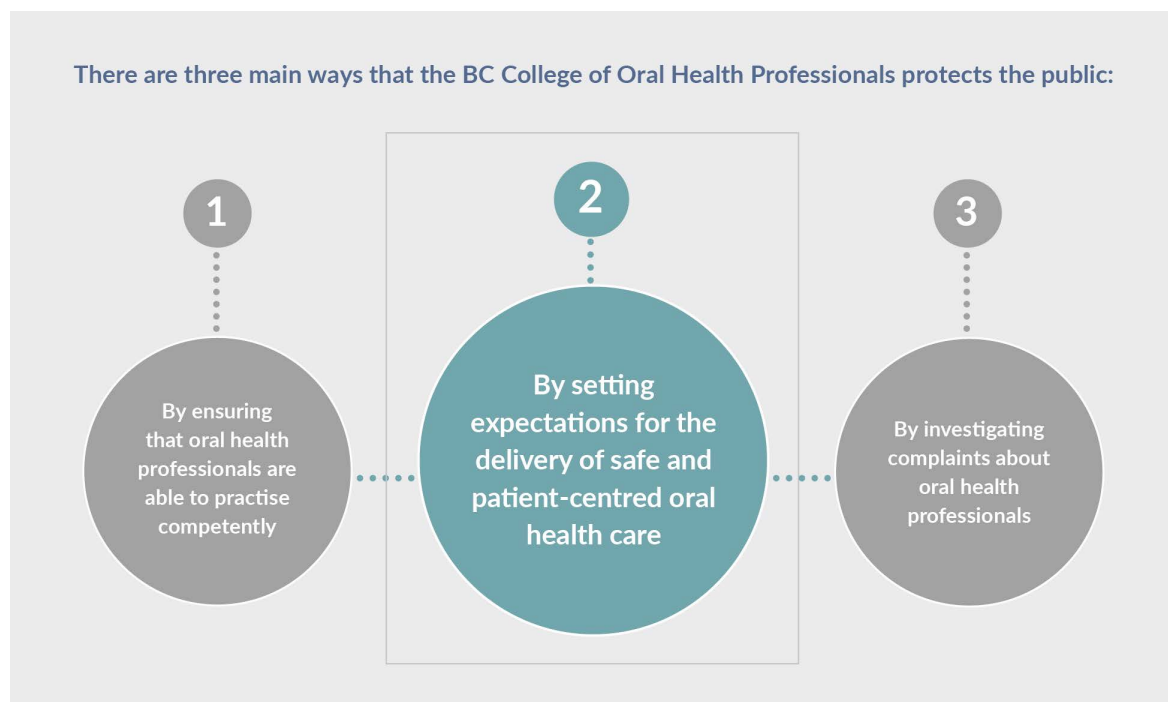


Expectations for clinical and ethical practice

Quality Assurance Program Information Guide

Applies to dental hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



Disclaimer: This document was developed by the former College of Dental Hygienists of BC before the amalgamation of BC's four oral health regulatory colleges in 2022 and the introduction of BCCOHP's *Professional Standards for the Oral Health Team* (Professional Standards), effective June 30, 2025. The Professional Standards define the minimum expectations for professional and ethical conduct, performance, and behaviour for regulated oral health professionals in BC.

While BCCOHP is in the process of rescinding and replacing all legacy practice resources with unified standards, this document remains applicable.

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This document was created by a BCCOHP legacy college (CDHBC). It was updated:

- *June 2022 and December 2023 to reflect the creation of BCCOHP, including important dates, links and images*
- *December 2024 to reflect changes in program processes that were approved by the BCCOHP Quality Assurance Committee*
- *June 2025 to reflect the introduction of BCCOHP's Professional Standards for the Oral Health Team*

The Quality Assurance Program (QAP) for dental hygienists was developed by the legacy College of Dental Hygienists of BC in response to changes in the *Health Professions Act* that require BC health professions to establish a quality assurance program which contains an assessment component.

The Quality Assurance Program is the result of considerable effort, work and research by the legacy CDHBC Board, Quality Assurance Committee and staff. It is our hope that the QAP strikes a satisfactory balance between the requirement to provide public protection and assurance, and the needs of dental hygienist registrants.

All registrants in practicing registration categories must participate in the Quality Assurance Program and use the QAP Assessment Tool. The following guides contain helpful information to assist registrants in preparing to use the QAP Assessment Tool and Online Learning Plan.

A Glossary of Acronyms can be found in Appendix 1A to assist registrants while working through the QAP Information Guide.

PART 1: Quality Assurance Program (QAP) Overview

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1. Quality Assurance Program: Background & History

a. Health Professions Act

In 1995, dental hygiene in British Columbia became a self-regulated profession as designated under the Health Professions Act, RSBC 1996, c. 183 (HPA). As a result of that designation, the legacy College of Dental Hygienists of British Columbia (CDHBC) was established to regulate the profession of dental hygiene. With a mandate to protect and serve the public, the role of the CDHBC was to govern the practice of its registrants in the public interest by ensuring that they are qualified, competent, and follow clearly defined standards of practice and ethics. The CDHBC was governed by a board consisting of elected dental hygienists and government-appointed public members, who, in conjunction with the registrar, various committees, and College staff, worked to ensure that dental hygienists were qualified to practice and adhere to Regulations and standards of practice in BC.

