Health Care Assistant Program Recognition

A Guide for Educators

3rd Edition, 2023

BRITISH COLUMBIA
BC Care Aide & Community Health Worker Registry

Health Care Assistant Program Recognition: A Guide for Educators
Copyright © 2013, 2015, 2018 and 2023 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

TABLE 1: SUMMARY OF REVISIONS 7

III. PROGRAM RECOGNITION STANDARDS OVERVIEW 9

IV. PROGRAM RECOGNITION GOALS 10

V. HCA PROVINCIAL CURRICULUM STANDARDS 11

BC HCA Education Program Purpose 11
BC HCA Education Program Learning Outcomes 11
Minimum Required Hours for HCA Program Courses 12
BC HCA Education Program Key Resources 12

VI. PROGRAM RECOGNITION PROCESS – NEW HCA PROGRAMS 13

VII. PROGRAM COMPLIANCE REASSESSMENTS - RECOGNIZED PROGRAMS 17

VIII. PROCESS DIAGRAMS 18

IX. HCA EDUCATION PROGRAM RECOGNITION COMPLIANCE REPORTING 20

Area 1: Facilities and Institutional Resources 20
Area 2: Instructional Staff and Program Personnel 21
Area 3: Program Entry Policies 23
Area 4: Program Outcomes, Delivery and Assessment 24
Area 5: Partner Consultation 27

X. STANDARDS COMPLIANCE ASSESSMENT 29

XI. PROGRAM RECOGNITION STATUS 29

New Program; Site Visit Pending 30
Full Recognition Status 30
Interim Recognition Status (with Conditions) 30
Recognition Withdrawn Status 31
Reapplication after Program Recognition Withdrawn 32

XII. ONGOING COMPLIANCE 32

XIII. PROCESS FOR RESPONDING TO POSSIBLE NON-COMPLIANCE 33

XIV. DISCLOSURE OF HCA PROGRAM RECOGNITION STATUS 34

XV. NON-TRANSFERABILITY OF PROGRAM STATUS 34

XVI. PROMOTING REGISTRY RECOGNITION STATUS 35

XVII. HCA EDUCATION PROGRAM RECOGNITION APPEALS 36

XVIII. HCA PROGRAM – DELIVERY AT A NEW LOCATION 38

ADDING OR MOVING TO A NEW LOCATION 38
ONE TIME FUNDED PROGRAMS 38

XIX. HCA PROGRAM VARIATIONS – CONTENT AND DELIVERY METHODS 39

XX. HCA PROGRAM DELIVERY PARTNERSHIPS 39

XXI. HCA ESL PROGRAM GUIDELINES 41

XXII. ONLINE HCA PROGRAM DELIVERY GUIDELINES 43

XXIII. HCA VIDEOCONFERENCE DELIVERY GUIDELINES 46

XXIV. INTERNATIONAL STUDENT CHECKLIST 48

XXV. GLOSSARY OF KEY TERMS 49

XXVI. REFERENCES **52**

XXVII. APPENDICES **54**

APPENDIX 1: FORMS & EVIDENCE 54

Notice of Intent (NOI) – New Program Recognition *55*

Form A: New Program Recognition Submission *57*

Notice of Intent (NOI) – Recognized Programs *62*

Form B: New Location Submission - Recognized Program *63*

Form C1: HCA ESL Program Variation Submission *65*

Form C2: HCA Combined Delivery Submission *67*

Form O: HCA Program Compliance Report Form *76*

Framework for Remote HCA Program Compliance Reassessment *87*

APPENDIX 2: HCA PROGRAM MINIMUM LABORATORY EQUIPMENT CHECKLIST 89

APPENDIX 3: MINIMUM INSTRUCTOR QUALIFICATIONS 94

APPENDIX 4: MINIMUM HCA PROGRAM ENTRY REQUIREMENTS 95

Approved English-Speaking Countries *98*

APPENDIX 5: PREREQUISITES FOR HCA PRACTICE EDUCATION 99

APPENDIX 6: PRACTICE EDUCATION REQUIREMENTS 100

APPENDIX 7: APPLICATION FOR RECOGNITION 102

APPENDIX 8: ANNUAL TRAINING PROFILE 107

APPENDIX 9: SAMPLE INTERVIEW QUESTIONS 110

APPENDIX 10: HCA EDUCATION PROGRAM POLICIES & PROCEDURES LIST 114

XXVIII. ACKNOWLEDGEMENTS **116**

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 and be in active status with the Registry to be eligible to work in publicly funded facilities or agencies.

Alongside the development of the Registry, consultation with key partners in the province, including government ministries for health and education, educational institutions, care provider and professional associations and unions brought attention to the need for improved training standards for this occupational group. A multi-partner, 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 education and 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* and the *Approval Process for BC Health Care Assistant Programs*.

Given longstanding partner concerns regarding the English language proficiency of those graduating from HCA programs, English requirements for program entry were addressed within the recognition standards. In 2012, following up on recommendations from the Williams' *Standards for Delivery* report, experts from across the province convened to serve in an HCA English Language Testing Group[3] to set out English requirements for HCA program entry.

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. Since then, there have been updated editions published in 2015 and 2018.

Due to the COVID-19 pandemic, there have been many unexpected challenges in recent years (2020-2023). The magnitude and severity of COVID-19 outbreaks in long term care facilities created high demand for Health Care Assistants (HCAs) throughout the province. Pandemic related issues also impacted face-to-face HCA education program delivery and disrupted clinical placements. The Registry was faced with having to cancel or postpone pending site-based HCA program recognition reviews. To mitigate these challenges, the Registry worked closely with post-secondary institutions to:

- Support educators' transition to online learning.
- Find solutions for cancelled and interrupted placements (so students could complete program requirements and graduate).
- Identify valid and reliable online testing options to assess language proficiency (so students whose first language is not English could be confirmed as eligible for program entry).
- Develop processes for remote recognition assessments so the Registry could maintain its schedule for program review and recognition.

[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.

Throughout the pandemic, collaboration between provincial government, educators and employers has brought many new opportunities to ensure a strong health care workforce. There has been a concerted effort to strengthen and support HCA recruitment and retention. Initiatives such as the HCA Recruitment Incentive Program, the Health Careers Access Program and Community Workforce Response Grants (WorkBC) have been key enabling mechanisms for HCA workforce expansion.

The number of graduates from recognized BC HCA Programs in the province is currently at an all-time high, with close to double the number of registrants from BC HCA programs over the last two years, from 2174 in 2020 to 4278 in 2022. HCA program recognition provides assurance 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.

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 Supplement to the Provincial Curriculum Guide (2015)*.

Following completion of the first, full cycle of program recognition reviews (with existing BC HCA programs) held between 2014-2017, a 2nd Edition of the HCA Program Recognition Guide was 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 the goals for BC HCA program recognition were 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 partners (HCA program instructors, recent HCA program graduates, HCA program practice education partners / employers) with respect to graduate outcomes.

An 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.

After completing the second cycle of HCA program compliance reassessments (2019-2022), in spring 2022 the Registry shared 'lessons learned' and highlighted areas for revision to the next edition of the HCA Program Recognition Guide with the English Language Testing Group, the HCA Program Provincial Articulation Committee and the HCA Education Standards Committee.

After further consultation in fall 2022, the HCA Program Recognition Guide, 3rd Edition was brought forward for final review and recommendation by the HCA Education Standards Committee in June 2023. It was then approved by the Ministry of Health and the Ministry of Post-Secondary Education and Future Skills prior to its publication on the Registry website.

Table 1: Summary of Revisions

3rd Edition – Key Updates	Page(s)
Updated *Section I. Background*	5-6
Due to the importance of human resources to ensure quality program delivery, the following adjustments to Area 2 and Standard 2.1 have been made: *Area 2: Instructional Staff & Program Personnel* *Updated – Standard 2.1 – The program has an appropriate number and type of instructional staff and program personnel to meet the education program standards and fulfill their role in supporting student learning to the level required to meet the learning outcomes.* *Added – Assessment Criterion 2.1c – The program has an appointed HCA Program Coordinator (or equivalent), who meets minimum instructor qualifications and is appropriately qualified to support the program to meet provincial standards.* *Added – Assessment Criterion 2.2b – 2.2b Instructors receive a comprehensive orientation and ongoing support.*	9, 21-22
The assessment criteria for Area 3 were updated to separate program entry requirements from pre-requisites for practice education. Updated to: *Area 3: Program Entry Policies* *Standard 3.1 – The program entry requirements and the pre-requisites for practice education are appropriate and applied consistently.* *3.1a – All students meet the established minimum HCA program entry requirements. A reliable process is in place to verify program entry requirements are met.* *3.1b – All students meet the established minimum pre-requisites for practice education. A reliable process is in place to verify pre-requisites for practice education are met.*	9, 23
Updated BC HCA Education Key Resources within *Section V. HCA Provincial Curriculum*	12
Updated *Section V1. Program Recognition Process for New HCA Programs*, including requirements for subject matter experts, application process and forms and timing of compliance assessment.	13-16
Updated *Section VII. Program Compliance Reassessments – Recognized Programs* to clarify aspects related to compliance reassessments and site visits.	17
Updated *Section VIII. Process Diagrams*, to align with updates to the recognition process for new HCA education programs.	18-19
Updated *Section IX. HCA Education Program Recognition Compliance Reporting* to clarify aspects related to combined delivery, program personnel and program entry policies. Added a note that programs should admit no fewer than four (4) students per cohort.	20-28
Updated *Section XI. Program Recognition Status* with information on new program: site visit pending status; interim recognition status (with conditions); full recognition status (updated from full, 5-year status to full, 3-year or full, 5-year status); and recognition withdrawn status. Added a note to indicate that programs that have demonstrated an inability to comply with minimum standards three times will be moved to recognition withdrawn status and may not re-apply for program recognition.	29-31
Added *Section XII. Ongoing Compliance* and re-ordered sections following.	32
Updated *Section XIII. Process for Responding to Possible Non-Compliance* to indicate where a note, *program under review, may be added to the recognized BC HCA Program List.	33
Updated *Section XIV, Disclosure of HCA Program Recognition Status* to indicate where a status of Full (3 or 5 year) recognition status and a note *program under review, may be added to the recognized BC HCA Programs List. Added a note to indicate that programs that have demonstrated an inability to comply with minimum standards three times will be moved to recognition withdrawn status and may not re-apply for program recognition.	34
Updated *Section XV Non-transferability of Program Status* to indicate that those seeking to purchase a recognized HCA program from a previous owner should request copies of Registry reports previously issued to the program.	34
Updated *Section XVII. HCA Education Program Appeals* to strengthen administrative fairness.	36-37

Updated *Section XIX. HCA Program Variations* to indicate that the Registry only reviews and recognizes BC HCA education programs delivered in alignment with the HCA Program Provincial Curriculum (2023).	39
Updated *Section XXI HCA ESL Program Guidelines* to remove column addressing online delivery (now addressed within Section XXII Online HCA Program Delivery Guidelines).	41-42
Updated *Section XXII Online HCA Program Delivery Guidelines* to indicate that the application processes for online and video-conference delivery into one process: Form C2: HCA Combined Delivery Submission.	43-45
Updated *Section XXIII. HCA Videoconference Delivery Guidelines* to indicate that the application processes for online and video-conference delivery into one process: Form C2: HCA Combined Delivery Submission.	46-47
Added *Section XXIV. International Student Checklist* and re-ordered sections following.	48
Updated *Section XXV. Glossary of Key Terms* to reflect updates to the following: preceptorship, substantive program change, program partner, NOI – New Program Recognition, NOI-Recognized Programs.	49-51
Updated *Section XXVI. References*	52-53
Appendix 2 HCA Program Minimum Laboratory Equipment Checklist was updated: • Updated notes • Items added: Set of adaptive utensils (one per lab) and supplies for nail care. • Items updated: hospital beds, bed linens, incontinence under pads, transfer belt/gait belt, personal protective equipment, towels, manikin	89-93
Appendix 3 Minimum Instructor Qualifications • Items updated: Updated qualifications so that full, practicing registration with no limits or conditions is required for theory, lab and practice education courses. • Items added: course work in Indigenous cultural safety and humility and HCA Practice in BC course	94
Appendix 4 Minimum Program Entry Requirements *English Language Competency Requirements:* • Changed terminology from "applicants whose first language is English / applicants whose first language is not English" to "applicants with three years of full-time instruction in English / applicants with less than three years of full-time instruction in English.*" • *Defined as three (3) years of full-time secondary and/or post-secondary education at a recognized institution[4] on the list of Approved English-Speaking Countries. Secondary education will be considered starting from grade 8. English as a Second Language (ESL) courses will not be considered. • Items removed: Language Placement Index (LPI), Canadian Adult Achievement Test (CAAT) • Items updated: Accuplacer Next Generation Recommend Cut Scores, accepting online/remote English language proficiency test scores, list of approved English-speaking countries. • Added Note: If the program is accepting international students, a clear police certificate from country of origin must also be included as a program entry requirement.	95-98

Added *Appendix 5: Prerequisites for HCA Practice Education* and re-ordered successive appendices.
• Items added: WHMIS (included in the BC HCA Provincial Curriculum) and Learning Hub courses (SPECO, HCA Practice in BC and Recognizing and Responding to Adult Abuse)
• Items updated:
  ○ CPR HCP was updated to CPR Basic Life Support (BLS),
  ○ Note that any new HCA education program (applying for recognition) **must** provide confirmation of successful registration with the Criminal Records Review Program.
	100

Updated *Appendix 6: Practice Education Requirements,* key policies section updated.	101-102
Added *Appendix 10: HCA Education Program Policies and Procedures List* to provide new and recognized educators with a comprehensive list of policies related to all required standards areas.	114
Updated *Section XXVIII. Acknowledgements:* listed all current representatives on the HCA Education Standards Committee and the HCA English Language Testing Group.	116

[4] Recognized institution: an institution that is in good standing with the Ministry of Education or equivalent in the country of origin.

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: HCA Education 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 program personnel and instructional staff to meet the HCA education program standards and 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 pre-requisites for practice education 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: Partner Consultation

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

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

Standard 5.3 - Timely improvements are made to the program based on partner 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 education 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 ensures that the program is being delivered with the same outcomes and to the same minimum standards across the province.

The implementation of the HCA program recognition advanced 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 client 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[5]

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

- The HCA provincial curriculum program purpose is being fulfilled.
- Their HCA education 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.

BC HCA Education 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 caregivers and respected members of the health care team. Under the direction and supervision of a regulated health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families.

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

BC HCA Education 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 client.
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, cognitive, social, and spiritual well-being of clients and families.
3. Provide person-centred care and assistance for clients/residents experiencing complex health challenges.
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately and sensitively with clients and families in 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.

[5] Please note that the curriculum standards being published reflect the HCA Program Provincial Curriculum 2023.

Minimum Required Hours for HCA Program Courses

Course Name	Minimum Course Hours
Concepts for Practice	70 hours
Interpersonal Communications	50 hours
Lifestyle and Choices	30 hours
Introduction to Practice	30 hours
Common Health Challenges	115 hours
Cognitive and/or Mental Challenges	60 hours
Personal Care and Assistance *Supervised Practice in a Lab Setting - Minimum 78 hours*	120 hours
Theory/Lab Course Hours	**475 hours**
Practice Experience in Multi-level and/or Complex Care placement[6] including a placement focused on specialized dementia care. • Instructor-led clinical (150 hours minimum) • Practicum/Preceptorship (up to 60 hours of the 210 hours may be other than instructor-led clinical)	210 hours
Practice Experience in Home Support, Assisted Living, and/or Group Home Setting *Practicum/Preceptorship*	60 hours
Practice Education Hours	**270 hours**
TOTAL MINIMUM PROGRAM HOURS	**745 HOURS**

BC HCA Education Program 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[7]. Information may be shared and adapted 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 Post Secondary Education and Future Skills. (2023). *Health Care Assistant Program Provincial Curriculum 2023*. Retrieved from https://opentextbc.ca/hcacurriculum/

British Columbia Ministry of Advanced Education. (2021). *Health Care Assistant Program Supplement to the Provincial Curriculum Guide (2015) – Third Edition,* or most recent edition. Retrieved from https://opentextbc.ca/hcasupplement/

[6] Practice experiences in other settings, such as units specified as acute care, transitional care, discharge planning, rehabilitation, alternate level of care, etc., may be acceptable provided that the program learning outcomes can be met in these settings. These placements cannot replace the minimum 150 hours of instructor-led clinical, which are still required in complex care.

[7] A licensing agreement is not required to use the HCA Program Provincial Curriculum.

