



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

**Requirements of the
Quality Assurance Program and
Guidelines for Continuing Competency**

Introduction

The Quality Assurance Program was developed to help dental hygienists reflect on their dental hygiene practice, to identify areas of their practice that require enhancement/improvement and to customize their continuing quality improvement activities in a manner that suits their personal situation and resources. These guidelines are provided to further assist dental hygienists in the selection of appropriate learning goals and activities.

Quality Assurance (QA) Program – Questions and Answers

Why do dental hygienists need to participate in the QA Program?

The Quality Assurance Committee conducts annual reviews of selected dental hygienist's quality assurance records in order to meet their obligation to the law, specifically, the *Regulated Health Professions Act, 1991*, as set out by the Ontario Government. This requirement was developed to assist all regulated health professions to improve the overall quality of health care, with the anticipated result of improved client health.

How are Quality Assurance records used?

Quality Assurance records serve two functions. Firstly, they help to verify a dental hygienist's on-going involvement in their profession and provide a method of verifying their current knowledge, skills and judgment. It is through these records that they will be able to demonstrate their current level of competence to practise when asked. Secondly, their records are used for peer assessment purposes. Once established, they will be useful to the individual dental hygienists and to the CDHO to help document and monitor their professional growth and development and the impact of this growth and development on their client care/outcomes.

Who is required to maintain QA records?

All dental hygienists registered to practise in Ontario are required to participate in the program. This includes registrants holding both active and inactive certificates of registration. In other words, **every hygienist** is required to maintain their QA records.

Demonstrating Compliance with Quality Assurance Requirements

Dental hygienists are required to show that they are participating in the Quality Assurance Program in two ways:

1. Complete the on-line Self-Assessment Tool by January 31st annually. Participation is tracked by Skilsure and reported to the College.
2. When notified, complete and submit the documentation required under Option 1, 2, or 3.

Quick Reference Guide to the Quality Assurance Program

All registrants are required to enter their Quality Assurance information into the online System for Managing Individual Learning (SMILE Portal) and to complete the Self-Assessment Tool on an annual basis. When selected to participate in the peer review component of the program, registrants will be able to choose from one of three options for demonstrating their competence.

The following table shows the three options available:

	Option 1	Option 2	Option 3
Mandatory Self-Assessment (using the online System for Managing Individual Learning [SMILE Portal])			
Allows for demonstration and verification of knowledge	Learning portfolio*	Written assessment administered by NDHCB**	Written assessment administered by NDHCB**
Allows for demonstration and verification of skills and judgment	Practice Profile***	Practice Profile***	On-site practice review

* Learning Portfolio to include: Reporting on goals and learning activities. Goals are established based on the completed self-assessment.

** This assessment is administered by the National Dental Hygiene Certification Board. A fee of \$125.00 plus taxes is charged by the NDHCB for the administration of each attempt of this assessment.

*** Practice Profile to include: Description of typical day in practice with prompting and checkboxes in the online System for Managing Individual Learning (SMILE Portal) to cover services provided, infection control and record keeping.

Maintenance of a Learning Portfolio (Required for Option 1, Recommended for Options 2 and 3)

Dental hygienists planning to submit their Quality Assurance information under Option 1 must maintain a Learning Portfolio and complete continuing quality improvement (CQI) activities that are sufficient to ensure their continued competence. The Learning Portfolio serves as a positive focus for continuous quality improvement and permits dental hygienists to review their practice through self and peer assessment. It also helps dental hygienists reflect on their dental hygiene practice, to identify areas of their practice that require enhancement/improvement and to customize their continuing quality improvement activities in a manner that suits their personal situation and resources.

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 1, they must electronically submit their Learning Portfolio that includes their learning goals and learning activities for the previous three years.

- A bibliography for all self-learning must be included.
- For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included.
- Dental hygienists are required to keep proof, such as certificates of attendance, biographies of presenters and receipts, for all CQI activities, which may be requested by the Quality Assurance Committee.