The Quality Assurance Program (QAP) for dental hygienists was developed in response to a 2005 amendment to the HPA. The amendment required each of the regulated health professions in this province to establish a quality assurance program that contained an assessment component. This requirement reflected a significant paradigm shift from a focus on quality control to that of quality improvement. While upholding the requirement of maintaining professional competence of the regulatory and ethical standards, the QAP's expanded focus promotes improvements in the quality of care that registrants provide to their clients with a focus on a registrant sustaining and enhancing competence in their practice setting. This is accomplished through a process that identifies the individualized learning needs of each registrant and requires a formalized plan of action to meet those needs.

On August 27, 2020, the BC Ministry of Health announced a plan to modernize the health regulatory system. On September 1, 2023, the four oral health care regulatory colleges of BC (CDTBC, CDHBC, CDSBC, CDBC) were amalgamated to become the BC College of Oral Health Professionals (BCCOHP). The new BCCOHP Bylaws provide for the continuity of prior Quality Assurance (QA) processes amongst the legacy colleges, including those of the former College of Dental Hygienists of British Columbia (CDHBC). Specifically, section 12.11 (1) of BCCOHP's bylaws states:

All continuing competence and quality assurance program standards, policies, or criteria of the legacy CDHBC are in effect as of the amalgamation date,

(a) remain in effect for the applicable dental hygienists and dental hygiene practitioners on and after the amalgamation

date, unless and until they are amended or repealed, or others are established in their place.

This means that any outstanding QA requirements and obligations for dental hygienists remain intact under the BCCOHP until such time that any changes are formalized. As of January 2025, the BCCOHP Quality Assurance Program (QAP) requires that dental hygienists complete a standard assessment component, followed by the development of an individualized learning plan.

Of note, the *Health Professions and Occupations Act* (HPOA) received Royal assent on November 24, 2022. However, at this time, it is not yet enacted. As such, the College continues to work under the HPA.

b. Mandate to Protect the Public

The mandate of the College at all times is to serve and protect the public. The College is entirely accountable to the Minister of Health to carry out this mandate. All College initiatives, including the Quality Assurance Program, carry a great responsibility to demonstrate public protection and accountability.

In an effort to balance the ultimate measures of public protection with what is reasonable and manageable for dental hygienists, legacy CDHBC determined a set of Guiding Principles for the development of the QAP (see p.3).

c. Development Process

The QAP was developed by dental hygienists for dental hygienists, and takes into consideration the unique attributes of the dental hygiene profession. Between 2005 - 2012, the legacy CDHBC Board, Quality Assurance Committee and staff reviewed options for a viable QAP and worked on the development of a program that would be suitable for the profession of dental hygiene.

d. Objectives

The objectives of the QAP are to meet the following legislative requirements of the *Health Professions Act*:

- establish and maintain a Quality Assurance Program to promote high practice standards among registrants;
- establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants;
- establish, monitor and enforce standards of professional ethics among registrants;
- promote and enhance the ability of registrants to respond

and adapt to changes in practice environments, advances in technology and other emerging issues.

e. Guiding Principles

The following statements reflect the fundamental values and beliefs that guide development of all aspects of the Quality Assurance Program for dental hygienists.

1. The goal of the Quality Assurance Program is public protection.

- The mandate of the College is to protect the public by developing, regulating, and advocating safe and ethical dental hygiene practice.
- The QAP is designed to ensure that registrants maintain a safe level of practice which will promote public safety and confidence.

2. The Quality Assurance Program will be evidence-based and cost effective.

- The QAP will use proven methods and levels of practice assessment that strike a balance between efficiency and effectiveness and can be managed with available resources.

3. Maintaining and enhancing competence is the responsibility of the registrant.

- The profession of dental hygiene embraces life-long learning.
- Under the *Health Professions Act* and College Bylaws, registrants are responsible for ensuring that their practice is evidence-based and current, which includes addressing emerging issues and incorporating advances in technology into their practice.

4. All dental hygienists registered in practicing categories will be required to participate in the Quality Assurance Program.

- Accountability is an essential characteristic of a self-regulating profession.
- The College acknowledges that dental hygienists have a variety of practice settings; however, the entry-level competencies are the foundation of all dental hygiene practice.
- It is important to note that registration provides registrants with the ability to practice the entire scope of practice.

5. The materials that inform registrants about the Quality Assurance Program will be clear, concise and accessible.

- Registrants will be provided with useful tools that provide feedback and support.
- Materials will clearly explain the process and policies.

6. Participation in the Quality Assurance Program is intended to be reasonable and manageable for registrants.

- The College recognizes the diversity of dental hygiene practice and practice settings.
- The program will not present an unreasonable burden to registrants.

7. The Quality Assurance Program will be evaluated regularly.

- Feedback will be collected and evaluated in order to ensure that the QAP continues to meet the needs of the public and registrants.
- Advances in research and technology will be considered and incorporated as appropriate.

