



# Outline of the Proposed Quality Assurance (QA) Program

## Background

The Board directed the QA Committee to research and develop a comprehensive program that would:

- Promote career-long hands-on learning
- Encourage collaboration among colleagues
- Improve treatment outcomes for patients

The QA working group spent the past two years carefully considering different options for improving the QA program. They reviewed other health professions' programs, evidence-based articles by subject matter experts and feedback from an initial consultation with targeted groups of registrants, stakeholders and members of the public.

The group drafted the proposal in accordance with the Board's direction and based on what they heard from the dental community. The draft program was approved for consultation by the Board on 24 February 2018.

## Program Outline

The proposed QA program consists of the following:

Continuing  
Professional  
Development

Required  
Competencies

Objective  
Assessments

Continuous  
Practice Hours

# 1

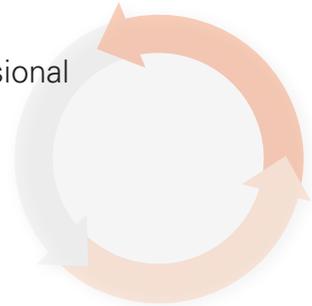
# Continuing Professional Development

## Terminology

The term Continuing Professional Development (CPD) would replace “continuing education”

## CPD cycle

There would continue to be a three-year cycle for continuing professional development, required competencies and objective assessments.



## CPD credits

Dentists – 90 credits

CDAs – 36 credits

Dental therapists – 75 credits

} 1 credit per hour

*Rationale: The current cycle and credits work well.*

## Participatory learning

Registrants would receive “enhanced” credits for CPD activities that are considered to be a type of participatory learning. These would include activities that involve hands-on learning, peer-to-peer engagement, collaboration or assessment.

} 1.5 credits per hour

*Rationale: Evidence shows that active learning with purposeful interactions with peers promotes critical thinking, in-depth learning and lasting change. During the initial consultation, registrants were interested in hands-on courses and peer collaboration.*

## Core and non-core activities

Registrants would be required to get a minimum of two-thirds of their CPD credits in “core” activities, and would be allowed to get a maximum of one-third of their CPD credits in “non-core” activities.

Core activities  
(minimum 2/3)

The topics in this category are clinically relevant and may include courses that relate to the provision of patient care, required competencies and teaching.\*

Non-core activities  
(maximum 1/3)

The topics in this category cover non-clinical dental content such as practitioner health, practice management and volunteering.

*\*If a registrant collects 2/3 of their CPD from teaching, they must get the remainder of their credit requirement from the core category.*

*Rationale: To ensure that registrants are taking a minimum number of courses that improve their clinical knowledge and skills to better protect the public.*

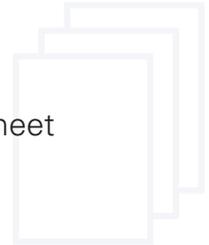
# 2.

## Required Competencies

Each cycle, registrants would complete two of four required competency activities. Required competencies are areas that the public expects every dental professional to be current in. The topics are:

### Recordkeeping

Registrants would take CDSBC's online dental recordkeeping course to meet this requirement.



### Infection Prevention and Control (IPAC)

Registrants would be required to take an IPAC course. Since CDSBC doesn't currently have an IPAC course, the QA Committee would review IPAC courses that teach to our standards. In the future, CDSBC may develop an IPAC course for this requirement.

### Ethics

Registrants would be required to take an ethics course. Since CDSBC doesn't currently have an ethics course, the QA Committee would review ethics courses that teach to our standards. In the future, CDSBC may develop an ethics course for this requirement.

### Situational Judgment Exercise (SJE)

CDSBC would develop and maintain a situational judgment exercise. This exercise would assess registrants' communication and problem solving skills.

SJEs present individuals with realistic, hypothetical scenarios and asks them to identify the most effective response to the scenario described. Our SJE would consist of different scenarios that may occur in a dental office.

*Rationale: During the initial consultation, registrants expressed interest in mandatory recordkeeping, ethics and IPAC courses. These activities are relevant to all registrants and dental practices. Recordkeeping, ethics and the SJE cover topics that are often the subject of complaints to the College. The required competencies will help registrants stay current in these areas of practice.*

### CPR

Registrants would be required to maintain a valid CPR (healthcare provider) certificate and provide proof that they have met this requirement.