VI. Program Recognition Process – New HCA Programs

The Registry is committed to providing information and support with respect to the new program recognition process; it is, however, incumbent on the educational institution applying for new program recognition to understand and follow the provincial requirements for BC HCA program delivery as outlined within the HCA Provincial Curriculum and HCA Program Recognition Guide. To ensure organizational continuity and communications with the Registry, educational institutions applying for new program recognition must assign a designated program administrator to manage their HCA program recognition application and assessment.

As part of the application process, educational institutions applying for new program recognition will first need to confirm the viability of offering a new HCA program in the proposed geographical location. Educational institutions will require an appropriately qualified Subject Matter Expert (SME)[8] to support program development and delivery in alignment with provincial standards. The program will also need to hire a qualified and dedicated Program Coordinator[9] who is responsible for standards compliance, curriculum development and maintenance, and overall program delivery. To support success and consistency, the program may wish to combine these roles (i.e., hire a Program Coordinator who would act as the SME and support implementation of the program, once approved). Further information is outlined below. Given the level of oversight and compliance required for BC HCA program delivery, it is strongly recommended that institutions applying to offer the HCA program have previous experience in offering health care education programs and/or programs requiring third party oversight (e.g., BC College of Nurses and Midwives, Early Childhood Educator Registry, etc.).

Private training institutions applying for HCA program recognition must be certified by the Private Training Institutions Branch (PTIB). HCA program applications should be submitted to the Registry before related applications are submitted to PTIB[10].

Certified private training institutions must hold interim designation or designation status and be in good standing with PTIB before submitting an application to the Registry. Private training institutions applying for PTIB certification at the same time as HCA program recognition must apply for designation status with PTIB. HCA program recognition from the Registry will be granted pending confirmation of designation or interim designation status and HCA program approval from PTIB.

Public post-secondary institutions should confirm HCA program details with the Registry prior to seeking approval through their governance structure.

Note: The program will need to take into consideration the time that may be required for appropriate approvals from other oversight bodies (e.g., PTIB, Education Council, etc.) within the timeline to program implementation.

[8] The SME would be a nurse who meets the minimum instructor qualifications and is familiar with the HCA Provincial Curriculum and HCA Program Recognition Guide. They should meet the HCA Minimum Instructor Qualifications *(Appendix 3)* and have prior experience in developing curriculum and Nursing / HCA Program delivery and instruction.

[9] A Program Coordinator would be a registered nurse who meets the minimum instructor qualifications, has experience in health care program delivery and has clear role and responsibilities and dedicated hours and / or release time for coordinating duties.

[10] To support private educational institutions seeking approval through PTIB, the Registry may support completion of the program evaluation report template.

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

Step 1: Completion of a Notice of Intent – New Program Recognition *(Appendix 1)*

Step 2: Educator Orientation Meeting

Step 3: Completion of Form A: New Program Recognition Submission (*Appendix 1*)

Step 4: Completion of an Online Application for Recognition

Step 5: Program Approval

Step 6: Program Compliance Assessment (Site Visit)

Step 7: Ongoing Compliance

Step 1: Notice of Intent (NOI) – New Program Recognition

To confirm that the HCA Program being proposed by the educational institution aligns with the HCA Provincial Curriculum, a Notice of Intent – New Program Recognition (NOI) *(Appendix 1)* is to be submitted to the Registry. Along with the NOI, the educational institution will need to submit a community needs analysis confirming the viability of offering a new HCA program in the proposed location and letters of support from practice education partner sites that are willing to work with the program.

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 10 business days 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 program administrator, 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 be familiar with the HCA Provincial Curriculum and HCA Program Recognition Guide. They should meet the HCA Minimum Instructor Qualifications *(Appendix 3)* and have prior experience in developing curriculum and nursing and/or HCA education program delivery and instruction. In addition, it is strongly recommended that the SME has previous experience working with program compliance and oversight bodies (e.g., PTIB, BC College of Nurses and Midwives [BCCNM], etc.,).

It is expected that the designated program administrator will work closely with the SME to ensure that provincial requirements for BC HCA programs are appropriately understood and addressed. At a minimum, the SME should remain with the educational institution from HCA program development through to completion of the first compliance assessment. If the SME does not assume the role of the HCA Program Coordinator, the designated program administrator and SME will need to work closely with the new Program Coordinator to orientate them to the HCA Provincial Curriculum and HCA Program Recognition Guide and program recognition process. The designated program administrator should also contact the Registry to let them know about any change in program contact (minimum of 15 business days advanced notice for a change in Program Coordinator).

Step 3: New Program Recognition Submission

At the direction of the Registry, new program applicants complete a Form A: New Program Recognition Submission (*Appendix 1*[11]).

The designated program administrator should work closely with the SME to ensure all aspects of the submission are addressed. Time required for submission review will vary. If the program demonstrates clear understanding and alignment with HCA education program standards within the initial submission, the review of the submission can be expected to take up to 4 weeks[12].

If a submission is incomplete (e.g., information and/or attachments are missing) or if there are other deficiencies, the Registry will notify the program. The program will have **one** opportunity for resubmission within three months. After the resubmission, should the program have continued deficiencies / be unable to demonstrate alignment with provincial standards, it will be required to wait for a period of one year to reapply (new NOI and Form A Submission – *Appendix 1*).

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.

Step 4: Completion of an Application for Recognition

At the direction of the Registry, new program applicants complete an 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 (See *Appendix 7*).

Step 5: Program Approval

Once a new education program has been approved, the Registry will provide written communication with next steps. Private educational institutions will be approved pending confirmation of designation or interim designation status and HCA program approval from PTIB. Once all required approvals are confirmed, the program will be included on the recognized BC HCA programs list maintained by the Registry with a status of "New Program: Site Visit Pending". After receiving recognition status, the education program will have two years to offer its first intake of students. If an intake has not been offered within the two-year timeframe, education program recognition will be withdrawn and the program will be removed from the Registry website.

The education program will be asked to contact the Registry once the first intake of HCA students has gone forward. The Registry will closely monitor the first intake to ensure that program requirements are met and that HCA graduates are eligible for registration. At the direction of the Registry, programs will be required to submit evidence confirming that the first intake has met program entry requirements, pre-requisites for practice education and program learning outcomes.

[11] Educational institutions seeking to deliver the program in a combined delivery format will also need to submit a Form C2 - HCA Combined Delivery Submission.
[12] Review times may vary, depending on the number of applications received.

Step 6: Program Compliance Assessment (Site Visit)

At the direction of the Registry, a new HCA education program will prepare and submit a Compliance Report Form (*Appendix 1: Form O*). HCA education programs recognized for combined delivery will also need to submit a *Form C2*. Educators with a recognized HCA ESL program variation will also need to submit a *Form C1, Section 5*.

A compliance assessment site visit will be scheduled following completion of the first intake. The timing of new program compliance assessments by the Registry may be coordinated with PTIB reviews for private training institutions, where possible.

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

- 1-2 weeks prior to the site visit an agenda for the site visit will be established and confirmed.
- Where a program is approved for combined delivery of the HCA education program, online access to the learning management system (LMS) will be requested by the Registry prior to the site visit. At the discretion of the Registry, a virtual tour of the LMS may also be scheduled.
- The education program will receive a 'Pre-Visit Compliance Assessment Report' 1-2 weeks prior to the site visit, citing specific areas which require further attention and/or follow up. This will support advance preparation by the education program in addressing any questions that will arise.
- A physical tour, a review of current student files, [13] recent graduate files,[14]education program 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 education program staff at the end of the site visit.
- The Registry decision on compliance and the 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 Compliance Assessment 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.*

Step 7: Ongoing Compliance

See *Section XII – Ongoing Compliance*

[13] Evidence of meeting HCA Program Entry - English Competency Requirements (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines).
[14] Evidence of meeting pre-requisites for practice education and completed lab and practice education evaluations (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines).

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.

- 3 months prior to the specified recognition status expiration date, educational institutions are required to submit a completed Compliance Report Form (*Appendix 1: Form O*)
- Educational institutions with a recognized HCA ESL program will also need to submit a *Form C1, Section 5*.
- Educational institutions recognized for combined delivery will also need to submit a *Form C2.*
- Educational institutions with multiple sites will need to submit a completed Addendum for each additional recognized location (*Template 6*).

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

At the discretion of the Registry, a remote site visit may be planned. In such cases, the program will be asked to supply additional materials outlined in the Framework for Remote HCA Program Compliance Reassessment.

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.

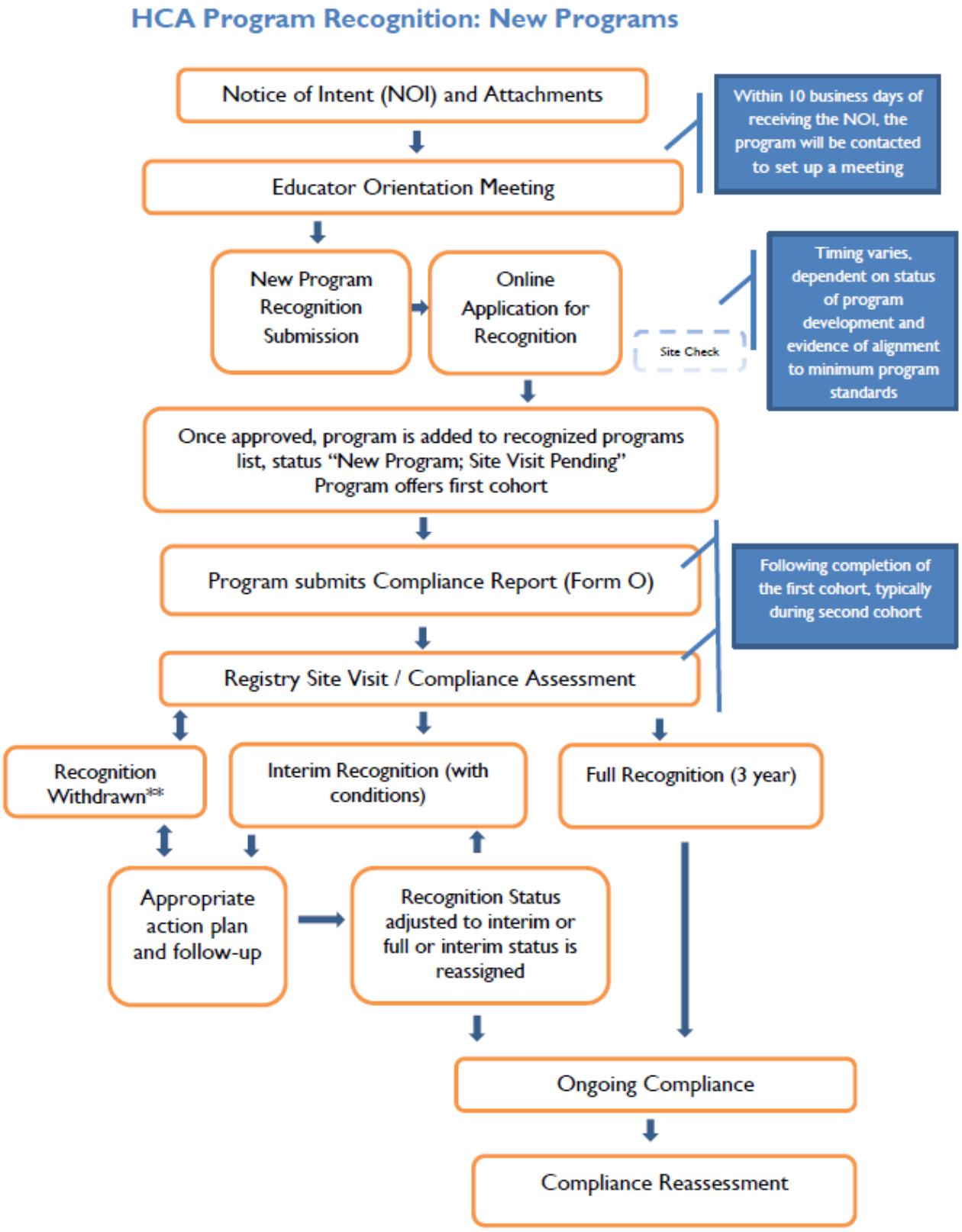
The timing of Registry compliance reassessments may be coordinated with PTIB review cycles in private training institutions, where possible.

Typically, site visits will be a full day at each program site and will include the following:

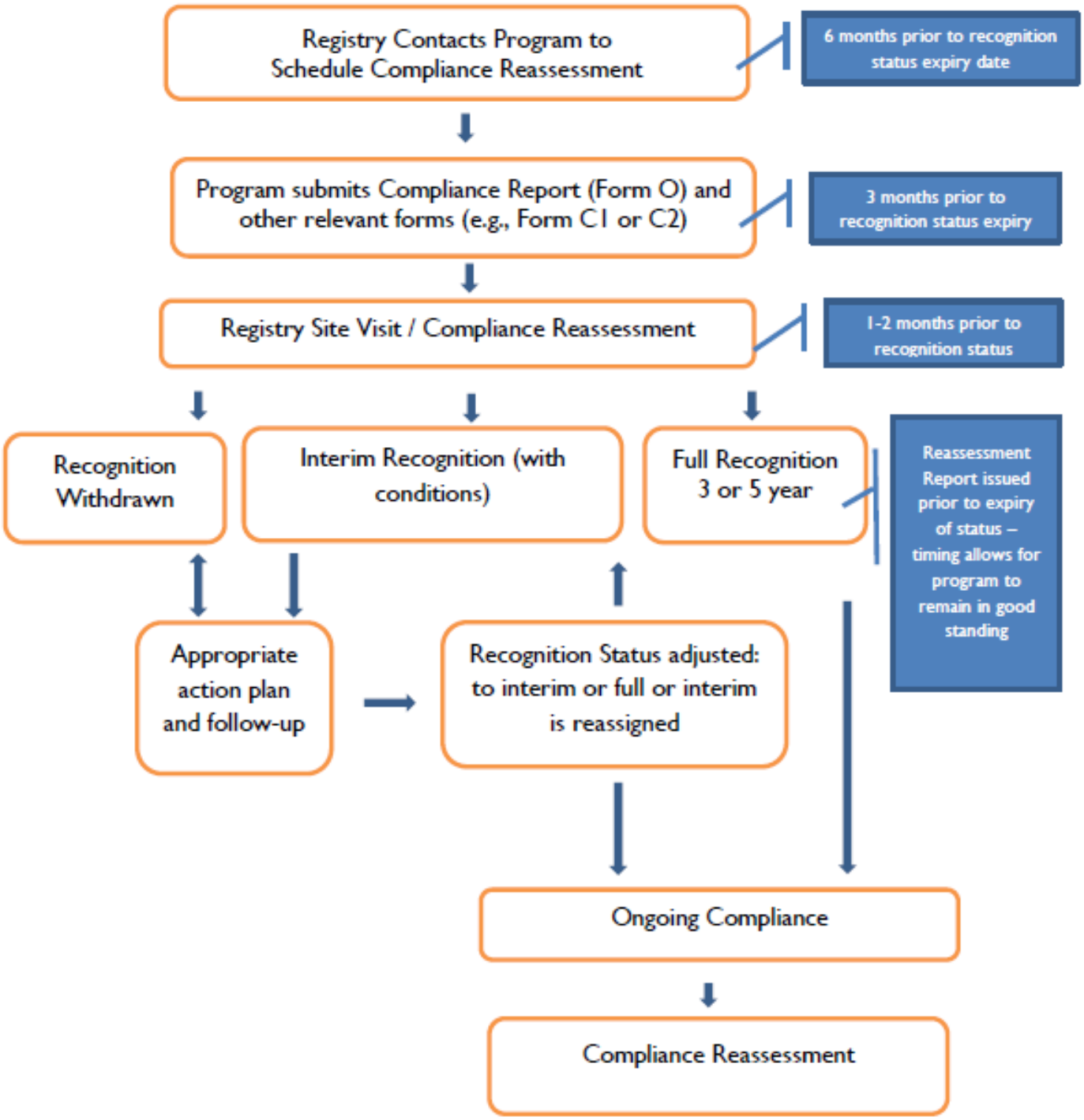
- 1-2 weeks prior to the site visit an agenda for the site visit will be established and confirmed.
- For an education program with combined delivery, online access to the learning management system (LMS) will be requested prior to the site visit. A virtual tour of the LMS may also be scheduled.
- The education program will receive a 'Pre-Visit Compliance Assessment Report' 1-2 weeks prior to the site visit, citing specific areas which require further attention and/or follow up. This will support advance preparation by the education program in addressing any questions that will arise.
- A physical tour, a review of current student files, [15] recent graduate files[16], HCA instructor resumes, a review of written documentation (policies, procedures, and evaluations), interviews with current students and key program personnel such as program contacts, instructors, key administrators, and admissions / student services support personnel.
- Preliminary feedback will be provided to program staff at the end of the site visit.
- The Registry decision on compliance and program recognition status will be documented in a Draft Compliance Reassessment report issued 3-4 weeks after the site visit date.
- The Draft Compliance Reassessment report will be 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,* where relevant.

