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For consultation:

Outline of the Proposed Quality Assurance (QA) Program

Drafted by the QA Program Working Group

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Introduction

The College of Dental Surgeons of BC (CDSBC) regulates dentistry in the public interest. Our mandate is to serve and protect the public. One of the ways CDSBC does this is by establishing a quality assurance program.

In keeping with good governance and emerging trends in quality assurance for professionals, the Board directed the Quality Assurance (QA) Committee to review and update the existing program. A working group of the QA Committee drafted a proposal in accordance with the Board's direction and informed by evidence-based research and feedback from initial consultations. The Board approved the draft QA program for consultation on 24 February 2018. Since then the working group has engaged with registrants and heard their feedback during CDSBC's face-to-face sessions dedicated to the proposed program.

This document outlines the proposed QA program incorporating changes based on feedback received since the first draft was presented to the Board.

The proposed QA program consists of the following:

Continuing Professional Development	Required Competencies	Objective Feedback	Continuous Practice Hours

Each component of the proposed program includes the following:

- **Outline** – An outline describing the proposed requirements

- **Rationale** – Rationale for the proposed changes

- **Principles** – The principles used to develop that component of the proposed program

- **Feedback** – A brief summary of the registrant feedback received from the consultation to date

- **Next Steps** – Possible next steps if the proposed changes are approved

Continuing Professional Development (CPD)

Outline

Terminology

The term Continuing Professional Development (CPD) would replace "continuing education" (CE). This language encourages ownership of one's professional development and supports the concept of life-long learning.

CPD Cycle

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

CPD credits

Dentists - 90 credits
CDAs - 36 credits
Dental therapists - 75 credits

Continuing Professional Development
1 CPD credit per hour

Participatory Learning
1.5 CPD credits per hour

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 and collaboration.

For example, participating in a hands-on workshop or a collaborative peer group would be considered participatory learning. During an audit registrants may need to provide proof that the activity was participatory learning, such as a course outline.

Core and non-core activities

Registrants would be required to get a minimum of two-thirds of their CPD credits in "core" activities, and could get a maximum of one-third of their credits in "non-core" activities. The current CE categories would be incorporated into the core and non-core activities.

Core activities (minimum 2/3 credits) Clinically relevant content	Non-core activities (maximum 1/3 credits) Non-clinical content related to the practice of dentistry
• Courses that relate to the provision of patient care and treatment • Required competencies • First aid, CPR, ACLS, management of dental/medical emergencies	• Practitioner health/wellness • Practice management (maximum 15 credits) • Volunteering (maximum 15 credits)

Modalities

Activity	Credit limits
Courses/lectures Single or multi-day courses or scientific lectures.	No limit
Study clubs Groups of dental health professionals that meet regularly under the guidance of a mentoring dentist.	No limit
Self-study Independent study – This includes online and print-based learning such as educational/clinical videos, online courses, research and reading dental/medical journals.	**Dentists** 54 credits **Dental therapists** 45 credits **CDAs** 22 credits Reading journals and online research: 1 credit per submission at the discretion of the committee (may require a written explanation). Maximum 10 credits for these activities.
Dental teaching Lectures, presenters or study club mentors may claim one credit for one hour of teaching. Clinical supervisors may claim one credit for three hours of clinical instruction.	Maximum 2/3 of CPD credits. **Note:** If a registrant collects 2/3 of their CPD from teaching, the remainder must be from the core category.
CDA modules Completion of approved CDA advanced education modules for prescribed areas of dentistry.	Maximum 22 credits per module
Volunteering For example, serving on a CDSBC Committee or the Board of the dental association.	Maximum 5 credits per year (maximum 15 credits per cycle)

Advanced study Studies in a field applicable to the practice of dentistry in an accredited university or college.	Credits for programs are granted on a course-by-course basis to the maximum of: |	**Full time**	**Part time**
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Dentists	90 credits	54 credits
Dental therapists	75 credits	45 credits
CDAs	36 credits	22 credits	
Publication/authorship Dental articles written and published in a peer-reviewed journal of dental or medical literature.	Up to 15 credits per article at the discretion of the committee
Dental conference/exhibition hall attendance Non-specific educational activities at a conference or exhibit hall.	Up to 5 credits per event

Rationale

CPD cycle and credits

Feedback confirmed that the current cycle length and number of credits required work well and as such the working group felt there was no reason to change this framework.

Participatory learning

Evidence shows that active learning with purposeful interactions with peers promotes critical thinking, in-depth learning and lasting change.

Core and non-core

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

Modalities

Self-study

This modality has been expanded to include reading dental/medical journals and online research related to dentistry. Registrants can learn from these activities, so they may now claim credits for them (maximum 10 credits per cycle). Registrants may be required to submit an explanation to receive credits. The overall credit limits for self-study are unchanged.

