

College of Psychologists of B.C.
 #404 - 1755 West Broadway
 Vancouver, B.C. V6J 4S5

CONTINUED COMPETENCY ACTIVITIES LOG - Year 20
 (Updated for clarity July 24, 2023)

Name: _____ Registration No. _____ Date: _____

Print clearly or type. (PLEASE INCLUDE YOUR IDENTIFYING INFORMATION ON THIS PAGE AS REQUESTED, BUT NOWHERE ELSE ON THIS FORM.)

A. DIRECT PARTICIPATORY, FORMAL PROGRAMS (MINIMUM OF 12 HOURS PER YEAR)				
ACTIVITY	FULL NAME OF WORKSHOP/COURSE/CONFERENCE	FULL NAME OF SPONSOR	ALL DATES ATTENDED	NO. OF HOURS
<p>Formal Conferences, Courses, or Workshops Modal Activity: Annual and special meetings of the College, annual meetings of professional associations of psychology, or learning opportunities such as conference, courses, and workshops that are sponsored by learning institutes. Typical characteristics include: the event is planned; speakers have professional credentials in mental health, health, or industrial/ organizational behaviour; printed documentation is provided; a registration fee is typically charged. The activity must be within the framework of the definition of psychology as per the <i>Psychologists Regulation</i>.</p> <p>NOTE: If claiming banked hours from the previous year, ensure you include all relevant information on these activities.</p>				
TOTAL HOURS FOR SECTION A				

B. SELF STUDY (MINIMUM OF 11 HOURS PER YEAR)

ACTIVITY	FULL NAME OF MATERIAL READ (E.G., JOURNAL, BOOK)	DATE(S)	NO. OF HOURS
<p>Reading</p> <p>Modal Activity: Reading the <i>Code of Conduct</i>, Bylaws, practice support checklists, the <i>Chronicle</i> and other publications of the College, peer reviewed professional journals, and other academic publications. Reviewing a manuscript for a peer reviewed journal and preparation for presentations, courses, or workshops given by you can be included in this category if you learned something new and practice enhancing.</p> <p>*At a minimum, specify book and journal titles. If not self-evident, provide information regarding relevance of topics to your professional activities.</p> <p>Attach sheet for readings as necessary.</p>			
	METHOD	DATE(S)	NO. OF HOURS
<p>Review of Practice</p> <p>Modal Activity: Review of one's practice of psychology with knowledge of the above documents to identify any areas in need of improvement, including the specific nature of your review.</p>			
TOTAL HOURS FOR SECTION B			

C. STRUCTURED INTERACTIVE ACTIVITIES (MINIMUM OF 12 HOURS PER YEAR)

ACTIVITY	FOR DISCUSSION GROUPS, SPECIFY TOPICS OF DISCUSSION. FOR CONSULTS REGARDING SPECIFIC CLIENTS OR PRACTICE ISSUES, INDICATE CASE CONFERENCE OR PEER CONSULTATION AS APPROPRIATE, AND SPECIFY GENERAL NATURE OF DISCUSSION.	PROFESSIONAL DESIGNATION OF LICENSED HEALTH PRACTITIONER(S) (e.g., R.Psych., RPN, MD, etc.)	DATE	NO. OF HOURS
<p>Routine Consultation with Peers</p> <p>Modal Activity: Regularly scheduled or routine consultations with peers (i.e., colleagues who are licensed professionals in mental health, health, or industrial/organizational behaviour). For example, peer consultation and/or case conferences are acceptable, whereas staff meetings in which the focus is on administrative issues are <u>not</u> acceptable.</p> <p>Structured Interactive Activities do not include:</p> <ul style="list-style-type: none"> • supervision, or presentations or workshops you provide, where the intent is to provide information or guidance to others. • case conferences at which you are the only licensed health professional. • consultations in which the licensed health practitioner colleague is a family member. 				
TOTAL HOURS FOR SECTION C				

D. ETHICS (MINIMUM OF 5 HOURS PER YEAR)

ACTIVITY	INDICATE CATEGORY A, B, OR C	DESCRIPTION OF ACTIVITY	DATE(S)	NO. OF HOURS
<p>Describe which of the above activities from Categories A, B, and/or C satisfy the minimum requirement for 5 hours per year explicitly on ethics.</p> <p>Note: new registrants whose hours are prorated by date of registration cannot request a reduction in required ethics hours.</p>				
TOTAL HOURS FOR SECTION D				

E. SELF-CARE AND SELF-MONITORING (MINIMUM OF 1 SELF ASSESSMENT PER YEAR)

Intent: For registrants to ensure that they are taking time to fulfill their requirements under the *Code of Conduct* to review factors that may contribute to their stress load or in some other way affect their ability to perform professionally, to assess the impact of these factors on their competence and ability to meet professional obligations, and to engage in self-care sufficient to mitigate the negative impact of any factors identified or take steps to reduce or withdraw from professional activities as appropriate.