[15] Evidence of meeting HCA Program Entry and English Competency Requirements (with release signed or redacted names/personal information in alignment with FOIPPA guidelines).
[16] Evidence of meeting pre-requisites for practice education, completed lab and practice education evaluations (with release signed or redacted names/personal information in alignment with FOIPPA guidelines).

VIII. Process Diagrams



HCA Program Compliance Reassessment



IX. HCA Education Program Recognition Compliance Reporting

Note: This section is to be used for reference and interpretation. A list of items that will be used to indicate how criteria have been met are listed in the "Supporting Evidence" column; HCA educators are to refer to relevant Forms and Attachments (*Appendix 1*) for specific items they will be required to submit to the Registry (e.g., a *Form A* New Program Recognition Submission will require Floor Plan and Photographs but a *Form O* HCA Program Compliance Report will not require these items unless a remote site visit is planned).

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.	Which 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* ⇒ *Review of online platform, where relevant* ⇒ *Relevant policies and procedures (e.g., lab oversight and equipment maintenance / purchase)*
1.1b Appropriate learning resources are available. Interpretation: It is expected that students will receive adequate learning resources (textbooks/supplies) and supplemental resources will be available. The education program will provide students with computer and internet access. If relevant, standards for combined delivery are met.	What program learning resources and facilities are available? (Program textbooks, library resources, databases, computers, videoconference application and/or learning management system etc.)	
1.1c The lab equipment includes all items on the minimum laboratory equipment checklist. [Refer to *Appendix 2: HCA Program Minimum Lab Equipment Checklist*] *Interpretation: It is expected that all lab equipment is appropriately maintained, sterilized, where appropriate, and 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? What policies and procedures are in place to ensure the lab and lab equipment are appropriately maintained? If not on site, how does the program access all appropriate laboratory equipment?	
	Are students scheduled in separate lab groups?	

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 of hands-on skills in a skills lab to ensure students are deemed safe and competent in performing personal care.*	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?	

Area 2: Instructional Staff and Program Personnel

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

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 and compliance with education program standards, curriculum development/revisions, and instruction for theory, lab and practice experience. *Interpretation: It is expected that the program has appropriate personnel and processes in place to ensure quality program delivery.*	Provide position descriptions for those who have roles / responsibilities for the HCA Program.	⇒ *Organizational Chart* ⇒ *Job Descriptions and Resumes (HCA Program Coordinator (or equivalent), HCA Instructor, etc.* ⇒ *Template 1 HCA Program Instructor Information* and *Template 2 HCA Program Staff Information* ⇒ *Interviews with instructors, program staff and students* ⇒ *Instructor Handbooks / Orientation Manuals* ⇒ *Relevant policies and procedures*

2.1b The program has a sufficient number of HCA instructional staff to sustain effective instruction/facilitation, adequate supervision and timely assessments of student learning. *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 education program 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 education program instructional support is in place for student education?	
2.1c The program has an appointed HCA Program Coordinator (or equivalent), who meets minimum instructor qualifications and is appropriately qualified to support the program in meeting provincial standards.	Describe the mechanisms that are in place to monitor and affirm that the program meets to BC HCA Program provincial requirements.	

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

Assessment Criterion	**Indicators** Description on how the program meets the criterion	**Supporting Evidence**
2.2a 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 education program.	⇒ *Instructor resumes and proof of current registration with BCCNM.* ⇒ *Relevant policies and procedures (e.g., hiring policies, orientation procedures, professional development policies and performance evaluation policies)*
2.2b Instructors receive a comprehensive orientation and ongoing support.	Outline the orientation and ongoing support available to instructors.	

Area 3: Program Entry Policies

Standard 3.1 - The program entry requirements and pre-requisites for practice education 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. A reliable process is in place to verify program entry requirements are met. [See *Appendix 4 Minimum HCA Program Entry Requirements*] *Interpretation: It is the responsibility of the educational institution to confirm an applicant's number of years of instruction in English, so that appropriate admissions evidence is then provided.*	List program entry requirements, including requirements for domestic and international students.	⇒ *Admissions Policies and Procedures for domestic and/or international students and confirmation of international student checklist (see Section XXIV)* ⇒ *Program Outline, Orientation Package, Student Handbook* ⇒ *Admission & Practice Education Requirements Policies/Forms* ⇒ *Recent Graduate and Active Cohort admissions files/information (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines)*[17] ⇒ *Interviews with Students, Instructors, Practice Education Partners* ⇒ *Processes to confirm legitimacy of admissions documents (e.g., requiring original documents, cross-validation of documents, etc.).* ⇒ *Practice Education Policies and Procedures (e.g., confirming pre-requisites for practice education are met).*
3.1b All students meet the established minimum pre-requisites for practice education. A reliable process is in place to verify pre-requisites for practice education are met. *Interpretation: It is the responsibility of the educational institution to develop a process which will confirm pre-requisites for HCA practice education are met. Evidence of meeting these requirements is supplied.* [See *Appendix 5 Prerequisites for HCA Practice Education*]	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 HCA pre-requisites for practice education prior to their first practice experience? (Immunizations, CRC, First Aid, CPR, WHMIS, Foodsafe Level 1, etc.)	

[17] The Registry may conduct a cross-verification of applicant test scores and admissions evidence to confirm validity with relevant agencies (e.g., CLBPT 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 Education 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 format/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).* ⇒ *Where relevant, evaluator access to the learning management system (LMS)* ⇒ *Policies and procedures (including policies to address student attendance, student evaluation and academic progression, dismissal and readmission).*
4.1b The program is appropriately sequenced. *Interpretation: Course theory, lab skills and practice experiences are well-paced and logically sequenced, with foundational content being delivered first. 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 HCA 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 education program applies the principles and best practices in the design and delivery of adult education. Learning strategies engage learners and*	The curriculum submission demonstrates that the program uses varied learning and assessment tools and strategies.	

*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 education program demonstrates that it uses appropriate assessment tools to 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 education program can demonstrate students have met learning outcomes. ***Important Note**: It is expected that the program will admit no fewer than four (4) students per cohort. This will support student success by enabling students to complete group work, partner for labs, engage in role playing exercises, etc., and supporting them to meet program learning outcomes.*	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 Prerequisites for HCA Practice Education*)

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 plans HCA 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 (e.g.,*

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.* 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 HCA students are aware of their role/responsibilities while on practice education experiences.	Submit a list of all partner site agreements. Submit documentation demonstrating how appropriate policies, procedures and practices are in place for practice experiences. (i.e., Practice Education Handbook) Program policies support HCA instructors to put learning plans into place where learning outcomes are not being met and/or to remove from the practice setting. There is a grade appeal policy so that students have a mechanism in place to appeal cases of failing due to unprofessional/unethical behaviour or unsafe practice or a variety of other factors. What processes are used to share expectations for student learning with partner site personnel? Outline the orientation and ongoing support that the program provides to partner site HCA mentors involved in student learning. What processes are used to share practice education expectations with students? How are students oriented to their practice education placement sites?	*confirming practice education partner sites)* ⇒ *Completed Student Course and Program Surveys* ⇒ *Interviews with Students, Instructors, Practice Education Partners* ⇒ *Signed Affiliation Agreements with Practice Education Partner Sites*

Area 5: Partner Consultation

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

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 partners (students, instructors, practice experience partners, employers and program graduates) have appropriate opportunities to provide feedback on the HCA education 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 partners. *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 feedback forms and surveys /questionnaires.* ⇒ *Policies and procedures for gathering feedback/program evaluation*

Standard 5.3 Timely improvements are made to the program based on partner 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 partner feedback to make any needed improvements to the program.	⇒ *Partner 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* ⇒ *Policies and procedures for making changes to the program based on feedback and consultation/program evaluation.*

X. Standards Compliance Assessment

For each of the minimum prescribed education 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 not been fully met (e.g., a policy is in place, but needs to be updated). Requirements set out need to be addressed for the program to remain in good standing but will not impact recognition status awarded in the final report. Where requirements are not met by the deadline established, the Registry reserves the right to reassess the program and its recognition status.

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).

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:** Two or more *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 a new program or new program variation has been approved by the Registry, the program will be added to list of "Recognized BC HCA Programs" on the Registry website. HCA education program graduates will be eligible for registration on the Registry.

Recognized programs need to demonstrate a comprehensive understanding and compliance with requirements for BC HCA program delivery outlined within the HCA Provincial Curriculum and HCA Program Recognition Guide. It is the responsibility of the education program to ensure that new staff are oriented to the HCA education program and recognition processes.

If an educational institution is uncooperative or unresponsive to the Registry requests or requirements as outlined in the recognition processes, recognition may be withdrawn.

If a program is under review for compliance related issues with the Registry, the following note will appear with their listing: **program under review*. This serves as an indication that a program's recognition status may be subject to change (e.g., from full to interim recognition).

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

New Program; Site Visit Pending

i. Awarded to new programs for a period of up to 2 years during which time the institution is expected to deliver the program. It is expected that the program will admit no fewer than four (4) students per cohort. This will support program viability and student success.

ii. New programs are required to submit evidence to confirm that HCA students from their first intake have met program entry requirements, pre-requisites for practice education and program learning outcomes.

iii. HCA education program graduates are eligible for registration upon completion of the program.

iv. A compliance assessment site visit will be scheduled following completion of the first intake.

v. Subject to compliance reporting (annual training profile submission).

vi. The Registry retains the right to reassess the HCA education program at any time during the 2-year period if evidence comes forward indicating non-compliance with an HCA Program Recognition standard.

i. Programs with New Program; Site Visit Pending status are unable to apply for any of the following until the HCA education program has achieved full recognition status:
   - new program variations, and/or
   - delivery at new sites and/or
   - one-time funded delivery.

Full Recognition Status

i. Awarded to an HCA education program that meets, with a rating of **'Met'** on all of the minimum prescribed standards.

ii. Requirements for ongoing recognition may be set for one or more standards. Requirements set out need to be addressed for the program by the due date specified but will not impact recognition status awarded.

iii. Must complete annual compliance reporting (using the annual training profile submission).

iv. Full recognition status is granted for up to 5 years and then is subject to reassessment.

v. A full, 5-year recognition status is granted to programs that were also assigned a status of full recognition on their previous compliance reassessment.

vi. A full, 3-year recognition status is granted to programs moving from new program or interim status to full recognition status and/or where ongoing monitoring is required to confirm that one or more standards are met.

vii. The Registry retains the right to reassess the education program at any time during the 5- or 3-year period if evidence comes forward indicating non-compliance with a standard.

Interim Recognition Status (with Conditions)

i. Awarded to an HCA program in which a **'Met with Conditions'** or **'Not Met'** rating has been accorded to only one standard. One or more conditions have been set.

ii. Requirements for ongoing recognition may also be set for one or more standards.

iii. A education program may hold the status of "interim recognition" for a period of up to 1 year before a compliance reassessment is completed. The education 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:

- All conditions have been met and the program can be accorded "Full status" for a 3-year period; or,
- All conditions have not been met and the program may be reassigned an "Interim Recognition status (with conditions)" for one year; or,
- 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 draft "Recognition Withdrawn" status and will have 90 calendar days to evidence appropriate action taken to address deficient standards.

iv. An education program site revisit may be necessary to confirm progress made to meeting the deficient standard. The Registry may request submission of a Compliance Report (*Form O*) or that the program supply specific materials or evidence.

i. The Registry retains the right to reassess the education program at any time if evidence comes forward indicating non-compliance with an addition standard.

v. Status is subject to ongoing compliance reporting (annual training profile submission).

vi. Programs with interim recognition status are not permitted to apply for new program variations, delivery at new sites and one-time funded delivery until they have achieved full recognition status.

vii. Assessment reports will be shared with the Private Institutions Training Branch (PTIB), the Ministry of Post-Secondary Education and Future Skills (PSFS) and/or the Ministry of Health (MoH).

viii. Where interim recognition has been assigned two times, a site visit will be planned prior to the expiry date noted within the most recent report. If standards are not met at the site visit, a Finalized Compliance Reassessment report with a status of recognition withdrawn will be released (i.e., the report will not be issued in draft status) and the program will be removed from the list of recognized BC HCA programs (see **Important Note** in Recognition Withdrawn Status section).

Recognition Withdrawn Status

i. 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.

ii. 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.

iii. Assessment reports will be shared with either the Private Institutions Training Branch (PTIB), the Ministry of Post-Secondary Education and Future Skills and/or the Ministry of Health (MoH).

iv. Programs may be asked to cease admitting HCA education program students to upcoming education program intakes if multiple standards have not been met.

v. Depending on the follow-up standards compliance, the education program may achieve either a status of Interim Recognition (with Conditions) or Full, 3 year Recognition.

vi. Education 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. HCA education program graduates of any planned future program starts will not be eligible for registration.

If the Ministry of Post-Secondary Education and Future Skills or PTIB removes recognition from an HCA program, the program will automatically be moved to recognition withdrawn status and removed from the list of recognized BC HCA programs.

vii. Education programs with a status of "New Program: Site Visit Pending" will have two years to offer a first intake to students. If an intake has not been offered within two years, education program recognition will be withdrawn, and the program will be removed from the Registry website. It is expected that the program will admit no fewer than four (4) students per cohort. This will support program viability and student success.

Important Note: Educational institutions that fail to demonstrate they meet education standards three times (i.e., a finalized status of interim recognition is conferred a total of three times, in compliance assessment reports and in compliance status update reports) will be moved to a final status of recognition withdrawn and will be removed from the list of recognized programs. The educational institution may not reapply for HCA program recognition.

Reapplication after Program Recognition Withdrawn

Aside from the situation indicated in the "Important note" above, when an educational institution has had its recognition withdrawn, they will need to wait a minimum of one year (365 calendar days) before submitting a new HCA program application to the Registry. For example, where an HCA education program has been unable or unwilling to meet conditions outlined in their compliance assessment report or a compliance status update report.

XII. 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 Annual Training Profile to the Registry each year (due by April 15). This will allow for any minor (non-substantive) education program updates to be made on an annual basis. All recognized HCA educational program institutions, regardless of where these are in the education 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 8*).

2. When the HCA provincial curriculum is updated, recognized HCA education programs will be required to provide evidence that the necessary HCA education curriculum revisions have been made. Prior to the release, 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 XXV*) for definition). Any review of program changes may take up to four weeks and programs should plan the implementation of changes accordingly.

4. Recognized HCA education programs need to demonstrate a comprehensive understanding and compliance with requirements for BC HCA education program delivery outlined within the HCA Provincial Curriculum and HCA Program Recognition Guide. It is the responsibility of the HCA education program administration to ensure that new staff are oriented to the HCA program and recognition processes.

5. Where there is a change to educational institution ownership, the Registry should be informed 30 days prior. Where there is a change in the designated program administrator and/or HCA program coordinator, the program must inform the Registry 15 business days prior.

XIII. Process for Responding to Possible Non-Compliance

The Registry reserves the right to review an HCA education program if evidence comes forward indicating the program may not be in compliance with HCA education program recognition standards. A review n 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 HCA education program and a process to demonstrate compliance with the standard(s) in question will be outlined. If the Registry does not receive a response within 15 business days or receives an unsatisfactory response, recognition status may be updated or withdrawn.

Re-examination may involve an off-site submission of related evidence and/or a site visit. 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 HCA education program will have 3-months to address any requirements for ongoing recognition and/or conditions that have been set. In such cases, the note **program under review* will appear on the Registry website adjacent to the HCA education program's listing as a "Recognized BC HCA Program". This serves as an indication that a program's review may be subject to change (e.g., from full to interim recognition).

Following the 3-month draft status period[18], a final report will be released by the Registry and education 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 to the education program status will be reflected on the list of "Recognized BC HCA Programs" on the Registry website.

If an education program has its recognition status withdrawn, it will be removed from the list of recognized BC HCA programs. HCA students taken into future planned program starts will not be eligible for registration upon graduation.