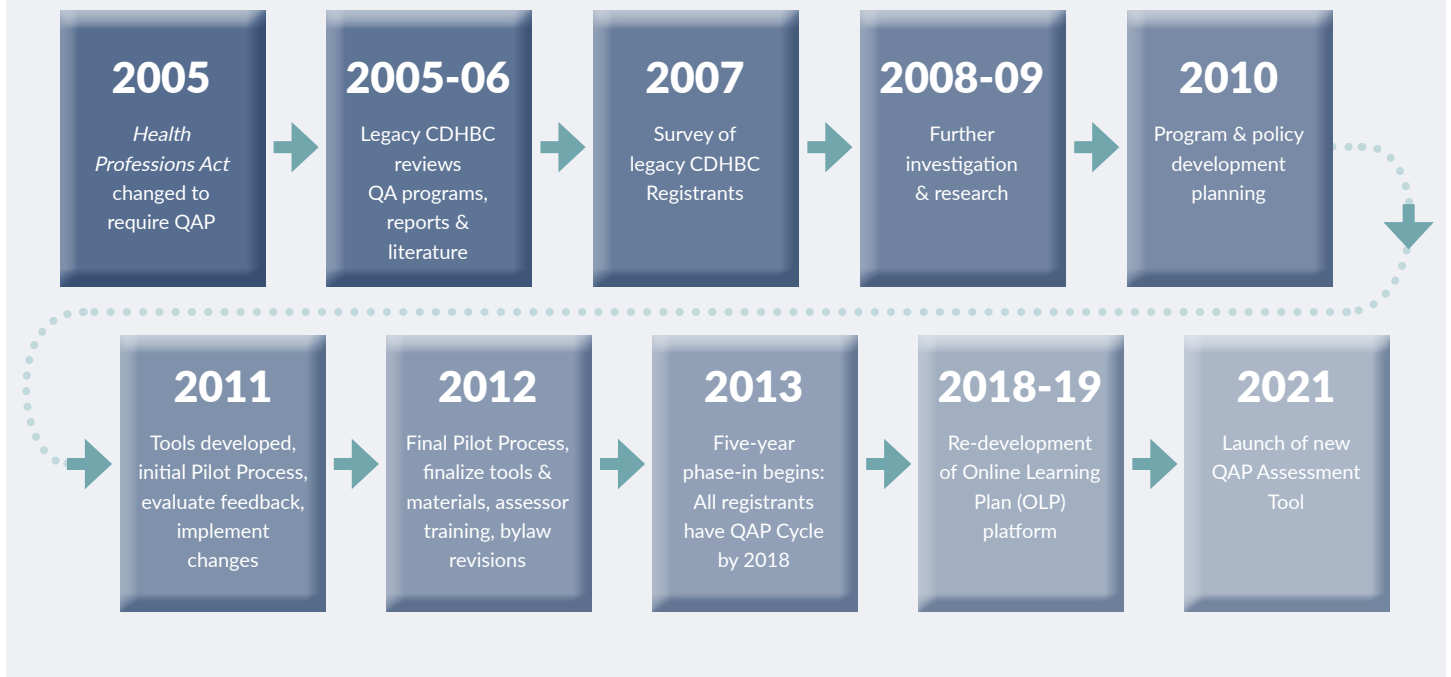
f. Evaluation and Future Developments

During the Pilot phases, the proposed QAP was evaluated, revised as appropriate and finalized. Registrant feedback was an important part of the QAP development; ongoing evaluation of the QAP continues to shape the quality assurance process.

Legacy CDHBC continued to gather feedback throughout the QAP process and completed a full review after the completion of the first 5-year QAP cycle. With this feedback in mind, the legacy CDHBC undertook changes to the QAP, including the launch of the new Online Learning Plan (OLP) and in 2020 a re-design of the QAP Assessment Tool. This re-design of the QAP Assessment Tool launched in 2021.

The following table (see page 4) provides a summary of results for all the cohorts who have completed the QAP Assessment Tool.

DEVELOPMENT TIMELINE



SUMMARY OF RESULTS FOR THE QAP ASSESSMENT TOOL

	2024 Cohort	2023 Cohort	2022 Cohort	2021 Cohort	2020 Cohort	2019 Cohort	2018 Cohort	2017 Cohort	2016 Cohort	2015 Cohort	2014 Cohort	2013 Cohort
Total Registrants who Completed the QAP Tool	674	865	570	446	441	523	869	533	516	466	454	471
Number who Met the Threshold	649	847	558	429	428	502	845	515	509	458	441	435
Number who did not Meet the Threshold	25 (4%)	18 (2%)	12 (2%)	17 (4%)	13 (3%)	21 (4%)	24 (3%)	18 (3%)	7 (1%)	8 (2%)	13 (3%)	25 (5%)
Met Threshold on Second Attempt	23	16	11	15	11	19	22	16	3	7	12	23
Did not Meet Threshold on Second Attempt	0	2	1	2	2	2	2	2	3	1	1	2

2. Quality Assurance Program Fundamentals

a. What is the Quality Assurance Program (QAP)?

The QAP for dental hygienists was developed in response to changes in the *Health Professions Act* that require BC health professions to establish a Quality Assurance Program, which includes a method of practice assessment.

The intent of the QAP is to provide a public protection mechanism via utilization of reliable assessment methods to ensure that our registrants maintain a level of quality practice throughout their careers. It will also support registrants in their pursuit of continuing professional development.

b. Who needs to participate in the QAP?