Modal Activity: Create inventory of personal characteristics, circumstances, and stressors, and consider impact of these on professional practice. Create or modify self-care plan and activities as needed. Increase frequency of self-monitoring and peer consultation as appropriate.

Documentation: Attestation that self-assessment has been completed will be required at renewal.

No documentation is required for this Category.

Registrants may elect to use a formal self-assessment tool, if available, or document for themselves their individual factors. There will be no requirement to submit any documentation created. The purpose is to enhance and facilitate self-assessment.

Factors should clearly reflect one’s specific circumstances. For example, different life stages typically pose different stressors that may need to be considered. Someone starting in a new field may face financial stressors, child care or elder care can tax time and energy resources, aging may be accompanied by physical or cognitive decline, etc. Registrants are expected to consider how each of the personal factors they have identified may be having an impact on their professional activities and what action, if any, is required to address those impacts.

Registrants may wish to consult with their professional executor or another trusted colleague as part of completing their self-assessment review.

F. INDIGENOUS CULTURAL SAFETY (MINIMUM OF 5 HOURS PER YEAR)

ACTIVITY	INDICATE CATEGORY A, B, OR C	DESCRIPTION OF ACTIVITY	DATE(S)	NO. OF HOURS
Describe which of the above activities from Categories A, B, and/or C satisfy the minimum requirement for 5 hours per year explicitly on Indigenous Cultural Safety.				
TOTAL HOURS FOR SECTION F				

G. ANNUAL PRACTICE REVIEW QUESTIONNAIRE AND PRACTICE QUIZ (COMPLETED ONLINE, ONCE PER YEAR)

Intent: For registrants to reflect on their own known risks to competence as well as known protective and supportive factors that have been identified in the emerging scientific literature. For registrants to think through topics such as changes to legislation that affect practice, emerging areas of clinical practice, and other aspects of practice that have resulted in either complaints to the College or contact with Practice Support. The questionnaire and quiz are intended to be educational for registrants and will also inform development of additional College practice support resources and continuing professional development needs of psychologists.

Documentation: Attestation that the questionnaire and quiz have been completed will be required at renewal. The College will track, by registration number, which psychologists have completed the questionnaire and quiz requirement so that compliance may be verified should a registrant be selected for the CCP audit.

CHECKLIST FOR USE WITH CONTINUING COMPETENCY LOG

FOR YOUR USE ONLY – DO NOT SUBMIT

Category A

- I have specified the full names of workshops, conferences, and courses.
- I have specified the full names of the sponsors of these activities.
- I have not included any workshops, courses, or presentations given by me in Category A.

Category B

- I have specified the names of books and/or chapters and/or journals and/or articles read.
- I have included time spent reviewing manuscripts for a peer reviewed journal or preparation time for workshops, courses, or presentations given by me in which I learned something new and practice enhancing in Category B.
- I have noted any time spent in a review of my practice related to continuing competency reading as appropriate in the second section of Category B.

Category C

- Activities claimed by me in this category were interactive in nature and were conducted with other regulated/licensed health, mental health, or industrial/organizational practitioners.
- I have not included any listserv activities on my log sheet in any category, including Category C.
- I have indicated the profession(s) of the participants in my Category C activities.
- I have specified the topics that were discussed in any discussion groups, and the general issues addressed in any case conference or peer consultation.
- I have not included any time spent in consultation with a licensed health practitioner who is a family member.

Category D

- I have clearly indicated from which Category (A, B, or C) each activity is drawn, and provided a description of the activity.
- Activities indicated in Category D are specifically related to ethics.

Category E

- I have completed a self-assessment at least once this year regarding my self-care and self-monitoring.

Category F

- I have clearly indicated from which Category (A, B, or C) each activity is drawn, and provided a description of the activity.
- Activities indicated in Category F are specifically related to Indigenous Cultural Safety.

Category G

- I have completed the online practice questionnaire and quiz.

General:

- I have ensured that all activities claimed fall within the framework of the definition of psychology as per the *Psychologists Regulation*.
- I have remembered to specify dates and hours (or portions thereof) for all activities claimed by me.
- I have retained for my records the details of any hours I wish to bank from Category A.
- I will retain this log (and supporting documentation) for a minimum of two years.
- I have checked my math to ensure that my total hours for each category are accurate and consistent with the activities listed.