Important Note: Educational institutions that fail to demonstrate they meet education standards three times (i.e., a finalized status of interim recognition is conferred a total of three times, in compliance assessment reports and in compliance status update reports) will be moved to a final status of recognition withdrawn and will be removed from the list of recognized programs. The educational institution may not reapply for HCA program recognition.

[18] At the discretion of the Registry, the draft status period may be extended (e.g., in cases where a longer time frame is required to confirm one or more standards as met.

XIV. Disclosure of HCA Program Recognition Status

Status as a 'New Program; Site Visit Pending, Interim Recognition (with Conditions) or Full Recognition (3 or 5 year) will be indicated on the Registry website. 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".

If a program is under review for compliance-related issues, the following note will appear with the listing: **program under review*. This serves as an indication that a program's recognition status may be subject to change (e.g., from full to interim recognition).

XV. Non-transferability of Program Status

Recognition status is not transferable without a compliance reassessment. If a corporate authority (see *Section XXV 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.

Note: A minimum of 30 business days prior to a change in educational institution ownership, the program must inform the Registry through email at education@cachwr.bc.ca. A *Form O: Compliance Report* submission may be requested. It is advisable for a prospective new owner to review information related to the institution's recognition compliance history. With written consent (via email) from the current owner of an institution with a recognized BC HCA program, information may be released to the prospective owner and a meeting could also be scheduled with the Registry to discuss the institution's HCA program compliance history, current status and future requirements.

It is the responsibility of any new or prospective owner(s) and/or new administrator to review the HCA Program Recognition Guide and ensure compliance with minimum standards.

XVI. Promoting Registry Recognition Status

HCA education programs are encouraged to promote that the program is recognized by the BC Care Aide & Community Health Worker Registry (the Registry). All information regarding the HCA education program must be factual.

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 *Full Recognition* Status:

- The [name of program] delivered by the [name of educational institution] has been granted a full, [3 or 5 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) education programs in BC to ensure that these programs 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 client protection and improved standards of care.

HCA education programs are permitted to include a link to the Registry's website to provide readers with more information about the HCA education program 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. No use of the Province of BC official mark or logo is permitted.

XVII. HCA Education Program Recognition Appeals

This policy identifies the process to be followed when an HCA education program appeals a Registry education program recognition decision.

1.1 An HCA education program may appeal the recognition status awarded or accorded to the program within 30 days of notification of a final compliance assessment report from the Registry.

The HCA education program may appeal the recognition status awarded (granted or withdrawn) as the result of:

- a recognition compliance report submission.
- a site visit.

or accorded as the result of:

- a review of a compliance status update report.
- a program's compliance reassessment.

The HCA education program with the change in recognition status must provide a written appeal submission to the Registry and must document rationale specific to the criteria, objections or concerns.

When received by the Registry Program Manager, the appeal will be forwarded to the Appeal Review Panel.

Rationale: HCA education programs may appeal Registry decisions which change their recognition status.

1.2 Appeal Review Panel (ARP)

The ARP will:

- not be involved in the program recognition review process.
- be selected from categories of individuals familiar with the Registry's mandate.
- must complete a Conflict-of-Interest Declaration.

The HCA education program is provided with an opportunity to review the list of ARP members, to confirm there is no conflict of interest for their role in deliberation and decision-making for the program appeal.

Rationale: ARP members must be independent of the Registry but have knowledge of program recognition and the HCA education program. The ARP will be appointed by an agreed upon list from HCA Education Standards Committee.

1.3 Review process

The ARP:

- will review the HCA education program's appeal submissions.
- will review the recognition compliance report, and/or the supporting evidence submitted by the HCA education program on the written appeal.

- may review all evidence submitted previously by the HCA education program to the Registry for any previous proceedings.
- may consult, in writing, with:
    - the Registry and the HCA Education program's contact person to obtain additional information, and/or regarding the program's appeal, and/or application.
- will ensure that all parties have access to the same information.

Rationale: The ARP will seek information and evidence to help assist with the review of the recognition status.

1.4 ARP report

Within 60-90 business days of the original receipt of the appeal from the HCA education program, the ARP will forward written reasons for its appeal outcome decision to the HCA education program and the Registry.

Rationale: Ensures the HCA education program is made aware of the ARP decision and the reasons for that decision.

1.5 ARP report

Concurrent with release of the Appeal Panel Decision Report to the HCA education program and the Registry, the ARP must provide the report to relevant government agencies (Ministry of Health, and the Ministry of Post Secondary Education and Future Skills and the Private Training Institutions Branch).

Rationale: Ensures ARP communication with government oversight branches regarding the appeal decision.

XVIII. HCA Program – Delivery at a New Location

Adding or Moving to a New Location

A Notice of Intent – *Recognized Programs* 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.

Only campus locations with permanent staffing and dedicated HCA classroom and lab spaces meeting minimum requirements will be added to the list of recognized BC HCA programs.

One Time Funded Programs

If a recognized educational institution applies for and receives one-time funding to offer the HCA education program in a new community to address specific regional employment needs (e.g., funding sources such as the British Columbia Ministry of Post Secondary Education and Future Skills or First Nations Communities), this needs 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 – Recognized Programs is to be submitted as soon as possible (even before funding has been confirmed). In cases where the education program will take place at a non-recognized program location, a *Form B* is also to be submitted a minimum of 30 business days prior to the proposed program start date[19].

It should also be noted that additional items for one-time funded programs, such as evidence of HCA graduate outcomes (i.e., via completed practice education evaluations demonstrating learning outcomes have been met) may also be required. The Registry may require a site visit.

Locations of one-time funded program delivery sites will not be published on the recognized programs list on the Registry website. The education program must demonstrate compliance with all minimum program standards to ensure HCA graduates will be eligible for registration.

Education programs are required 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.

Important Note: To support health human resource planning, HCA education funding and training oversight at the provincial level, the Registry may copy one or more of the following agencies on one-time funded program approvals: Private Training Institutions Branch, Ministry of Post Secondary Education and Future Skills Training, Work BC/Community Workforce Response Grant Program, any other funding contacts indicated by the program.

[19] Where a one-time funded program is proposed at a non-recognized program location, the HCA program may need to provide confirmation of Registry approval to the funder. In such cases, HCA Programs should time Form B submissions accordingly (e.g., submit the Form B to the Registry prior to submitting the application to the funder). Contact the funder for information about their requirements.

XIX. HCA Program Variations – Content and Delivery Methods

In addition to offering a recognized BC HCA Program, educational institutions may deliver the HCA program with added content (i.e., HCA ESL Program) and in a variety of delivery formats (i.e., videoconference or online delivery). Prior to delivering a new program variation, please submit a *Notice of Intent – Recognized Program* with a *Form C1* (HCA ESL) or a *Form C2* (HCA Combined Delivery). To support a timely process, these forms are to be submitted a minimum of 3 months prior to the proposed education program start date. An online Application for Recognition may be required for additional program variations.

The Registry may require additional items, such as evidence of graduate outcomes (i.e., via completed practice education evaluations demonstrating learning outcomes have been met). The Registry may also require a site visit.

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

Important Note: The Registry only reviews and recognizes BC HCA education programs delivered in alignment with the standardized Health Care Assistant Program Provincial Curriculum (2023). Education programs with alternate titles (that do not indicate Health Care Assistant as part of the program name) and/or with added content will not be reviewed or recognized by the Registry or included on the list of recognized BC HCA programs. An education program must award a Health Care Assistant credential and have provincially standardized courses listed on the educational transcript for graduates to be directly eligible for registration.

XX. 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 education program (e.g., offering these educational components at a multi-level/complex care setting), it is important to ensure HCA 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 and supplied to the Registry along with the *Form B* submission.

The partnership agreement should include the following:

- Site location and identification of the specific learning space(s) to be used by the education 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 education program, including a schedule outlining the days and hours of access.
- Confirmation of available learning resources and Wi-Fi access.
- If any equipment is being rented or borrowed 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

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 all required 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.).

XXI. HCA ESL Program Guidelines

It is recognized that educational institutions may deliver or seek to deliver a combined HCA ESL program. Students admitted to this program variation are able to enter at a lower language benchmark (one benchmark lower in each of the skills areas) than students admitted to the regular HCA education program. (See *Appendix 4*). Such programs would provide HCA ESL students with the opportunity to increase their English 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 the language level and abilities that the HCA ESL student must achieve 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 (e.g., by the end of this course, the HCA ESL 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 meet the required English 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. Programs applying to offer the HCA ESL Program in a Combined Delivery Format must also submit a *Form C2*: HCA Combined Delivery Submission.

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

	Guidelines
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 supervised adult ESL/EFL classroom practicum.*
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.
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 also be on-site with students to guide and support authentic communication. 7. At least 100 hours (1/3 of total minimum 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.
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.

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
https://www.language.ca/resourcesexpertise/

A description of TESL standards and requirements:
TESL Canada Federation National Professional Certification Standards.
https://www.tesl.ca/images/Membership/TESL_CANADA_INSTRUCTOR_CERTIFICATION_MANUAL.pdf

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

XXII. Online HCA Program Delivery Guidelines

It is recognized that some education institutions may seek to offer a portion of the HCA education and/or training in an online format. Typically, this would consist of one or more theory-based courses taught in a synchronous or asynchronous manner using an online learning platform, with lab skills training and practice education offered in a face-to-face format. The HCA education program cannot be delivered exclusively in an online format due to provincial requirements for hands on lab skills training (minimum 78 in person lab hours) and practice education components (minimum 270 hours in person practice education hours).

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 education programs that are delivering components of the program online (i.e. theory courses).

Educational institutions applying for online HCA course delivery need to provide a *Form C2*: HCA Combined Delivery Submission validating that online HCA program delivery guidelines are met. Registry access to the online learning platform will be required and a virtual tour of the learning management system will be arranged.

Note: Programs approved for combined delivery must report substantive changes (e.g., moving to a new videoconference or learning management system) to the Registry prior to implementation. In such cases, the program may be required to submit an updated *Form C2*: HCA Combined Delivery Submission.

While modified, the following material is derived from the "Essential Quality Standards 2.0" by eCampusAlbertaSource: https://edusasha.com/the-guide-to-everything-elearning/instructional-design-and-development-part-i/current-tools-for-quality-in-online-learning-design-and-implementation/essential-quality-standards-2-0-from-ecampus-alberta/

Assessment Criteria
A. Web Design Standards
1. All online courses use a logical and consistent structure and design format.
2. Course information is laid out in a clear and comprehensive manner.
3. Navigation throughout the courses is consistent, predictable and efficient.
4. Hyperlinks and internal links are clearly identified (e.g., underlined).
5. It is easy for the learner to move to from the course to outside links and back again.
B. Technology Standards
1. The course uses basic hardware, and free software plug-ins where required. Learners are informed of any specialized technology requirements.
2. Faculty and student orientation and training regarding online delivery are provided prior to teaching/learning.

C. Course Information Standards
1. A course outline/syllabus and course description is provided to students in the first week of class and provides details on how the course will be delivered including information on: o Fixed (synchronous) class times o Asynchronous class options (i.e. whether there will be recorded lectures or activities to be completed) o How students can communicate with / contact the instructor o How students can access/request IT assistance during and after hours o Learning activities (lectures, discussions, worksheets, etc.) o Participation expectations (e.g. in discussion forums) o Methods of assessment o How feedback will be provided o Expectations for conduct
D. Writing Standards
1. The content is free of bias related to age, culture, ethnicity, sexual orientation, gender, or disability.
2. All content in the course is appropriately cited.
3. The course readability level is appropriate for the level of the course.
4. The course has no grammar, punctuation, or spelling errors.
E. Resources Standards
1. Learning materials are current and reflective of the role of HCAs in BC.
2. Learners are provided with various types of learning materials and modalities.
3. A list of learner support resources with links to the sources is provided.
F. Organization Standards
1. The information is provided to the learner at the beginning of the course in a readily available way.
2. Detailed information regarding any face-to-face course/program elements (i.e., dates/times, duration, location) is provided prior to admission.
3. There is a course schedule which includes all learning activities and deadlines or other guidelines for when activities and assessments are to be completed.
4. There are mechanisms to monitor student attendance and participation and for follow up with the student.
5. The learning material is presented in coherent learning segments (e.g., modules, lessons, tutorials).
6. 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.

G. Pedagogy Standards
1. 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.
2. Instructions for each activity are easy to locate.
3. All required details are included.
4. For invigilated exams, details are provided on how to make arrangements for these.
5. Clearly stated, detailed scoring rubrics or equivalents describe the important performance criteria expected of the learners.
6. Details of the marking criteria that will be used for all graded / non-graded assignments are provided to learners prior to beginning the activity.
7. The performance criteria align with the learning outcomes/objectives.
8. A variety of interactive and applied learning activities opportunities (e.g., group discussions, role plays, lab skills practice, audio/video recorded lectures or PowerPoints, case study assessment) are incorporated into the course, all of which facilitate deeper understanding of the content.
9. The course is designed to ensure feedback is prompt, timely, frequent, ongoing, appropriate, and has value to the learners.
H. Further Recommendations
1. A minimum of one external member from the program advisory committee is appropriately qualified to advise on matters related to online delivery.

XXIII. HCA Videoconference Delivery Guidelines

It is recognized that education institutions may seek to offer a portion of HCA education and/or training via videoconference, supported by a learning management system. Typically, this would consist of one or more theory-based courses taught by an HCA instructor at the primary/host location (e.g., main campus) that would be live-streamed to students meeting at a secondary location (e.g., branch campus, learning site or satellite site) or to students learning from home. Course materials would be available to HCA students through the learning management system. The HCA education program cannot be delivery exclusively in a videoconference format due to provincial requirements for hand on lab skills training (minimum 78 in person lab hours) and practice education components (minimum 270 hours of in person practice education hours).

In addition to provincial standards that have been set into place for all recognized HCA education 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, only recognized HCA education programs with dedicated information technology (IT) personnel and online learning platforms should pursue this delivery option.

Educational institutions applying for videoconference HCA course delivery need to provide a *Form C2*: HCA Combined Delivery Submission validating that videoconference HCA program delivery guidelines are met. Registry access to the learning management system will be required and a virtual tour of the learning management system will be arranged.

Note: HCA education programs approved for combined delivery must report substantive changes (e.g., moving to a new videoconference or learning management system) to the Registry prior to implementation. The HCA education program will be required to submit an updated *Form C2*: HCA Combined Delivery Submission.

ASSESSMENT CRITERIA
A. Program Resources
1. The institution has dedicated personnel (e.g., IT department) to support a videoconference delivery format.
2. Videoconference delivery is supported by a learning management system where students can access program documents (e.g., course outlines, etc.) and submit assignments.
3. Students at all locations have reliable access to high-speed internet with sufficient bandwidth to support videoconference delivery.
4. Students are provided with all required learning resources (e.g., printed / online textbooks and learning materials) in advance of the program.
5. Supplementary learning resources are available.
6. All equipment listed on the minimum equipment checklist is available to students for the duration of skills-based training.
B. Instructors / Staff
1. Instructor to student ratios for theory, lab and practice education meet minimum requirements and are sufficient to support learning groups from all learning locations.

2. The HCA Education Program Coordinator and HCA Instructors have received training for HCA education program delivery using the chosen videoconference application (e.g., Zoom) and learning management system (e.g., Moodle).
3. HCA clinical instructors and/or preceptors hired to support placements in regional areas are provided with a full orientation to the HCA program and the videoconference application (e.g., Zoom) and learning management system (e.g., Moodle), where relevant.
C. Mechanisms for Student and Instructor Support
1. Ensuring that students have a basic level of computer literacy prior to enrollment.
2. IT support is available to assist HCA instructors~~,~~ and students with videoconferencing / online learning management system during scheduled program hours.
3. An orientation with students is scheduled at the beginning of the program. The orientation includes an overview of videoconference application (e.g., Zoom) and the learning management system (e.g., Moodle), as well as expectations and protocols related to this delivery format and contingency plans for instances when technology may fail.
4. If applicable, additional orientation sessions, with introduction to relevant program staff, are also provided (e.g., prior to the lab, clinical and practice education portions of the program).
D. Program Structure, Sequencing and Integration
1. Instructor – student touch points are strategically scheduled to support student success.
2. There are mechanisms to monitor student attendance and participation and for follow up with the student.
3. Skills based training (i.e., a minimum of 78 hours of lab and 150 hours of clinical) is completed under the direct supervision of an HCA instructor.
E. Program Delivery and Assessment
1. Learning activities are designed to increase student – student and student – instructor interaction. Learning activities are supported and monitored by the instructor. There is thoughtful integration of face-to-face learning, and these components are carefully planned to maximize interactive and applied learning opportunities (e.g., role plays, break-out rooms, lab skills practice, case study assessment).
2. Guidelines for assessment are clearly articulated (i.e. assessments and rubrics are clear) and are available on the online learning management system.
3. For invigilated exams, details are provided on how to make arrangements for these.
F. 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

XXIV. International Student Checklist

Where a program admits international students, the Registry will look to confirm appropriate policies and procedures are in place.

