CDSBC | College of Dental Surgeons of British Columbia

Proposed Quality Assurance Program

February 2018

Submitted by the

Quality Assurance Program Working Group

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INTRODUCTION AND BACKGROUND

Quality assurance (QA) programs are developed and maintained by health professional regulatory bodies to help ensure the public is well-served by competent health professionals.

The *Health Professions Act* (HPA) stipulates that these health profession colleges maintain a QA program for their registrants. These programs are put in place to promote life-long learning and continuous improvement necessary for registrants to stay current in a changing health care environment and provide the best possible level of care for their patients in their chosen area of practice.

The current QA program is aligned with the College's strategic plan goals in that: it aims to be fair and transparent; it improves professionalism and practice standards; it promotes professional collaboration; and is committed to organizational excellence demonstrated by its pursuit of continuous improvement for both the registrants and the program. CDSBC has had a QA program in place for approximately 40 years. The program has evolved over the years to what it is today.

The College has recently developed a new policy development process to review and develop its various policies and standards. This new process enhances ongoing communication and consultation with registrants through each stage of the process. This QA program review was the first to implement the new policy process (Appendix 2).

As part of good governance practice, in February 2015, the CDSBC Board charged the QA Committee (the "committee") to review and update the existing QA program (Appendix 1). The Board asked the committee to research and develop a comprehensive mandatory quality assurance program that goes beyond reporting continuous education and practice hours and promotes career-long hands-on learning, encourages collaboration among colleagues, and produces improved patient outcomes. The program should be objective, credible, inclusive and administratively realistic.

To this end, the QA Committee formed a working group (WG) comprised of three dentists, one certified dental assistant (CDA), two public members and three staff.

The Pacific Northwest has a long and illustrious tradition of study clubs and peer collaboration, CDSBC was one of the forerunners in continuing education. The WG wanted to ensure that we continue to be leaders and to build on this historic tradition.

This report will outline the findings taken from the various sources of research performed and reviewed by the WG, much of which confirmed that the direction they were given from the Board and the program principles that they outlined from the early stages was echoed by many registrants, regulators and subject-matter experts.

It has been a long journey and much hard work was done by the WG members over the past two years. There is still a ways to go but the first difficult task of researching and designing a framework for a revised program is near completion and the working group is confident they will get there to fulfil their charge from the Board.

RESEARCH METHODOLOGY

Based on direction from the Board to research and develop a comprehensive mandatory QA program that goes beyond the current program, the WG has met every four to eight weeks to accomplish this task.

The first task completed by the WG was the creation of the terms of reference and a list of guiding principles for the new program (Appendix 3). The following is a description of the research and work done by the WG over the past two years.

Expert research

The WG sought articles written by subject matter experts on quality assurance: maintaining competence and self-assessment. A literature review was compiled to assist in demonstrating the findings taken from these articles. (Appendix 8)

Other regulators

The WG wanted to find out if they could learn any best practices or borrow ideas from other regulators. They researched the information available on other regulators' websites as well as contacted some regulators to obtain further information. The research was compiled. (Appendix 7)

Stakeholder feedback

The WG wanted to hear from those who would ultimately be affected by program changes. The goal was to hear registrants' thoughts on the current program. The WG wanted to learn what was working, what wasn't and how the current program could be improved. Expressing that the ultimate goal of an improved program would promote ownership of professionalism, engagement with other professionals and the shared purpose to provide the best care to patients, which would ideally improve outcomes for patients.

To begin this process, the WG met with the member services organizations (BCDA and CDABC) to share their perspectives. It was a valuable conversation. These two groups shared their views on the current program and challenges they hear about from their members.

Engagement with registrants

An engagement consultant was retained to assist the WG with developing an engagement strategy, a timeline for the group, and some tools to assist in the conversations they were planning to have. (Appendix 4) The consultant would also assist in facilitating sessions when needed.