In a three-year period, dental hygienists should complete 75 hours of CQI activities, averaging approximately 25 hours per year. At least 80% of learning activities must be directly related to the dental hygienist's learning goals and practice. The remaining 20% of CQI activities may come from activities that relate to dental hygiene but do not necessarily relate to the learning goals. For example: attending conferences and dental hygiene society meetings.

Setting Learning Goals

Every year dental hygienists will select learning goals that identify gaps in practice knowledge identified through self-assessment. The number of goals dental hygienists select for each year will vary depending on their knowledge needs and the amount of learning required in achieving each goal. Goals should be concrete enough to enable the dental hygienist to seek learning activities that enhance knowledge and guide behaviour change sufficiently to make a positive impact on her/his dental hygiene practice. Each goal should be completed in one year. A large goal that would span more than one year to complete should be divided into yearly achievable milestones.

Goals for those in clinical practice should be directly related to one or more of the following:

- Dental hygiene science
- Dental hygiene practice
- Ethical and legal obligations of dental hygienists
- Communication, cultural awareness, inclusive practice
- Infection control
- Record keeping
- Professional Portfolio
- Self-initiation
- Social justice as it relates to dental hygiene, access to care
- Interprofessional collaboration, multi-disciplinary practice
- Radiography, radiation safety, radiation protection officer training
- Health and safety, WHMIS
- Process of care
- Peer mentorship training, acting as a mentor/receiving mentorship through the Peer Mentorship Program.

Goals for dental hygienists who are not in clinical practice should be directly related to their specific practice and/or to general dental hygiene knowledge. Goals for educators should relate to their area of teaching and/or educational theory and practice.

The online System for Managing Individual Learning (SMILE Portal) will assist you in determining and defining your learning goals based on your self-assessment that will be used to generate suggested goals. Please note that you are under no obligation to use the suggested goals and are free to modify or delete them altogether from your online information and establish your own goals.

Selecting Learning Activities

Recommended learning activities:

- Courses or workshops designed for health professionals offered by professional associations, societies or study clubs
- Presentations, publications, or learning modules offered by the CDHO
- Courses or workshops offered by accredited dental hygiene schools
- Courses or workshops offered at Community Colleges or Universities
- Home study courses designed for dental hygienists offered by reputable sources that have post-test and grant a certificate of successful completion
- Giving an original presentation of a paper, essay, or formal lecture in dental hygiene to a recognized group of fellow professionals at a scientific meeting
- Writing an original scientific paper that is published in a scientific professional journal
- Creating an original scientific, educational, or clinical exhibit at a professional meeting
- Observation of a peer in practice if it can be applied to a goal and only if it is combined with other sources of learning
- Self-study conducted using current dental, dental hygiene and/or medical peer reviewed journals and textbooks.

Suggested activities for non-goal related learning:

- Holding a leadership position as a representative of the CDHO, National or Provincial association
- Attendance at a dental hygiene conference or symposium
- Attendance at society meetings and study groups
- Reading dental hygiene scientific journals
- Volunteer work in a community oral health project within Ontario
- Participating in programs that provide substantial pro bono dental hygiene services to the dentally underserved populations or to persons who reside in areas of critical need within Ontario
- Acting as a mentor to a colleague who requires mentoring through the New Registrant Mentorship Program or the Quality Assurance Program
- Receiving mentorship as a requirement of the New Registrant Mentorship Program or the Quality Assurance Program.

Please note: The time spent for any course/workshop attended can only be used for Quality Assurance purposes if the course/workshop is taken within the specified assessment period.

Activities Not to Include for Goal-Related or Non-Goal-Related Learning

- Attending business meetings
- Giving a speech at a luncheon or banquet
- Giving speeches or presentations to community, school or church groups
- CPR and first aid re-certification
- Attending staff meetings
- Attending lunch and learn product demonstrations
- Self-study from non-professional magazines, books or journals
- Discussions with product sales representatives, employers, and colleagues
- Taking Yoga, fitness and/or stress reduction classes (i.e., activities related to personal wellness and/or ergonomics)
- Reading books related to personal wellness, stress reduction and weight loss are not acceptable
- Activities related to increasing profit or productivity
- Activities unrelated to or with no connection to dental hygiene

Bibliography for Learning Activities

All CQI activities used to support goals require a bibliography for the resources used. The resources should be fully referenced when reporting on their goals. Samples of the information that should be included for the different types of bibliographic references for various CQI activities are listed below.

