 hours / week). [Note: If the course version being reviewed does not include specific instructor information, a placeholder is included for these items.]
B.3 Learning Outcomes/Objectives Learning outcomes/objectives are achievable, measurable, relevant, clearly stated, and concise.	B.3a The learning outcomes/objectives are achievable by the learner within the context of the course. B.3b They are measurable in terms of assessing the desired performance. B.3c They are relevant, clearly stated from the learner's perspective, and concise. B.3d The learning activities and assignments are aligned with the learning outcomes/objectives and match those provided in the course outline/syllabus. B.3e Module level objectives are consistent with course level outcomes (where provided).
B.4 Grading Information The grading information is presented to the learners at the very beginning of the course, and is easily accessible throughout the course.	B.4a The grading information is presented early in the course (e.g., outlined in the course outline/syllabus) and is easy to refer to later on. B.4b The weighting of each graded activity is identified. B.4c The grading information is consistent throughout the course site and on all course materials.
B.5 Role of Instructor and Learners The respective roles of the instructor and the learners in the course in achieving the learning outcomes/objectives are	B.5a The instructor's role in supporting student learning is explained in the introductory or orientation section of the course. B.5b The learner's role is explained at the beginning of the course, noting the level of independence required in online learning, the importance of communicating online with the instructor and other learner/peers, and any other expectations that the instructor has of the learners. (e.g., appropriate online etiquette or "netiquette")

explained.	

C. Writing Standards	**Assessment Criteria:**
C.1 Bias The content is free of bias related to age, culture, ethnicity, sexual orientation, gender, or disability.	C.1a The course uses inclusive language to promote an atmosphere of respect and equality. C.1b Writing is clear, objective and specific. C.1c All content provides a balance of inclusivity in terms of incorporating appropriate societal and cultural groups.
C.2 Tone The positive tone of the writing contributes to a supportive learning environment.	C.2a The course uses a positive and supportive tone in course instructions, learning activities, instructor introduction, etc., which models appropriate online communication and helps to build a learning community in the course.
C.3 Citations All academic content in the course is appropriately cited.	C.3a Quotations and other material, including graphic images used from outside sources, are appropriately cited within the course materials (e.g., APA). C.3b A bibliography or reference list includes all citations. This can be presented in one location for the entire course, broken down for each module, or in other appropriate methods that allow learners to view sources of course content.
C.4 Clear Language The language is clear and readily comprehensible.	C.4a The course readability level is appropriate for the level of the course. *[the language used is understandable to students with a Grade 10 English Reading Level / Canadian Language Benchmark Reading Level 6]*
C.5 Mechanics of Writing The course uses correct grammar, punctuation, and spelling.	C.5a The course has no grammar, punctuation, or spelling errors.

D. Resources Standards	**Assessment Criteria:**
D.1 Currency Learning materials are current.	D.1a The learning resources accommodate current technologies (e.g., no learning materials on microfiche). D.1b Resources are a maximum of seven years of age. If older resources are used for historical or other purposes, the rationale for their use is provided.

D.2 Authority The authority of learning materials is apparent.	D.2a The required learning resources are from credible and authoritative sources documented in the course (e.g., recognized experts and practitioners, respected organizations or institutions, peer-reviewed journals) and accurately portray the necessary information. Where non-authoritative sources are used (e.g., Wikipedia, YouTube, Ted Talks, etc.) this is indicated to the student.
D.3 Copyright The Canadian Copyright Act is followed.	D.3a There is evidence that learning materials are used in accordance with the guidelines set out in the Canadian Copyright Act.
D.4 Varied Content Resources Learners are provided with various types of learning materials and modalities.	D.4a There are at least three content-related resources (in addition to the textbook) that support the learning outcomes/objectives, help to provide a balanced view (e.g., describe different theories, techniques or approaches) and are from varied sources and formats. Examples could include multimedia, web-based documents, web sites, supplementary readings, tutorials, etc. D.4b Information is provided to the learners as to how to use these resources.
D.5 Learner Support A list of learner support resources with links to the sources is provided.	D.5a The resources include technical support services and information on how to be a successful online learner, and other available learner support resources (e.g., library, tutoring services, counseling services) D.5b Learners are provided with appropriate explanations of these resources. D.5c The resources are readily available to the learner in the course and are appropriately organized. Resources required beyond purchased course materials (i.e. journal article to be read for an assignment) are available online at no further cost to students.

E. Organization Standards	**Assessment Criteria:**
E.1 Learning Path The learning path guides learners through the entire course. It explains the learning activities and how they are to be used to fulfill the learning outcomes/objectives.	E.1a Detailed information is provided on any face to face course/program elements (i.e., dates/times, duration, location) prior to admission. E.1b Clear and concise instructions are readily available to the learner on how to proceed through the course. E.1c There is a course schedule which includes all learning activities and deadlines or other guidelines for when activities and assessments are to be completed. E.1d Delivery strategies are clearly described and explained in plain language. E.1e Information is provided on the nature of the delivery (i.e., if the course is synchronous, asynchronous, or a blend of both) and whether the course is cohort-based or independent study.

	E.1ff Details on the technology used for the various activities are explained if new or specialized technologies are introduced (e.g., web or video conferencing, web logs).
E.2 Learning Material The learning material is organized to show learners the relationship of the course components to the achievement of the learning outcomes/objectives.	E.2a The learning material is presented in coherent learning segments (e.g., modules, lessons, tutorials). E.2b Where applicable, there is evidence of a thoughtful integration of face-to-face learning, and these components are carefully planned to maximize interactive and applied learning opportunities (e.g., role plays, lab skills practice, case study assessment). E.2c Bridging statements or other strategies are used to identify relationships between learning segments. For example, new units of learning are introduced in a way that promotes connection to previous learning (i.e. As we learned in the last section of the course…, this new section furthers our understanding/appreciation of…).
E.3 Time Commitment Learners are informed of the time commitment expected for them to complete all the learning activities.	E.3a Time commitment includes estimated time (e.g. hours per week or percentage of total course hours) learners are expected to spend on the learning activities. E.3b The information is provided to the learner at the beginning of the course in a readily available way.

F. Pedagogy Standards	**Assessment Criteria:**
F.1 Instructions Instructions for all activities, graded and non-graded, are clear and complete.	F.1a Instructions are clear and complete enough for learners to understand what is to be done, how it is to be completed, and how it is to be submitted. F.1b Instructions for each activity are easy to locate. F.1c All required details are included. F.1d For invigilated exams, details are provided on how to make arrangements for these.
F.2 Marking Criteria Learners are provided clear details of the marking criteria that will be used for all graded activities.	F.2a Clearly stated, detailed scoring rubrics or equivalents describe the important performance criteria expected of the learners. F.2b This is provided to learners prior to beginning the activity. F.2c The performance criteria align with the learning outcomes/objectives. F.2d Learners are told which activities are graded and which are not.
F.3 Interactivity Interactive activities are incorporated into the	F.3a Types of interactivity include learner-learner (or learner-peer), learner-instructor, and learner-content. F.3b In cohort-based courses, learners interact with each other through directed

course, all of which facilitate deeper understanding of the content.	asynchronous or synchronous discussions (e.g., chats, webinars) and/or other types of interactive group activities. In individual study courses, learners may interact with each other or with peers or others (e.g., experts, practitioners).
F.4 Instructional Strategies Instructional strategies are designed to be compatible with learners' different interests, learning needs and preferences.	F.4a Opportunities for varied learning experiences are provided through at least three different types of instructional method (e.g., group discussions, audio/video recorded lectures or PowerPoints, case studies, etc.). F.4b The course design prompts the instructor to be present, active, and engaged with the students.
F.5 Feedback Formal and informal feedback to learners is incorporated throughout the course.	F.5a The course is designed to ensure feedback is prompt, timely, frequent, ongoing, appropriate, and has value to the learners. F.5b Information is provided on how and when the instructor will provide feedback on assignments, exams, discussions, and other activities. F.5c Learners will be informed if self-tests, exams/quizzes and other learning activities provide automated feedback upon submission or completion.

G. Technology Standards	**Assessment Criteria:**
G.1 Multimedia The course uses basic hardware, and free software plug-ins where required. Learners are informed of any specialized technology requirements.	G.1a Audio/video hardware requirements do not extend beyond basic sound cards, speakers, and video players unless appropriately needed to meet course goals and learning outcomes/objectives. G.1b Any necessary plug-ins are identified and readily available to the learners in the course. G.1c Audio/video software requirements are compatible with multiple operating systems and require only a standard, free plug-in.
G.2 Orientation An orientation to the delivery technologies used in the course is provided.	G.2a An orientation is included and readily available in the course. G.2b Learners are directed to the orientation at the beginning of the course. G.2c Faculty orientation and training regarding the online environment are provided prior to teaching.

Terms of Use: This material is licensed under a Creative Commons Attribution 3.0 Unported License. The original document, by eCampusAlberta, is titled "Essential Quality Standards 2.0". Source: http://quality.ecampusalberta.ca

XXII.HCA Video Conference Delivery Guidelines

Preamble:

To support learners in locations where a HCA program is not available, it is recognized that institutions may seek to offer a portion of training via video-conference. Typically, this would consist of one or more theory-based courses taught by a HCA instructor at the primary/host location (e.g., main campus) that would be streamed to students meeting at a secondary location[9] (e.g., branch campus, learning site or satellite site).