With a strategy in place, the WG was ready to go out into the dental community to listen to the registrants. The last part of 2016 and most of 2017 was spent consulting with stakeholder groups. This was accomplished through: making a survey available to registrants at the CDSBC booth at the 2017 Pacific Dental Conference; participating in five listening sessions across the province; hosting three webinars; and holding three focus groups to target specific registrant groups. This feedback was captured on an initial consultation report. (Appendix 5)

Engagement with the public

The WG wanted to obtain feedback from members of the public about how they know that their dental professional is providing safe and quality care. A survey was sent to members of the public (via patient network groups) in December 2017. A report of the survey results to date is enclosed (Appendix 6).

Based on the findings from their research, the WG felt it had enough information to proceed and work toward establishing recommendations for an improved program.

FINDINGS & ANALYSIS

Research on other regulators and from subject matter experts showed that there is no one answer to QA for professionals. It found that best practices have not yet been determined. The WG also learned that many other regulators are working developing new QA programs of their own. It is understood and was determined by the WG that much of what makes up the components of a QA program may be informed by the specific profession, its practices and culture.

During the initial consultation with stakeholders, some general themes emerged:

- desire for different options for proving competency;
- individuals have different learning methods;
- individuals have different circumstances that contribute to how they collect their continuing education credits; and
- quality, accessibility, and availability of courses.

It was expressed by some registrants that the program should not limit practitioners with too many rules and regulations that may impede good practitioners from returning to work. The principles of the new program reflect that the program needs to be manageable, fair, and feasible for registrants.

The WG acknowledges that minor changes to the relevant CDSBC Bylaws may be required to accommodate the improved program requirements. Some of the changes relate to the registrant categories and as such will be reviewed and if necessary revised during the process of the Bylaw revisions.

Based on the feedback and the research that the WG completed over the past 2 years, highlights of the findings are listed below.

Continuous Practice Hours (CPH) Requirement

Concerns were raised about the CPH requirement and whether or not the required hours actually prove that a practitioner is competent. The hours may just prove that the practitioner is current in that skill. Quantity may not mean quality.

Research has shown that several other health regulators have a similar minimum CPH requirement in their QA program for their registrants.

Self-Assessments

There were many opinions on the ability of registrants to self-assess. Commenters suggested that self-assessments are too variable; that individuals might be too critical on themselves; and that individuals may be too generous on their evaluations.

The WG was impressed with the concept of a situational judgment exercise (SJE) that is used to determine the communication skills of a registrant. The premise is that if a registrant was a good communicator then, generally speaking, they are more likely to be competent. The exercise will consist of different scenarios involving communications in the context of patient care, such as informed consent. The SJE is meant to assist the participant to assess themselves - their problem solving skills - and reflect based on the outcomes of the communication exercise. By formulating questions in specific areas that could have more than

one correct answer may help the registrant to determine if/when more education may be needed. This exercise is used by other regulators in many professions and is considered to be a good tool for self-reflection.

Peer review

Peer review was considered by many of our registrants as a collaborative way to get feedback from colleagues. It is seen as an interactive way to learn and stay engaged with the professional community. We heard that there is a benefit to asking your peers "how could I have done this better?"

Several other health regulators have this type of component in their QA program and confirm it works for their registrants.

The review of available literature on the subject also showed that the programs that were the most effective were those that nurtured the concept of learning in a "safe" environment, and that involved "hands on" learning and "peer group" interaction.

Practice visits

Registrants had varying opinions on this topic. Comments during the listening sessions and on the survey concluded that registrants were not opposed to office visits/reviews, as they thought it is in the interest of the public. Those opposed did not want the College to come in and police them. After much discussion and research into what other regulators are doing, it was determined that practice visits could be a valuable tool if done in a collegial, collaborative way. The WG determined that registrants may be comfortable if the office visit was done by a peer and assisted with some tools to use to conduct the visit.

Examinations

Registrants were asked if they felt an examination process could determine currency and competency. Survey results from the 2017 PDC indicated 50% of the 76 people polled would support an examination process while 31% were opposed. From those that were opposed, the comments indicated that examinations do not ensure currency and competency in practice. Respondents also identified financial implications, as it is expensive to create and secure a test.