Presenter/Speaker

Course title/Project	Presenter or Resources Used	Type of Activity
Detecting Oral Cancers in the Mouth	Marvin Von Scapel, MD, oncologist, Any Hospital	Slide presentation

Course/Workshop

Course title/Project	Presenter or Resources Used	Type of Activity
The Dental Hygiene Process of Care	Ontario Dental Hygienists' Association, Dental Pro Learn (include website address)	On-line course

Journal article

Course title/Project	Presenter or Resources Used	Type of Activity
Prevalence of Oral Cancer in Smokers	Layton, P. Name of Scientific Journal, Volume 1, Spring 2010, p 34-56	Self-study

Self as Presenter

Course title/Project	Presenter or Resources Used	Type of Activity
Client's preferences to ultra-sonic instruments – master's thesis presented at National Conference	Your Name RDH, MSc	Slide presentation of original research

Knowledge Network

Course title/Project	Presenter or Resources Used	Type of Activity
Parkinson's Disease	College of Dental Hygienists of Ontario, CDHO Advisory Parkinson's Disease, 2009/10/27	Self-study

Maintenance of a Practice Profile (Option 1 and 2 only)

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 1 or 2, they must maintain and electronically submit their *Practice Profile*, which describes their current dental hygiene practice(s) and demonstrates their skills and judgment. The online System for Managing Individual Learning (SMILE Portal) guides completion of the *Practice Profile* and dental hygienists are prompted to submit a separate practice profile for each type of dental hygiene practice.

The *Practice Profile* of dental hygienists who provide direct client care provides a snapshot of the clinical dental hygiene practice. This may include dental hygienists who work in general, orthodontic, restorative, public health or institutional dental hygiene practices. In this section, dental hygienists are asked to provide specific information regarding their practice including the client base, dental hygiene services rendered, infection control, record keeping practices and the time frame in which these services are delivered. The focus of the questions is on ensuring that clients get comprehensive care and recognize that all procedures may not necessarily be completed by the dental hygienist. Checkboxes and short answer questions provide a description of which conditions apply to all dental hygiene practices in which clinical care is provided.

If a dental hygienist is working in more than one practice environment of a similar type, they will prepare the practice profile for their first practice of that type. At the end of the profile, they are given the opportunity to note any differences between the practices of the same type. If they work in different types of practices, they must prepare a profile for each practice. Many dental hygienists choose to work as regular temporary placements in different practice environments. The concept of the *Practice Profile* still applies and they will complete the profile describing a “typical” temping position in a practice.

Those who do not provide direct clinical care as the major focus of their practice have to be a bit creative to provide descriptions of their workplaces. This includes dental hygienists working in public health, educational or other non-traditional practices. The information provided may be quite different from that of the majority of dental hygienists. Their clients may be students, community groups, educators, etc., depending on the scope of their position. It will be helpful for the dental hygienist to define the types of people or groups which constitute their “client” as part of their written practice/workplace description. In addition to an open text box to enter their information they also have the ability to upload any documentation that will help to describe their practice(s).

A telephone interview and/or on-site practice review may be indicated for clarification following the *Practice Profile* assessment.

Completion of the National Dental Hygiene Certification Board (NDHCB) Quality Assurance Written Assessment (Required for Options 2 and 3)

It is suggested that dental hygienists who plan to choose to write this assessment continue to maintain a *Learning Portfolio as described above* including goals and activities designed to remain abreast of current developments, practices and theories in dental hygiene. As new information becomes available, it is incorporated into the NDHCB written assessment. All dental hygienists have full access to the goal-setting capabilities of the online System for Managing Individual Learning (SMILE Portal) regardless of which option they choose.