In addition to provincial standards that have been set into place for all recognized programs, the following guidelines have been developed to ensure best practice for video-conference delivery. Given the specific requirements for this type of program delivery, it is recommended that only recognized programs with dedicated information technology (IT) personnel and online learning platforms pursue this delivery option.

Program Resources	1. The institution has dedicated personnel (e.g., IT department) to support a video-conference delivery format. 2. A high quality, video-conference communication system has been installed in dedicated spaces, at all relevant learning sites. 3. The institution has an online learning platform, where students can access program and course materials and submit assignments, etc. 4. Students at all locations have reliable access to high-speed internet with sufficient bandwidth for program delivery and online learning platform. 5. Students are provided with all required learning resources (e.g., printed / online textbooks and learning materials) in advance of the program. 6. Supplementary learning resources are available at all learning sites. 7. All equipment listed on the minimum equipment checklist is available to students for the duration of skills-based training (i.e. not shared with another offering).
Instructors / Staff	1. Instructor to student ratios for theory, lab and clinical meet minimum requirements and are sufficient to support learning groups from all learning locations. Due consideration has been given to the additional instructional and administrative duties required to support this delivery format. 2. An on-site, HCA program liaison is assigned to support learners at each secondary location. This individual may work with the program coordinator or designate to ensure that program entry and pre-practice requirements are met.

[9] Unless under extraordinary circumstances and the educational institution has extensive experience with this type of delivery, programs should not facilitate video-conferencing to the homes of individual students.

	3. HCA instructors and relevant support staff (e.g., HCA program liaison) have additional certification and/or training in online learning and video-conference delivery. 4. HCA clinical instructors and/or preceptors hired to support placements in regional areas are provided with a full orientation to the HCA program and online learning platform.
Mechanisms for Student and Instructor Support	1. In advance of program admission, ensuring that students are made aware of any requirements to re-locate for portions of the program (i.e. for lab and/or clinical). The program outlines this information in written form and confirms students' understanding (e.g., through sign off on an acknowledgement form). 2. Ensuring that students have a basic level of computer literacy prior to enrollment. 3. Prior to program delivery, a review and testing of video conference systems at all learning sites, and training of support staff is completed. 4. IT support is available to assist HCA instructors, HCA program liaisons and students with video-conferencing / online learning platform during scheduled program hours. 5. A face to face orientation with students and relevant program staff (e.g., admissions, program coordinator, instructors, learning site staff, IT support, etc.) is scheduled at the beginning of the program. The orientation includes an overview of delivery technologies used throughout the program, expectations and protocols related to this delivery format and contingency plans for instances when technology may fail. 6. If applicable, additional orientation sessions, with introduction to relevant program staff, are also provided (e.g., prior to the lab, clinical and practicum portions of the program).
Program Structure, Sequencing and Integration	1. In-person touch points, where learning groups come together with the instructor (e.g., once per week), are incorporated into the program schedule. 2. A maximum of 80% of the theory portion of the program is facilitated via teleconference (i.e., touch points are scheduled for one day per week). *Where weekly, in-person touch points are not feasible (e.g., due to the remote location of a learning site), the HCA instructor provides individualized support to learners from secondary locations with weekly check-ins via web-conference, video-conference and/or telephone. 3. In-person touch points are strategically scheduled to support student success. For example, key courses are scheduled to align with in-person touch points (e.g, the common health challenges course is facilitated on touch point days to support understanding of challenging content).

	4. Skills based training (i.e., a minimum of 78 hours of lab and 150 hours of clinical) is completed under the direct supervision of a HCA instructor.
Program Delivery and Assessment	1. Video-conference and online learning activities are designed to increase student – student and student – instructor interaction. Online learning activities are supported and monitored by the instructor. 2. There is a plan for how experiential learning activities (e.g., field trips) will be integrated / scheduled to include learner groups from secondary locations. 3. Guidelines for assessment are clearly articulated (i.e. assessments and rubrics are clear) and are available on the online platform. 4. The HCA program liaison at each location is available to invigilate exams.
Further Recommendations	1. A minimum of one external member from the program advisory committee is appropriately qualified to advise on matters related to video-conference delivery.

References

Gyorke, A. (n.d.). *Faculty Guide to Teaching through Videoconferencing*. Pennsylvania State University, Education Technology Services. Retrieved from: http://clc.its.psu.edu/sites/default/files/content-classrooms/Videoconferencing.pdf

Montgomery, K. (2012, October 19). *5 Best Practices that Will Maximize Videoconferencing's Value in the Classroom.* EdTech. Retrieved from: https://edtechmagazine.com/k12/article/2012/10/5-best-practices-will-maximize-video- conferencings-value-classroom

New York University. (2014). *Video Conferencing Best Practices and Tips for Instructors.* NYU, New York. Retrieved from: https://www.nyu.edu/content/dam/nyu/facultyResources/documents/ESMITS/VideoConferencing_BestPractices_March_2014.pdf

XXIII. 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 safety. 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.

Notice of Intent
The Notice of Intent (NOI) confirms program location, contact information and verifies that theory, lab and practice education hours align with the HCA Provincial Curriculum.

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 (2017-2018): *a 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.*

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.

XXIV. 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/11/1/25

British Columbia Ministry of Advanced Education. (2015). *Health Care Assistant Program Provincial Curriculum 2015.* Retrieved from https://urls.bccampus.ca/5vi

British Columbia Ministry of Advanced Education. (2015). *Health Care Assistant Program Provincial Curriculum 2015 Supplement, Ancillary Resources, 2nd Edition.* Retrieved from https://urls.bccampus.ca/5vj

British Columbia Ministry of Advanced Education. (2008). *Health Care Assistant Program: Provincial Curriculum*. Retrieved from http://urls.bccampus.ca/2yx

British Columbia Ministry of Health. (2014) *B.C. Health Care Assistants Core Competency Profile*. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2014/HCA-Core-Competency-Profile_March2014.pdf

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 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 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 Centre for Language Benchmarks (2012) *CLB Support Kit.* Retrieved from: http://www.language.ca/publications/english-publications-downloadable/

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

Citizenship and Immigration Canada (2012). *Canadian language benchmarks: English as a second language for adults.* Retrieved from the Citizenship and Immigration Canada website: http://www.cic.gc.ca/english/pdf/pub/language-benchmarks.pdf

eCampusAlberta (2015) *Essential Quality Standards 2.0*. Retrieved from http://quality.ecampusalberta.ca

Gyorke, A. (n.d.). *Faculty Guide to Teaching through Videoconferencing*. Pennsylvania State University, Education Technology Services. Retrieved from: http://clc.its.psu.edu/sites/default/files/contentclassrooms/Videoconferencing.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.hspcanada.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%20Ombudsperson.pdf

Montgomery, K. (2012, October 19). *5 Best Practices that Will Maximize Videoconferencing's Value in the Classroom.* Retrieved from EdTech. https://edtechmagazine.com/k12/article/2012/10/5-best-practices-will-maximize-video-conferencings-value-classroom

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

New York University. (2014). *Video Conferencing Best Practices and Tips for Instructors.* NYU, New York. Retrieved from: https://www.nyu.edu/content/dam/nyu/facultyResources/documents/ESMITS/VideoConferencing_BestPractices_March_2014.pdf

Canadian Patient Safety Institute. (2011). *Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultations*. Teamwork and Communication Working Group. Edmonton (AB): Retrieved from Canadian Patient Safety Institute website: http://www.patientsafetyinstitute.ca

TESL Canada. (2015). *TESL Canada Federation National Professional Certification Standards.* Retrieved from: https://tesl.ca/certification/tesl-canada-professional-certification/2015-08-09-23-46-45.html

Toronto Catholic District School Board (2012) and New Media Language Training (2013). *LINC 5-7 Classroom Activities (vol. 1 and 2) e-Resources*. Retrieved from: http://www.settlementatwork.org/lincdocs/linc5-7/

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.

XXV. Appendices

Appendix 1: Forms & Evidence

The forms presented in this section are for review and reference only; PDF fillable forms for submission are available for direct download from the Educator page of the Registry website at https://www.cachwr.bc.ca/Educators.aspx

Notice of Intent (NOI)

Form A: New Program Recognition Submission

Form B: New Location Submission (Recognized Program)

Form C1: HCA ESL Program Variation Information

Form C2: HCA Online Program Variation

Form C3: HCA Video Conference Program Variation

Form O: HCA Program Compliance Report

- Template 1: HCA Program Instructor Information
- Template 2: HCA Program Staff Information
- Template 3: HCA Program Delivery Schedule
- Template 4: HCA Practice Education Partner Sites List
- Template 5: HCA Program Stakeholder List

Notice of Intent (NOI)

The NOI confirms that an educational institution is proposing to follow the Health Care Assistant (HCA) Provincial Curriculum (2015). 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. Submission of a completed NOI communicates the institution's intent to deliver a program in alignment with provincial standards.

