



Standards of Practice for Health Care Aides on Continuing Competence

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College of LPNs and HCAs of Alberta

TABLE OF CONTENTS

Introduction	2
Standards of Practice and the HPA.....	2
Standard 1: HCA Continuing Competence Program.....	3
Standard 2: Continuing Competence Program Audit.....	4
Standard 3: Practice Assessments	5
Definitions.....	6

INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the **authority** under the *Health Professions Act* (HPA) to carry out its activities and **govern** Health Care Aides (HCAs)* in a manner that protects and serves the public interest.

Terms found in the definition section are **bolded** where they appear for the first time in this document.

Standards of Practice and the HPA

The CLHA's Continuing **Competence** Program (CCP) improves the delivery of care to clients by having a program that requires HCAs to complete education for **professional development**. The CCP includes the HCA completing a self-directed **learning plan**, yearly education, and participating in audits and practice assessments. HCAs must review and follow the accompanying *Continuing Competence Program Guide for HCAs* for more detailed program requirements.

Under the HPA, HCAs must follow their profession's standards of practice. Standards of practice outline the minimum level of behaviour that HCAs are expected to meet in their professional practice.

Standards of practice can be **enforced** under the HPA. Any action or behaviour that does not follow these standards of practice could be considered **unprofessional conduct** and may result in disciplinary action by the CLHA. Where there is noncompliance, **conditions** may be imposed on the practice permit, including completing the continuing competence requirements within a specified time in accordance with section 40.1 of the HPA. Please see Part 3 of the HPA for further information about the CCP.

Expected Outcomes

- HCAs develop, maintain, and improve their competence and delivery of **professional services** through self-directed learning.
- HCAs apply the learned knowledge and skills in their practice to improve client outcomes.
- HCAs provide **evidence** of learning and **compliance** with the CCP as requested by the CLHA.

* In this document, "HCA(s)" has the same meaning as "regulated member(s)" in the *Health Professions Act*.

STANDARD 1: HCA CONTINUING COMPETENCE PROGRAM

- 1.0 HCAs on the **general register** must complete the CCP activities every year, including a self-assessment, learning plan, implementation, and evaluation of learning.

Performance Expectations

HCAs must:

- 1.1. **self-assess** their learning needs using the applicable standards of practice.
- 1.2. develop a learning plan that states the continuing competence goals for the next registration year and how they will be achieved.
- 1.3. document the updated learning plan and the reason for any changes if the learning plan changed from the initial plan.
- 1.4. document the completed learning activities to meet their self-assessed learning needs.
- 1.5. document how the learning has affected and/or improved their practice.
- 1.6. keep evidence of completing the CCP for the four years prior to the current registration year.

This includes:

- a) keeping a list of self-directed learning taken during each of those four years;
- b) completion of any mandatory education as directed by Council; and
- c) keeping track of and practicing for a minimum of 1,000 practice hours in the previous four years, as established by Council in the *Actively Engaged Requirements* policy.

- 1.7. submit documents requested by the CLHA within the timelines specified in the communications sent from CLHA. For more information, please refer to the *Continuing Competence Program Guide for HCAs*.
- 1.8. complete any required learning activities as set out by the CLHA.

STANDARD 2: CONTINUING COMPETENCE PROGRAM AUDIT

2.0 HCAs may be selected for a **program audit** based on the CCP requirements.

Performance Expectations

By the deadline specified by the CLHA, HCAs must:

- 2.1 submit evidence of compliance with the CCP.
- 2.2 communicate with the CLHA regarding their compliance with the CCP.
- 2.3 following the completion of a program audit, HCAs must complete any required **remedial learning**, including submitting evidence of having undertaken additional continuing competence activities.
- 2.4 complete any remedial learning or activities as directed by the College.

Following a Program Audit

After an audit, an HCA may be directed to do one or more of the following:

- a) complete CCP requirements (mandatory learning activities assigned as part of the CCP),
- b) complete additional learning activities (activities chosen by the HCA to support their own professional development),
- c) provide evidence of continued learning and competence,
- d) answer questions respecting continued learning and competence,
- e) submit to a periodic review and evaluation by the Registrar,
- f) report to the Registrar on specified matters related to the CCP, and
- g) any other remedial requirements the Registrar considers appropriate.

