



Dental Hygiene Forum

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Presentation Topics

- Quality Assurance Program
- 365 Day Rule Exempt Registration
- Other Topics
 - Professionalism
 - Inquiry Cases
 - Regulation and Bylaw Update
 - Interpretation Guidelines and Other Handbook Updates
- Scaling and Root Planing Billing Codes



2014 QAP Cohort



QAP Cohort Results

	2014 Cohort	2013 Cohort
Total Registrants	454	471
Successful	441	435
Unsuccessful	13 (3%)	25 (5%)
Second Attempt Successful	6 (to date)	23
Second Attempt Unsuccessful	1 (to date)	2



Demographics

Practice Setting/Area

	Total BC (n=397) 2013	Total BC (n=400) 2014
Practice setting		
General	89%	87%
Dental Hygiene Clinic	3%	5%
Educational Institution	3%	1%
Public Health	1%	2%
Specialized	3%	4%
Other	2%	1%
Practice area		
Clinical	95%	96%
Public Health	1%	3%
Education	3%	1%
Administration	<1%	<1%
Research	0%	0%
Other	1%	1%



Demographics

Dental Hygiene Experience

	Total BC (n=397) 2013	Total BC (n=400) 2014
Dental hygiene experience		
0 to less than 5 years	28%	27%
5 to 10 years	17%	26%
11 to 20 years	26%	24%
21 to 30 years	20%	14%
31 years or more	5%	5%
Would prefer not to say	4%	5%

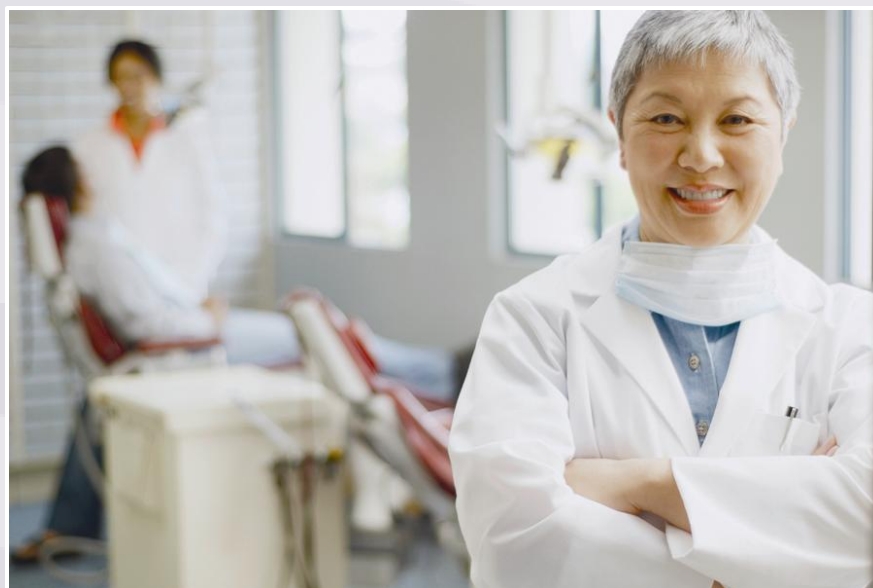


Myths About QAP

- After being unsuccessful at both attempts, I will lose my license
- If I don't take a QAP tool prep course offered by CE providers, I will fail the tool
- I need to pass the tool in order to renew
- I must buy new textbooks in order to prepare for the tool
- I will be assigned courses to take based on my results
- I must spend a minimum number of credits on my guided learning plan



'365-Day Rule Exempt' Registration



'365-Day Rule Exempt' Registration

- CDHBC Board has completed a comprehensive Stakeholder Feedback Process to inform interpretation and implementation of the bylaw
- Implementation for application to the category is a phased process



'365-Day Rule Exempt' Educational Requirements

Baccalaureate Degree in Dental Hygiene

OR

Demonstration of the following abilities at a degree level:

- (a) ability to safely and effectively perform a needs assessment, develop a dental hygiene diagnosis and plan, implement and evaluate dental hygiene care, for clients with complex needs or disabling conditions;*
- (b) ability to work effectively as a member of an interprofessional health care team;*
- (c) ability to apply the standards of infection control and safe practice in alternative practice settings;*
- (d) ability to make appropriate and timely referrals through the identification of abnormalities, conditions and circumstances which are outside the scope of dental hygiene practice or limit the registrant's ability to provide safe dental hygiene care.*



'365-Day Rule Exempt' Educational Requirements

- Four Pathways to satisfy the educational requirement
 - Pathway 1: Baccalaureate degree in dental hygiene as outlined in the bylaws (currently accepting applications)
 - Pathway 2: Substantial Equivalency (SE) streams (currently accepting applications)
 - Pathway 3: Prior Learning Assessment Recognition (PLAR) process (currently accepting registrations)
 - Pathway 4: Rubric to assess and approve other education courses/modules (Summer 2014)



'365-Day Rule Exempt' Educational Requirements

- Pathway 4
 - CDHBC and Thompson Rivers University (TRU) has partnered together to offer the PLAR
 - The PLAR portfolio is based on a learning outcomes rubric established by CDHBC.
 - The professional learning of participants can be recognized as meeting the required competencies
 - A Pre-Application Self-Assessment tool has been created to assist potential candidates decide if the PLAR option is right for them.



www.tru.ca/distance/partnerships/partners/other-agreements/cdhbc-plar.html

'365-Day Rule Exempt' Experience Requirements

- Current CPR for health care professionals (CPR-HCP)
- 3500 clinical practice hours in the past 5 years
 - Applicable hours must fit within the definition of clinical dental hygiene practice



Other topics



Other Topics

Professionalism

- Important to reflect on the hallmarks that elevate dental hygiene beyond an occupation to the level of a profession.
- Dental Hygiene has been recognized as a profession for 62 and 18 years of self-regulation in BC
- What turns an occupation into a profession?
- A profession arises when an occupation transforms itself through the development of formal qualifications based upon education and examinations, and the emergence of a regulatory body with powers to admit and discipline registrants.



Other Topics

Professionalism

- The trust that the public place in the dental hygiene profession as a whole that each registrant, as a professional, must honor and respect.
- It is incumbent upon each individual registrant to uphold the regulations, bylaws, standards of practice, and code of ethics of the College and always act in their client's or the public's best interest.
- What does Professionalism mean to you?



Other Topics

Inquiry and Investigations

- In 2013 CDHBC received 16 complaints that required subsequent investigation by the Inquiry Committee.
- The Inquiry Committee had 20 cases before them.
- It should be noted that the complexity and seriousness of the complaints have increased.
- The complaints were related to fitness to practice issues, standards of practice issues (consent, documentation, DH diagnosis), breach of scope of practice, inappropriate billing and unlicensed practice.



Other Topics

- **CDHBC Regulation and Bylaw Update**
 - CDHBC continues to work to update our regulations and bylaws to meet the current standard and practice
- **Interpretation Guidelines and Handbook Updates**
 - All Interpretation Guidelines have been updated. A schedule of amendments can be found on the Forms and Resources page of the CDHBC website.



Other Topics

Scaling and Root Planing Billing Code

- BCDA article states that a dentist is able to use the scaling and root planing codes not only to cover the actual act of scaling and root planing but they can cover the process of care required to plan for and carry out scaling and root planing as well.
- Fee for service and billing is outside the College's regulatory mandate however practice standards related to informed consent and documentation as well as ethical concerns related to billing are



Other Topics

Scaling and Root Planing Billing Code

4 Key Questions:

1. Did the client provide informed consent on the treatment provided, including how that treatment will be billed?
2. Was the treatment provided documented appropriately and in accordance with the practice standards?
3. Was the treatment based on client needs and was the proper ADPIE process of dental hygiene care followed?
4. Was the client billed for services that they actually received and does this align with the practitioners' time spent with the client?



QUESTIONS??

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