1. Name of educational institution: _____

2. Title of program: _____

3. Website: _____

4. Program's contact person: (e.g. Department Head)

   Name_____Title_____

   Address _____

   Telephone _____ Email_____

5. Program Site Address _____

   Site Contact Person (if different from above) _____

   Telephone _____ 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 _____

9. Maximum number of students per intake _____

10. Anticipated Program Start Date: _____ / End Date: _____

    Other information the program would like to share about the proposed HCA program:

    _____

    _____

    _____

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,
COMPLETE AND EMAIL COPY TO: Education@cachwr.bc.ca

Form A: New Program Recognition Submission

This form is to be used in situations where a new HCA program is being proposed (i.e. for an institution that has no history of delivering a recognized HCA training program). Refer to *Section IX Program Recognition Compliance Reporting* as you complete.

In addition to the Notice of Intent and the Online Application for Recognition, please complete this submission to demonstrate the new HCA program will be delivered in alignment with provincial standards.

Once ready to submit a completed form (with attachments), email Education@cachwr.bc.ca and a file share link will be provided for submission upload.

Submission on [submitted date] _____

1: Program Contact Information

Name of institution: _____
Title of New HCA program: _____
Website: _____

Program contact person (e.g. Department Head):
Name: _____ Title: _____
Address: _____
City: _____ Postal code: _____
Telephone: _____ Email: _____

2: Physical Infrastructure and Lab Equipment: (Standard 1.1)

*Please attach a floor plan and photographs of this location (classroom space and lab space for HCA program use). [***Attachment 1: Floor Plan/Photographs]***
*Please attach a list of learning / teaching resources that will be available to HCA program faculty and students at this location. (i.e. learning resources, LCD projectors, computers, printers, etc.) ***[Attachment 2: Resources List]***
*Please attach a completed lab equipment inventory checklist ***[Attachment 3: Lab Equipment Checklist]***

Does the lab space for the program have plumbing for a sink (hot and cold running water)?
How many beds will the lab space comfortably accommodate (with room for students / faculty to circulate freely around each bed area)?
How will the program ensure students have sufficient access to a dedicated laboratory space, fully equipped with minimum equipment / supplies? (Note: scheduling of a minimum of 78 out of 120 hours for Personal Care & Assistance course and 2 hours/week of supervised open lab time)

3: Instructional Support / Program Delivery Coordination & Oversight (Standard 2.1 and 2.2)

*Please attach job descriptions and resumes for the team members (i.e. Department Head, HCA Coordinator, HCA Instructor(s) and Practice Education Coordinator) who will be responsible for program coordination, instruction and quality assurance oversight at this location. **[*Attachment 4: Job Descriptions and Resumes]***

Who will be responsible for hiring / orienting HCA program instructors at this site?

Who will be responsible for securing and organizing HCA practice education placements?

Who, at the site-based level, will ensure that the HCA program curriculum is being delivered in accordance with minimum standards? (i.e. Lead HCA Instructor and/or HCA Coordinator) Please confirm this individual has appropriate health care experience and credentialing.

4. HCA Program Entry Policies: (Standard 3.3)

What processes will be used to confirm students have met the program entry requirements?

If not required for program entry, what processes will be used to confirm students meet any additional requirements prior to their first practice experience (Immunizations, CRC, First Aid, CPR, WHMIS, Foodsafe Level 1)

[Attachment 5: Admissions Policies and Procedures]

5. HCA Program Information & Curriculum Submission: (Standard 4.1)

☐ Provide a **Health Care Assistant Program Outline** (Overview of the program, program learning outcomes, admission requirements, overall program length, individual course descriptions/length, delivery schedule information, delivery method explanation, etc. as relevant). This document will be used to inform the public about the program and will form the basis for any information posted online on the institution's website about the program. **[*Attachment 6: Program Outline]***

☐ Provide a **Course Outline** for each course. The following information, at a minimum, must also be outlined:

- Course Description
- Course Prerequisites
- Required Course Materials
- Course Hours / Duration
- Course Learning Outcomes
- Course Content
- Course Delivery Methods
- Course Evaluation (Required Assessments and Weighted Breakdown)
- Assignment Descriptions / Evaluation Criteria (Description and Core Criteria, i.e. Rubric)
- Course Completion Requirements

☐ Provide a **Course Schedule** for each course **–** outlining how the HCA Provincial Curriculum course content has been logically sequenced for delivery into sessions. For each session, outline the content that will be covered, the required readings, including specific chapters as well as hyperlinks to relevant internet resources / online documents. Assessment due dates should be reflected in the course schedule as well. This schedule will demonstrate how the course is delivered. For example, if the course is 30 hours in length, the Course Schedule will reflect the delivery of 30 hours of course time, separated into sessions as it will be delivered. For example, 30 hours could be delivered in 10 sessions, of 3 hours each. Alternately, it may be scheduled as 6 sessions, of 5 hours each.

Some programs may choose to integrate the Course Outline and Course Schedule into one document and entitle it the 'Course Syllabus". Alternately, some programs may prepare a detailed Course Manual for each course with readings, activities, etc. as well as requisite course information.

Curriculum Documents supplied must be provided in Word Format.

[***Attachment 7: Curriculum Submission – Zip documents into a Folder]***

5. Practice Education Information (Standard 4.2)

*Please provide all policies and procedures for practice education experiences; ideally this information will be compiled into Practice Education Handbooks that guide each placement. Please see *Appendix 6: Practice Education Requirements* in the HCA Program Recognition Guide for further information.

[Attachment 8: Practice Education Policies and Procedures]

*Please provide Affiliation Agreements and/or Letters of Support. Evidence that at least two sites for each type of placements must be supplied (2 placement sites for Multi-Level/Complex Care and 2 placement sites for Community Placement). If Letters of Support are supplied, the placement site must provide confirmation of how many students they will be able to accept from the program at any given time for a placement. It is important for the institution to effectively demonstrate its ability to secure required placement experiences for the proposed number of students that will be admitted to the program.

[Attachment 9: Affiliation Agreements / Letters of Support]

6. Stakeholder Consultation (Standard 5.1, 5.2, 5.3)

Has your program convened a Program Advisory Committee (PAC) meeting to gather feedback relevant to program development, workforce and labour market trends? *Please attach Terms of Reference [***Attachment 10: PAC Terms of Reference]***

What processes will be used to gather feedback on the program from key stakeholders? (I.e. students, instructors, practice experience partners, employers and program graduates)

Form B: New Location Submission (Recognized Program)

This form is to be used in situations where an educational institution with a recognized HCA program is planning to deliver the program at a new location, for either one time or repeat delivery. Refer to *Section IX Program Standards Compliance Reporting* as you complete.

Please indicate one of the following reasons for form completion:

☐ A one-time funded program delivery
☐ A new campus location for repeat program delivery
☐ Other: _____

In the case of a One-Time Funded program submission, a completed B1 form and evidence is to be submitted at minimum of one (1) month prior to the proposed program start date.

In the case of a new campus location for repeat program delivery, a completed B1 form and evidence is to be submitted at minimum of three (3) months prior to the proposed program start date. Please note that a site visit may be required.

Programs are also asked to update location information, partner site information and cohort intake information when completing the Annual Training Profile.

Once ready to submit a completed form (with attachments), email Education@cachwr.bc.ca and a file share link will be provided for submission upload.

Submission on [submitted date] _____

1: Program Contact Information

Name of institution: _____
Title of New HCA program: _____
Website: _____

Program contact person (e.g. Department Head):
Name: _____ Title: _____
Address: _____
City: _____ Postal code: _____
Telephone: _____ Email: _____

2: New Location Information

Campus/ Site Name	**Address**	**Phone Number**	**Location Type** (Main Campus, Satellite Campus, One Time Learning Site)	**Frequency of Program Offering** (i.e. 1x only, 1x year, 2x year, 3x year, etc.)	**Maximum Number of Students per intake**

3. Physical Infrastructure and Lab Equipment:

*Please attach a floor plan and photographs of this location (classroom space and lab space for HCA program use). [***Attachment 1: Floor Plan / Photographs]***
*Please attach a list of learning / teaching resources that will be available to HCA program faculty and students at this location. (i.e. learning resources, LCD projectors, computers, printers, etc.) ***[Attachment 2: Resources List]***

*Please attach a completed lab equipment inventory checklist ***[Attachment 3: Lab Equipment Checklist]***

Does the lab space for the program have plumbing for a sink (hot and cold running water)?
How many beds will the lab space comfortably accommodate (with room for students / faculty to circulate in bed area)?
How will the program ensure students have sufficient access to a dedicated laboratory space, fully equipped with minimum equipment / supplies? (Note: scheduling of a minimum of 78 out of 120 hours for Personal Care & Assistance course and 2 hours/week of supervised open lab time)

***N.B.** If it is proposed that the program will be delivery in collaboration with an external partner (i.e. classroom and/or lab based training within a complex care site) please see information about HCA Program Delivery Partnership, in *Section XIX* of the HCA Program Recognition Guide.

4. Cohort Delivery Information

Please provide information about how the program will be scheduled for delivery at this location. ***[Attachment 4: Program Delivery Schedule]***
Will more than one HCA cohort be offered at the same time? If so, outline how this will be addressed (i.e. consider scheduling and resource utilization).