When preparing *Form A*: New Program Recognition Submission and *Form O*: Compliance Report, the program will be asked to submit international student policies and procedures and confirm / comment on how the following are met:

- The PSI is listed on the Registry of Education Quality Assurance (EQA) Designated Institutions: https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/institution-resources-administration/education-quality-assurance
- The PSI is on the Designated learning institutions list: https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/study-permit/prepare/designated-learning-institutions-list.html
- Private training institutions have designation status and are in good standing with the Private Training Institutions Branch (PTIB).
- The program provides information to applicants regarding the following:
    - Recognized HCA education program variations offered by the program (e.g., HCA and HCA ESL).
    - International student admissions policies and procedures.
    - Requirements to work as a registered HCA in BC.
- Program design and delivery support international students with an integrated learning experience. Where the program is offered in combined delivery format, comment on how the program provides any additional supports international students may require (e.g., in-person learning experiences).

XXV. 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.

HCA Education Program Contact Person
The individual designated by the program to communicate with the BC Care Aide & Community Health Worker Registry. Typically, this would be the HCA Education Program Coordinator.

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

Notice of Intent – New Program Application
The Notice of Intent (NOI) – New Program Application confirms contact information for educational institutions applying for HCA education program recognition and verifies that theory, lab and practice education hours align with the HCA Provincial Curriculum.

Notice of Intent – Recognized Programs
The Notice of Intent (NOI) – Recognized Programs confirms that proposed updates to a recognized HCA education program align with the HCA Provincial Curriculum and HCA Program Recognition Guide requirements.

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 HCA 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 HCA 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 HCA instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The HCA 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 HCA instructor is available to support the student throughout the duration of the practicum experience. The HCA instructor confirms practicum hours are being tracked / met and the final evaluation (pass/fail) decision is determined by the HCA 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 (2023-2024): *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*

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 HCA instructor on the student's performance. The HCA instructor is responsible for ensuring the mentor has a full understanding of the expectation for student competency requirements and the evaluation process. The HCA 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 HCA instructor is available to support the student throughout the duration of the preceptorship. The HCA 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 education programs are following the HCA provincial curriculum and are meeting minimum program delivery standards.

HCA Education Program Partners

A person, group or organization that has interest and/or concern in the program. An HCA program partner is also someone that can be impacted by the actions, outcomes and policies of the educational institution. Examples of include instructors, students, employers, partner site personnel and Program Advisory Committee (PAC) members. Furthermore, where clarity may be required, students may also be referred to as HCA program participants and instructors as HCA program personnel.

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 or change of combined delivery modalities (e.g., video conference application and/or learning management system). If the HCA education program intends to increase the number of HCA students beyond 10% of what the Registry had initially approved, this is also considered a substantive change.

XXVI. 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 Post Secondary Education and Future Skills. (2023). *Health Care Assistant Program Provincial Curriculum 2023.* Retrieved from https://opentextbc.ca/hcacurriculum/

British Columbia Ministry of Advanced Education. (2015). *Health Care Assistant Program: Supplement to the Provincial Curriculum Guide (2015), 3rd Edition*. Retrieved from https://opentextbc.ca/hcasupplement/

British Columbia Ministry of Health. (2023) *B.C. Health Care Assistants Core Competency Profile (Original Version Date March 2014 and Updated April 2023)* Retrieved from https://www.health.gov.bc.ca/library/publications/year/2023/hca-core-competency-profile-april-2023.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 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: https://bcombudsperson.ca/investigative_report/the-best-of-care-getting-it-right-for-seniors-in-bc-part-2/

Canadian Centre for Language Benchmarks (2012) *CLB Support Kit.* Retrieved from: https://www.language.ca/product/clb-support-kit-pdf-e/

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

College and Institutes Canada (2022). *National Occupational Standard for Personal Care Providers*. Retrieved from https://www.collegesinstitutes.ca/programs/building-capacity-in-long-term-care/

eCampusAlberta (2015) *Essential Quality Standards 2.0*. Retrieved from https://scope.bccampus.ca/pluginfile.php/56615/mod_book/chapter/2695/Essential%20Standards%20-%20Quality%20Online.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: https://cacce.ca/wp-content/uploads/2021/11/Reference-Guide_Canadian-Educational-Standards-for-Personal-Care-Providers_ACCC.pdf

Health Sciences Placement Network. (2021) *Practice Education Guidelines for BC.* Retrieved from the HSP.net website: https://hspcanada.net/pegs/

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

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

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 https://www.nsrhpn.ca/wp-content/uploads/2014/08/Canadian-Framework-for-Teamwork-and-Communications.pdf

TESL Canada. (2015, Updated 2020). *TESL Canada Federation National Professional Certification Standards.* Retrieved from: https://www.tesl.ca/images/Membership/TESL_CANADA_INSTRUCTOR_CERTIFICATION_MANUAL.pdf

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/

XXVII. Appendices

Appendix 1: Forms & Evidence

The forms presented in this section are for review and reference only; PDF fillable forms for submission may be requested from education@cachwr.bc.ca and will be available for direct download from the Educator page of the Registry website.

Notice of Intent (NOI) – New Program Recognition

Form A: New Program Recognition Submission

Notice of Intent (NOI) – Recognized Program

Form B: New Location Submission - Recognized Program

Form C1: HCA ESL Program Variation Submission

Form C2: HCA Combined Delivery Submission

Delivery Submission 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 Industry and Program Partner List
- Template 6: Multiple Site Reporting

Framework for Remote Health Care Assistant Compliance Reassessment

Notice of Intent (NOI) – New Program Recognition

The NOI confirms that an educational institution is proposing to offer the Health Care Assistant (HCA) Program in alignment with the *HCA Program Provincial Curriculum (2023)* and *HCA Program Recognition Guide (2023)*. 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 the program in alignment with provincial standards and that the program has confirmed the viability of offering a new HCA program in its proposed geographical location.

1. Name of educational institution: _____

2. Title of program: _____ Website: _____

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

   Name_____Title_____

   Telephone _____ Email_____

4. Program site address _____

5. Total program hours _____ Total program weeks _____

6. Total theory/lab hours _____ Total theory/lab weeks _____

7. Total practice education experience hours _____ Total practice education weeks _____

8. Maximum number of students per intake _____

9. Along with the NOI, submit a community needs analysis confirming the viability of offering a new HCA program in the proposed location. ***[Attachment 1– Community Needs Analysis***] Include letters of support from practice education partner sites that are willing to work with the program. ***[Attachment 2 – Letters of Support].*** See Appendix A for details (p. 2)

Signature(s) by an Administrator or equivalent at the educational institution (i.e., Dean or Owner/President) and the subject matter expert (SME) retained for program development and implementation (if identified)

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

Name _____Title _____

Signature _____Date _____

Name _____Title _____

Signature _____Date _____

RETURN COMPLETED FORM AND ATTACHMENTS TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY**. COMPLETE AND EMAIL COPY TO:** Education@cachwr.bc.ca

Appendix A – Attachment Details

Attachment 1 – Community Needs Analysis

Along with the NOI, educational institutions applying for new program recognition are asked to submit a community needs analysis. This will confirm that the program has completed preliminary research regarding the viability of offering an HCA program. which considers, but is not limited to, the following:

- Program Demand and Student Recruitment
  - What other recognized BC HCA programs are in geographical proximity to the proposed location and are these programs already fully subscribed (i.e., are there waitlists)?
  - What are potential barriers / considerations to offering an HCA program in the proposed location (e.g., transportation to campus location and practice education placement sites, housing, etc.)?
  - What are other factors that may impact the ability of the program to recruit HCA students (e.g., third party funding[20])
  - How is this new program uniquely positioned to be successful (e.g., what are the specific factors that will assist with student recruitment)?

- Community Support
  - What support is there in the community for HCA program development in the proposed location (i.e., by employers, practice education partner sites, etc.)? What has the program done in terms of industry consultation?
  - How will the program meet the practice education placement requirements for recognized HCA programs (e.g., availability of practice education placement sites in the surrounding area[21], availability of clinical instructors[22], etc.)?

- Institutional Capacity
  - What experience does the program have with health education program delivery and/or delivery of programs which require third party oversight (e.g., nursing, early childhood education, etc.)
  - Has the program identified a subject matter expert (SME) who meets minimum instructor qualifications and is a practising nurse with experience in health education curriculum development / delivery to support program development and implementation? Please outline the plan in place with this SME for development and ongoing program support.
  - For private vocational institutions, is the institution designated and in good standing with the private training institutions branch (PTIB) or has the program applied for designation status?

Attachment 2 – Letters of Support

Along with the NOI, the program must a attach letters of support from a minimum of two (2) multi-level complex care homes (MLCC) and two (2) community placement sites (home support/registered assisted living for seniors and persons with disabilities[23] /group home for clients with developmental disabilities).

Placement sites should be within the vicinity of the campus. Letters should be written on company letterhead with contact and location information, and should confirm the type(s) of placement the site is able to support (i.e., MLCC or community), the number of hours students could be accommodated for any one placement (e.g., 210 hours in MLCC and 60 in community) and the number of students the site will be able to accept for a placement at any one time.

[20] Programs with new program recognition status may not qualify for third party funding
[21] The educational institution will need to supply letters of support from a community / practice education placement sites
[22] HCA clinical instructors must be hired by the program for the duration of the clinical placement
[23] Source: Assisted Living Residences | Health Extranet (gov.bc.ca)

Form A: New Program Recognition Submission

This form is to be used in situations where a new Health Care Assistant (HCA) program is being proposed (i.e., for an institution that has no history of delivering a recognized HCA education program). Refer to *Section IX HCA Education Program Recognition Compliance Reporting* as you complete. Please complete this submission to demonstrate the new HCA program will be delivered in alignment with provincial standards.

Prior to submitting a Form A: New Program Recognition Submission, applicants must submit Notice of Intent (with attachments).

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.

Important Note: All information on Form A must be completed and supporting evidence provided. Where there are deficiencies, the Registry will notify the program. The program will have ONE opportunity for resubmission. After that point, should the program have continued deficiencies / be unable to demonstrate alignment with provincial standards, it will be required to wait one calendar year to reapply (new NOI and new Form A Submission).

Submission on [submitted date] _____

1. Program Contact Information

Name of educational 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 minimum 2 hours/week of supervised open lab time)

3. Instructional Support / Program Delivery Coordination & Oversight (Standards 2.1 and 2.2)

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

Who, at the site-based level, will ensure that the HCA program curriculum is being delivered in accordance with minimum standards? (i.e. HCA Program Lead/Coordinator) Please confirm this individual has appropriate health care experience and credentialing.
Who will be responsible for securing and organizing HCA practice education placements?
Who will be responsible for hiring / orienting HCA Program Personnel (e.g., HCA Program Lead/Coordinator, HCA Instructor(s), HCA Practice Education Coordinator, etc.) for the first intake?

If relevant, please describe the onboarding plan (i.e., transition of responsibility for meeting HCA education program standards from the SME Program Developer to HCA Program Lead/Coordinator)

4. HCA Program Entry Policies (Standard 3.1)

[***Attachment 5: HCA Program Entry Policies and Procedures, Practice Education Policies and Procedures and confirmation of Criminal Records Review Program (CCRP) Organization Registration and Enrollment]***

What processes will be used to confirm students have met the program entry requirements?
Will the program be admitting international students? If yes, please submit international student policies and procedures and comment on the items on the International Students Checklist (*Section XXIV*) will be met.
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, etc.)

Important Note: Following HCA program approval, the program will need to apply for an account with the Health Sciences Placement Network (HSPnet). Evidence of an HSPnet account must be provided to the Registry upon request. The Registry will also request a sample of the credential and transcript awarded to HCA program graduates for cross-validation purposes.

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 / Calendar** for the full program and each course within the program **–** 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]*

6. 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 a list of partner sites and affiliation agreements. Evidence that at least two (2) sites for each type of placements must be supplied (two [2] placement sites for Multi-Level/Complex Care and two [2] placement sites for Community Placement) within the vicinity of the program. 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: List of Partner Sites and Affiliation Agreements]

7. Partner Consultation: (Standard 5.1, 5.2, 5.3)

Recognized BC HCA programs are required to organize a Program Advisory Committee (PAC) to provide relevant and meaningful feedback to the program on an ongoing basis. *Please attach Terms of Reference and a list of three external representatives which may include employers, practice education partners and practitioners (include name, title and organization). [***Attachment 10: PAC Terms of Reference]***

What processes will be used to gather feedback on the program from key partners? (i.e. students, instructors, practice experience partners, employers and program graduates). [***Attachment 11: Feedback Tools / Mechanisms]***

What is the process to make improvements / changes to the program where required?

Notice of Intent (NOI) – Recognized Programs

This form is to be used in situations where an educational institution with a recognized BC HCA program is proposing an update to HCA program delivery. The NOI confirms that an educational institution is proposing to offer the Health Care Assistant (HCA) Program in alignment with the HCA Program Provincial Curriculum (2023) and HCA Program Recognition Guide (2023).

Please indicate the reason for form completion:

- ☐ Offering a one-time funded program[24]
- ☐ Adding or moving to a new location [25]
- ☐ Adding a new program variation (e.g., HCA ESL[26])
- ☐ Adding combined delivery [27]
- ☐ Other: _____

10. Name of Educational Institution: _____

11. Program Contact Person: (e.g. Department Head)

    Name: _____ Title: _____

    Telephone: _____ Email: _____

12. Title of Program: _____

13. Anticipated Program Start Date: _____ End Date: _____

14. Maximum Number of Students: _____

    Other information the program would like to share:

If a one-time funded program, list the funder and their contact information: **Important Note:** To support health human resource planning, HCA education funding and training oversight at the provincial level, the Registry may copy one or more of the following agencies on one-time funded program approvals: Private Training Institutions Branch, Ministry of Post Secondary Education and Future Skills Training, Work BC/Community Workforce Response Grant Program, any other funding contacts indicated by the program.

Signature(s) by an Administrator or equivalent at the educational institution (i.e. Dean or Owner/President) and the subject matter expert (SME) retained for program development and implementation (if identified)

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 AND ATTACHMENTS TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY**. COMPLETE AND EMAIL COPY TO:** Education@cachwr.bc.ca

[24] If not being offered at a recognized BC HCA program location, also submit Form B: New Program Location
[25] Also submit Form B: New Program Location
[26] Also submit Form C1: HCA ESL Program Variation
[27] Also submit Form C2: Combined Delivery

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 HCA Education 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 Form B 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 Form B 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 minimum of 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 XX* 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 combined delivery format (i.e., online and/or videoconference) and has not been recognized for delivery in such a variation, please submit the applicable form (*Form C2*).

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 is planning to deliver an HCA ESL Program variation.

It may also be used in conjunction with *Form A*: New Program Application, *Form C2*: HCA Combined Delivery Submission in cases where a program is proposing to deliver the HCA ESL Program in a combined delivery format or a *Form O*: HCA Program Compliance Report in cases where a recognized program approved for HCA ESL delivery is completing an HCA ESL Compliance Reassessment.

Please indicate one of the following reasons for form completion:

- ☐ An educational institution is seeking to deliver an HCA ESL Program[28]
- ☐ An educational institution is seeking to deliver an HCA ESL Program in a combined delivery format[29]
- ☐ An educational institution (with approved HCA ESL delivery) is completing a Compliance Assessment[30]
- ☐ 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 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: HCA ESL Program Information

☐ Attach an 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:

[28] New program applicants should also submit a Form A
[29] Programs seeking to deliver an HCA ESL Program in a combined delivery format should also submit a Form C2
[30] Programs completing a compliance assessment or reassessment should complete Section 5. HCA ESL Program Guidelines and submit along with their Form O: Compliance Report Submission.

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 an 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 XXI* 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 Combined Delivery Submission

This form is to be used in situations where an educational institution is planning to deliver the program using combined delivery, where a portion of theory coursework will be delivered over videoconference and/or in an online format [31].

This form may also be used in conjunction with *Form A*: New Program Recognition Submission in cases where a new program is proposing to deliver the HCA Program in a combined delivery format or a *Form O*: HCA Program Compliance Report in cases where a recognized program approved for combined delivery is completing an HCA Compliance Reassessment.