STANDARD 3: PRACTICE ASSESSMENTS

3.0 HCAs may be selected for practice assessments and must comply with the requests of the CLHA, **Competence Committee**, or any person appointed by the Competence Committee.

Performance Expectations

HCAs must:

3.1 Participate in and meet any requirements as directed by the CLHA, which include:

- a) practice visits,
- b) interviews,
- c) observations, and/or
- d) any other assessments outlined in legislation.¹

3.2 Complete any required remedial learning activities, as directed, following a practice assessment by the specified deadline.

Note: It is crucial to finish this learning. An unsatisfactory result from the practice assessment may lead to conditions being placed on a practice permit by the Registrar, Complaints Director, Registration Committee, or Competence Committee, as outlined in section 40.1 of the HPA.

Conditions on a Practice Permit

If there is noncompliance with the CCP requirements, the Registrar, Registration Committee, or Competence Committee can impose conditions on the HCA's practice permit in accordance with section 40.1 of the HPA. The conditions that may be imposed include, but are not limited to, the following:

- (a) the HCA practices under supervision;
- (b) the HCA's practice be limited to specified professional services or to specified areas of the practice;
- (c) the HCA refrains from performing specified restricted activities;
- (d) the HCA refrains from engaging in **sole practice**;
- (e) the HCA submits to additional practice visits or other assessments;
- (f) the HCA reports to the Registrar on specified matters on specified dates;
- (g) the practice permit is valid only for a specified purpose and time;
- (h) the HCA is prohibited from supervising students, other regulated members, or other health providers; and
- (i) the HCA completes the continuing competence requirements within a specified time.

¹ *Health Professions Act*, 50(2)

DEFINITIONS

Authority: the power or right to give orders, make decisions, and enforce obedience. It can also mean the appropriate person to give orders or make decisions.

Competence: the ability to apply the knowledge, skills, behaviours, judgments, and personal attributes required to practice safely and ethically. Personal attributes include attitudes, values, and beliefs.

Competence Committee: a committee responsible for making recommendations to Council on CCP requirements, conducting competence assessments, and addressing related issues/concerns to ensure the continued competence of members.

Compliance: following a particular law or rule.

Condition: a restriction, requirement, or limitation placed on an HCA's practice permit. A condition is placed on a practice permit when the CLHA has additional requirements for an HCA either in their practice as an HCA or in their communication with the CLHA to maintain registration.

Enforced: making sure people follow a law or rule or obligation.

Evidence: facts, information, documents, etc. that give reason to believe that something is true (e.g. an HCA keeping a record of their learning plan to prove they completed it during their audit).

General register: a register for HCAs who have the required education and have completed exams for full registration in Alberta.

Govern: to lead, control, or manage an organization or group, often by creating rules and making decisions that guide their actions.

Learning Plan: a written plan outlining the educational or training activities an HCA must complete to meet the requirements of the CCP.

Professional development: gaining new skills and knowledge through continuing education and career training.

Professional services: defined in the HPA as a service that falls within the practice of an HCA. This includes one or more of the following:

- assist and support activities of daily living to provide basic personal care and health services,
- assist in teaching a Health Care Aide certificate program approved by the Council,
- participate in client education and promotion of client wellness across the lifespan,
- teach Health Care Aide techniques and practices to practitioners in the workplace, and
- provide restricted activities provided by the regulation.

Program audit: evaluates and reviews an HCA's compliance with the CCP.

Remedial learning: refers to one or more activities that the CLHA requires the HCA to complete to address and correct the HCA's completion of the CCP. This occurs when an HCA fails to complete part of the CCP or misrepresents their completion of the program. Remedial learning activities help HCAs understand their responsibilities and accountabilities; learn from their mistakes; and address gaps in their competencies, skills, and behaviours. An example is completing specific coursework or a summary to demonstrate compliance with the CCP.

Self-Assess: the process of evaluating yourself and your work, abilities, or other areas as required.

Sole practice: when an HCA works independently without being connected to an employer, organization, or supervisor. This includes self-employed practice, where the HCA runs their own business and is fully responsible for client care and meeting all necessary regulations.

Unprofessional Conduct: according to the HPA, unprofessional conduct includes displaying a lack of knowledge, skill, or judgment when providing professional services; not following the HCA standards of practice and code of ethics; failing to comply with requirements of the CCP; or any other behaviour that is defined as unprofessional conduct under section 1(1) of the HPA.