***N.B.** If the proposed program will be delivered in a HCA ESL format, a blended and/or video conference format and has not been recognized for delivery in such a variation, please submit the applicable form (Form C1, C2 or C3).

5. Instructional Support / Program Delivery Coordination & Oversight

*Please attach resumes for any new HCA program instructors ***Attachment 5: Resumes***

Who will be responsible for hiring / orienting HCA program instructors at this new location?
Who will be responsible for securing and organizing HCA practice education placements?
Who, at the site-based level, will be responsible for ensuring that the HCA program is being delivered in accordance with minimum standards?

6. Practice Education Information –Partner Sites

NB: If it is change of location (but campus remains in the same city), this section does not need to be completed.

*Please attach signed Affiliation Agreements and/or Letters of Support. Evidence that at least two sites for each type of placements must be supplied (2 placement sites for Multi-Level/Complex Care and 2 placement sites for Community Placement). If Letters of Support are supplied, the placement site must provide confirmation of how many students they will be able to accept from the program at any given time for a placement. It is important for the institution to effectively demonstrate its ability to secure required placement experiences for the proposed number of students that will be admitted to the program. ***[Attachment 6: Affiliation Agreements / Letters of Support]***

Note: in cases where agreements with two types of each site cannot be provided (e.g., for programs being offered in rural communities), the program may provide evidence that the one placement site could accommodate the number of students proposed and supply a back-up plan in case the site is not able to accommodate.

Form C1: HCA ESL Program Variation Submission

This form is to be used in situations where an educational institution with a recognized HCA program is planning to deliver a HCA ESL Program variation. It may also be used in conjunction with Form A in cases where a new program is proposing to deliver a HCA ESL Program.

Please indicate one of the following reasons for form completion:

☐ A recognized educational institution is seeking to deliver a HCA ESL Program
☐ A new educational institution is seeking to deliver a HCA ESL Program
☐ Other: _____

A completed C1 form and evidence is to be submitted a minimum of three (3) months prior to the proposed program start date. An online Application for Recognition is required for this program variation.

Once ready to submit a completed form (with attachments), email Education@cachwr.bc.ca and a file share link will be provided for submission upload.

NB: It is expected that the ESL component will have been developed by an individual with appropriate expertise. Private educational institutions are also asked to supply a copy of the completed PTIB Subject Matter Expert Program Evaluation for the ESL Component alongside the Form C1 submission.

Submission on [submitted date] _____

1: Program Information Contacts

Name of institution: _____
Title of New HCA program: _____
Website: _____

Program contact person (e.g. Department Head):
Name: _____ Title: _____
Address: _____
City: _____ Postal code: _____
Telephone: _____ Email: _____

2: HCA ESL Program Information

☐ Attach a HCA ESL Program Outline / Program Overview ***[Attachment 1: HCA ESL Program Information]***

☐ Attach course syllabi / course manual for each course in ESL component ***[Attachment 2: ESL Curriculum]***

*Please ensure course curriculum information submitted attends to the following:

Assessment, Evaluation, and Grading - Is the course being graded on a numeric (percentage) or pass/fail basis? What are the assignments, quizzes, exams (etc.) that will be required of students? What will each component of the course evaluation be worth (weighted breakdown of marks)? What are the assessment/evaluation criteria for each assignment (i.e., on what basis will students be graded)? Provide the core criteria and/or rubrics for student assignments / assessment.

Required and Recommended Readings - A detailed bibliography of required and core recommended course readings, including specific chapters (and chapter pages) as well as hyperlinks to internet relevant internet resources / online documents.

Course Schedule - A schedule of course sessions (or lessons/units) with corresponding topics / key content to be covered on each session; if not noted elsewhere, required preparatory work (i.e. readings, assessment due dates etc. should be noted on the Course Schedule).

3. Program Resources

*Please attach a list of learning / teaching resources that will be available to support the HCA ESL Component. ***[Attachment 3: ESL Resources List]***

4: Instructional Support / Program Delivery Coordination & Oversight

*Please attach a HCA ESL Instructor job description and provide a resume. [***Attachment 4: Job Description and Resume]***

Who will be responsible for hiring / orienting / supervising the performance of ESL program instructors at this site?

5. HCA ESL Program Guidelines

Provide a detailed explanation on how your program will attend to the HCA ESL Program Guidelines (*Section XX* in the HCA Program Recognition Guide). Please also attach a delivery calendar / schedule outlining how the courses in the HCA ESL Program will be sequenced. ***[Attachment 5: Program Delivery Schedule]***

A. Instructor Qualifications	
B. Mechanisms for Student Support	
C. Program Structure, Sequencing and Integration	
D. Program Delivery and Assessment	
E. Further Recommendations	

Form C2: HCA Online Program Variation Submission

This form is to be used in situations where an educational institution with a recognized HCA program is planning to deliver theory courses using an online platform. Given the lab-based and practice education components, the HCA Program cannot be delivered exclusively online.

This form may also be used in conjunction with Form A in cases where a new program is proposing to deliver a HCA Online Program. If being proposed as an additional program variation, a new online Application for Recognition may also be required.

Please indicate one of the following reasons for form completion:

☐ A recognized educational institution is seeking to deliver theory courses online.
☐ A recognized educational institution is seeking to add a new program variation, with theory courses online
☐ A new educational institution is seeking to deliver an online HCA Program
☐ Other: _____

A completed C2 form and evidence is to be submitted a minimum of three (3) months prior to the proposed program start date.

Once ready to submit a completed form (with attachments), email Education@cachwr.bc.ca and a file share link will be provided for submission upload.

Submission on [submitted date] _____

1: Program Information Contacts

Name of institution: _____
Title of New HCA program: _____
Website: _____

Program contact person (e.g. Department Head):
Name: _____ Title: _____
Address: _____
City: _____ Postal code: _____
Telephone: _____ Email: _____

2: Program Information

☐ Attach a Program Outline / Program Overview ***[Attachment 1: Program Information]***

**Given that students may be required to travel outside their local community to complete lab and practice education components, clear details and logistics for these requirements need to be clearly outlined in the program information provided to students before they enroll.*

☐ Attach course syllabi / course manual for each course in the HCA Combined Program ***[Attachment 2: Curriculum]***

*Please ensure course curriculum information submitted attends to the following:

Assessment, Evaluation, and Grading - Is the course being graded on a numeric (percentage) or pass/fail basis? What are the assignments, quizzes, exams (etc.) that will be required of students? What will each component of the course evaluation be worth (weighted breakdown of marks)? What are the

assessment/evaluation criteria for each assignment (i.e., on what basis will students be graded)? Provide the core criteria and/or rubrics for student assignments / assessment.

Required and Recommended Readings - A detailed bibliography of required and core recommended course readings, including specific chapters (and chapter pages) as well as hyperlinks to relevant internet resources / online documents.

Course Schedule - A schedule of course sessions (or lessons/units) with corresponding topics / key content to be covered in each session; if not noted elsewhere, required preparatory work (i.e. readings, assessment due dates etc. should be noted on the Course Schedule).

3. Program Resources

Please describe the online learning platform that will be used. Does the program have a dedicated department / personnel that will be responsible for management of the online learning platform? If available, please supply information about how the Registry can go online to have a tour of the courses once mounted online.

How will the program ensure students have sufficient access to a dedicated laboratory space, fully equipped with minimum equipment / supplies? (Note: scheduling of a minimum of 78 out of 120 hours for Personal Care & Assistance course and 2 hours/week of supervised open lab time)

4: Instructional Support / Program Delivery Coordination & Oversight

*Please attach an Online HCA Instructor job description and provide a resume. [***Attachment 3: Job Description and Resumes]***

Who will be responsible for hiring / orienting / supervising the performance of online HCA program instructors? Please provide highlights on how each of these areas will be complete

5: Online HCA Program Delivery Guidelines

Provide a detailed explanation on how your program will attend to the Online HCA Program Delivery Guidelines (*Section XXI* in the HCA Program Recognition Guide). Provide descriptions and/or supply screenshots as appropriate. Please also attach a delivery calendar / schedule outlining how the courses in the online HCA Program will be sequenced. **[*Attachment 4: Program Delivery Schedule*]**

A. Web Design Standards	

B. Course Information Standards	
C. Writing Standards	
D. Resources Standards	
E. Organization Standards	
F. Pedagogy Standards	
G. Technology Standards	

Form C3: HCA Video Conference Program Variation

This form is to be used in situations where an educational institution with a recognized HCA program is planning to deliver theory courses via video conference. Given the lab-based and practice education components, the HCA Program cannot be delivered exclusively via video conference.

This form may also be used in conjunction with Form A in cases where a new program is proposing to deliver a HCA Program via Video Conference. If being proposed as an additional program variation, a new online Application for Recognition may also be required.

Please indicate one of the following reasons for form completion:

☐ A recognized educational institution is seeking to deliver theory courses via video conference.

☐ A recognized educational institution is seeking to add program variation, with course delivery via video conference.

☐ A new educational institution is seeking to deliver a HCA Program with courses delivered via video-conference

☐ Other: _____

A completed C3 form and evidence is to be submitted a minimum of three (3) months prior to the proposed program start date.