Please indicate one (or more) of the following reasons for form completion:

☐ An educational institution is seeking to deliver theory courses using combined delivery[32]
☐ An educational institution (with approved combined delivery) is completing a Compliance Assessment[33]
☐ An educational institution (with approved combined delivery) is making substantive changes (e.g., moving to a new videoconference and/or learning management system)
☐ Other: _____

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: _____

[31] Educational institutions must demonstrate that they meet guidelines for HCA Online Delivery and/or HCA Videoconference Delivery outlined in the HCA Program Recognition Guide.
[32] New program applicants should also submit a Form A
[33] Submit with Form O Compliance Report Submission

2: Combined Delivery Methods

Please indicate methods of combined program delivery (choose all that apply)

☐ Videoconference delivery, supported by a learning management system
– What is the videoconference application name (e.g., Zoom): _____
– What is the learning management system name (e.g. Moodle): _____

Complete Appendix A – Videoconference Delivery*

☐ Online delivery – what is the learning management system name (e.g., Moodle): _____
☐ Synchronous online ☐ Asynchronous online
☐ Cohort based ☐ Continuous intake

Complete Appendix B – Online Delivery*

Note: If offering a combination of both, complete both Appendices.

3: Instructional Support / Program Delivery Coordination & Oversight

*Please attach job descriptions and resumes for the online HCA Instructor(s) and person(s) in charge of HCA combined delivery and support. ***[Attachment 1: Job Descriptions and Resumes]***

Who will be responsible for coordinating HCA Combined Delivery for the educational institution (e.g., IT management and ongoing support, HCA Program Coordinator, etc.). Who will be responsible for hiring / orienting / supervising the performance of online HCA program instructors? Who will be responsible for orienting students to the videoconference and/or learning management system?

Please provide highlights on how each of these areas will be completed.

Appendix A - Videoconference Delivery

1. Submit the following attachments:

   Attachment 1: Program Outline / Program Overview

   ☐ Attach a program outline / program overview that will be provided to applicants. Details pertaining to the videoconference application (e.g., Zoom), learning management system (e.g., Moodle) and technical requirements should be included. Given that students will be required to complete lab and practice education components in person and may be required to travel outside of their home community, clear details and logistics for these requirements need to be clearly outlined in the program information provided to students before they enroll.

   Attachment 2: Program Delivery Schedule and Sample Session Plan

   ☐ Attach a detailed program delivery schedule and sample session plan. Within the program delivery schedule, indicate course codes/names and key content/topics to be covered during each session, etc. For each course/session, indicate whether it will be held over videoconference or in-person (i.e., on campus or at a practice education site).

   Within the sample session plan, provide a breakdown of how a typical session may be structured and hours allocated. For example, videoconference lecture - 1.5 hours, group breakout room activity - ½ hour, independent learning assignment to be submitted by the end of the day - 1 hour.

   Note: A minimum of 78 in person of the 120 hours scheduled for the Personal Care & Assistance course must be scheduled on campus, in the lab.

2. Complete the Videoconference Delivery Checklist. For any standard noted as partially met/not met, describe how the program will meet this standard.

3. Indicate an optimal target date for a 2-hour meeting with the Registry to review the learning management system over the VC application. If any items are still outstanding at the time of this meeting, requirements may be set.

   Date: _____

4. Share any additional information:

Videoconference Delivery Checklist:

This checklist has been developed in alignment with the HCA Videoconference Delivery Guidelines within the HCA Program Recognition Guide. These are in addition to provincial standards that have set into place for all recognized BC HCA programs.

Assessment Criterion	**Assessment ☑**		
	Fully Met	Partially Met	Not Met
A. Program Resources			
1. The institution has dedicated personnel (e.g., IT department) to support a video conference delivery format.			
2. Videoconference delivery is supported by a learning management system where students can access program documents (e.g., course outlines, etc.) and submit assignments.			
3. Students at all locations have reliable access to high-speed internet with sufficient bandwidth to support videoconference delivery.			
4. Students are provided with all required learning resources (e.g., printed / online textbooks and learning materials) in advance of the program.			
5. Supplementary learning resources are available.			
6. All equipment listed on the minimum equipment checklist is available to students for the duration of skills-based training.			
B. Instructors / Staff			
1. Instructor to student ratios for theory, lab and practice education meet minimum requirements and are sufficient to support learning groups from all learning locations.			
2. The HCA Program Coordinator and HCA Instructors have received training for HCA program delivery using the chosen videoconference application (e.g., Zoom) and learning management system (e.g., Moodle).			
3. HCA clinical instructors and/or preceptors hired to support placements in regional areas are provided with a full orientation to the HCA program and the videoconference application (e.g., Zoom) and learning management system (e.g., Moodle), where relevant.			
C. Mechanisms for Student and Instructor Support			
1. Ensuring that students have a basic level of computer literacy prior to enrollment.			
2. IT support is available to assist HCA instructors, and students with video-			

conferencing / online learning management system during scheduled program hours.			
3. An orientation with students is scheduled at the beginning of the program. The orientation includes an overview of videoconference application (e.g., Zoom) and the learning management system (e.g., Moodle), as well as expectations and protocols related to this delivery format and contingency plans for instances when technology may fail.			
4. 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).			
5. There are mechanisms in place to monitor student attendance and participation and for follow up with the student, where required.			
D. Program Structure, Sequencing and Integration			
1. Instructor – student touch points are strategically scheduled to support student success.			
2. Skills based training (i.e., a minimum of 78 hours of lab and 150 hours of clinical) is completed under the direct supervision of an HCA instructor.			
E. Program Delivery and Assessment			
1. Learning activities are designed to increase student – student and student – instructor interaction. Learning activities are supported and monitored by the instructor. There is thoughtful integration of face-to-face learning, and these components are carefully planned to maximize interactive and applied learning opportunities (e.g., role plays, break-out rooms, lab skills practice, case study assessment).			
2. Guidelines for assessment are clearly articulated (i.e. assessments and rubrics are clear) and are available on the online learning management system.			
3. For invigilated exams, details are provided on how to make arrangements for these.			
F. 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			

Appendix B - Online Delivery

1. Submit the following attachments:

   Attachment 1: Program Outline / Program Overview

   ☐ Attach a program outline / program overview that will be provided to applicants. Details pertaining to the learning management system (e.g., Moodle) and technical requirements and equipment (e.g., webcam, microphone, internet accessibility, sufficient bandwidth, etc.) should be included. Given that students will be required to complete lab and practice education components in person and may be required to travel outside of their home community, clear details and logistics for these requirements need to be clearly outlined in the program information provided to students before they enroll.

   Attachment 2: Program Delivery Schedule

   ☐ Attach a detailed program delivery schedule – For each session, indicate course codes/names, session information (course codes/names, corresponding topics / key content to be covered within each session, etc.). For each course/session, indicate whether it will be held over online or in person.

   Note: A minimum of 78 in person of the 120 hours scheduled for the Personal Care & Assistance course must be scheduled on campus, in the lab.

2. Complete the **Online Delivery Review Checklist**. For any standard noted as partially met/not met, describe how the program will meet this standard.

3. Indicate an optimal target date for a 2-hour meeting with the Registry to review the learning management system. If any items are still outstanding at the time of this meeting, requirements may be set.

   Date: _____

4. Share any additional information:

Online Delivery Review Checklist:

This checklist has been developed in alignment with the Online HCA Program Delivery Guidelines in the HCA Program Recognition Guide. These are in addition to provincial standards that have set into place for all recognized BC HCA programs.

Assessment Criteria	Assessment ☑		
	Fully Met	Partially Met	Not Met
A. Web Design Standards			
1. All online courses use a logical and consistent structure and design format.			
2. Course information is laid out in a clear and comprehensive manner.			
3. Navigation throughout the courses is consistent, predictable and efficient.			
4. Hyperlinks and internal links are clearly identified (e.g., underlined).			
5. It is easy for the learner to move to from the course to outside links and back again.			
B. Technology Standards			
1. The course uses basic hardware, and free software plug-ins where required. Learners are informed of any specialized technology requirements.			
2. Faculty and student orientation and training regarding online delivery are provided prior to teaching/learning.			
C. Course Information Standards			
1. A course outline/syllabus and course description is provided to students in the first week of class and provides details on how the course will be delivered including information on: ○ Fixed (synchronous) class times ○ Asynchronous class options (i.e. whether there will be recorded lectures or activities to be completed) ○ How students can communicate with / contact the instructor ○ How students can access/request IT assistance during and after hours ○ Learning activities (lectures, discussions, worksheets, etc.) ○ Participation expectations (e.g. in discussion forums) ○ Methods of assessment ○ How feedback will be provided ○ Expectations for conduct			
D. Writing Standards			
1. The content is free of bias related to age, culture, ethnicity, sexual orientation,			

gender, or disability.			
2. All content in the course is appropriately cited.			
3. The course readability level is appropriate for the level of the course.			
4. The course has no grammar, punctuation, or spelling errors.			
E. Resources Standards			
1. Learning materials are current and reflective of the role of HCAs in BC.			
2. Learners are provided with various types of learning materials and modalities.			
3. A list of learner support resources with links to the sources is provided.			
F. Organization Standards			
1. The information is provided to the learner at the beginning of the course in a readily available way.			
2. Detailed information regarding any face to face course/program elements (i.e., dates/times, duration, location) is provided prior to admission.			
~~3.~~ There is a course schedule which includes all learning activities and deadlines or other guidelines for when activities and assessments are to be completed.			
4. There are mechanisms in place to monitor student attendance and participation and for follow up with the student, where required.			
~~5.~~ The learning material is presented in coherent learning segments (e.g., modules, lessons, tutorials).			
6. 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.			
G. Pedagogy Standards			
1. 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.			
2. Instructions for each activity are easy to locate.			
3. All required details are included.			
4. For invigilated exams, details are provided on how to make arrangements for these.			
5. Clearly stated, detailed scoring rubrics or equivalents describe the important performance criteria expected of the learners.			
6. Details of the marking criteria that will be used for all graded / non-graded assignments are provided to learners prior to beginning the activity.			

7. The performance criteria align with the learning outcomes/objectives.			
8. A variety of interactive and applied learning activities opportunities (e.g., group discussions, role plays, lab skills practice, audio/video recorded lectures or PowerPoints, case study assessment) are incorporated into the course, all of which facilitate deeper understanding of the content.			
9. The course is designed to ensure feedback is prompt, timely, frequent, ongoing, appropriate, and has value to the learners.			
F. Further Recommendations			
1. A minimum of one external member from the program advisory committee is appropriately qualified to advise on matters related to online delivery.			

Form O: HCA Program Compliance Report Form

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

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

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

Submission on [submitted date] _____

Program Information

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

Program contact person (e.g. Department Head):
Name: _____
Title: _____
Address line1: _____
Address line2: _____
City: _____
Postal code: _____
Telephone: _____
Email: _____

Area 1: Facilities and Institutional Resources

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

What policies and procedures are in place to ensure the lab and lab equipment are appropriately maintained?

If not on site, how does the program access all appropriate laboratory equipment?

Are students scheduled in separate lab groups? How is access to the lab coordinated?

How many hours of supervised lab training do students receive as part of their training?

Do students have access to the laboratory for practice after class hours?

If yes, how many hours per week?

If not, how are students provided with additional practice or assistance with their skills?

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

Standard 1 – Evidence to be assessed in the Site Visit:
Physical facilities, Program Resources, Lab Equipment
Interviews with instructors, program staff and students

Area 2: Instructional Staff & Program Personnel

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

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

Please describe your program:

Are position descriptions available for all those who have roles / responsibilities for the HCA Program?

If not available for all positions, describe how employer expectations are shared for their role in the program.

What is the usual staff to student ratio in the HCA Program?
Classroom? _____
Laboratory? _____
Clinical Practice Experience? _____

What mechanisms are in place to monitor and affirm that sufficient instructional support is in place for student education?

What mechanisms that are in place to monitor and affirm that the program meets to BC HCA Program provincial requirements?

Attachment 2: Please complete Template 1 HCA Program Instructor Information and Template 2 HCA Program Staff and provide an organizational chart for the HCA program.

Standard 2.2 - The qualifications and experience of instructional staff enable quality delivery of the program. (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.			
2.2b Instructors receive a comprehensive orientation and ongoing support.			
Please describe your program: Provide the minimum hiring qualifications for instructors in the HCA program. Outline the orientation and ongoing support available to instructors			

Standard 2 – Evidence to be assessed in the Site Visit:
Instructor Handbooks and orientation manuals
Feedback from instructors, staff, student and graduates
Instructor resumes and proof of current registration

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. (Appendix 4: Minimum ***HCA*** Program Entry Requirements **and** ***Appendix 5: Prerequisites for HCA Practice Education***)

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

education are met.			

Please describe your program:

List program entry requirements.

Describe the process used to confirm students have met the program entry requirements.

Describe the processes used to verify the legitimacy of admissions documents.

If admitting international students, submit international student policies and procedures and comment on how items in the International Students Checklist (*Section XXIV*) are being met.

If not required for program entry, how is it confirmed students meet additional requirements prior to their first practice experience? (Immunizations, CRC, First Aid, CPR, WHMIS, Foodsafe Level 1, etc.)

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

Standard 3 – Evidence to be assessed in the Site Visit:
Admission & Practice Education Requirements Policies/Forms
Recent Graduate and Active Cohort admissions files/information (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines)
Interviews with Students, Instructors, Practice Education Partners
Registry may request / conduct a cross-verification of applicant scores on file with agency that conducted assessment

Area 4: Program Outcomes, Delivery and Assessment

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

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
4.1a Learning outcomes and content align with the HCA provincial curriculum.			
4.1b The program is appropriately sequenced.			
4.1c Learning outcomes are delivered and assessed using a variety of strategies.			
4.1d The program can demonstrate the students have met learning outcomes.			

Please describe your program:

Submit curriculum documents demonstrating alignment with the HCA Provincial Curriculum.

If the course design has been modified from that in the provincial curriculum, programs will need to contact the Registry to discuss additional requirements.

Describe any updates / improvements made to your HCA program curriculum within the past year.

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

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

Standard 4.2 - The practice education experiences are effectively integrated into the program and the roles and responsibilities of all parties are clear. (*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 for practice education experiences (process flow).

How far in advance are students provided with details for their practice experiences (location and schedule)?

Summarize program policies that support HCA instructors to put learning plans into place where learning outcomes are not being met and/or to remove from the practice setting. Indicate how the grade appeal policy provides students with a mechanism in place to appeal cases of failing due to unprofessional/unethical behaviour or unsafe practice or a variety of other factors.

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

Outline the orientation and ongoing support that the program provides to partner site HCA mentors involved in student learning.

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

Attachment 6: Practice education experience handbook(s) / documentation
Attachment 7: Provide a list of HCA Practice Education Partner Sites, please see Template 4

Standard 4 – Evidence to be assessed in the Site Visit:
Healing 3: Personal Care and Assistance course information will be reviewed in detail by site visitor, including resources and activities used for the integration of skills in the lab setting, care scenarios and practice tools
Completed Theory, Lab and Practice Education Evaluations for all students in most recent graduating cohort (with releases signed or redacted names/personal information in alignment with FOIPPA guidelines)
Policies and procedures (including policies to address student attendance, student academic progression, failure and readmission).
Interviews with Students, Instructors, Practice Education Partners
Signed Affiliation Agreements with Practice Education Partner Sites

Area 5: Partner Consultation

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

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

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

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

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

Assessment Criterion	**Self-Assessment ☑**		
	Met	Not Met	Partially Met
5.3a Evidence exists that concerns arising within feedback are being addressed.			
Please describe your program:			

Provide two (2) or more examples on how the program has used partner feedback to make any needed improvements to the program.

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

Standard 5 – Evidence to be assessed in the Site Visit:
PAC Terms of Reference and PAC Meeting Minutes from previous years, Faculty Meeting Minutes, Graduate employment rates, Program review reports (if available)
Completed Partner Surveys / Questionnaires
Interviews with current students, instructors and program staff

Area 6: Program Strengths (Optional)

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

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

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

Compliance Report Attachments

Electronic Folders "Attachment 1" with corresponding documents / files inside each folder

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

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

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

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

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

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

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

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

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

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

Template 1: HCA Program Coordinator and Instructor Information (Sample)

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

Name	Courses Taught (Code & Title)	Professional licensing / registration status	Related work experience (employer, positions titles and dates)	Adult Education Credential(s) / Teaching Experience	Dates of Completion for Indigenous Cultural Safety and Humility and HCA Practice in BC coursework
Sample Name	*HCA 101: Concepts for Practice* *HCA 102: Introduction to Practice*	*BCCNM #11111* *Current, full registration*	*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*	*2021 – Sanyas Cultural Safety and Awareness Training* *2021 – HCA Practice in BC course on LearningHub*

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 Partner 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 (PAC) members.