Dental teaching

The number of credits registrants can claim for teaching has changed from 20 hours per year to two-thirds of the CPD credit requirement. The new maximum ensures educators are still completing CPD activities in addition to teaching.

Volunteering

Volunteering would now be eligible for CPD credits. Registrants who serve on a board or committee are engaged with their peers and contribute to the profession.

Feedback

During the initial consultation, registrants were interested in more hands-on courses and peer collaboration.

Principles

This requirement:

- is in the public interest
- improves dental knowledge, competency and skill
- encourages career-long learning
- encourages accountability and professionalism
- includes and encourages professional engagement and collaboration
- promotes improved patient outcomes
- is objective, credible and manageable
- is inclusive and fairly applied to all registrants
- is evidence-based

Next Steps

If approved, the working group would finalize the core and non-core categories and work with web developers to create an updated system for submitting CPD credits using the new specifications (i.e. participatory learning, core and non-core categories, new maximums and minimums).

Required Competencies

Outline

Each cycle, registrants would be required to complete a minimum of two of four required competency activities; all four activities must be completed within two consecutive cycles. Registrants would receive CPD credits for completing the required competencies.

The required competencies include:

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. As CDSBC does not currently have an IPAC course, the QA Committee would review and recommend 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. As CDSBC does not currently have an ethics course, the QA Committee would review and recommend 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 an online 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. For each scenario, registrants would be provided with an explanation as to why each response is correct or incorrect.

CPR Certification

In addition to the four required competency activities above, registrants would be required to maintain a valid CPR (Health Care Provider) certificate and provide proof that they have met this requirement.

Rationale

Topics

The required competencies will help registrants stay current in these areas of practice and are topics that are relevant to all registrants and dental practices. Recordkeeping, ethics and the situational judgment exercise address topics that are often the subject of complaints to CDSBC or that arise during inquiries/investigations.

Cycle

Registrants are required to complete a minimum of two of four activities each cycle. This would allow registrants to refresh their knowledge in the subject matter.

CPR

The majority of registrants report having CPR training. For best practices, the working group determined that all registrants should be required to have a CPR (Health Care Provider) certificate. In addition to the skills in CPR level C, this level includes special airway opening techniques, pulse checks, rescue breathing, two-person CPR and use of the bag valve mask resuscitator.

Feedback

During the initial consultation, registrants expressed interest in having mandatory recordkeeping, ethics and infection control courses.

Principles

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- is in the public interest
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- encourages career-long learning
- encourages accountability and professionalism
- promotes improved patient outcomes
- is objective, credible and manageable
- is inclusive and fairly applied to all registrants
- is evidence-based

Next Steps

If approved, the working group will need to find and/or develop appropriate courses to meet this requirement. The working group acknowledges that it will take time to create and implement the required competencies and this will be reflected in the implementation plan.

Objective Feedback*

Outline

Dentists and dental therapists would be required to receive objective feedback. In order to meet this requirement, a colleague or group of colleagues would evaluate and provide professional feedback to a registrant. Registrants would be required to choose and complete one of the objective feedback options per CPD cycle. Templates will be developed to guide registrants through this process. In order to receive credits, every participant is required to receive objective feedback.

The working group would develop the following objective feedback activities:

Collaborative peer groups

Small groups of peers from the same registration category (e.g. dentists with dentists, dental therapists with dental therapists) meet to discuss cases or a clinical topic. The groups can meet in-person or online via videoconferencing.

At the meetings, a designated presenter(s) will provide material for the group to review. This could include a description of the case, radiographs, patient charts, etc. The presenter will describe the scenario and outcome, and the group will provide thoughtful feedback and suggestions.

Following the discussion, each presenter will complete the collaborative peer group form and submit it to CDSBC in order to meet their objective feedback requirement. Registrants can also submit the time spent at collaborative peer groups for participatory learning credits.

Dentist-to-dentist* office visits

Dentist-to-dentist office visits would be another option for dentists to collaborate with their peers. During these office visits, two dentists partner together and visit each other's office (in-person or via video conferencing such as Skype) to discuss each other's practice and procedures.

The office visit would consist of a tour and an informal interview at each dentist's practice. The visit would allow dentists to have an open conversation about their practice with a colleague. It would not include observations of direct patient care. CDSBC would develop a guideline for the interview with suggested topics such as office procedures, employment standards, infection control protocols, etc.

It is important to note that dentist-to-dentist office visits are meant to be a safe environment for dentists to talk to and learn from each other. CDSBC would simply provide guidelines for the informal interview and there would be a process for registrants to get assistance if needed.

Rationale

Objective feedback*

The purpose of objective feedback is for registrants to collaborate with their peers. It is an opportunity to have an open discussion about best practices, share advice, provide insight, offer constructive comments, and learn from one another.