*Rationale: The majority of registrants have reported that they have CPR training. For best practices, the working group determined that all registrants should be required to have this training.*

# 3.

## Objective Assessments

During an objective assessment, a peer or group of peers would evaluate a registrant's work. Registrants would complete at least one objective assessment in their three-year CPD cycle.

*Rationale: There is evidence that this type of engagement is a beneficial way for individuals to learn. It would provide registrants with objective feedback from their peers on their professional practice and increase peer collaboration. It also demonstrates that the profession is engaged in evaluating itself and remediating where necessary.*

The College would develop two options for registrants to satisfy this requirement:

### **Collaborative peer groups**

Small groups of peers (dentists with dentists, CDAs with CDAs, etc.) would meet to discuss cases they have worked on. Each member of the group would present a case and the other group members would provide objective feedback on their peers' cases.

This could be done in-person or online.

*Rationale: Purposeful interactions with peers is considered to be a higher form of learning – particularly when coupled with feedback. The personal examples would provide relatable and realistic scenarios that could enhance dialogue and learning.*

### **Peer-to-peer office visits**

Peer-to-peer office visits (dentist only) would involve collaborating with another dentist. Each dentist would visit the other's office (in-person or online) to discuss their practices and procedures. This would include a structured interview. The office visits are not performed by the College. They are meant to be a comfortable and safe environment for dentists to review each other's practices and an opportunity to learn from one another. CDSBC would provide guidelines for the interview and there would be a process for registrants to get assistance if needed.

*Rationale: This is another form of peer assessment and engagement. By sharing best practices, dentists would provide feedback to their colleagues and could identify issues their colleagues may not have been aware of.*

# 4.

# Continuous Practice Hours

The current Continuous Practice Hours (CPH) requirement would stay the same for most registrants:

Dentists – 900 hours

CDAs – 600 hours

Dental therapists – 900 hours

Registrants would still be required to get the minimum number of CPH in the preceding three years in order to renew their registration/certification.

***Rationale:** There is evidence that continual practice and experience support currency of knowledge and skills. The current hour requirement is not onerous and can be met by practising one day a week. Research found that other health professionals are required to obtain a minimum number of practice hours.*

## **CPH for dentists holding limited registration**

Limited education and limited volunteer categories do not currently have CPH requirements. The following requirements are being considered for these categories:

- 100 hours per year
- There would be a three-year time limit for these categories to return to full practice.

***Rationale:** Dentists should be required to provide the same level of care to all patients, regardless of the dentist's registration category or the patients they may be treating. These categories are unique: volunteers provide care to patients who may not otherwise be able to access dental care, and educators only practise within the confines of their educational institute. Setting a minimum requirement of hours could support currency of knowledge and skills, and increase patient care within these categories of registration.*



## Record retention and audit

Registrants would have to keep documentation from all the CPD activities they participate in. The College would do a random audit of a percentage of registrants whose CPD cycle is ending.

Staff would notify registrants who are selected for a CPD audit well in advance of their deadline. Those registrants would be instructed to submit their documentation. Similar to the current program, registrants would not be able to renew their registration if they do not meet these requirements.

## Dashboard

Registrants' online accounts will be updated. This could include a dashboard to demonstrate how much of the registrant's CPD requirements are met, as well as the range of topics and activities they have focused on in comparison to their colleagues.

*Rationale: The dashboard would give registrants insight into how their program compares to that of their colleagues and could motivate them to participate in different types of CPD activities.*

# Consultation

## In-person sessions

The working group will be hosting in-person sessions throughout the province to hear registrant feedback on the proposed program. These sessions are eligible for continuing education credits.

## Consultation forum

In addition to the in-person sessions, the proposal will be open for consultation with registrants, stakeholders and members of the public at the end of the summer using an online forum. The consultation forum will increase transparency by publishing comments anonymously and allowing anyone to read and comment on the feedback received.

Following the consultation period, the working group will evaluate the feedback and make any necessary revisions. The revised draft will then be submitted to the Board for approval.

**To stay up to date on this initiative, visit [www.cdsbc.org/improved-QA-program](http://www.cdsbc.org/improved-QA-program).**