Once ready to submit a completed form (with attachments), email Education@cachwr.bc.ca and a file share link will be provided for submission upload.

Submission on [submitted date] _____

1: Program Information Contacts

Name of institution: _____
Title of New HCA program: _____
Website: _____

Program contact person (e.g. Department Head):
Name: _____ Title: _____
Address: _____
City: _____ Postal code: _____
Telephone: _____ Email: _____

2: Program Information

☐ Attach a Program Outline / Program Overview ***[Attachment 1: Program Information]***

**Given that students may be required to travel outside their local community to complete lab and practice education components, clear details and logistics for these requirements need to be clearly outlined in the program information provided to students before they enroll.*

☐ Attach course syllabi / course manual for each course in the HCA ESL Program ***[Attachment 2: Curriculum]***

*Please ensure course curriculum information submitted attends to the following:

Assessment, Evaluation, and Grading - Is the course being graded on a numeric (percentage) or pass/fail basis? What are the assignments, quizzes, exams (etc.) that will be required of students? What will each component of the course evaluation be worth (weighted breakdown of marks)? What are the assessment/evaluation criteria for each assignment (i.e., on what basis will students be graded)? Provide the core criteria and/or rubrics for student assignments / assessment.

Required and Recommended Readings - A detailed bibliography of required and core recommended course readings, including specific chapters (and chapter pages) as well as hyperlinks to internet relevant internet resources / online documents.

Course Schedule - A schedule of course sessions (or lessons/units) with corresponding topics / key content to be covered on each session; if not noted elsewhere, required preparatory work (i.e. readings, assessment due dates etc. should be noted on the Course Schedule).

3. Program Resources

Please describe the video conference system that will be used. Does the program have a dedicated department / personnel that will be responsible for management of the video-conference system?

Please describe how students will access program and course materials and submit assignments, etc., (e.g., online learning platform) If an online learning platform will be used, please supply information about how the Registry can go online to have a tour of the courses once mounted online.

How will the program ensure students have sufficient access to a dedicated laboratory space, fully equipped with minimum equipment / supplies? (Note: scheduling of a minimum of 78 out of 120 hours for Personal Care & Assistance course and 2 hours/week of supervised open lab time)

4: Instructional Support / Program Delivery Coordination & Oversight

*Please attach an HCA Instructor job description and provide a resume. [***Attachment 4: Job Description and Resumes]***

Who will be responsible for hiring / orienting / supervising the performance of HCA program instructors and other staff hired to support video-conference delivery (e.g., HCA program liaison at regional delivery site)? Please provide highlights on how each of these areas will be completed.

5. Practice Education Information –Partner Sites

*Please attach a completed Partner Site Spreadsheet (list of placement sites) and signed Affiliation Agreements and/or Letters of Support. Evidence that at least two sites for each type of placements must be supplied (2 placement sites for Multi-Level/Complex Care and 2 placement sites for Community Placement). If Letters of Support are supplied, the placement site must provide confirmation of how many students they will be able to accept from the program at any given time for a placement. It is important for the institution to effectively demonstrate its ability to secure required placement experiences for the proposed number of students that will be admitted to the program.

[Attachment 5: Partner Site Spreadsheet and Attachment 6: Affiliation Agreements / Letters of Support]

6. HCA Video Conference Delivery Guidelines

Provide a detailed explanation on how your program will attend to the HCA Video Conference Delivery Guidelines (see *Section XXII* in the HCA Program Recognition Guide).

Provide descriptions and/or supply screenshots as appropriate. Please also attach a delivery calendar / schedule outlining how the courses in the Online HCA Program will be sequenced. ***[Attachment 7: Program Delivery Schedule]***

Program Resources	
Instructor / Staff Qualifications	
Mechanisms for Student Support	
Program Structure, Sequencing and Integration	
Program Delivery and Assessment	
Further Recommendations	

Form O: HCA Program Compliance Report Form

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 Program Recognition Compliance Reporting* 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.

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 site visit.

Submission on [submitted date] _____

Program Information

Name of institution: _____
Title of New HCA program: _____
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*)

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?

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?

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 fulfill their role in supporting student learning to the level required to meet the learning outcomes.

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
2.1a The program has personnel with documented responsibilities for overall program delivery, curriculum development/revisions, and instruction for theory, lab and practice experiences.			
2.1b The program has sufficient numbers of instructional staff to sustain effective instruction/facilitation, adequate supervision and timely assessments of student learning.			

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?

Attachment 1: Please complete Template 1 HCA Program Instructor Information and Template 2 HCA Program Staff

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)*

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
2.2a All instructors meet the established minimum HCA instructor qualifications.			

Please describe your program:

Provide the minimum hiring qualifications for instructors in the HCA program.

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

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
3.1a All students meet the established minimum HCA program entry requirements.			
3.1b A reliable process is in place to verify program entry and pre-practice experience requirements 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 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)

Attachment 2: 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 released 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.

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 3: Curriculum Submission (in electronic format – course outlines/course schedules/reading lists)

Attachment 4: 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*)

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)?

What processes are used to share expectations for student learning with partner site personnel?

What processes are used to share practice education expectations with students? How are students oriented to their practice education placement sites?

Attachment 5: Practice education experience handbook(s) / documentation
Attachment 6: 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 released signed or redacted names/personal information in alignment with FOIPPA guidelines)
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	**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 stakeholders (students, instructors, practice experience partners, employers and program graduates) have appropriate opportunities to provide feedback on the program.

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
5.2a There are formal mechanisms in place to gather feedback from key stakeholders.			

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 stakeholder consultation.

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 stakeholder feedback to make any needed improvements to the program.

Attachment 7: Please provide a Stakeholder 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 Stakeholder 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.

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 8: 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: Please attach completed Template 1 and Template 2

Attachment 2: Please attach important program information supplied to students (Program Outline, Orientation Package, Student Handbook)

Attachment 3: Curriculum Submission (in electronic format – course outlines and course schedules/reading lists)

Attachment 4: Program Delivery Schedule / Calendar, see Template 3

Attachment 5: Practice education experience handbook(s) / documentation

Attachment 6: Provide a list of HCA Practice Education Partner Sites, see Template 4

Attachment 7: Please provide a Stakeholder Contact List, see Template 5

Attachment 8: Supplementary Evidence; if applicable, additional documents can be supplied in this attachment.

Template 1: HCA Program Instructor Information (Sample)

To be completed for all **instructional staff members** involved in student instruction (e.g., theory, lab and clinical instructors)

Instructor Name	Courses Taught (Code & Title)	Professional licensing / registration status	Related work experience (employer, positions titles and dates)	Adult Education Credential(s) / Teaching Experience
Sample Instructor	*HCA 101: Health and Healing Concepts for Practice* *HCA 102: Health Care Assistant Introduction to Practice* *HCA 108: Practice Experience in Multi-Level/Complex Care*	*CLPNBC # 11111* *Current, Practising*	*Forest View Home Support HCA - 2008-2010* *Golden Acres Care Home LPN Supervisor – 2010 - Present* *ABC College HCA Instructor 2014 - Present*	*2014 - Provincial Instructor Diploma* *HCA Instructor 2014 - present*

Template 2: HCA Program Staff Information (Sample)

To be completed for all **non-instructional staff members** who have responsibilities related to HCA program administration and/or delivery (e.g., administrative oversight, admissions, practice placement coordination, etc.)

Name	Job Title	HCA Program - Related Responsibilities
Sample Staff Member	*Campus Manager*	*Oversight and administration of all programs, including HCA.* *Hiring and oversight of all staff, including HCA Program Coordinator, instructors and support staff* *Audit student files to ensure that program entry and pre-practice requirements are met for HCA students.*

Template 3: HCA Program Delivery Schedule (Sample)

Week: 1

DATE/HOURS	MONDAY, Feb 13	TUESDAY, Feb 14	WEDNESDAY, Feb 15	THURSDAY, Feb 16	FRIDAY, Feb 17
0900 – 1130	***Family Day (No Class)***	**Intro to HCA Program* *Health/Healing #1*	*Lifestyle/Choices #1*	*Health/Healing #3*	*Lifestyle/Choices #3*
LUNCH 1130-1200					
1200 – 1430	***Family Day (No Class)***	*Health/Healing #2*	*Lifestyle/choices #2*	*Health/Healing #4*	*Lifestyle/Choices #4*

Week: 2

DATE/HOURS	MONDAY, Feb 20	TUESDAY, Feb 21	WEDNESDAY, Feb 22	THURSDAY, Feb 23	FRIDAY, Feb 24
0900 – 1130	*Health/Healing #5*	*Health/Healing #7*	*Lifestyle/choices #5*	*Health/Healing #9*	*Lifestyle/choices #7*
LUNCH 1130-1200					
1200 – 1430	*Health/Healing #6*	*Health/Healing #8*	*Lifestyle/Choices #6*	*Health/Healing #10*	*Lifestyle/Choices #8*

Template 4: HCA Practice Education Partner Sites List (Sample)