All registrants in practicing registration categories must participate in the Quality Assurance Program.

c. QAP At-a-Glance

Below is a table that summarizes basic information about the QAP.

QAP COMPONENT	DESCRIPTION
Cycle Length	5 years
CC Credits Required	75 – a minimum of 4 CC credits in Indigenous Anti-Racism, Cultural Safety & Humility learning is recommended, see Part 5 of this Guide
QAP Assessment Tool	QAP Assessment Tool – informs areas for required learning
Professional Development	Individual Online Learning Plan – areas for required & self-directed Continuing Competency
Jurisprudence	Online Jurisprudence Education Module (JEM)
Local Anesthetic	Online Local Anesthetic (LA) Module – for registrants who hold Local Anesthetic Certification

2. Quality Assurance Program Fundamentals

d. What is the process?

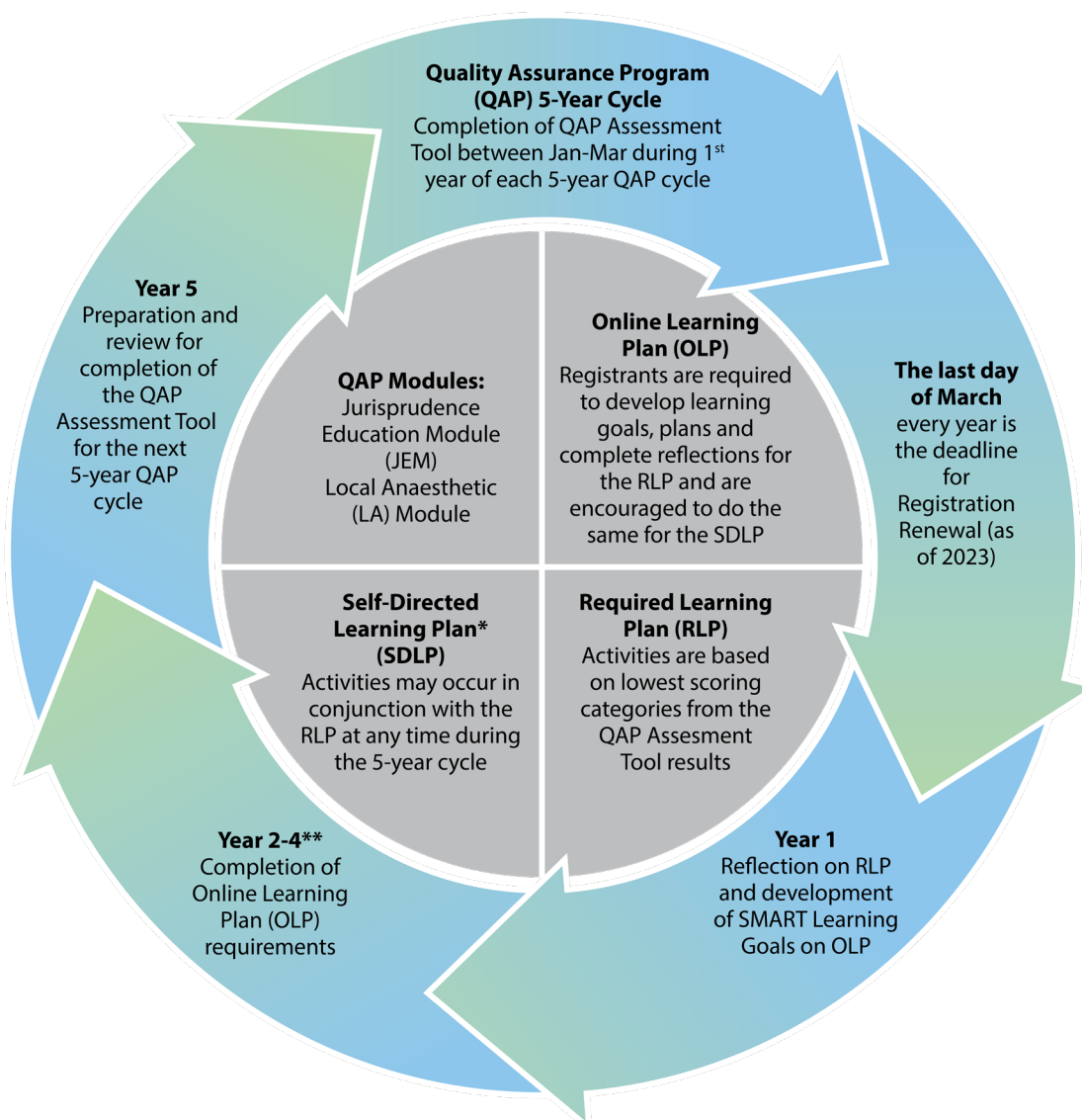
The Quality Assurance Program (QAP) provides registrants with a five-year cycle during which time they must complete the QAP Assessment Tool and 75 Continuing Competency credits in order to maintain their practicing registration status.

Completion of the QAP Assessment Tool is the first step in the five-year QAP cycle. A typical five-year QAP cycle might look like the diagram below, but it is important to keep in mind that self-directed learning can take place at any time during the five-year cycle.

