



Policy Title Substantially Equivalent Practice Competency	Replaces former policy: <input checked="" type="checkbox"/> Title: CSHBC Substantially Equivalent Practice Competency <input type="checkbox"/> N/A
Applies to: <ul style="list-style-type: none"> • Audiology • Hearing Instrument Dispensing • Speech-Language Pathology 	Date Effective: 2024-06-28 Last Update: Select date
Contact: Name of Policy Owner	

Policy Statement:

An Applicant to any of the Designated Health Professions of Audiology, Hearing Instrument Dispensing and/or Speech-Language Pathology (an “Applicant”) who does not meet the requirements for recency of practice may still qualify for registration if their knowledge, skills and abilities are determined to be substantially equivalent to those of an individual who is currently practising.

To determine substantial equivalency, the Registration Committee may consider such factors as the following:

1. Information relevant to an Applicant’s historic practice competency, including:
 - Supplementary education or training
 - History of specialty certifications or equivalent
 - Factors relating to work experience, including:
 - Length of time or success in each practice position
 - Practice settings
 - Competencies required for and developed while in each position
 - Level of responsibility
 - Level of support
 - Research and publications
2. Factors or assessments demonstrating an Applicant’s levels of competency, including how these competencies were assessed, when, and by whom.
3. The extent of the Applicant’s practice activities (e.g., the extent to which the Applicant engaged in practice over the preceding three years, despite being short



of the 750–practice hour requirement).

4. The nature and extent of the Applicant’s unregulated practice activities (e.g., the type and nature of practice in a non-regulated jurisdiction, or as a non-regulated practitioner in a regulated jurisdiction) including the standards required by employers or responsible organizations.
5. Factors relevant to the extent to which the Applicant’s practice competency may have degraded, and the level or nature of practice competency required for safe re-entry to practice in B.C., including:
 - The duration of the period of the Applicant’s non-practice (e.g., three years, six years, 20 years)
 - The intended nature and scope of the Applicant’s practice upon re-entry, including any factors the Committee may consider relevant, such as:
 - The Applicant’s intended practice setting(s)
 - The Applicant’s intended level of responsibility
 - The level of support the Applicant will have available (e.g., teaching facility, community setting)

The Registration Committee may also consider the nature of an Applicant’s non-practice activities, if they have any bearing on the Applicant’s practice competency. However, the Committee should remain cognizant of the broad nature of activities that may constitute practice, as defined in Appendix A.

1. Policy Rationale and Purpose:

An Applicant who completed their education more than three years ago may still qualify for registration if:

- a) the Applicant has practised in a specified manner during the three-year period immediately preceding their application for registration, or
- b) the Registration Committee is satisfied that the Applicant’s knowledge, skills and abilities are substantially equivalent to those of an individual who has recently practised in the specified manner.

This policy clarifies how the Registration Committee may determine this substantial equivalency.

2. Policy Scope:

This policy applies to Applicants to the Designated Health Professions of Audiology, Hearing Instrument Dispensing and Speech-Language Pathology who do not meet recency of practice requirements and to the Registration Committee.



3. Legal Authority:

- *Health Professions Act*, Section 20
- CHCPBC Bylaws, Schedule 8, 2.0 and 3.0

4. Key Partnerships:

N/A

5. Definitions:

Practice – Any professional role, remunerated or not, in which a registered health-care professional uses their knowledge, skills and abilities as an Audiologist, Hearing Instrument Practitioner and/or Speech-Language Pathologist; includes the provision of clinical care, as well as work in management, administration, education, research, advisory, regulatory and policy development roles, and any other roles that rely on safe, effective delivery of services in the profession and/or the use of professional skills

Practice competence – A combination of knowledge, skills, abilities, and judgments that are necessary to practice a profession within a defined scope of practice; based on the core competencies of the profession

- The application of competencies is transferable across diverse practice settings and for various clinical populations.
- Competence varies with one's level of experience, as well as the complexity of the clinical work (e.g., just qualified, entry-level practice, certified practice).
- Competence may be at risk in certain situations (e.g., during transition to a new area of practice, long absences from practice). It is recognized that safe, competent and ethical practice requires the integration and performance of many competencies at the same time.