A major goal of the improved program is that it will encourage collaboration and engagement with other professionals to promote better patient outcomes. Examinations do not fit within the goals of the improved program.

Mandatory courses

Almost every registrant mentioned this should be a requirement - specifically the courses included in this proposal.

Engagement/participatory Learning

Many registrants currently participate in group learning through study clubs and have expressed this is a valuable way to learn and share knowledge with peers.

Participatory learning encourages active rather than passive learning. Evidence shows that active learning with purposeful interactions with peers promotes critical thinking, in-depth learning and lasting change. This is accomplished through hands on courses and study clubs, not just lectures, and peer-to-peer engagement either in person or virtually.

CPD Audits

The working group's research shows that other regulators are auditing their registrants' QA submissions. Registrants' comments regarding audits were minimal, other than some felt it was a process already in place. This change would allow submissions to be reported on an honour system but will be verified during the audit.

PROPOSED QUALITY ASSURANCE PROGRAM

During the research and planning of the program, the WG intentionally placed emphasis on "quality improvement." Quality improvement is a continuous process. It is proactive and helps to find ways to make improvements in practice. The working group's intent is to improve the program in place to support continuous improvement for registrants.

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

This improved program encourages collaboration and engagement with colleagues. Participatory learning - learning that is active rather than passive - is also a key focus.

The following principles guide the development and implementation of the QA program.

Principles for CDSBC QA Program

The CDSBC QA Program should:

1. Be in the public interest – aligned with the HPA and CDSBC mandate
2. Improve registrants' dental knowledge, competency and skills
3. Encourage career-long learning
4. Encourage accountability and professionalism of registrants
5. Include and encourage opportunities for professional engagement and collaboration
6. Promote improved patient outcomes
7. Be objective, credible and manageable
8. Be inclusive and fairly applied to all registrants
9. Be evidence-based
10. Be feasible and cost effective for both registrants & CDSBC

RECOMMENDATIONS

The WG have come up with the following recommendations for the Quality Assurance Program based on the findings noted above. The rationale for each recommendation and its connection to the specific program principle have been included.

1. Continuing Professional Development		
Recommendation	**Rationale**	**Principles**
Terminology The terminology will change to "continuing professional development" from "continuing education."	▪ The term continuing professional development (CPD) speaks to registrants' ongoing professional responsibility to maintain and improve their knowledge and skills rather than simply meeting an educational requirement. ▪ It is a broader term that encompasses activities beyond classroom learning. ▪ It positions registrants as professionals who are responsible for their own development.	▪ In the public interest ▪ Career-long learning ▪ Accountability ▪ Professional engagement and collaboration
Cycle and credits The current three-year cycle and total number of credits required will stay the same. Dentist = 90 credits CDAs = 36 credits Dental therapists = 75 credits	▪ The total number of requirements and the three-year cycle currently work well for registrants. ▪ Having some consistency from the old program to the new will reduce confusion for registrants when the new program is implemented. ▪ These requirements are similar to the QA requirements of other professional regulators.	▪ Objective, credible and manageable ▪ Accountability
Participatory Learning The program will give registrants enhanced credits for participatory learning.	▪ This program encourages active rather than passive learning. Evidence shows that active learning with purposeful interactions with peers and the profession promotes critical thinking, in-depth learning and lasting change. ▪ Engagement offers a form of ongoing feedback of one's competency and skills.	▪ Improves competency and skill ▪ Objective, credible and manageable ▪ Career-long learning ▪ Evidence-based