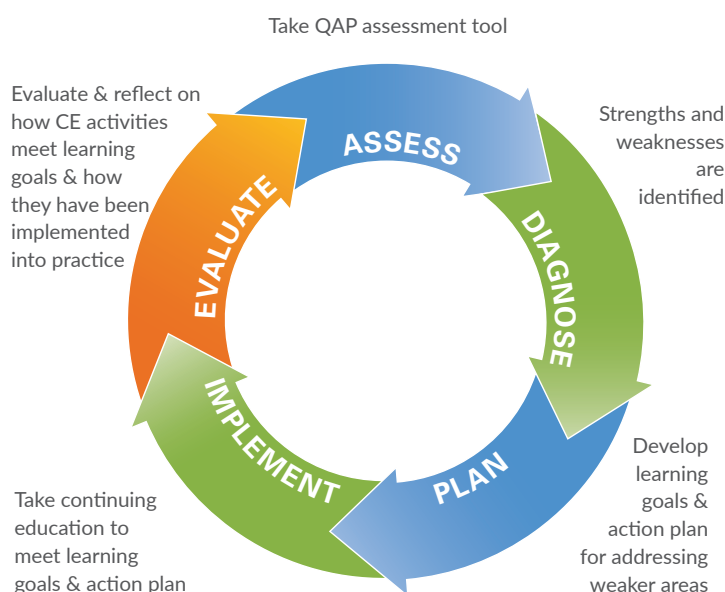
Ideal Five-Year Quality Assurance Program (QAP) Cycle

*SDLP activities are not linked to QAP Assessment Tool results and may be selected based on interest or a self-identified practice need

**75 Continuing Competency Credits should ideally be completed within the first 4 years of the cycle. This allows time for review and preparation for the QAP Assessment Tool in Jan-Mar of the first year of the next QAP five-year cycle



The QAP learning cycle follows an ADPIE process. The diagram below demonstrates how the QAP Assessment Tool fits into this process:



e. How does the QAP help registrants?

The QAP strives to balance the needs of the public with the needs of registrants. The Online Learning Plan has been developed as part of the QAP to provide registrants with a useful tool that provides feedback and support for personalized professional development.

The Online Learning Plan (OLP) is a place for registrants to create SMART learning goals with action plans, record their Continuing Competency activity credits and reflect on learning. Registrants are able to log in to their OLP and update their information anytime from anywhere, eliminating the need to submit paper records.

All recent graduates will be assigned specific content categories within their OLP that must be completed prior to the end of their 5-year QAP cycle. A recent graduate is defined as an individual who has: successfully completed an accredited dental hygiene program within the previous year, successfully completed the National Dental Hygiene Certification Examination (NDHCE) within the previous year, and has not been previously registered to practice dental hygiene in another jurisdiction.

3. QAP Assessment Tool

a. What is the purpose of the QAP Assessment Tool?

The QAP Assessment Tool was designed specifically to meet the requirement under the *Health Professions Act* for an assessment of registrants' practice quality, thus promoting public confidence and protection, and to provide useful feedback to registrants regarding their current knowledge, skills and abilities related to the QAP content categories and subcategories.

It is widely accepted that medical knowledge has a relatively short half-life, usually estimated between two to five years; this means that two years from the day of graduation, half of the information learned by health professionals becomes obsolete. In addition, rapid changes in health care technology and research challenge the health professional to constantly update and add to their expertise.

Dental hygienists need to be aware of new techniques and knowledge that may impact oral health and the services they render to clients. The completion of an assessment tool once every five years provides evidence and assurance to the public that dental hygienists are up-to-date and continually demonstrate a level of measurable competence, and are not relying solely on knowledge that was gained when they first entered the profession.

b. What is the QAP Assessment Tool, and where did it come from?

The QAP Assessment Tool is an online, open-book assessment that is completed by all registrants once every five years. The QAP Assessment Tool is taken at a time and place convenient to the registrant and must be completed individually within a 3 hour time period.

The QAP Assessment Tool measures registrants' knowledge, skills and abilities based on the fundamentals of the ADPIE process of care in alliance with the QAP content categories and subcategories. The results of the QAP Assessment Tool will be incorporated into each registrant's OLP and will inform their required learning process during their five-year cycle.

After seven years of providing the QAP Assessment Tool through the National Dental Hygienists Certification Board (NDHCB), a new version of the QAP Assessment Tool has been developed and brought in-house.

Since 2021 the QAP Assessment Tool has been hosted in-house on a new platform. Hosting the QAP Assessment Tool in-house allows the College to be more nimble with incorporating the BC Scope of Practice, Regulation and Bylaw changes within the QAP Assessment Tool. It is important that the QAP Assessment Tool is a useful aid in fostering registrants' ongoing

learning to ensure that the public receives safe and competent dental hygiene care.

The new QAP Assessment Tool was developed by BC dental hygienists for BC dental hygienists. Dental hygienists from many diverse practice settings have been involved with all aspects of the QAP Assessment Tool development. This started with the legacy CDHBC working to establish the blueprint in consultation with dental hygienists from across the province. These dental hygienists helped set the blueprint priorities for content based on the QAP content categories and subcategories that registrants are already familiar with incorporating within their OLP. Dental hygienists were also involved in question development, field testing and standard setting.

Registrants then use the OLP to create learning plans with goals that include continuing competency activities related to the goals.

c. When do registrants have to complete it?