Recency of practice requirement – A practice requirement that can be met by graduating from an acceptable audiology, hearing instrument dispensing or speech-language pathology education program within the last three years or practising for a minimum of 750 hours in a regulated jurisdiction over the course of the last three years

6. Process Check:

- Board Policy Framework
- Safe Spaces Playbook
- Other: Click or tap here to enter text.

7. Resources/References:

- Standard of Practice: Attaining & Maintaining Practice Competence
- Policy: RAUD, RHIP, & RSLP: Practice Hours Requirement (Applicants)



Reviewed by the Board on:		Select date	<input type="checkbox"/> N/A
Reviewed by the Registrar/Deputy Registrar on:		Select date	<input type="checkbox"/> N/A
Date Approved Select date	Approved By <input type="checkbox"/> Board <input type="checkbox"/> Committee (<i>Name of Committee</i>) OR Name <i>Full Name</i> Title <i>Title</i>		
Date Effective Select date	Revision history	Last Updated:	Select date
Next Review Select date		Previous Update:	Select date
Drafted by:		Name <i>Name</i>	Title <i>Title</i>



Appendices

Appendix A

Practice for the Purpose of the Practice Hours Requirement

The following classes of activity are considered “practice” for purposes of the Practice Hours Requirement under CSHPBC Bylaws, Schedule 24, 4.1.1.

1. Client services provided in person or virtually. Each hour of service may be counted, including time spent with clients as well as hours in related services such as documentation, report writing or making referrals.
2. Providing in-person or virtual education or training to other health-care professionals in the same or other professions, communication health assistants (CHAs) and students.
3. Supervising or managing other Registrants of the same profession(s), CHAs or students in the applicable profession(s). This may include hours as a Quality Assurance & Professional Practice (QAPP) Practice Review assessor or supervisor.
4. Providing profession-specific consulting, advisory, educational, or counselling services to clients, families and caregivers.
5. Managing or administering profession-specific programs or services.
6. Leading or participating in profession-specific research or academic writing.
7. Leading or participating in professional activities that impact the practice of a profession (e.g., committee work).
8. Performing regulatory, professional association or policy development work (this is intended for practice or clinically related work — not clerical or administrative work).
9. Teaching profession-specific courses.
10. Other professional activities that impact the practice of the profession.



Appendix B

Additional Considerations for the Registration Committee

The Substantial Equivalence provision in the College Bylaws allows the Registration Committee to accept, in appropriate circumstances, that an Applicant to any of the Designated Health Professions of Audiology, Hearing Instrument Dispensing and/or Speech-Language Pathology has practice competency, despite lacking the recent regulated practice that the College has determined is necessary for an Applicant to have maintained practice competency over time.

The Registration Committee may and should consider all the information an Applicant provides in establishing their practice competency. However, the Committee may and should rely primarily on information and documentation that is objective and independently verifiable.

The Bylaws require a minimum level of practice competency equivalent to that of someone who completed academic requirements within three years of their application, or who practiced to a degree that would have maintained at least that minimum level of practice competency. An Applicant's past practice competency will, however, vary with the Applicant's level of experience, as well as the complexity of their professional work.

An Applicant may demonstrate a degree of education, training or experience that indicates a historic level of practice competency exceeding minimum or "entry" levels of practice competency, which may be relevant to the impact of periods of non-practice. The Registration Committee should therefore weigh an Applicant's historic levels of practice competency — e.g., based on their initial or continuing education and their work experience — against any degradation of practice competency the Committee may infer from a period of non-practice.

Weighing past demonstrated competencies against degradation of practice will be specific to each Applicant's case. However, the Committee generally considers an Applicant's past period of full-time, full-scope practice to establish a range of risk with respect to degradation of practice competency¹. This may or may not be outweighed by the length of time that an Applicant has been non-practising.

The Registration Committee generally considers Applicants who have not practised for five or more years to be at a high risk of degradation of practice competency² regardless of the number of years of past practice. This is because of the highly technical nature of speech and hearing health services; the advancement of methodologies, tools and techniques; and changing practice environments.

¹ Low risk of competency degradation: 5 or more years of practice before break in practice

Mid risk of competency degradation: 3–5 years of practice before break in practice

High risk of competency degradation: Less than 3 years of practice before break in practice

² Low risk of competency degradation: 3–4 years away from practice

Mid risk of competency degradation: 4–5 years away from practice

High risk of competency degradation: 5 or more years away from practice