REGISTRANT INFORMATION

Name and Designation:	User ID:				
Job Title:		1			
Industry of Practice:					
Current Area(s) of Practice:					
Do you anticipate any change to your Industry or Area of Practice in the next 3 years? If so, please explain.					
Date this CE Plan was created:					
	rs the learning and activities you plan to take between ur next CE Plan. For activities that will take more than				

created, and the date that you plan to create your next CE Plan. For activities that will take more than one year to complete, e.g., a three-year post-secondary program, Registrants should include the on-going activity on each CE Plan created during those three years. It is mandatory to create one CE Plan in every Reporting Year (July 1 to June 30).

REVIEW OF PREVIOUS YEAR'S ACTIVITIES

In reviewing your CE Plan for the previous year, did you complete all of your planned activities? Why or why not?

PRACTICE RISK ASSESSMENT

Note: You must complete a practice risk assessment before moving onto the next section of this CE Plan template. The goal of the risk assessment is to think about what activities could help you reduce the risks of your practice and decrease the likelihood of failure.

By which method have you assessed your practice risks?	· · ·		
If you have used another risk assessment, please briefly describe the method and outcomes.			
I have assessed the risks of my pr risks where necessary.	ractice and will use continuing education opportunities to	learn about and reduce those	
* Note: See the "Appendix to the Continu	ing Education Plan Template – Practice Risk Assessment Tool	" that follows this form. To review	

* Note: See the Appendix to the Continuing Education Plan Template – Practice Risk Assessment Tool - that follows this form. To review examples of completed CE Plans, visit our <u>Continuing Education Resources webpage</u>.

REVIEW OF LEA	RNING NEEDS		DEVELOPMENT PLAN					
In what areas of your current practice could you improve your performance, skills, or knowledge?	What do you need to learn or develop to maintain your Competency in this area?	What CE activities could you undertake to address your learning needs in this area over the next three years?	How will you know that your performance, skills, or knowledge are improving in this area?	By what date do you expect your learning to be completed in this area?				
Area 1	\rightarrow	\rightarrow	\rightarrow					
Area 2	\rightarrow	\rightarrow	\rightarrow					
Area 3	\rightarrow	\rightarrow	\rightarrow					
List at least one Ethical Lea to complete this year.	arning activity or topic yo	bu pian						
Review Table <u>7: Descriptio</u> Learning in the <u>Guide to th</u>	e Continuing Education P							
for examples of Ethical Lec	irning topics.							

GUIDE TO THE CONTINUING EDUCATION PROGRAM

REVIEWER INFORMATION (IF APPLICABLE):

Note: All Registrants are highly encouraged, but not required, to review their CE Plan with another person, such as a peer or manager. Please refer to Section 3.3.1 of the *Guide to the Continuing Education Program* for more information.

Name of Reviewer:	Date:	
Position/Relationship: (e.g.,		1
Manager, Supervisor,		
Mentor,		
Peer)		

CE PLAN DECLARATION I, the Registrant who created this CE Plan, hereby declare that the information presented above is true and complete to the best of my knowledge. Name: Date:

Note: See the "Appendix to the Continuing Education Plan Template – Practice Risk Assessment Tool" that follows this form. To review examples of completed CE Plans, visit our <u>Continuing Education Resources webpage</u>.

PRACTICE RISK ASSESSMENT TOOL

Using the risk assessment matrix and questions, rate the risk of your practice for both likelihood and consequence. The risk of your practice is defined here as a function of the likelihood of failure (i.e., how likely a failure is in my practice and what factors contribute to that likelihood) and the consequences of failure.

The questions will help you evaluate the risk of your practice by helping you to think about the elements of your practice that decrease the likelihood of failure as well as the consequence(s) if failure were to occur.

The questions acknowledge two types of risk factors:

- Some risk factors may be inherent to your practice; the risk level for these may be difficult to change without changing the nature of your role. It can still be useful to identify these risk factors and think about how they might change with changes in your roles and responsibilities.
- Other risk factors may be directly affected by the amount and type of CE learning you choose to undertake. When choosing your CE activities, think about what activities could help you reduce the risk of your practice in these areas.

Note that this tool is meant to aid with reflecting on practice risks and does not attempt to be a comprehensive or definitive assessment of practice risks. Registrants are encouraged to adapt this tool as necessary to better fit their particular circumstances. For example, the questions may not include all risk factors for your specific area(s) of practice; where appropriate, you can include any other factors affecting your likelihood or consequence of failure.

In addition, the assessment uses a simple average across the scores for each risk factor in the questionnaire. If you feel that some risk factors are more important than others, you can consider giving more weight to these factors in assessing your overall rating for likelihood or consequence of failure.