The QAP Assessment Tool is completed at the start of the five-year QAP cycle, during January, February or March. Completion of the QAP Assessment Tool is a mandatory requirement and must be completed before registration renewal will be allowed; the renewal deadline is the last day of March. Results of the QAP Assessment Tool will be incorporated into each registrant's Online Learning Plan and will inform the required learning process.

d. How much does it cost?

As of 2021 the cost of the QAP Assessment Tool is \$85 per attempt, which is less than the \$125 fee registrants paid for the previous version. The fee is paid directly to the BCCOHP instead of to NDHCB as was the case for the previous version of the QAP Assessment Tool.

e. How should a registrant prepare to take the QAP Assessment Tool?

Every registrant may choose to prepare differently for the QAP Assessment Tool. Some registrants may find it helpful to consider the skills and knowledge that they already have in order to determine areas for review. The *QAP Assessment Tool Preparation Guide* (Part 2 of this Information Guide) has been created to help registrants with this process.

f. After completion of the QAP Assessment Tool, what happens next?

Following completion of the QAP Assessment Tool, registrants can review their results via the new Online Learning Plan (OLP) platform; incorrect responses will be grouped by category, and the registrant will be able to view the content areas that the QAP Assessment Tool identifies as needing improvement.

4. Professional Development Tools

a. Online Learning Plan

The BCCOHP Online Learning Plan (OLP) is a component of the current Registrant Intranet. Since 2010, registrants have been able to access their registration information online, including providing contact updates, registration renewal and updating Continuing Competency credits.

The OLP is a section where registrants receive feedback from the QAP Assessment Tool and create learning plans that include goals and specific learning activities. The OLP was first available in 2013, and was re-developed and enhanced after its first five years of use. The re-developed OLP was launched in 2019.

b. Why set goals for learning plans?

Goal setting is a powerful technique used by professionals and successful individuals in many different fields. Learning goals provide a purpose and direction to one's professional development and identify the expected results of activities. Goals heighten performance levels by setting targets and help to determine priorities, get organized and make decisions.

c. How is a learning goal and action plan created?

In order to write a meaningful goal, it is necessary to have an understanding of one's abilities relative to the demands of their professional role.

A helpful guideline is using the SMART goal components:

Specific: detailed enough to clearly define what you are trying to achieve

Measurable: includes criteria so that you will know when you have achieved it

Action Oriented: the course of action to achieve the goal is clear

Realistic: should be practical and achievable – consider what you are willing and able to work towards

Timely: the goal should have a definite deadline and consider the limits of available resources

SMART learning goal samples may be found in Part 4 of this Information Guide in the “Helpful Resources” section.

d. Required vs. Self-Directed Learning Plans

The QAP Assessment Tool will provide registrants with content categories related to the weaker areas of knowledge as measured by the QAP Assessment Tool. Those areas which are identified as needing improvement are considered to be “required” learning areas and registrants will create individualized goals and action plans that will help them improve their knowledge in those areas. Required learning plans may be audited by the BCCOHP.

It is likely that most of the learning plans will be self-directed and determined individually by registrants. Self-directed learning plans are entirely for the personal and professional benefit of registrants' ongoing professional development to improve their dental hygiene practice. While not mandatory, BCCOHP encourages registrants to develop self-directed learning plans as part of their ongoing commitment to life-long learning and quality assurance.

e. Learning Reflection

It is well established that an important part of learning is reflection. Some examples of learning reflection include considering the following questions about the learning activity: What worked well? What didn't? Were the results as expected? What would I do differently next time? How will I incorporate this learning into my practice?

The intent of learning reflection is to incorporate evaluation into one's learning process.

In accordance with the Health Professions Act, information collected from registrants during the QAP may only be used for the purpose of the QAP. The QAP is not intended to be a punitive process, but rather a means to help registrants maintain and increase the quality of dental hygiene in BC.

5. Continuing Competency

a. What are acceptable Continuing Competency activities?

The legacy CDHBC Quality Assurance Committee approved expanded categories for continuing competency activities in 2013 and these undergo regular updates to ensure currency. Full information about learning activity categories and continuing competency credits can be found in Part 5 of this Information Guide. Additionally, an at-a-glance reference for the learning activities and credit framework can be found on the BCCOHP website at:

<https://oralhealthbc.ca/wp-content/uploads/2022/08/02.01.05-CC-Credit-Framework.pdf>

Registrants are encouraged to complete learning activities that are of appropriate depth to address each learning plan and should contact BCCOHP if there are questions or requests for credits not specifically described in the current guidelines and framework.

b. Are registrants required to do certain activities?

Each registrant will be required to acquire 75 Continuing Competency (CC) credits within their QAP cycle. Registrants

will make their own choices and decisions regarding continuing education activities.

The content categories identified as needing improvement from the QAP Assessment Tool are intended to assist registrants in making their continuing education choices. Over the five-year QAP cycle, registrants are required to link learning activities to their Required Learning Plan categories identified as needing improvement. It is up to each registrant to determine the activity and the time spent on each activity that best suits their individual learning needs in alignment with the expanded definitions for each subcategory outlined on page 61 of this QAP Information Guide. Of note, the College recommends a minimum of 4 competency credits be undertaken per cycle in Indigenous Anti-Racism, Cultural Safety & Humility learning.