Research shows engagement provides more in-depth learning and sustained improvement. This requirement also has the potential to build support networks and increase communication within the profession.

Dentists and dental therapists

CDAs would not be required to get objective feedback as they collaborate with and work under the direct supervision of a dentist who should be providing ongoing feedback. CDAs would be encouraged to participate in study clubs with similar formats, these can be claimed as participatory learning.

Collaborative peer groups

Purposeful interactions with peers is considered a higher form of learning, particularly when coupled with feedback. During peer groups, dentists and dental therapists would share personal examples that could enhance dialogue and learning.

The small group sizes would facilitate conversation and participation; and allow registrants to create collaborative peer groups they are comfortable sharing with.

Feedback

During the initial consultation, registrants were concerned about their colleagues judging their work and questioned the qualifications of potential "assessors." The feedback focused on assessment, however the rationale for this requirement is to increase collaboration between peers. As a result, the working group has changed the name of this requirement to "objective feedback."

There was also concern with regards to CDAs finding topics to discuss during collaborative peer groups. It was suggested that this requirement is not necessary for CDAs because they don't have cases that they can share for objective feedback.

Principles

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- is in the public interest
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- encourages professional engagement and collaboration
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- is objective, credible and manageable
- is evidence-based

Dentist-to-dentist* office visits

Dentist-to-dentist office visits encourage dentists to open up their practice to their colleagues. It allows them to share best practices and provide feedback and suggestions to help their colleagues develop professionally. These visits could increase camaraderie and communication between dentists.

*These terms have changed since the working group's report to the Board.

Next steps

If approved, the working group would finalize the guidelines for the two objective feedback activities. The group would also consider other options for registrants to meet this requirement.

Continuous Practice Hours (CPH)

Outline

Acceptable Continuous Practice Hours (CPH) include the provision or teaching of restricted activities. The current 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 calendar years in order to renew their registration/certification.

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

CPH for dental education

Dental education may include didactic and clinical teaching. "Didactic" courses are lecture based and "clinical" courses involve hands-in-mouth dentistry. Didactic teaching is non-clinical, however the subject matter must still be related to the theory of dentistry and restricted activities that fall within the scope of dentistry.

All registrant categories can submit a maximum of 100 hours of didactic teaching per year. In order to maintain full registration, the remaining hours must be clinical.

Rationale

Continuous Practice Hours (CPH)

There is evidence that continual practice and experience support currency of knowledge and skill. The current 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 volunteer registration

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. This category is unique because volunteers provide care to patients who may not otherwise be able to access dental care. Setting a minimum requirement of hours could support currency of knowledge and skills and increase patient care within this category of registration.

CPH for dentists holding limited education registration

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. This category is unique because 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 this category of registration.

The 100 hour maximum per year for didactic teaching would allow dentists in the limited education category to maintain their registration.

Feedback

There was concern that the 100 hour continuous practice requirement for limited volunteers was too high and it would deter dentists from volunteering at clinics that are already struggling to find dentists.

There also continues to be a concern about maintaining these hours during an extended leave of absence due to health concerns or maternity leave.

Principles

This requirement:

- is in the public interest
- encourages career-long learning
- encourages accountability and professionalism
- promotes improved patient outcomes
- is inclusive and fairly applied to all registrants
- is objective, credible and manageable

Next Steps

The working group plans to ask registrants in the limited education and limited volunteer categories to provide feedback on the proposed changes and determine a solution that takes into consideration the public interest and the reality of these registration categories.

Audit and Record Retention

Registrants would be required to keep documentation from all the CPD activities they participate in. CDSBC 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 the requirements.

Rationale

An audit could allow CDSBC to get a full picture of how registrants meet their CPD requirements and should increase accountability in CPD submissions.

Feedback

During the initial consultation, registrants were concerned that if CPD activities are only audited at the end of the cycle, there may be mistakes that prevent registrants from renewing.

Principles

This requirement:

- encourages accountability and professionalism
- is objective, credible and manageable
- is feasible and cost effective

Next steps

If an audit is approved, the working group needs to determine which type of audit works best for CDSBC. This will require more research.

Dashboard

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

Rationale

The dashboard would show registrants a visible representation of their current CPD cycle and give them insight into how their program compares to that of their colleagues. It would help registrants keep track of their CPD and could motivate individuals to participate in different types of activities.

Feedback

This component is included in the proposal, but it was not discussed during the in-person sessions. The feedback we did receive supported the online dashboard.

Principles

This requirement:

- encourages career-long learning
- encourages accountability and professionalism
- is objective, credible and manageable
- is inclusive and fairly applied to all registrants
- is feasible and cost effective

Next steps

If approved, appropriate updates will be made to the online registrant accounts.