Name	Partner Type (i.e., graduate, practice education partner, PAC member)	Title	Email Address	Phone Number
Jenny Lee	Program Graduate	HCA	jenny@hotmail.com	605-555-5555
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

Template 6: Multiple Site Reporting

Along with the Form O: HCA Compliance Report, educational institutions will also need to submit a completed Addendum for **each** additional recognized campus location offering the HCA program. Please entitle as "Template 6 Addendum_Name of Site" and provide listed attachments for each program delivery site. This addendum is to be included at the time of the compliance report submission.

Attachments	To be included in each Addendum:
Attachment 1: Relevant policies and procedures (e.g., lab oversight and equipment maintenance / purchase). *Also include floor plan and photos of set up classroom and lab spaces.	ⓘ Site Specific
Attachment 2: Template 1 HCA Program Instructor Information and Template 2 HCA Program Staff and an organizational chart for the HCA program	ⓘ Site Specific
Attachment 3: Program information supplied to students (Program Outline, Orientation Package, Student Handbook	
Attachment 4: Curriculum Submission	
Attachment 5: Program Delivery Schedule / Calendar (Template 3)	ⓘ Site Specific
Attachment 6: Practice education experience handbook(s) / documentation	
Attachment 7: List of HCA Practice Education Partner Sites (Template 4). *Also include affiliation agreements.	ⓘ Site Specific
Attachment 8: Partner Contact List (Template 5)	ⓘ Site Specific
Attachment 9: Supplementary Evidence, if applicable.	ⓘ Site Specific

Framework for Remote HCA Program Compliance Reassessment

At the discretion of the Registry, a remote site visit may be planned. In such cases, the program will be asked to supply **additional materials** with the Form O: HCA Program Compliance Report

Remote HCA Program Reassessments will be comprised of the following two segments:

1. Submission of the following, **additional materials** with the Form O: Compliance Report[34]

   Area I: Facilities and Institutional Resources
   - Floor plan, photos of classroom and lab spaces
   - Completed HCA Program Minimum Equipment Checklist, with numbers of each lab item noted (e.g., 4 beds, 8 top sheets, etc.)
   - Photos of set up lab spaces and equipment included on the HCA Program Minimum Equipment Checklist

   Area 2: Instructional Staff and Program Personnel
   - HCA Program Coordinator (or equivalent) and Instructor Resumes outlining how they meet the HCA minimum instructor qualifications

   Area 3: Program Entry Policies
   - The tool/process used by the program to determine program entry requirements, namely if an applicant's first language is English / not English (e.g., English Language Declaration Form)
   - The tool/process used by the program to determine pre-requisites for practice education are met prior to the start of the first practice education experience (e.g., Tracking Form)
   - Description of how the tools are used
   - Evidence confirming program compliance with minimum standards
     - Class Lists confirming program entry requirements and pre-requisites for practice education for current students and the most recently graduated cohort have been met (templates will be provided)

   Area 4: Program Outcomes, Delivery and Assessment
   - Access to the HCA Program online platform, if relevant
   - Tools used for lab skills testing and practice education evaluation
   - Signed Affiliation Agreements (for placement sites used for most recently graduated cohort and upcoming placements)

   Area 5: Partner Consultation
   - PAC meeting minutes/agendas from the past two years
   - Program survey information (summarized evaluation data acceptable)

[34] For more information, see *Section IX. HCA Education Program Compliance Reporting*.

2. Remote Site Visit

- Following submission of the compliance report and subsequent review, the Registry evaluator will be in touch with the program contact to schedule a remote site visit using videoconference technology with screen sharing capabilities (e.g., Zoom)

- It is expected that the program contact will set up group interviews and provide appropriate links and contact information to the Registry evaluator and other program participants and personnel. Although there may be differences based on program structure, it can be anticipated that videoconference interviews will be arranged with the following: current students (group interview), staff involved in HCA program admissions and practice education, HCA program faculty (group interview), HCA program coordinator, lead administrator (e.g., Campus Director or Dean).

- The program will be asked to prepare the following documents and share them over screen share during the remote site visit: evidence of meeting HCA program entry requirements, evidence of meeting pre-requisites for practice education, completed lab skills evaluations, completed practice education evaluations and program learning outcomes verification for graduates from the most recently graduated cohort.

Appendix 2: HCA Program Minimum Laboratory Equipment Checklist

The following is a list of equipment that must be available within the HCA lab. It is expected that the equipment provided is industry standard and in good repair. Recognized HCA programs are expected to have processes and procedures in place for lab maintenance (including systems and personnel for inventory control, re-stocking and equipment upkeep and repair).

The lab needs to be set up with bed stations that simulate a multi-level/complex care environment. Programs are also strongly encouraged to set up a space simulating a home environment (e.g. bathroom with adaptive equipment, etc.) There must be adequate space for circulation of people and equipment between beds, as well as storage for supplies and equipment. There is a ratio of a minimum of 1instructor to 18 students in the lab. To ensure students are provided with adequate access to equipment, it is understood that a lab rotation schedule may be established.

Given it is a learning environment, it is recommended that the lab also include an area where students can be seated (e.g., with movable tables and seating in the middle of the room), as well as a desk/chair/computer station for the instructor and an LCD projector (for video/data projection to allow for demonstration of skills and scenarios, etc.). In addition to the minimum equipment, the program is encouraged to include items that students may encounter during their practice education placements, such as site-specific documentation, signage (e.g., isolation precautions, etc.), isolation cart, palliative care items, etc.

Students must 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. Slings of varying sizes should be made available (e.g., XS, S, M, L, XL).

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).

☑	**Equipment**	**Ratio per student number**	**Inventory Number**
	Hospital beds[35] (power operated, with remote control)	1:4	
	Linens for <u>each bed</u> (reflective of current practice, matching and in good repair)		
	Top sheet (2 sets)		
	Bottom/fitted sheets (2 sets)		
	Pillows (2 per bed)		
	Pillowcases (4 per bed)		

[35] The program must have enough beds to accommodate the number of students in each intake. For recognized program locations, a minimum of 2 beds per lab is required. It is recommended that at least one bed has four side rails to bring awareness to the use of restraints in multi-level/complex care.

	Blankets (1 per bed)		
	Slider sheets (1 per bed)		
	Flannel blankets (1 per bed)		
	Incontinence underpads (2 per bed, quilted and disposable)		
	Equipment for <u>each bed</u>: (unless otherwise noted)		
	Bedside table		
	Overbed table		
	Call bell or simulation		
	Garbage can		
	One bedpan		
	Urinal		
	One kidney basin or small bowl		
	One wash basin		
	Soap and examples of skin cleansers used for personal care*		
	Hand sanitizer		
	Roll of toilet paper		
	Moisturizing lotion*		
	Mouth wash (or simulation)		
	Denture cup and brushes		
	Oral care swabs or sage toothettes		
	Brush and comb*		
	Toothbrush and toothpaste*		
	Supplies for nail care, including nail brush, file, clippers (for hands and feet), wooden manicure stick (orange stick), surface cleaning and disinfecting wipes, small, re-sealable plastic bag/container		

	Dentures (1 set per lab)		
	Sample Meal tray (2 per lab) (industry standard material, such as melamine or plastic)		
	Set of dishes and cutlery* (2 sets per lab) (Industry standard, non - breakable for safety reasons)		
	Set of adaptive utensils (1 set per lab)		
	Other adaptive eating and drinking aids (2 items, such as specialized cups and dishes)		
	Thermometers – variety: temporal, tympanic (2 of each per lab)		
	Transfer belt/gait belt (4 per lab) (industry standard, with grip handles, etc.)		
	Personal Protective Equipment (goggles, face shields, disposable or launderable gowns, masks) (Ensure an adequate supply to meet industry and safety standards, minimum 2 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	
	Adaptive Clothing Set		
	Hip protectors (shorts/pants)		
	Support stockings	1:8	
	Adult disposable briefs of different styles (e.g., with adhesive tabs, mesh with inserts, pull ups, etc., along with a variety of incontinence supplies for demonstration purposes)	1:4	
	Sink (plumbed, with hot and cold running water) (1 per lab)		
	Towels (hand and bath) and washcloths (2 of each per bed)* Distinction for peri cloths (e.g., colour-coded)		
	Disposable gloves for each student*		
	Paper towels		
	Scale (1 per lab)		
	Transfer/sliding board (1 per lab)		
	Bed cradle for hospital bed (1 per lab)		
	Eyeglasses for simulation of visual deficiencies	1:4	
	Hearing aid (1 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	1:12	
	Canes		

	Laundry basket / system		
	Patient mechanical lift (sit to stand) – (1 per lab)		
	Patient mechanical lift (full) with a variety of slings - (1 per lab)		
	Male torsos – (1:4) or Male Genitalia Parts (1:4)		
	Female torsos – (1:4) or Female Genitalia Parts (1:4)		
	Adult manikin (1 per lab: high fidelity, geriatric manikin recommended but not required)		
	Stethoscope (for demonstration purposes)		
	Sphygmomanometer (for demonstration purposes)		
	Blood glucose meter and testing strips (for demonstration purposes)		
	Oxygen equipment (for demonstration purposes)		
	Inhaled Respiratory Devices (for demonstration purposes)		

Appendix 3: Minimum Instructor Qualifications

Theory, Lab and Practice Education Courses

1. Current unrestricted (i.e., no conditions on license or provisional registration) full registration as a licensed practical nurse, registered nurse or registered psychiatric nurse with the BC College of Nurses and Midwives (BCCNM) [36]; and

2. Demonstrated ability to teach adult learners (e.g., completion of Provincial Instructor Diploma **or** equivalent education **or** previous teaching experience with satisfactory references **or** positive performance evaluations[37] and student course evaluations); and

3. Two or more years of full-time Canadian nursing experience[38] (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 (e.g., shadow shifts) in home support and multi-level/complex care.

4. Evidence of completion of course work in Indigenous cultural safety and humility (e.g., *San'yas Anti-Racism Indigenous Cultural Safety Training* or an alternative training program)[39]; and

5. Evidence of completion of the Health Care Assistant Practice in BC course available on the LearningHub as part of their orientation/on-boarding. This will support a current understanding of the role of the HCA within BC.

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

[36] In cases of proven hardship where existing staff do not meet these minimum instructor qualifications, an educational institution may contact the Registry to request an exemption.
[37] It is expected that recognized programs have written policies and processes in place for onboarding, mentoring and evaluating newly hired HCA instructors. To support clinical instructors, programs are encouraged to utilize the *Preceptor and Clinical Instructor Orientation Tools* available in the *Health Care Assistant Program Supplement to the Provincial Curriculum Guide (2015) Third Edition* or most recent edition.
[38] This is the minimum requirement. It is recommended that HCA programs hire instructors with a minimum of three (3) to five (5) years of Canadian nursing practice experience. Work hours completed as part of a nursing education program (i.e., practice education hours) must not be used towards these hours.
[39] See BCCNM Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard and learning resources

Appendix 4: Minimum HCA Program Entry Requirements

These are the *minimum* program entry requirements that must be met by applicants before they are enrolled in a recognized BC HCA Program. Evidence of meeting these minimum requirements must be available in student files prior to their acceptance.

Post-secondary institutions (PSIs) may set admissions standards that exceed these requirements (e.g. setting higher program entry requirements). PSIs may also require applicants to submit prerequisites for HCA practice education prior to starting the program.

Program Entry Requirements

Evidence of both of the following must be provided prior to acceptance:

1. Proof of Grade 10 completion (or equivalent)[40] **OR** mature student status[41]

2. Proof of meeting **HCA Program Entry - English Language Competency Requirements**
   - For applicants with three years of full-time instruction in English*: English 10 completion or equivalent
   - For applicants with less than three years of full-time instruction in English*: Standardized English language proficiency test score

   *Defined as three (3) years of full-time secondary and/or post-secondary education at a recognized institution[42] on the list of Approved English Speaking Countries. Secondary education will be considered starting from grade 8. English as a Second Language (ESL) courses will not be considered.

Note: If the program is accepting international students, a clear police certificate from country of origin must also be included as a program entry requirement[43].

HCA Program Entry - 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 to be successful in their studies and capable of providing safe and competent care to patients/clients/residents in the work environment during practice education components.

To ensure consistency and quality assurance, institution-created tests are not acceptable for the assessment of HCA program applicants.

For clarification, three years of full-time instruction in English is defined as three (3) years of full-time secondary and/or post-secondary education in the English language at a recognized institution[44] on the list of Approved English Speaking Countries. English as a Second Language (ESL) courses will not be considered.

---

[40] To determine equivalency, BC PSIs may wish to consult ICES Country Specific Information or ICAS International Education Guides

[41] Where a post-secondary institution allows entry based on mature student status, the institution must have a definition/policy in place.

[42] Recognized institution: an institution that is in good standing with the Ministry of Education or equivalent in the country of origin.

[43] A clear police certificate from the country of origin must be provided prior to acceptance given that HCA students provide care to vulnerable clients within the practice education portion of the program. To avoid potential hardship for students arriving from another country, the police certificate is an admission requirement. For further information, see information provided at: https://www.canada.ca/en/immigration-refugees-citizenship/services/application/medical-police/police-certificates/how.html

[44] Recognized institution: institution that is in good standing with the Ministry of Education or equivalent in the originating jurisdiction.

English Language Competency Requirements

1. Applicants who provide evidence of three years of full-time instruction in English[45] must also provide proof of one of the following:
    a) Completion of Grade 10 English[46] (or higher). A minimum of a C grade is acceptable.
    b) Completion of college courses determined to be equivalent to Grade 10 English (or higher) by post-secondary institutions. A minimum of a C grade is acceptable.
    c) ACCUPLACER Next Generation Test Results: Reading 230, Writing 230 and Writeplacer 4
2. Applicants who cannot provide evidence of three years of full-time instruction in English are required to provide proof of one of the following standardized proficiency tests from an authorized assessment agency.
    a) Canadian Language Benchmarks Placement Test (CLBPT) or CLBPT Remote.[47] Test in the last year. Listening 7, Speaking 7, Reading 6 and Writing 6.
    b) Canadian English Language Proficiency Index Program (CELPIP General or CELPIP Online). Test in the last two years. Listening 7, Speaking 7, Reading 6 and Writing 6.
    c) International English Language Testing System (IELTS Academic, IELTS General or IELTS Academic Online). Test in 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.
    d) Canadian Academic English Language Assessment (CAEL or CAEL Online). Test in the last two years. Overall Score of 60, with no section less than 50.
    e) The Test of English as a Foreign Language (TOEFL iBT or TOEFL iBT Home Edition). Test in the last two years. Overall score of 76 with no score lower than 20 in Speaking and Listening and no score lower than 18 in Reading and Writing.

Notes:
In cases where applicants already hold Canadian English Language Benchmark Assessment for nurses (CELBAN) results. Test in the last 2 years. Speaking 7, Listening 7, Reading 6, Writing 6.

In addition to the tests and test scores listed above (#2), recognized BC HCA Programs also have the discretion to accept HCA program applicants with a CLB Report Card from a LINC Program indicating "Completing" CLB Speaking 7, Listening 7, Reading 7 and Writing 7 AND "Recommended Class Placement" as Speaking 8, Listening 8, Reading 8 and Writing.

[45] Applicants must provide a transcript(s) or a BC personal education record as evidence to confirm completion of a minimum of three years of full-time instruction in English. To meet this threshold, the Registry looks to confirm that applicants have studied over a period of three years and completed a minimum of two semesters of studies within each year. In addition, it is expected that the student will be taking full time studies (30 credits per academic year to a minimum of 18 credits per academic year [60% courseload]). In this way, it is typically a minimum of six semesters with total credits between 54 – 90 credits, completed over the three-year timeframe.
[46] Includes any English Language Arts 10 course or GED indicating completion of the English requirement.
[47] HCA Educators must ensure that the CLBPT is conducted with a licensed CLBPT Assessment Centre by a certified CLBPT language assessor.