In addition to these requirements, learning activities that must be completed in a 5-year cycle are the JEM and the LA Module (for those who hold LA certification).

The College acknowledges that maintaining and enhancing professional competence is the responsibility of the registrant, and that life-long learning is embraced by the dental hygiene profession.

Appendix 1A: Glossary of Acronyms

This glossary of acronyms has been developed for registrants to reference throughout the QAP Information Guide.

American Academy of Periodontology	AAP
Assessment, Diagnosis, Planning, Implementation, Evaluation	ADPIE
British Columbia Dental Hygienists Association	BCDHA
British Columbia College of Oral Health Professionals	BCCOHP
College of Dental Hygienists of British Columbia	CDHBC
Continuing Competency Credits	CC
Health Professions Act	HPA
Indigenous Anti-Racism, Cultural Safety and Humility	IARCS&H
Infection Prevention and Control	IPAC
Jurisprudence Education Module	JEM
Local Anesthesia	LA
National Dental Hygiene Certification Board	NDHCB
Online Learning Plan	OLP
Quality Assurance Program	QAP
Required Learning Plan	RLP
Self-Directed Learning Plan	SDLP

PART 2:

QAP Assessment Tool

Preparation Guide

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1. QAP Assessment Tool Overview

a. Format

The QAP Assessment Tool is an online, open-book assessment designed to measure registrants' knowledge, comprehension, application, and critical-thinking abilities related to dental hygiene practice. Registrants will have a maximum of 3 hours to complete 70 items once they begin the QAP Assessment Tool.

Beginning in 2021, questions on the QAP Assessment Tool are in a more interactive format than previous versions of the QAP Assessment Tool. They consist of multiple choice, drag and drop, select from list, and matching, just to name a few. For more information on the variety of question types, please see Part 3: QAP Assessment Tool Quick Tips. A Navigational Tutorial on the use of the platform is available to registrants so that they have the opportunity to familiarize themselves with the new look and feel prior to completing the QAP Assessment Tool.

The College is aware that the typical BCCOHP registrant taking the QAP Assessment Tool differs from recent graduates due to experience level. Based on registrant feedback, the QAP Assessment Tool questions have been developed by dental hygienists throughout BC to reflect “real-life” scenarios encountered in dental hygiene practice. Some of the questions may include case studies, radiographs, and/or intraoral photos. Many of the interactive question types allow for more than one correct answer to be selected.

As this is an assessment and it is not possible to include all correct choices, questions will often ask the registrant to choose “the best” or “most appropriate” answer(s) from the options provided. It is important to select the response(s) from the answer options presented that best addresses the information described in the question and/or case study.

Questions on the QAP Assessment Tool are drawn from a large question “bank” that represents the BCCOHP content categories. As such, registrants completing the QAP Assessment Tool will not receive identical questions. This is a security measure to maintain the integrity of the QAP Assessment Tool and reduce the chance of registrants receiving the same questions.

b. Content and Development

During the previous years of the QAP Assessment Tool, questions were comprised from an item bank that was developed and owned by the National Dental Hygiene Certification Board (NDHCB). However, as of 2021, the QAP Assessment Tool has become a BC product that has been developed by the College specifically for the Quality Assurance Program. The College has involved BC dental hygienists throughout all processes during the development of this version of the QAP Assessment Tool including: blueprinting, item writing to develop questions, field testing to provide feedback and validity on questions, and standard setting. The demographics of dental hygienists involved represent dental hygiene practice in BC and include: various levels of dental hygiene education (from diploma to master's degrees), diverse practice settings (e.g., general dental practice, private dental hygiene practice, public health, etc.), various registration categories (RDH and DHP), and years in practice.

Questions are based on the familiar ADPIE Dental Hygiene Process of Care model, as follows:

ASSESSMENT & DIAGNOSIS	Collects, critically analyses data and interprets data.
PLANNING	Formulates goals and objectives, selects dental hygiene interventions/ services, and validates the dental hygiene care plan.
IMPLEMENTATION	Activates the dental hygiene interventions/services defined in the dental hygiene care plan.
EVALUATION	Appraises the effectiveness of the dental hygiene interventions/ services and professional competence.

Questions on the QAP Assessment Tool have also been grouped into six broad dental hygiene content categories and 21 subcategories, as follows:

A. Biological Sciences

1. General & oral microbiology/infection control
2. Biochemistry/nutrition/diet counseling

B. Social Sciences

1. Psychology/sociology
2. Communication principles/behaviour management strategies

C. Dental Sciences

1. Head, neck, oral & dental anatomy
2. General & oral embryology/histology
3. Radiography knowledge & interpretation
4. General & oral pathology
5. Dental materials

D. Dental Hygiene Clinical Practice

1. Health assessment/pharmacology (prescribed & non-prescribed)
2. Periodontology (including assessment, diagnosis)
3. Non-surgical dental hygiene therapy, including instrumentation (hand & powered) & ergonomics
4. Care of special needs population
5. Pain management & control
6. Primary prevention strategies, including oral self-care
7. Emergency prevention & interventions

E. Community

1. Public health practice, including programming & client advocacy
2. Health promotion & wellness strategies
3. Research/epidemiology/statistics

F. Professional Issues

1. Ethics & jurisprudence (including legislation, regulation, documentation)
2. Collaborative relationships/referrals/administration/practice management

*Expanded definitions for the QAP content subcategories are found in Part 4 of this Information Guide.