	▪ The enhanced credits will give registrants incentive to participate in a broader scope of activities that provide more beneficial learning opportunities.	▪ Promotes improved patient outcomes ▪ Professional engagement and collaboration
Re-labelling of CPD categories CPD will be broken down into two main categories: “Core” and “Non-core”. Core activities are clinically relevant and relate to the provision of patient care and treatment. Includes base competencies, patient safety, and teaching. Non-core activities cover non-clinical topics such as practitioner health, practice management and volunteering.	▪ “Core” and “non-core” activities will help ensure that registrants are taking a minimum number of courses that will improve their clinical knowledge and skill to better protect the public. ▪ This will increase the number of activities directly related to the provision of patient care and treatment.	▪ In the public interest ▪ Improves competency and skill ▪ Objective, credible and manageable ▪ Promotes improved patient outcomes ▪ Accountability ▪ Professional engagement and collaboration
Record retention and audit Registrants will still be required to keep their documents of each activity submitted as they may be audited. When a registrant is audited, they must submit documentation from each activity claimed. Each year, the College will do a random audit of the registrant accounts for those whose CPD cycle is ending.	▪ With the current QA program, College staff review all CE submissions as they are submitted. An audit should reduce the amount of administrative work required by staff. ▪ An audit will increase accountability. Registrants will be more motivated to complete substantial and worthwhile CPD activities. ▪ Audits will give the College a better understanding of how complete registrants’ CPD is and the types of activities that are being submitted.	▪ Objective, credible and manageable ▪ Accountability

Dashboard There will be a dashboard in the registrants' accounts to graphically demonstrate how much of the registrant's CPD requirements are met, as well as the range of topics they have focused their activities on in comparison to their colleagues (other registrants).	▪ This will be a form of objective and passive feedback. ▪ The dashboard gives registrants insight into what their colleagues are doing and could motivate them to take different types of CPD activities that they may not usually participate in. ▪ It allows self-reflection through comparison.	▪ Improves competency and skill ▪ Objective, credible and manageable ▪ Professional engagement and collaboration ▪ Accountability
2. Base Competencies		
Recommendation	**Rationale**	**Principles**
Base competencies The WG have determined that there are four areas of competency that the public should expect every dental professional to be current in. Every CPD cycle, registrants will be required to complete two of four base competency activities. The base competencies are: 1. Recordkeeping 2. Infection control 3. Ethics 4. Situational judgment Exercise Competencies 1-3 can be completed by taking a course on the subject matter. Competency 4 will be completed by completing an exercise online. The base competencies will count for CPD credits. Registrants will have two CPD cycles to complete all of the base competency activities.	▪ During the initial consultation many registrants shared an interest in having mandatory courses for recordkeeping, ethics and infection control. ▪ These activities are relevant to all registrants and every dental practice. ▪ The recordkeeping, ethics and situational judgment activities will cover topics that are often the subject of complaints to the College or that arise during inquiries/investigations. ▪ This time frame will provide registrants plenty of time to meet this requirement.	▪ In the public interest ▪ Improves competency and skill ▪ Objective, credible and manageable ▪ Career-long learning ▪ Evidence-based ▪ Promotes improved patient outcomes ▪ Inclusive and fairly applied to all registrants

Base Competencies - Courses Competencies 1-3 can be completed by taking a course. CDSBC's recordkeeping course will be acceptable for this requirement. It will be reviewed and updated as needed to meet this requirement. CDSBC will work with course developers to create courses for infection control and ethics. The working group will find equivalent courses to be used while the CDSBC courses are being developed. With each course, registrants can choose to bypass the course content and challenge the knowledge check questions.	▪ During the initial consultation many registrants shared an interest in having mandatory courses for recordkeeping, ethics and infection control ▪ The courses will help registrants stay competent in these subjects. New information will be communicated and taught to registrants through updates in the courses. For example, if the infection control guidelines change, the course will educate registrants who may not have been aware of these changes.	▪ Improves competency and skill ▪ In the public interest ▪ Career-long learning
Situational Judgment Exercise (SJE) One of the base competencies will be a situational judgment exercise that assesses registrants' communication and problem solving skills. The exercise will consist of different scenarios involving patient care and communications, such as informed consent.	▪ Communication is a key component of patient care. The SJE will assess registrants' communication and problem-solving skills. This exercise will help registrants reflect on strengths and weaknesses in their communication skills. ▪ The exercise will help registrants learn different strategies for speaking to patients, identifying issues and solving common misconceptions /miscommunication that may take place within a dental office.	▪ Improves competency and skill ▪ In the public interest ▪ Career-long learning
Mandatory CPR course Registrants are required to maintain a valid CPR (Healthcare Provider) certificate. They must submit their CPR course and the date their license expires in order to meet this requirement.	▪ The majority of our 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.	▪ In the public interest ▪ Improves competency and skill ▪ Career-long learning

