



QAP: The Facts

The Quality Assurance Program (QAP) is a vital way in which the College fulfills its mandate to regulate the profession of dental hygiene in the public interest. The College is aware that there are conversations taking place regarding the QAP, particularly in relation to the new version of the QAP Assessment Tool. Many of the comments we have heard contain false and inaccurate information. As such, we have put together this document to respond to those comments and provide the facts. We encourage all registrants to ensure they are aware of the facts and remember their responsibilities as a regulated health care professional when considering the QAP.

“No other health profession has to have a QAP.”

Fact: The *Health Professions Act (HPA)* requires each BC health regulatory college to develop a quality assurance program that includes an impartial assessment component as a measure of public assurance that health professionals are remaining current and competent in their practice. There is no one size fits all for a quality assurance program. Each health profession in BC has been entrusted to develop a QAP that ensures ethical and competent practice. It may be of interest to note that BC dental hygienists are not the only regulated profession that is required to complete a knowledge assessment/assessment tool as part of an ongoing QAP. Other examples include programming currently in place for BC occupational therapists (OTs) and opticians. Additionally, in Ontario dental hygienists can elect to take an assessment tool similar to BC’s as one option that exists under their QAP.

“The questions on the QAP Assessment Tool do not reflect real world practice.”

Fact: The new version of the QAP Assessment Tool was developed by BC dental hygienists from all practice settings.

The CDHBC completed a full review of the QAP program in 2018. This review was meant to ensure the program was meeting its guiding principles, and that it was supporting registrants in maintaining and enhancing their currency and competency to ensure public safety.

Based on the analysis of the feedback, the College made the decision to bring the development and administration of the QAP Assessment Tool in-house. Two of the main reasons are as follows:

1. Provides the ability to react more efficiently when regulatory changes that affect dental hygiene practice specific to BC registrants come into effect.
2. The CDHBC acknowledged that questions on the first versions of the QAP Assessment Tool were written by educators contracted through the National Dental Hygiene Certification Board (NDHCB). These questions were developed to assess entry to practice knowledge and may not have always reflected real- life practice in BC.

The focus of the new version of the QAP Assessment Tool was to develop interactive question types with the ultimate goal of the content being current and fostering the provision of safe care for the public. As well, the College felt it was important that the QAP Assessment Tool content reflect the changes to BC Regulations, Bylaws and Practice Standards while still including content grounded in the Dental Hygiene Process of Care of real-life practice.

BC Dental Hygienists have been involved in all processes of development of the 2021 QAP Assessment Tool. The CDHBC intentionally recruited dental hygienists from diverse practice settings across the province to participate in these stages. Registrants would have received emails from the College asking for participates in the various stages of development.

The following list shares all stages of the 2021 QAP Assessment Tool development that a representative sample of BC dental hygienists were involved in along with a brief description of their role:

- **Blueprinting** - determined the QAP content categories and the percentage weightings of each QAP content category area.
- **Item writing** - developed current, evidence-based questions that reflect real-life practice specific to dental hygiene practice in BC.
- **Field testing** - validated the questions developed for the QAP Assessment Tool along with providing feedback on the applicability and currency of content as it applies to safe and ethical dental hygiene practice. As well, field testers provided feedback on the usability of new and innovative item types for the QAP. Note: all data was psychometrically analyzed and questions that did not meet the standard were withdrawn or re-developed and then re-field tested.
- **Standard setting** - defined the minimal competency and difficulty for all QAP Assessment Tool questions. This data was psychometrically analyzed to set the successful/unsuccessful score. This standard setting approach is based on a defensible analysis process.
- **Pilot testing** - determined a reasonable timeframe for completing the QAP Assessment Tool and provided final feedback prior to launch in January 2021.

“The new version is harder. The average score is 59%.”

Fact: The results thus far in terms of success rate and score are very similar as the prior versions of the QAP Assessment Tool. As of February 11, 2021, the average score on the QAP Assessment Tool is 76%. In addition, 97.7% of registrants have been successful on the QAP Assessment Tool thus far.