Name of Partner Site	Address with Postal Code	Type of facility/agency (Residential Care, Assisted Living, Home Support, Group Home	Program components provided (List of student placements and their length)	Maximum number of students (Per placement at any one time, as applicable)
Golden Acres Care Home	*12345 Yellow Road, Perfect City, BC*	*Multi-level/complex Care*	*HCA 8: Practice Experience in Multi-Level and/or Complex Care*	*8 students per shift*
Forest View Home Support	*12345 Green Way, Perfect City, BC*	*Home Support*	*HCA 9: Practice Experience in Home Support, Assisted Living, and/or Group Home*	*4 students per morning shift* *4 students per afternoon shift*
…				

Template 5: HCA Program Stakeholder List (Sample)

To be completed for a minimum of five program graduates (per program site), five practice education partner sites (manager or director of care) and three external program advisory committee (PAC) members

Name	Stakeholder Type	Title	Email Address	Phone Number
Jenny Lee	*Program Graduate*	*HCA*	*jenny@hotmail.com*	*604-555-5555*
James Jamieson	*Practice Education Partner*	*Residential Care Coordinator Golden Acres Care Home*	*james@golden.com*	*604-555-5556*
Jaspreet Johal	*PAC*	*Manager Forest View Home Support*	*jaspreet@forest.com*	*604-555-5557*

Appendix 2: HCA Program Minimum Laboratory Equipment Checklist

☑	Equipment	Ratio per student number	Inventory Check
	Hospital beds	1:4	
	Linens for each bed:		
	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 **2** per bed)		
	Equipment for each bed: (unless otherwise noted)		
	Bed stand/bedside/overbed table		
	Call bell or simulation		
	Garbage can		
	One bedpan		
	Urinal		
	One kidney basin or small bowl		
	One wash basin		
	Soap*		
	Hand sanitizer		
	Roll of toilet paper		
	Moisturizing lotion*		
	Mouth wash (or simulation)		
	Denture cup and brushes		
	Dentures (minimum one set per lab)		
	Oral care swabs or sage toothettes		
	Brush and comb*		
	Toothbrush and toothpaste*		
	Nail file*		
	Sample Meal tray (two per lab)		
	Set of dishes and cutlery*		
	Thermometers – variety: digital, tympanic (two of each per lab)		
	Transfer belt/gait belt (four 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. Supplies for emptying urinary drainage bags, including alcohol swabs		

	and catheter secure lock.		
	Condom catheter system		
	Colostomy bags and supplies for colostomy change practice, including skin prep-adhesive		
	Samples of suppositories and enemas		
	Samples of pre-packaged medications		
	Supplies for medication support activities and documentation, including sample MAR and drinking cups		
	Acute care supplies, including IV infusion set, wound drain, NG tube and PEG tube		
	Samples of non-prescription eye/ear drops		
	Specimen containers – Assorted		
	Patient clothing		
	Pajamas*	1:4	
	Patient shirt and pants*	1:4	
	Support stockings	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/sliding board (one per lab)		
	Hip protectors (shorts/pants)		
	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	
	Raised toilet seat		
	Bath bench		
	Canes	1:12	
	Laundry basket / system		
	Patient mechanical lift (sit to stand) – (one per lab)**		
	Patient mechanical lift (full) with a variety of slings - (one per lab)**		
	Male torsos – (1:4) or Male Genitalia Parts (1:4)		
	Female torsos – (1:4) 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)		

Notes:

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 1instructor to 18 students in the lab.

** Students should have access to required lifts and slings for the duration of lab-based training. Lifts should be power-operated. Ceiling and/or overhead lift systems may also be supplied in the lab setting. At a minimum, it is expected that students will be trained in the use of ceiling and/or overhead lift systems during the clinical portion of the program.

Appendix 3: Minimum Instructor Qualifications

Theory Courses

1. Current full registration or non-practising registration with the CLPNBC, CRNBC or CRPNBC[10]; 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 Canadian 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.

[10] 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 applicants whose first language is English)
   - ☐ Standardized English language proficiency test score (for applicants whose first language is not 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 Public Safety and Solicitor General, including clearance to work with vulnerable adults.
c) First Aid
d) CPR Level "C" or "HCP"
e) Foodsafe Level 1 (or a course deemed equivalent)
f) Provincial Violence Prevention Curriculum (PVPC) E-Learning Modules

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.hspcanada.net/managing/content-management.asp

The knowledge and skills offered in the First Aid, CPR Level "HCP" and Foodsafe Level 1 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.

If an educational institution is seeking to admit international students to the HCA Program, a police certificate from the country of origin should be supplied given that HCA program students will be providing care to vulnerable clients within the practice education components of the program. For further information, see information provided at: https://www.canada.ca/en/immigration-refugees-citizenship/services/application/medical-police/police-certificates/how.html

A list of courses deemed equivalent to BC FOODSAFE Level 1 is provided on this webpage: http://www.bccdc.ca/health-info/food-your-health/food-safety/food-safety-training

Most HCA programs will require students complete the Provincial Violence Prevention Curriculum E-Learning Modules during the online Student Practice Education Core Orientation (SPECO). In the alternate, these modules may be accessed at http://www.heabc.bc.ca/Page4272.aspx#.Wxb3U4oh2Ul.

**To further consolidate students' learning and development in violence prevention, interested educators may wish to arrange for the 8-hour in person workshop offered through SafeCare BC, http://safecarebc.ca/*

BC Care Aide & Community Health Worker Registry

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 whose first language is not English will need to take a standardized proficiency assessment to confirm communicative competency in all four language skills areas (speaking, listening, reading and writing).

Domestic and/or international applicants

Applicants whose first language is English	**Applicants whose first language is not English**
Requirement: English 10 or equivalent	**Requirement:** Standardized English language proficiency test score from an authorized assessment centre
Evidence of one of the following: 1. Proof of completion of Grade 10 English; or 2. College courses 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. 3. Canadian Adult Achievement Test (CAAT): Reading Comprehension 35/50 Spelling 23/32 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 5. Accuplacer: Grade 10 level or higher Recommended Cut Scores*: Reading Comprehension 60 Sentences Skill 55 Writeplacer 4 **Educational institutions may conduct their own predictive validity studies to confirm appropriate cut scores*	*Evidence of one of the following test scores:* 1. Canadian Language Benchmark Placement Test (CLB PT): test within the last year: Listening 7, Speaking 7, Reading 6 and Writing 6 Note: a CLB Report Card from a LINC Program may also be accepted. 2. Canadian English Language Proficiency Index Program (CELPIP – General): test within the last two years, Listening 7, Speaking 7, Reading 6 and Writing 6 3. International English Language Testing System (IELTS): Academic or General -- test 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 4. Canadian Academic English Language Assessment (CAEL)-- -- test within the last two years: Overall Score of 60, with no section less than 50 5. The Test of English as a Foreign Language (TOEFL): test 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 *In cases where applicants already hold Canadian English Language Benchmark Assessment for Nurses (CELBAN) results (testing within the last 2 years), the following minimum scores will be accepted: Speaking 7, Listening 7, Reading 6, Writing 6.*

Additional Criteria - English Language Competency Requirements

To confirm the appropriate level of English proficiency, Language Instruction for Newcomers (LINC) Report Cards (also may be known as ESL Student Progress Reports) would need to specify that an applicant's current language level ("CLB levels now"), as "Completing" CLB Speaking 7, Listening 7, Reading 7 and Writing 7 AND that the "Recommended Class Placement for Next Term / Course" as Speaking 8, Listening 8, Reading 8 and Writing 8.

It is important for educational institutions to have a process in place to confirm that the CLB PT has been conducted by a qualified assessor at a licensed site. Please find information about HCA English Language Proficiency Tests and Authorized Assessment Centre Locations at the following link:
https://www.cachwr.bc.ca/Documents/HCA-Program-Entry-English-Proficiency-Tests_Info.aspx

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 speaker of English as a first language, one would require seven (7) years of education in a listed country with English language systems/institutions (see list provided below). 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 be considered as a speaker of English as a first language could be achieved in a period of three (3) years.

2. To ensure consistency and quality assurance in student program entry, institution-created tests are not acceptable for the assessment of applicants whose first language is not English at this time.[11]

3. The Registry has established the following list of countries as those with English language systems / institutions.[12]

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

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

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

[11] 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.
[12] 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 and consistency of listing by Canadian post-secondary institutions.

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), applicants will require evidence of one of the following test scores when applying for program entry:

1. **Canadian Language Benchmark Placement Test (CLB PT)** -- test must be within the last year: Listening 6, Speaking 6, Reading 5 and Writing 5.

   Note: a CLB Report Card from a LINC Program may also be accepted.[13]

2. **Canadian English Language Proficiency Index Program (CELPIP – General)** -- test must be within the last two years: Listening 6, Speaking 6, Reading 5 and Writing 5.

3. **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.

4. **Canadian Academic English Language Assessment** (CAEL) -- -- test must be within the last two years: Overall Score of 50, with no section less than 40.

5. 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.

[13] To confirm the appropriate level of English proficiency, Language Instruction for Newcomers (LINC) Report Cards (also may be known as ESL Student Progress Reports) would need to specify that an applicant's current language level ("CLB levels now"), as "Completing" CLB Speaking 6, Listening 6, Reading 6 and Writing 6 AND that the "Recommended Class Placement for Next Term / Course" as Speaking 7, Listening 7, Reading 7 and Writing 7.