3. Objective Assessments

Recommendation	Rationale	Principles
Objective assessments Registrants will be required to complete at least one objective assessment per CPD cycle. An objective assessment is done through an evaluation and feedback of a registrant's work by a colleague or group of colleagues, eg. through a case study. Two types of objective assessments will be developed and provided as options to satisfy this component of the QA program: • Collaborative Peer Groups • Peer Office Visits (dentists only)	▪ To provide registrants with clear, credible, objective feedback on their professional practice. ▪ There is evidence that social engagement is a beneficial way for individuals to learn. ▪ Dental professionals respect the advice of their colleagues and can learn from one another. ▪ Peer collaboration demonstrates the profession is engaged in evaluating itself and remediating where necessary.	▪ In the public interest ▪ Improves competency and skill ▪ Objective, credible and manageable ▪ Career-long learning ▪ Evidence-based ▪ Professional engagement and collaboration ▪ Promotes improved patient outcomes ▪ Accountability
Collaborative peer groups Small groups of peers (e.g. dentists with dentists, CDAs with CDAs, etc.) meet in person to discuss selected cases. Each member of the group must present a case in order to meet their "objective assessment" requirement. The group will provide objective feedback on their peers' cases. This may require separate meetings to go through each case.	▪ Purposeful interaction with peers is considered a higher form of learning – particularly when coupled with objective assessments. ▪ In this process, registrants are expected to share selected cases with their colleagues. These personal examples will provide relatable and realistic scenarios that will enhance dialogue and learning.	

The College will develop criteria and a template for collaborative peer groups. These can be done in-person or virtually.		
Peer office visits (dentists only) This will involve collaborating with another dentist. Each dentist will visit the other's office to discuss their practices and procedures. It will be a structured interview with their colleague at their dental practice (physically or virtually). The College will provide a template for the interview. The College will develop guidelines for peer office visits that will provide resources for dentists completing an office visit.	▪ This is another form of peer-assessment and engagement that instils professionalism, transparency and collegiality within the profession. ▪ It is meant to be a comfortable and safe environment for dentists to review each other's dental practice. Dentists will have the opportunity to learn from their peers. ▪ This is an enhancement tool that takes place between colleagues and is not performed by the college. ▪ This will facilitate engagement within practitioners' offices and could potentially create better practices and increase patient safety. ▪ By sharing best practices, dentists may provide new solutions for their colleague, or they may identify and solve issues that their colleague may not have known existed. Should a dentist find a concern during a peer visit, they should have the opportunity to help their college remedy the situation. There will also be an avenue for registrants to get assistance without having to file a formal complaint.	

4. Continuous Practice Hours		
Recommendation	**Rationale**	**Principles**
Continuous Practice Hours The program will continue to have continuous practice hours. Continuous practice hours are defined as hours spent performing restricted activities	▪ There is evidence that experience and continual practice 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 many other health professionals are required to	▪ In the public interest ▪ Objective, credible and manageable ▪ Career-long learning

<table>
<tr>
<td>as defined in registrants' scope of practice.

Dentist = 900 hours
CDAs = 600 hours
Dental therapists = 900 hours</td>
<td>obtain a minimum number of continuous practice hours.</td>
<td>▪ Evidence-based
▪ Promotes improved patient outcomes
▪ Accountability</td>
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<tr>
<td>CP requirements for limited dentist categories

Continuous practice hours will be required for dentists in some of the limited categories. For clarification, the following Limited categories will have CP requirements:

<table><tr><th>Armed Services or Government</th></tr><tr><td>▪ 900 hours</td></tr><tr><th>Education</th></tr><tr><td>▪ 100 CP hours per year
▪ 3-year time limit to return to full practice (must maintain CP hours)</td></tr><tr><th>Volunteer</th></tr><tr><td>▪ 100 volunteer hours (in B.C.) per year
▪ 3-year time limit to return to full practice (must maintain standard CP hours)</td></tr></table></td>
<td>▪ Armed Services or Government – Currently these registrants do report their CE and CP hours. They are working to the same standard as a Full Registrant and so should have the same QA requirements.
▪ Limited education and limited volunteer
○ There are currently no CP requirements for dentists in the education and volunteer categories. They do have CE requirements.
○ A dentist 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.
○ The reality is that their situations are unique. Volunteers are providing care to patients who may not otherwise be able to access dental care. Educators are only teaching and working within the confines of their educational institution. Both categories work a lower number of hours each year than the typical registrant.
○ Setting a minimum requirement of hours should allow these registrants the opportunity to practice and provide care within their unique category of registration.
○ These categories were originally created for dentists in the</td>
<td>▪ In the public interest
▪ Promotes improved patient outcomes</td>
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	“sunset” of their careers who were moving towards retirement. In this case, these registrants can maintain the minimum of 100 hours per year for as long as they wish to work as a volunteer or educator. However if they choose to return to full practice at any point, they will have to keep in mind that they will be required to meet the full requirement of 900 CP hours before transferring categories.	

PROGRAM

There are 4 parts to the recommended Quality Assurance Program:

1. Continuing professional development
2. Mandatory base competencies
3. Objective assessments
4. Continuous practice hours

1. Continuing Professional Development (CPD)

CPD cycle

Registrants will acquire credits in three-year cycles with each new cycle starting 1 January of the calendar year following the year of registration or certification with CDSBC.

CPD credits

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

One hour = 1 credit

Participatory learning

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

One hour of participatory learning = 1.5 credit

Core and non-core activities

Registrants will be required to obtain a minimum of two-thirds of their CPD credits in "core" activities. Core activities are clinically relevant and increase patient safety. Registrants can get a maximum of one-third of their CPD credits in non-core activities.

Core activities *(minimum 2/3)*
The topics in this category should be clinically relevant and may include: courses that relate to the provision of patient care; base competencies; and teaching* or mentoring.
Non-core activities *(maximum 1/3)*
This category will cover non-clinical content including: practitioner health; practice management; and volunteering.

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

Record Retention and Audit

Registrants must keep documentation from all the CPD activities they participate in. They will have the option to submit their documents when they submit their credits or to hold onto their documentation in case of an audit. The College will do a random audit of registrants whose CPD cycle is ending.

In July of each year, staff will begin the audit process and notify those registrants who are selected for an audit. Those registrants will be instructed to submit their documentation by 31 December of that year. They can submit proof of completion online or mail it directly to the College. Registrants will not be able to renew if they do not satisfy these requirements

During the review of registrants' submissions, the College staff may request additional information or proof of completion.

Registrants who don't pass the audit will be notified as soon as possible and will be required to submit their missing information before the end of renewal. Registrants who are not able to meet their requirements due to exceptional circumstances may submit a proposal to be reviewed by the Registration Committee.

Dashboard

A dashboard will be displayed in each registrant's online account which will graphically demonstrate where that registrant is in their completion of their CPD requirements as well as the range of topics they have focused their activities on in comparison to their colleagues (other registrants).

2. Mandatory Base Competencies

Base competencies

Every CPD cycle, registrants will be required to complete two of the four base competency activities. The four base competencies are:

1. Recordkeeping
2. Infection Control
3. Ethics
4. Situational Judgment Exercise (Communications + Patient Safety)

CPR Certification

Registrants will be required to maintain a valid CPR (HCP) certificate.

3. Objective Assessments

Registrants will be required to complete at least one objective assessment per CPD cycle. Objective assessments will count for 1.5 CPD credits per hour.

Collaborative peer groups

Small groups of 3-5 peers (e.g. dentists with dentists) meet in person to discuss selected cases.

Each member of the group must present a case in order to meet their "objective assessment" requirement.