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 2 or 3, they must electronically indicate their choice of option 2 or 3 through the online System for Managing Individual Learning (SMILE Portal). By indicating a choice of option 2 or 3 the system will trigger authorization to write the NDHCB Quality Assurance Written assessment. The National Dental Hygiene Certification Board administers this assessment and full information about the development and administration of the assessment can be found on their website at ndhcb.ca. Instructions are sent via email directly to the dental hygienist from the NDHCB. Upon successful completion, the dental hygienist must submit a copy of their certificate of successful completion through the online System for Managing Individual Learning (SMILE Portal). Dental hygienists have a maximum of three attempts to successfully complete the assessment. Those unable to successfully complete the assessment after three attempts are referred to the Quality Assurance Committee for a decision regarding further assessment or remediation activities.

It is expected that preparation to write the NDHCB Quality Assurance written assessment will take 75 hours over a three-year period. At the current time, there is a fee of \$125 (plus tax) to complete the assessment. In addition to this fee, dental hygienists will be responsible for purchasing any study materials needed to prepare for the assessment.

Completion of the On-site Review (Required for Option 3)

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 3, they must electronically indicate their choice to be assessed through an on-site practice review. The dental hygienist will be contacted by a Quality Assurance Assessor to make arrangements for the review to be completed. The review will allow dental hygienists to demonstrate their skills and judgment in their practice. At this visit they will have ample time to demonstrate that their work environment and practices comply with the Standards of Practice and that their infection control and record keeping are consistent with current guidelines and regulations. For details on the areas reviewed during an on-site review, refer to the QA Practice Assessment Tool below. Upon completion of the assessment, a report of the assessor's findings are sent to the dental hygienist for review at which time the dental hygienist may provide a submission detailing additional information or clarification of the assessor's findings. Both the assessor's report and any submissions are reviewed together by the Quality Assurance Committee.



Assessment Guidelines for Quality Assurance Practice Review (On-Site)

Registrant's Name: _____ **Reg. N°:** _____

Practice Address: _____

Date of Assessment: _____

Assessor's Name: _____

Work Environment

Assessment Guidelines for Identified Deficiencies	Standard	Yes	No	N/A	Comments
1. The office has a written policy for the collection and maintenance of client information.	#1, 2, 5				
2. Current scientifically accepted infection control procedures are in place.	#6, 8				
3. Emergency protocol, emergency supplies, equipment and oxygen are in place.	#6, 8				
4. Registrant has proof of current CPR certification.	#8				
5. Exposing and processing of radiographs and radiation hygiene are consistent with the <i>Healing Arts Radiation Protection Act</i> .	#1				
6. Equipment is current and in good repair.	#6				
7. Instruments are sharp and the original design has been maintained.	#6				

Assessment Guidelines for Identified Deficiencies	Standard	Yes	No	N/A	Comments
8. Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene services.	#3, 6				

Chart Audit

Assessment Guideline for Identified Deficiencies	Standard	Yes	No	N/A	Comments
9. An initial medical history and updates are in client record.	#8				
10. The clinical assessment is complete* and supports the dental hygiene diagnosis. *client interviews, health, dental and pharmacological history, clinical and radiographic examination.	#8				
11. An individual dental hygiene treatment plan has been established and includes: a) goals/objectives b) sequence of activities c) client participation	#5, 8				
12. The client's informed consent for treatment has been obtained.	#1, 5				
13. The date and particulars of each professional contact with the client is documented in accordance with the CDHO record keeping regulation.	#1, 2, 8				
14. A clinical re-assessment is performed and the dental hygiene treatment plan is reviewed and modified as required.	#8				
15. The client has received appropriate recommendations and instructions in oral self-care.	#8				
16. The registrant consults and/or refers to other health professionals as required.	#1, 5, 7, 8				
17. Other					

Assessor's Signature:

Date

CPR Requirement

In addition to the 75 hours, each dental hygienist involved in clinical practice must hold current a CPR certificate at the basic life support level, which includes training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags resulting in certification or recertification by the Heart and Stroke Foundation of Canada, the Canadian Red Cross or an entity with equivalent requirements.

All CPR certification or recertification courses must include a hands-on component. Online CPR courses are not acceptable.