In addition, the College is monitoring and analysing the QAP Assessment Tool closely to ensure it is performing as intended. If, after psychometric analysis, a question is not performing the way it should, it will be reviewed and either edited or withdrawn. This is a regular and defensible process for all assessment mechanisms. That being said, the QAP Assessment Tool would not be an appropriate assessment if the questions were too easy. The QAP Assessment Tool is designed to challenge and ultimately enhance knowledge which further enhances currency, and competency.

“Because we are amalgamating with the dentists and they don’t have a QAP, we should get rid of ours.”

Fact: As mentioned above, all professions under the HPA are required to have a QAP for their registrants. While the dentist QAP model may look different and may still be under further development, it is not a reason to remove the dental hygiene QAP. Furthermore, it is important to note that when the amalgamation of the four oral health colleges comes into effect, it will be an organizational amalgamation. The distinctiveness of each oral health profession will remain. As such, the programs and policies that govern each oral health profession may not be harmonized. The intent of the amalgamation is for the alignment of programs where it makes sense and allows for support for differences where it is justified.

“We graduated from a prestigious program; we shouldn’t have to continue to demonstrate competency throughout our career.”

Fact: The CDHBC Code of Ethics and Practice Standards require lifelong learning. In addition, it is the public’s expectation that the College monitors the profession to ensure ongoing competency, currency and ethical practice. It is no longer acceptable to provide a license to practice upon graduation and never check-in with registrants for their entire career. Demonstrating maintenance of competence is a professional obligation.

The CDHBC QAP follows fundamental values and beliefs that are outlined within seven guiding principles. Two of these principles, outlined below, speak to the importance of competent and ethical practice.

1. The program goal of public protection through:

- Developing, regulating and advocating for safe and ethical dental hygiene practice.
- Ensuring that registrants maintain a safe level of practice which will promote public safety and confidence.

2. The responsibility of registrants to maintain and enhance competence through:

- Embracing life-long learning.
- Ensuring currency in practice including emerging issues and advances in technology using evidence-based decision-making.

By employing the QAP Assessment Tool, the QAP has a mechanism in place to identify gaps in knowledge, competency, and currency. This allows the registrant to complete learning opportunities of their choice to address the identified knowledge gap before any negative impacts have taken place that may harm the public. The QAP is a supportive program that guides registrants to ensure that the care they provide to the public is safe. It is much better to identify an issue and correct it before harm has occurred and a complaint has been made.

The CDHBC QAP was developed over a three-year period and launched in 2013. The following table highlights the key changes in the QAP/Continuing Competency programs throughout the years.

Quality Assurance Program and Continuing Competency Program Comparison			
Description	Quality Assurance Program (QAP) 2021	Quality Assurance Program (QAP) 2013-2020	Old Continuing Competency (CC) Program 1995-2012
Cycle Length	5 years	5 years <i>The QAP cycle length was extended by two years (75 CC credits in five years instead of three) to balance the impact of the time and cost to registrants.</i>	3 years
CC Credits Required	75	75	75
QAP Assessment Tool Cost	\$85.00	\$125.00 (+tax)	N/A
Number of Questions on the QAP Assessment Tool	70 questions	75 questions	N/A
Time Given to Complete the QAP Assessment Tool	3 hours	2.5 hours	N/A
Professional Development	Individual Online Learning Plan with required and self-directed CC <ul style="list-style-type: none"> Required learning based on results of the QAP Assessment Tool Self-directed learning based on registrant professional interest 	Individual Online Learning Plan with required and self-directed CC <ul style="list-style-type: none"> Required learning based on results of the QAP Assessment Tool Self-directed learning based on registrant professional interest 	Self-directed learning based on registrant professional interest
Jurisprudence	Online Jurisprudence Education Module (JEM) to be completed once per cycle	Online Jurisprudence Education Module (JEM) to be completed once per cycle	Regulation Assessment in CDHBC Registrant Handbook to be completed at time of registration

More information related to the QAP can be accessed in the January 2021 [QAP Information Guide](#).