The group will provide objective feedback on their peers' cases. This may require separate meetings to go through each case.

The College will develop criteria and a template for collaborative peer groups.

Peer office visits

This will involve collaborating with another dentist. Each will visit the other's office to discuss their practices and procedures.

It will be a structured interview with their colleague at their dental practice (physically or virtually).

The College will provide a template for the interview.

The College will develop guidelines for peer office visits that will provide resources for dentists completing an office visit.

4. Continuous Practice Hours

Continuous practice hours are defined as hours spent performing restricted activities as defined in the registrant's scope of practice.

Dentist = 900 hours
CDAs = 600 hours
Dental therapists = 900 hours

There will now be continuous practice hours required for dentists in some of the limited categories.

IMPLEMENTATION PLAN

Dates provided below are estimates, and based on Board approval of this proposal in February 2018. The consultation period for the new program will be from April – October 2018 with the final version submitted to the Board at the February 2019 board meeting.

The implementation plan is a living document and timelines may be adjusted as the planning continues. Staff may need to begin developing parts of the program before the Board has formally approved the program to assist in the completion of this plan.

Projects/Activities	Staff responsible	Timeline	Cost
Develop consultation materials for the Pacific Dental Conference and public consultation. (Program outline and posters for PDC)	RO, LR and RM Communications department	As soon as Board approves proposal	Staff time – salary Approximately $300 for printing.
Consultation at the Pacific Dental Conference Planning (logistics) Implementation – at the PDC	RO, LR and RM Communications team	March 2018	Staff time – salary Approximately $500 for event (tech requirements, food, etc.)
Check-in: Review and adjust implementation plan timeline as necessary	RO, LR and RM WG	March 2018	Staff time Committee time - honorariums
Create consultation plan – work with consultant.	RO, LR and RM WG Committee Consultant Consult with management team	March 2018	Staff time Committee time – honorariums Consultant fees - approx. $600
Communicate consultation/engagement opportunities to stakeholders	Communications team	April – Sept 2018	Staff time – salary

• In-person consultations-throughout BC • TODS dental conference • Connect with dental associations	Staff Communications team QA committee	April – Nov 2018	Staff time – salary Committee time
Open for 90-day consultation	RO, LR, RM	August – October 2018	Staff time – salary
Review feedback and possible redraft program	Staff QAP working group QA Committee	November-January 2018	Staff time – salary Committee time
Re-submit draft program to the Board for approval	RO, LR, RM Communications Team	February 2019	Staff time – salary
Communicate new program to registrants, stakeholders and members of the public: Update website Print/email newsletters	Communications Team RO, LR and RM WG Committee QA Committee	February 2019 until full implementation	Staff time – salary
IT: Meet with IT to plan and implement changes to: Update registrant account Update submission form	IT: Dana Aldom	Begin Spring 2018 – March 2019	Approximate cost for IT updates: TBD (by April 2018)
Update online Dental recordkeeping course to new criteria for base competency requirements.	Crystal Clear Solutions	Fall 2018 – March 2019	Approximate cost for course update: TBD (by April 2018)
Check-in: Review and adjust Implementation Plan timeline as necessary	RO, LR and RM WG, Committee	August 2018	Staff time Committee time - honorariums
Begin development and investigate the criteria and template for objective assessments.	RO, LR and RM WG, Consultant	February – April 2019	Staff time – salary Committee time

			Consultant costs – approx. $150/hour (not sure yet how many hours)
• Find equivalent courses for IPAC and Ethics. • Discuss development of courses • Research courses • Vet courses • Ask course providers to meet CDSBC requirements, if applicable.	LR and RO Later QA committee / WG	Fall 2018 – September 2019 (concurrent with other activities)	Staff time - salary Committee time honorariums
RFP for SJE development	Staff	Mid-2019	Staff time - salary
Begin work on College Ethics course	Staff (TBD) Course developer	Mid-2019	Staff time - salary Developer: Approx. $25,000
Develop guidelines for objective assessments.	RO, LR and RM QA working group	January – June 2019	Staff time – salary Committee time – honorariums
IT: Begin testing for new registrant account	IT: Consultant	March – June 2019	Approximate cost for IT testing: TBD
Develop a transition plan for registrants to begin improved program.	RO, LR, WG	Spring 2019	Staff time WG time
IT: Update renewal system with new requirements IT: Add objective assessment template to the new registrant account	IT: Consultant	June 2019 - October 2019	Approximate cost for new features: TBD