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[14] 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 (2017-2018): *a 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.*

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
    - At minimum of 50% of the complex care placement shifts in morning care (i.e., from 7am-3pm)

[14] It is recommended that this ratio be set at 1:8 due to the increased acuity of clients in complex care settings and the reluctance of partner sites to accept clinical groups that exceed this size.

- A minimum of 150 hours of instructor-led clinical placement hours (completed **first**)[15]
- The remaining 60 hours in complex care may then be completed in a practicum or preceptorship format, with indirect supervision by an instructor employed by the educational institution
  - After the completion of instructor-led hours in complex care, students may be placed into community to complete the required 60 hours of community experience
    - Home Support, Assisted Living, Group homes
    - Completed in a practicum or preceptorship format, with an instructor designated by the educational institution monitoring the placement and signing off on student progress and student evaluation.
  - 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 and expected behaviours
- ☐ 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
- ☐ 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.
- ☐ 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 (e.g., a learning contract)
  - Tracks / ensures practice hours are met.
  - Conducts student evaluations and determines whether a student passes or fails.
- ☐ Key Policies / Guidelines for Safe Student Practice including:
  - Student Safety: educational institution has a policy in place to ensure that no more than 3 months elapses between the completion of lab skills coursework and the start of practice education. In cases where there is a period of more than 3 months, students would be required to re-take coursework and/or be re-tested on their lab skills (i.e., in cases of leaves of absence, part-time students, etc.)
  - Student Behaviour: social media / cell phone use policy while on placements[16]
  - Safety and supervision guidelines including the recognition of hazards, assessing and responding to risk, operation of safe handling equipment (including mechanical lifts), incident reporting process and communication post incident.

[15] In cases where there are factors which may impact the completion of 150 instructor-led hours in multi-level/complex care prior to students being placed in the community (with indirect instructor support / supervision), recognized educational institutions are asked to contact the Registry to discuss further.

[16] **Note:** Use of the Professional Behaviour Development Rubric on page 204 of the *Health Care Assistant Program Provincial Curriculum (2015) Supplement, 2nd Edition* is recommended.

Appendix 6: Application for Recognition

This document is provided in hard copy for reference and as a working draft only; the application will be submitted online after registering and being approved for an account at the following link https://www.cachwr.bc.ca/Application/Educator-Registration.aspx

1. Campus & Program Contacts

Name of institution: _____

Title of HCA program: _____

Credential received upon graduation: ☐ Certificate ☐ Diploma

Website: _____

Program contact person: (e.g. Department Head)
Name_____Title_____
Address _____
Telephone _____ Fax _____ Email_____

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

2. Campus Location & Program Structure

Campus Locations

Campus/ Site Name	Address	Phone Number	Location Type (Main Campus, Branch Campus, Learning Site or Satellite Site)	Frequency of Program Offering (Less than 1x/year, 1x year, 2x year, 3x year, 4x year, more than 4x year)

Program type: (check all that apply)
New program (no graduates) ☐
Distance Delivery ☐
Face to Face Delivery ☐
Online Delivery ☐
Combined Delivery ☐
Program offered repeatedly ☐
Full-time offering ☐
Part-time offering ☐
Program delivered in more than one location ☐

2. Campus Location & Program Structure (continued)

Any additional information about program (if applicable): _____

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

Course Code	Course Name	Course Hours

3. Program Hours Breakdown

Total program hours _____ Total program weeks _____

Total hours per week _____ (if different, theory hours per week _____ and practice education experience hours per week _____)

Total theory hours _____

Total lab hours _____

Total practice education experience hours _____

Instructor-led clinical placement hours _____

Practicum/preceptorship hours _____

Multi-level/complex care hours _____

Community experience hours (e.g. home support, assisted living, group homes) _____

If applicable, other type of practice education experience _____ Hours _____

4. Program Details & Related Documents

Important Note: If the program adheres to the provincial curriculum standards with no added program content, a response of not applicable (or n/a) may be provided. 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.

Does the program meet the HCA provincial curriculum standards? Yes ____ No ____

Does the program contain all the HCA program aspects? Yes ____ No ____

If you have selected "No" for any of the above mentioned questions, please give details on any differences (program structure and hours): _____

Outline added program content (courses and hours): _____

4. Program Details & Related Documents (continued)

Explain the purpose of the added content: _____

Program Admission Requirements: Attach document outlining admission requirements

Minimum Instructor Qualifications: Attach document outlining instructor qualifications

5. Partner Sites & Cohorts

Provide detailed information about confirmed sites that will be used for practice education placements.

Current and upcoming student cohorts: Complete the following information:

Campus	Start date (year/month)	End date (year/month)	Number of students per cohort

6. Site Visits & Private Educational Institutions

Optimal target date for the site visit of your program _____

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:

PTA Certificate Type:
- ☐ Registered
- ☐ Interim Designated
- ☐ Designated

Institution Officer Name: _____

Certificate Expiry Date: _____

***As much as possible, site visits will be coordinated with the next **PTIB** 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 and Program Personnel
- 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 / institution name, 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 and other relevant forms / evidence are submitted and have 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 Committee, the Private Training Institutions Branch (PTIB), the Ministry of Health or the Ministry of Advanced Education, Skills and Training 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.

_____
Name

_____
Title

_____
Signature

_____
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 as the Annual Training Profile is submitted online; to streamline completion of annual reporting, much of the information from the original application for recognition is cloned (copied into a new Annual Training Profile). It is an annual requirement with a submission due date of March 31. Login to existing educator account at the following link https://www.cachwr.bc.ca/Global/Login.aspx

1. Campus & Program Contacts

Name of institution:_____

Title of HCA program:_____

Credential received upon graduation: ☐ Certificate ☐ Diploma

Website: _____

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

Name_____Title_____

Address _____

Telephone _____ Fax _____ Email_____

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

2. Campus Location & Program Structure

Campus Locations

Campus/ Site Name	Address	Phone Number	Location Type (Main Campus, Branch Campus, Learning Site or Satellite Site)	Frequency of Program Offering (Less than 1x/year, 1x year, 2x year, 3x year, 4x year, more than 4x year)

Program type: (check all that apply)

New program (no graduates) ☐ Distance Delivery ☐ Face to Face Delivery ☐ Online Delivery ☐ Combined Delivery ☐	Program offered repeatedly ☐ Full-time offering ☐ Part-time offering ☐ Program delivered in more than one location ☐

Any additional information about program (if applicable): _____

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

Course Code	Course Name	Course Hours

3. Program Hours Breakdown

Total program hours _____ Total program weeks _____
Total hours per week _____ (if different, theory hours per week _____ and practice education experience hours per week _____)
Total theory hours _____
Total lab hours _____
Total practice education experience hours _____
Instructor-led clinical placement hours _____
Practicum/preceptorship hours _____
Multi-level/complex care hours _____
Community experience hours (e.g. home support, assisted living, group homes) _____

If applicable, other type of practice education experience _____ Hours _____

4. Program Details & Related Documents

Important Note: If the program adheres to the provincial curriculum standards with no added program content, a response of not applicable (or n/a) may be provided. 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.

Does the program meet the HCA provincial curriculum standards? Yes ____ No ____

Does the program contain all the HCA program aspects? Yes ____ No ____

If you have selected "No" for any of the above mentioned questions, please give details on any differences (program structure and hours): _____

Outline added program content (courses and hours): _____

Explain the purpose of the added content: _____

Program Admission Requirements: Attach document outlining admission requirements

Minimum Instructor Qualifications: Attach document outlining instructor qualifications

5. Partner Sites & Cohorts

Provide detailed information about confirmed sites that will be used for practice education placements.

The file type must be .XLS, .XLSX, and the file size must be less than 4 MB.

Past, Current and projected cohorts: Complete the following information:

Campus	Start date (year/month)	End date (year/month)	Number of students	Number of graduates

Applicable only to private educational institutions offering the HCA program:

PTA Certificate Type:
- ☐ Registered
- ☐ Interim Designated
- ☐ Designated

Institution Officer Name: _____

Certificate Expiry Date: _____

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: Stakeholder Interviews

Interviews with program stakeholders are important to the recognition process. Input from key stakeholders is used to validate the program's compliance with recognition standards. Interviews are confidential and individual names will not appear in Registry evaluator reporting. The following sample interview questions are provided for the purpose of informing stakeholders prior to their interview with Registry evaluator(s).

For the purposes of the Registry recognition, a s*takeholder* is defined as a person, group or organization that has interest and/or concern in the program. A stakeholder is 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.

Stakeholder interviews with current program instructors, staff and students will be scheduled on the day of the site visit.

Due to site visit time constraints, interviews with graduates, practice education partners and PAC members will be scheduled via telephone or will be conducted by electronic survey.

For each program and program site being reviewed, the program is to provide the Registry with a ***Stakeholder Contact List*** identifying stakeholder type (graduate, practice education partner, PAC member/employer), title and organization, email address and telephone number. This is requested as *Attachment 7* in the Form O: HCA Compliance Report.