BC HCA English as a Second Language (ESL) Programs (or equivalent)

For PSIs 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:

a) Canadian Language Benchmarks Placement Test (CLBPT) or CLBPT Remote.[48] Test in the last year. Listening 6, Speaking 6, Reading 5 and Writing 5.

b) Canadian English Language Proficiency Index Program (CELPIP – General or CELPIP - Online). Test in the last two years. Listening 6, Speaking 6, Reading 5 and Writing 5.

c) International English Language Testing System (IELTS Academic, IELTS General or IELTS Academic Online). Test in 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.

d) Canadian Academic English Language Assessment (CAEL or CAEL Online). Test in the last two years. Overall Score of 50, with no section less than 40.

e) The Test of English as a Foreign Language (TOEFL iBT or TOEFL iBT Home Edition). Test in the last two years. Overall score of 56 with no score lower than 15 in Speaking and Listening and no score lower than 13 in Reading and Writing.

Notes:
In cases where applicants already hold Canadian English Language Benchmark Assessment for nurses (CELBAN) results. Test in the last 2 years. Speaking 6, Listening 6, Reading 5, Writing 5.

In addition to the tests and test scores listed above for BC HCA ESL (or equivalent) Programs, recognized BC HCA Programs also have the discretion to accept applicants with a CLB Report Card from a LINC Program indicating "Completing" CLB Speaking 6, Listening 6, Reading 6 and Writing 6 AND "Recommended Class Placement" as Speaking 7, Listening 7, Reading 7 and Writing 7.

[48] HCA Educators must ensure that the CLBPT is conducted with a licensed CLBPT assessment centre by a certified CLBPT language assessor.

Approved English-Speaking Countries[49]

The following countries are considered as those with English language systems / institutions, where English is a primary and official language, and the language used for education.

American Samoa
Anguilla
Antigua and Barbuda
Australia
Bahamas
Barbados
Belize
Bermuda
Botswana
British Virgin Islands
Canada
Cayman Islands
Dominica
Falkland Islands
Fiji
Gambia
Ghana
Gibraltar
Grenada
Guam
Guyana
Ireland
Jamaica
Kenya
Lesotho
Liberia
Malta
Mauritius
Montserrat
New Zealand
Nigeria
Saint Helena
Saint Lucia
Saint Kitts and Nevis
Saint Vincent and the Grenadines
Seychelles
Sierra Leone
Singapore
South Africa
Tanzania
Trinidad and Tobago
Turks and Caicos Islands
Uganda
United Kingdom
United States
United States Virgin Islands
Zambia
Zimbabwe

[49] This list has been updated as per countries that satisfy the English language admission standard for the University of British Columbia

Appendix 5: Prerequisites for HCA Practice Education

If not required by the PSI at the time of admission to the program, evidence of completion of the following must be in student files prior to the first practice education experience. All Evidence must be current and valid.

- First Aid Certification
- CPR Level "C" Certification or "Basic Life Support (BLS)" Certification
- Foodsafe Level 1 Certification (or a certificate course deemed equivalent)
- Completion of the Student Practice Education Core Orientation (SPECO) (available on the LearningHub), which must include the following:
  - A signed checklist SPECO Checklist.pdf (phsa.ca)[50]
  - Proof of meeting current immunizations / vaccinations as per health care organization policies / guidelines (or signed vaccination exemption form, except TB)[51]
  - Criminal record check from the Criminal Records Review Program, including clearance to work with vulnerable adults[52]
  - Provincial Violence Prevention Curriculum E-Learning Modules
  - WHMIS – Provincial Course
- Completion of the Health Care Assistant Practice in BC E-Learning Modules (LearningHub)
- Completion of the Recognizing and Responding to Adult Abuse course (LearningHub)

The following are strongly recommended:

- A health declaration completed by the applicant confirming they understand the role of the HCA and are prepared to learn and practice HCA skills and competencies. The declaration may also be used to identify any learning needs of the applicant (completed by the applicant prior to acceptance)
- Mental Health First Aid (available through the Mental Health Commission of Canada)
- Dementia Care Training Certificate[53]
- Provincial Violence Prevention Curriculum In Person Workshop - available through SafeCare BC; may be required for placement, confirm with placement site and view further information here: Violence Prevention Training for Students.pdf (healthcarebc.ca)
- In addition to HCA Program Provincial Curriculum coverage and the HCA Practice in BC E-Learning module (Module 3), completion of further coursework in Indigenous cultural safety and humility[54]

Notes:
Educational institutions will also need to publish / provide information to prospective applicants about additional practice education and workplace specific health and safety requirements. Practice education partner sites may also have additional training / certification standards that must be met prior to placement.

The knowledge and skills offered in the First Aid, CPR Level "C" or "BLS" and Foodsafe Level 1 courses are not included in the HCA Program Provincial Curriculum. If the PSI includes any of these external certifications in their HCA program, any time spent on this training must be added to the program (above and beyond the minimum course / program hours outlined in the HCA Program Provincial Curriculum).

[50] The Registry recognizes that there may be items on the SPECO checklist that are not required for HCA student placements.
[51] For placements at BC Health Authority sites, educational institutions should carefully consult the Practice Education Guidelines of BC (PEGs) to ensure they comply with practice guideline standards.
[52] No other types of criminal record checks are acceptable. Educational institutions applying for new program recognition will need to confirm they have successfully registered as a post-secondary institution with the Criminal Records Review Program.
[53] Dementia care training is available through SafeCareBC and the Alzheimer Society of BC. Recognized HCA programs may require that students complete further certification to meet specific requirements of the health authority / employers in their region.
[54] Courses such as 'Providing culturally safe care with an Indigenous Lens' (available through Palliative Care Education Program for Personal Support Workers [PACE for PSWs] or San'yas Anti-Racism Indigenous Cultural Safety Training Program

Appendix 6: 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[55] and is in a real-life setting under the immediate supervision of a fully qualified instructor employed by the educational 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 (2023-2024): *a preceptorship is a period of final work experience where a student performs actual clinical or other professional procedures in a real-life setting.*

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)
  - A minimum of 150 hours of instructor-led clinical placement hours (completed **first**)[56]

[55] 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.

[56] 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.

- 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 for each placement
- ☐ 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[57]
  - 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.
  - Policies for BC HCA Program students in relation to medication delivery (see Registry website Educator's page for guidelines)

[57] **Note:** Use of the Professional Behaviour Development Rubric from the *Health Care Assistant Program Supplement to the Provincial Curriculum Guide (2015), 3rd Edition* or most recent edition is recommended.

Appendix 7: Application for Recognition

This document is provided in hard copy for reference only (may be subject to change). If required, please contact the Registry at education@cachwr.bc.ca for further direction.

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 (e.g., 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) ☐
Face to Face Delivery ☐
Combined Delivery ☐
  Videoconference delivery supported by a learning management system ☐
  Online delivery over a learning management System ☐
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

For the purposes of ongoing recognition, please response to the questions below.

Does the program follow the educational delivery standards outlined in the HCA Program Recognition Guide? Yes ____ No ____

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

Do you have any suggested updates for the next edition of the HCA Program Provincial Curriculum? If not, enter N/A: _____

Please confirm you have reviewed the HCA Program Recognition Guide: _____

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.
Attach an excel spreadsheet with completed information as follows for each site:
For **all partner sites**, please also provide host site contact information (contact person name, telephone number and email) so that a history of placements can be confirmed.

Name of Partner Site	Address with Postal Code	Type of Facility (i.e., 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)	Contact Person, Phone #, Email

Please supply information on past, current and future cohorts (student intakes): Provide information on all HCA programs that started on or after January 1 of the preceding calendar year and continue to report on HCA programs that have started right up to the present day (to the date of report submission). Provide information on programs that are scheduled to begin this calendar year (after the date of report submission).

Campus(es)	Start date	End date	# Seat Capacity	# Students	# Graduates

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: Partner 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 Post Secondary Education and Future Skills or an appointed Appeal Review Panel. 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.

Appendix 8: Annual Training Profile

This document is provided in hard copy for reference only (may be subject to change). It is an annual requirement with a submission due date of April 15. If required, please contact the Registry at education@cachwr.bc.ca for further direction.

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 Locations & 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) ☐ Face to Face Delivery ☐ Combined Delivery ☐ Videoconference delivery supported by a learning management system ☐ Online delivery over a learning management System ☐	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

For the purposes of ongoing recognition, please response to the questions below.

Does the program follow the educational delivery standards outlined in the HCA Program Recognition Guide? Yes ____ No ____

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

Program Admission Requirements: Attach document outlining admission requirements.

Minimum Instructor Qualifications: Attach document outlining instructor qualifications.

5. Partner Sites & Cohorts

Attach an excel spreadsheet with completed information as follows for each site:
For **all partner sites**, please also provide host site contact information (contact person name, telephone number and email) so that a history of placements can be confirmed.

Name of Partner Site	Address with Postal Code	Type of Facility (i.e., 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)	Contact Person, Phone #, Email

Please supply information on past, current and future cohorts (student intakes): Provide information on all HCA programs that started on or after January 1 of the preceding calendar year and continue to report on HCA programs that have started right up to the present day (to the date of report submission). Provide information on programs that are scheduled to begin this calendar year (after the date of report submission).

Campus(es)	Start date	End date	# Seat Capacity	# Students	# 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

Appendix 9: Sample Interview Questions

Interviews with HCA program partners are important to the recognition process. Input from program partners 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 program partners prior to their interview with Registry evaluator(s).

For the purposes of the Registry recognition, a program partner is defined as a person, group or organization that has interest and/or concern in the program. A program partner is someone that can be impacted by the actions, outcomes and policies of the educational institution. Examples of program partners include instructors, students, employers, partner site personnel and Program Advisory Committee (PAC) members.

Partner interviews with current program instructors, staff and students (group interview with the HCA class) 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 an ***HCA Program Partner Contact List*** identifying partner 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 partners to inform the program's recognition assessment.

It is expected that the ***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 program partner interviews. The program contact is asked to share these questions with partners in advance to increase their awareness and encourage their full participation in the interview process.

Health Care Assistant (HCA) Program Recognition

Interviews with HCA program partners 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 partner participation in the program assessment.

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?

Program 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 partners 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 partner participation in the program assessment.

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 partner feedback? (student, faculty, etc.)
- How does feedback relate to course / program revisions?

Health Care Assistant (HCA) Program Recognition

Interviews with program partners 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 partner participation in the program assessment.

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?

Appendix 10: HCA Education Program Policies & Procedures List

This section outlines the policies and procedures that will be reviewed during the Registry's recognition compliance assessment process. It is crucial the PSIs have clear guidelines and systems in place to support HCA students, HCA instructors, HCA practice education partners and to assure overall quality in HCA program education delivery.

The Registry will be confirming that policies and procedures align with the minimum standards as indicated in the HCA Program Recognition Guide.

It is recommended that policies and procedures are housed within published manuals/handbooks/guides such as:

- Educational Institutional Policies and Procedures
- HCA Program Student Handbook
- HCA Instructor Manual
- HCA Practice Education Handbook

Please note that the policies and procedures below are not exhaustive and pertain to the standards for HCA Program Recognition. PSIs will have to ensure that they have developed policies, as appropriate for other oversight mechanisms, such as the EQA Policy and Procedures Manual and the Private Training Institution's Branch Private Training Act Policy Manual and mandatory student policies.

Area I: Facilities and Institutional Resources

Relevant skills lab policies and procedures (lab oversight and upkeep, equipment purchase and maintenance, access, and supervision for open lab times, lab safety guidelines, etc.)

Information/policies for access to institutional resources and services (i.e., computer labs, printers, student services, etc.)

Where applicable, if the facilities of another agency are used for HCA program theory and/or lab, partnership policies and agreement template(s)

Area 2: Instructional Staff & Program Personnel

Instructor Handbooks and/or Orientation Manuals (with hiring policies, instructional staff to student ratios, access to curriculum and other teaching resources, orientation procedures, instructional support, professional development policies and performance evaluation policies, dispute resolution, etc.)

Position descriptions for HCA program coordinator, HCA instructors and HCA program staff

Area 3: Program Entry Policies

Admissions Policies and Procedures for domestic and/or international students, including forms and checklists.

Policy and procedure for consent (e.g., releases signed to allow Registry evaluators to review student files).

Processes to confirm legitimacy of admissions documents (e.g., requiring original documents, cross-validation of documents, etc.).

Policies and Procedures for confirming pre-requisites for practice education.

Area 4: Program Outcomes, Delivery and Assessment

Student Handbooks with policies to address student conduct/behaviour, attendance, student evaluation and academic progression, dismissal, withdrawal, appeals, readmission, etc.

Prior Learning Assessment and Recognition policies/procedures and transfer credit policies/procedures
Clear guidelines for lab skills testing (and retesting, if permitted).

Affiliation Agreements procedures and templates

Practice Education Handbooks and Orientation materials with policies and procedures for students, practice education instructors and managers and partner site mentors (refer to Appendix 6 in the HCA Program Recognition Guide).

Area 5: Partner Consultation

Program Advisory Committee policies, including Terms of Reference.

Policies and procedures for gathering feedback to improve the program (including formative and summative evaluation tools and processes).

XXVIII. Acknowledgements

The following individuals, organizations and groups are gratefully acknowledged for their contributions to the *Health Care Assistant Program Recognition: A Guide for Educators, 3rd Edition, 2023*.

- Janet Williams and Pat Bawtinheimer whose research, consultations and reports provided the foundation for the HCA program standards and the education recognition processes.
- Recognized BC HCA program educators, members of the HCA Education Standards Committee and English Language Testing Group who provided valuable feedback about revisions to this guide.
- WorkSafeBC and SafeCare BC for their valuable feedback on the minimum equipment checklist
- The Ministry of Health and the Ministry of Post Secondary and Future Skills for their support and guidance.
- The BC Care Aide and Community Health Worker Registry for coordinating the updates process.

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
Danielle Baxter	Private Training Institutions Branch (PTIB)
Karla Biagioni	Ministry of Health, Health Sector Workforce and Beneficiary Services
Laura Colley	Fraser Health Authority
MJ Colquhoun	BC General Employee's Union (BCGEU)
Laura Cipolato	United Food & Commercial Workers Union 1518
Sarina Corsi	BC Care Aide & Community Health Worker Registry
Lara Croll	BC Care Providers' Association
Aneta D'Angelo	Interior Health
Saleema Dhalla	Safe Care BC
Emily Fong	Private Training Institutions Branch (PTIB)
Fe Forteza	BC Career Colleges Association
Olga Galter	Ministry of Health, Health Sector Workforce and Beneficiary Services
Andreanne Gariepy-Garneau	Health Match BC
Mona Gray	First Nations Health Authority
Ava Hatcher	Northern Health
Heather Hepworth	Health Sciences Deans & Directors
Ivy McRae	HCA Program Provincial Articulation Committee
Tabetha Meikle	Ministry of Post-Secondary Education and Future Skills
Hadiah Mizban	BC Care Aide and Community Health Worker Registry

Nicole Molinari	Hospital Employees' Union (HEU)
Melissa Murdock	Ministry of Health, Health Sector Workforce and Beneficiary Services
Andrea Taylor Paiva	Island Health
Rebecca Parton	West Coast Seniors Housing Management
Jing Wang	Vancouver Coastal Health
Emily Weel	Private Training Institutions Branch (PTIB)
Jamie Williams	Vancouver Coastal Health
Lara Williams	BC Care Aide & Community Health Worker Registry
Katherine Younker	Ministry of Health, Health Sector Workforce and Beneficiary Services

HCA English Language Testing Group

Heather Collins	Ministry of Post Secondary and Future Skills, Adult Education and Skills Development
Cindy Cook	Drake Medox College
Sarina Corsi	BC Care Aide & Community Health Worker Registry
Maria Daniaud	Career Paths for Skilled Immigrants, Douglas College
Olga Galter	Ministry of Health, Health Sector Workforce and Beneficiary Services
Cindy James	Thompson Rivers University
Molly Kirsch	Kwantlen Polytechnic University
Monica Lust	Ministry of Post Secondary and Future Skills, Private Training Institutions Branch (PTIB)
Ken McMorris	Vancouver Community College
Tabetha Meikle	Ministry of Post Secondary and Future Skills
Hadiah Mizban	BC Care Aide & Community Health Worker Registry
Sonayna Rana	Kwantlen Polytechnic University
Robin Russell	Public Member [Retired Instructor, English Language Studies, Kwantlen Polytechnic University]
Marianne Schwann	Ministry of Post Secondary and Future Skills, Private Training Institutions Branch (PTIB)
Kristine Small	Health Match BC
Ariana Tanase	Immigration Services Society of BC
Lara Williams	BC Care Aide & Community Health Worker Registry
Katherine Younker	Ministry of Health, Health Sector Workforce and Beneficiary Services