Develop interactive registrant dashboard and add it to the registrant accounts. (May or may not make it live yet)			
Development of the situational judgment exercise: Expert subcommittee to develop SJE and questions for this exercise	Staff Test developer Subcommittee	2020- 2021	Approximate cost for psychometric test $75,000 - $100,000 Honorariums for expert subcommittee members (TBD)
IT: Test new renewal system Ability to have 2 systems at the same time Finalize audit process and produce guidelines for auditing	IT: Dana Aldom	October 2019–Jan 2020	TBD
Develop Guidelines for program and process for registrants Website update	Communications RO LR QA Committee	October – December 2019	Staff time Committee time
IT: new program begins for those whose cycle begins 2020	IT: Dana Aldom	January 2020	TBD
Finalize SJE and find related course that registrants must complete if they fail the exercise.	Staff	By 2021	TBD
Test and publish SJE	TBD	By end of 2021	TBD
Communicate new base competency (SJE) to registrants	WG, LR, RO, Communications	By 2021	TBD
RFP for evaluation process	Staff	2021	Staff time
Development of evaluation	TBD	2022	Approx. $10,000

Start pilot audit process: pull list of registrants who will be audited in 2023. Perform audit.	IT: consultant Staff	July 2022	TBD
IT: Review and test renewal process with new requirements (CPR, base competencies and objective assessments)	IT, staff	September 2022	TBD
Evaluate first year of project and audit process.	Staff, WG	2023	TBD

EVALUATION

The Quality Assurance Committee will be required to evaluate the improved program to ensure that it remains valid, reliable, feasible and acceptable. Additionally, we are looking to improve accountability by embarking on the quality improvement path and evaluation of the program should confirm this.

Objectives will be developed to assist in the evaluation. Reaching out to registrants to get their feedback on how the changes are working or not working will be part of this process. Input from the public will also assist with the evaluation.

Below are some things that can be measured/evaluated to include in the process:

- Professional engagement: Is there more purposeful interaction of registrants with their peers?
- Are registrants satisfied – do they consider the programs to be fair and useful?
- Accountability: We are improving accountability. What should that look like?
- Accountability: Are the processes transparent?
- Competency & skill: Does the program assist registrants to become competent and stay current in their practice?
- Patient outcomes: Is there evidence that they improve professional practice patterns – and that there are improvements for those receiving care?
- Public trust: Is the public aware of the college's regulatory responsibilities?
- Public trust- Is the patient/public satisfied with the quality of care registrants provide?

CONCLUSION

The Quality Assurance Working Group believes that they have fulfilled the charge from the Board to improve the current program with this proposal. The improved processes are well aligned with CDSBC's mandate and follow through with the requirements laid out in our legislation.

As such the working group asks that the Board consider and accept the recommendations put forward in this proposal.

With the Board's permission and acceptance, along with the experience and confidence of the CDSBC staff, we are confident that we can implement this plan and deliver a more effective and well-rounded quality assurance program.

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See Appendix 8 for the working group's literature review.

APPENDICES

Appendix 1. Letter to the QA Committee from the Board (2015)

Appendix 2. CDSBC's Policy Development Process

Appendix 3. Terms of Reference: Quality Assurance Program Working Group (2015)

Appendix 4. QAP Review: Engagement Strategy – Susanna Haas Lyons (2016)

Appendix 5. Initial Consultation Feedback (2017)

1. Pacific Dental Conference
2. Listening Sessions
3. Webinars
4. Focus Groups

Appendix 6. Patient Survey (2018)

Appendix 7. Review of other health regulators' programs

Appendix 8. Literature Review