Using information provided by the program contact person, the Registry will seek the feedback from these additional stakeholders to inform the program's recognition assessment.

It is expected that the ***Stakeholder Contact List*** will include, at a minimum:

- 5 Program Graduates
- 3 Practice Education Partners (Manager or Director of Care – please ensure that this is a person who can provide specific information about your students/program.)
- 3 External PAC members (not to include those already provided for Practice Education)

The following pages outline sample interview questions that may be used during stakeholder interviews. The program contact is asked to share these questions with stakeholders in advance to increase their awareness and encourage their full participation in the interview process.

Health Care Assistant (HCA) Program Recognition

Interviews with program stakeholders are important to the recognition process. Input is used to validate program compliance with recognition standards. Interviews are confidential and individual names will not appear in Registry reports. The following sample interview questions have been provided in advance to support stakeholder participation in the program assessment. Further information on HCA program recognition can be found on the Registry website at http://www.cachwr.bc.ca/Educators.aspx

Sample Interview Questions

Students & Graduates

Facilities and Institutional Resources
- Is there adequate space and equipment to support program delivery?
- Does the program make necessary learning resources available to students?
- Do students have sufficient access to lab practice / lab equipment?

Instructional Staff / Program Coordination
- Do students in the program receive sufficient support from instructors?
- If you needed to share any concerns, was appropriate guidance available?

Program Entry
- How did you find out about the program?
- Explain the program admission process.
- Is the program what you expected?

Program Outcomes, Delivery & Assessment
- How do you know what is expected of you in each course and what you need to do to be successful?
- Do you feel that the program was well sequenced (had a logical flow)?
- Do you feel that time in the program is well spent?
- How are students engaged in their learning process?
- How does the program assess students have met required learning outcomes?
- Were you adequately prepared for your clinical practice?
- How would you describe your clinical/practicum experiences?
- How do you know what is expected of you in your clinical/practicum experience?

Stakeholder Consultation
- What opportunities did you have to provide the program with feedback?
- Do you believe the program made improvements based on feedback?

General
- How well did the program prepare you for the workplace? (for graduates)
- Do you have any other comments on the program?

Health Care Assistant (HCA) Program Recognition

Interviews with program stakeholders are important to the recognition process. Input is used to validate program compliance with recognition standards. Interviews are confidential and individual names will not appear in Registry reports. The following sample interview questions have been provided in advance to support stakeholder participation in the program assessment. Further information on HCA program recognition can be found on the Registry website at http://www.cachwr.bc.ca/Educators.aspx

Sample Interview Questions

Instructors (classroom and lab skills)

- Explain your role in the program.
- Do you have adequate support for your role in the program?
- Are students prepared when they enter your course / the program?
- How do you arrange to see students outside of scheduled classes?
- Do you have adequate resources for course delivery?
- How do you obtain feedback on your course from students, other faculty and clinical staff?
- What opportunities do you have to share your input about the program?
- If you could change one thing in this program, what would it be?
- Do you have any other comments on the program?

Practice Education Instructors

- How are students oriented to each placement site?
- How does the program ensure adequate supervision?
- How are the student placements coordinated to ensure that each student receives the required experience?
- Is there a common program-wide set of clinical objectives / learning outcomes?
- Explain how the student evaluation forms work.
- How are the expectations for each group of students communicated to the supervising personnel? How are the preceptors oriented to their role?
- How do you ensure that the work demands of the clinical sites do not interfere with the students' education?
- How well does the program prepare graduates for the workplace?

Program Staff (as appropriate)

- What processes are used to ensure program resources are sufficient to support student learning?
- Outline the hiring processes for instructors.
- How are instructors supported in their role?
- What processes are used to confirm applicants meet admission requirements?
- If not part of the admissions process, how is it affirmed that students meet any additional requirements prior to clinical?
- Who does a student speak to if she/she has concerns about their program experience?
- What methods are in place to gather stakeholder feedback? (student, faculty, etc.)
- How does feedback relate to course / program revisions?

Health Care Assistant (HCA) Program Recognition

Interviews with program stakeholders are important to the recognition process. Input is used to validate program compliance with recognition standards. Interviews are confidential and individual names will not appear in Registry reports. The following sample interview questions have been provided in advance to support stakeholder participation in the program assessment. Further information on HCA program recognition can be found on the Registry website at http://www.cachwr.bc.ca/Educators.aspx

Sample Interview Questions

Practice Education Partners

- What type of experience does your placement site offer? (please indicate: multi-level/complex care, specialized dementia care, assisted living, home support, group home)
- How many hours in total are students from this program at your site?
- How are students oriented to each placement site?
- How does the program ensure adequate supervision?
- How are the student placements coordinated to ensure that each student receives the required experience?
- Does the program have clearly defined learning outcomes for the placement experience? How are these outcomes shared with your site / personnel?
- Does the program have appropriate policies and procedures in place for practice education?
- If you have a placement related issue, do you feel it is addressed in an appropriate and timely manner?
- Have student, instructor and host site roles and responsibilities been clearly set out for by the program?
- How well does the program prepare graduates for the workplace?
- Do you have any other comments on the program?

Program Advisory Committee Members

- How long have you been a member of the Program Advisory Committee?
- How often does the PAC meet? Do you feel that this is adequate?
- Do you believe that the PAC provides relevant input to the program?
- What is your overall sense of the program from your involvement on the PAC?
- What administrative processes are in place to ensure effective functioning of this committee?
- What evidence is there that the program has implemented feedback and/or recommendations put forward by the PAC?
- In your opinion, how well does the program prepare graduates for the workplace?
- Do you have any other comments on the program?

XXVI. Acknowledgements

The following individuals, organizations and groups are gratefully acknowledged for their contributions to the *Health Care Assistant Program Recognition: A Guide for Educators, 2nd Edition, 2018*.

- Recognized BC HCA program educators, HCA program graduates and practice education partners who provided valuable feedback via an online survey which served as a starting point for updates to this guide.
- Attendees of the HCA Educator Working Session (held on February 16, 2018) who provided consultation on how aspects of the online survey feedback could be addressed.
- WorkSafeBC and SafeCare BC for their valuable feedback on the minimum equipment checklist
- The Canadian Medical Association (CMA) for allowing aspects of this guide to reflect features of the CMA conjoint accreditation process.
- Cailleagh Sharples, the Continuing Care Assistant (CCA) Program Coordinator, Health Association Nova Scotia, for sharing best practices from the CCA Program Standards Compliance Assessment (SCA).
- Janet Williams and Pat Bawtinheimer whose research, consultations and reports provided the foundation for the HCA program standards and the education recognition processes.
- The Ministry of Health and the Ministry of Advanced Education, Skills and Training for their support and guidance.
- Sarina Corsi and Lara Williams from the BC Care Aide and Community Health Worker Registry for coordinating the summative evaluation and consultation and for updating content to address feedback provided.

The Registry is also very grateful to those who offer their time and expertise by serving on the following committees. Please note that committee membership is current at the time of document release.

HCA Education Standards Committee

Esther Aguilar	BC Career Colleges Association
Pat Bawtinheimer	Public Member [Retired, Dean of Health Sciences, Vancouver Community College]
Danielle Baxter	Private Training Institutions Branch (PTIB)
Janet Bergen	Menno Place
Karla Biagioni	Ministry of Health, Workforce Planning and Management
Laurie Bird	HCA Program Provincial Articulation Committee
Lisa Bower	Vancouver Coastal Health
Ash Brar	Burnaby Community & Continuing Education School District 41
Brenda Brown	BC Government Employees' Union (BCGEU)
Sarina Corsi	BC Care Aide and Community Health Worker Registry
Lara Croll	BC Care Providers' Association
Saleema Dhalla	Safe Care BC

Stephen Elliott-Buckley	Hospital Employees' Union (HEU)
Baljit Lail	Fraser Health Authority
Tricia McBain	Interior Health
Kevin Perrault	Ministry of Advanced Education, Skills & Training
Debbie Sargent	Health Sciences Deans and Directors
Manna Saunders	Ministry of Health, Clinical Integration, Regulation and Education Division
Monica Staff	United Food & Commercial Workers' Union (UFCW)
Angela Szabo	Northern Health Authority
Andrea Taylor	Island Health
Lara Williams	BC Care Aide and Community Health Worker Registry

HCA English Language Testing Group

Pat Bawtinheimer	Public Member [Retired, Dean of Health Sciences, Vancouver Community College]
Sandy Berman	Public Member [Previous Manager of Professional Communication Skills for Internationally Educated Health Professionals Projects]
Barbara Binczyk	Adult Education and Skills Development, Ministry of Advanced Education, Skills and Training
Sarina Corsi	BC Care Aide and Community Health Worker Registry
Camilla Dietrich	Immigrant Services Society - Language and Career College of BC
Carrie Leggatt	English as an Additional Language Department, Vancouver Community College
Barbara Lindstrom	Career Paths for Skilled Immigrants - Health, Douglas College
Trishna Nazareth	Stenberg College
Robin Russell	Public Member [Retired Instructor, English Language Studies, Kwantlen Polytechnic University]
Marta Tejero	English as a Second Language Department, College of New Caledonia
Lara Williams	BC Care Aide and Community Health Worker Registry