LIKELIHOOD OF FAILURE: Answer as many of the following questions that are relevant to you about factors that may affect the likelihood of failure in your practice, then select the likelihood score based on the average scoring of your responses. Leave the score blank for any questions that are not applicable.

CONTINUING EDUCATION PLAN TEMPLATE PRACTICE RISK ASSESSMENT TOOL

RISK FACTORS RELATED TO A REGISTRANT'S ROLE					SCORE	
1. What is your level of exper	ience?					
(1) Senior	(2)	(3) Intermediate	(4)	(5) Junior		
2. How much of your time is supervised in your role?						
(1) Complete	(2)	(3) Partial	(4)	(5) None		
3. How frequently do you take part in lesson-learned exercises following the completion of a project?						
(1) Frequently	(2)	(3) Occasionally	(4)	(5) Never		
4. How much access to exper-	tise in your ar	ea(s) of practice do you have?	-			
(1) Regular/frequent	(2)	(3) Occasional	(4)	(5) No access		
I	RISK FACTO	RS INFLUENCED BY ETHICAL L	EARNING			
5. How familiar are you with t	he Code of Et	hics and your obligations under	it?			
(1) Very familiar	(2)	(3) Somewhat familiar	(4)	(5) Not at all familiar		
RI	SK FACTORS	SINFLUENCED BY TECHNICAL	LEARNIN	3		
6. How familiar are you with	current code	s, standards, and regulations in	your techni	cal area(s) of practice?		
(1) Very familiar	(2)	(3) Somewhat familiar	(4)	(5) Not at all familiar		
7. What is your level of knowl	edge and skil	ls in the technical aspects of you	r practice?			
(1) High proficiency	(2)	(3) Medium proficiency	(4)	(5) Low proficiency		
RISK FACTORS INFLUENCED BY REGULATORY LEARNING						
8. How familiar are you with the regulations and standards governing you as a Registrant of Engineers and Geoscientists BC (e.g., <i>Professional Governance Act</i> , regulations, Bylaws, standards of competence, quality management requirements, and professional practice guidelines)?						
(1) Very familiar	(2)	(3) Somewhat familiar	(4)	(5) Not at all familiar		
RISK FACTORS INFLUENCED BY COMMUNICATIONS AND LEADERSHIP LEARNING						
9. What is the proficiency of y	our verbal an	d oral communication skills in re	lation to th	e needs of your role?		
(1) High proficiency	(2)	(3) Medium proficiency	(4)	(5) Low proficiency		
			A:	Total Likelihood Score (1-45)		
B: No. of Questions Answered (1-9)						
Average Likelihood Score (A/B)						
ROUNDA		TO THE NEAREST WHOLE NU	JMBER AN	ID USE ON TABLE B-1.		

CONSEQUENCE(S) OF FAILURE: Answer as many of the following questions that are relevant to you about the consequence of errors in your practice, then determine the consequence score based on the average scoring of your responses.

		CONSEQUENCE(S) OF FAILU	RE		SCORE
1. How many people would be directly affected by a failure in your practice?					
(1) None	(2)	(3) Some	(3) Some (4) (5) Many		
2. How serious would the im	pacts be c	on those people from a failure in yo	ur practi	ce?	
(1) Not serious	(2)	(3) Moderately serious	(4)	(5) Very serious	
3. How serious/how large wo	ould the d	amage to the environment be if the	ere was a	a failure in your practice?	
1) Not serious/no damage	amage (2) (3) Moderately serious/some (4) (5) Very serious/major damage damage				
4. How serious/how large wo	ould the d	amage to property be if there was	a failure	in your practice?	
(1) Not serious/no damage	(2)	(3) Moderately serious/some damage	(4)	(5) Very serious/major damage	
				C: Total Consequence Score (1-20)	
D: No. of Questions Answered (1-4)					
Average Consequence Score (C/D)					
ROUND	ANY DE <u>CI</u>	MAL TO THE NEAREST WHOLE N	NUMBE	R AND USE ON TABLE B-1.	

Based on these questions and any other practice-specific risks that you may have identified, **WHAT IS YOUR RISK RATING?**

Table B - 1: Risk Assessment Matrix

	Highly Likely (5)	Moderate	High	High	Very High	Very High
	Likely (4)	Moderate	Moderate	High	High	Very High
	Possible (3)	Low	Moderate	Moderate	High	High
LIKELIHOOD OF FAILURE	Unlikely (2)	Low	Low	Moderate	Moderate	High
	Rare (1)	Low	Low	Low	Moderate	Moderate
		Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
	CONSEQUENCE(S) OF FAILURE					

ADD ANY COMMENTS THAT SUPPORT YOUR RATING: For example, you may want to list additional factors not captured in these questions or explain the reasoning behind your scoring.