In order to determine blueprint weightings for the QAP Assessment Tool, the legacy CDHBC undertook a survey of registrants in 2018 to establish the frequency with which topics are encountered in practice and the perceived criticality of content areas. This survey was completed by registrants from across the province and included diversity in practice settings, years of experience, gender, and education. The survey responses were analyzed by a psychometrician and the following blueprint weightings for the broad content categories were approved by the QAC:

Content Area	Blueprint Weighting Range
A – Biological Sciences	9-11%
B – Social Sciences	5-9%
C – Dental Sciences	20-25%
D – Dental Hygiene Clinical Practice	36-44%
E – Community	9-12%
F – Professional Issues	7-10%

From the survey, levels of importance were also established for each of the 21 content subcategories. The weightings for these subcategories provide an approximate percentage range for the questions on the QAP Assessment Tool as shown on the table below:

Content Subcategory Area	Percentage Range of Questions	Overall Importance
A-1	5.4-6.6%	Higher
A-2	3.6-4.4%	Moderate
B-1	2-3.6%	Moderate
B-2	3-5.4%	Higher
C-1	4-5%	Moderate
C-2	2-2.5%	Lower
C-3	6-7.5%	Higher
C-4	6-7.5%	Higher
C-5	2-2.5%	Lower
D-1	6.1-7.5%	Higher
D-2	6.1-7.5%	Higher
D-3	6.1-7.5%	Higher
D-4	2.7-3.3%	Moderate
D-5	6.1-7.5%	Higher
D-6	2.7-3.3%	Moderate
D-7	6.1-7.5%	Higher
E-1	3-4%	Lower
E-2	3-4%	Lower
E-3	3-4%	Lower
F-1	4.2-6%	Higher
F-2	2.8-4%	Moderate

Questions presented on the QAP Assessment Tool are organized according to the blueprint previously described. The structure of the QAP Assessment Tool also incorporates the cognitive domains from Bloom's Taxonomy. Questions are assigned one of these domains and along with the blueprint, these complement each other in populating questions on the QAP Assessment Tool. See the table on page 15 for further information about the cognitive domains that are assessed.

c. Scoring

Each item on the QAP Assessment Tool will be awarded 1 mark when answered correctly. If a question or any part of a question is incorrect, it will be awarded 0 as a mark. If a question has multiple components, the registrant will not be penalized by having marks deducted, but will not receive a mark if the question is not answered correctly in full. This represents the multifaceted decision making that occurs in practice to ensure safe and competent care. Content subcategories in which 50% of questions or more are answered **incorrectly** are populated as Required Learning Plans within a registrant's Online Learning Plan.

The College has engaged BC dental hygienists from a range of practice settings to serve as standard setters to determine the degree of difficulty for each question on the QAP Assessment Tool. The standard setting process is based on an evidence-based, psychometrically validated process called the Modified Angoff Method. Prior to 2025, this method was used to determine a threshold that needed to be met for an overall successful outcome on the Assessment Tool. As of 2025, the threshold for an overall successful outcome has been removed and the Assessment Tool continues to serve as an assessment for learning by informing areas of learning over the registrant's 5-year cycle. However, the Modified Angoff Method is still used as one component to ensure consistency in meeting preset criteria for QAP Assessment Tool development.

Cognitive Domain	Dental Hygiene Example
Knowledge: testing knowledge recall of facts and information	The dental hygienist is able to list the ABCDEs for lesion identification (attachment, border, configuration, distribution, evolving, surface).
Comprehension: ability to communicate in one's own words what they have learned, going beyond simple recall of knowledge/facts.	When asked what the ABCDEs of lesion description are, the dental hygienist lists them and also goes beyond to give an example of each. For example: <ul style="list-style-type: none"> • Attachment – sessile or pedunculated • Border – well defined or irregular • Configuration – single or multiple • Distribution – localized or generalized • Evolving – has there been a change in size, shape, colour, height? • Surface texture – smooth, rough, crusted, corrugated
Application: ability to take the information one has learned and apply it to a variety of dental hygiene related situations.	After viewing an extra-oral photo of a lesion, the dental hygienist is able to document the ABCDEs that the lesion presents within the client's chart.
Critical Thinking: this domain includes the three higher cognitive levels: analysis, synthesis, and evaluation. Questions in this area may require registrants to break down ideas into simpler parts and find evidence to support generalization, or bring ideas together to illustrate a connection they have not previously made or understood.	The dental hygienist is not only able to document the lesion, they can also: <ul style="list-style-type: none"> • Make a differential diagnosis of the lesion • Include the client as a partner in care and share the findings with the client in terms the client will understand • Ensure that the client understands the findings • Plan appropriate evaluation and/or referral(s) • Plan interventions that will provide the client with tools to monitor and/or prevent further lesions (e.g., limiting exposure to pollutants, taking protective measures like sunscreen and a wide brim hat, teaching home self-monitoring for lesions/lesion changes etc.)

2. Getting Prepared

How to prepare to take the QAP Assessment Tool is a very individual decision and process. The QAP Assessment Tool blueprint is based upon foundational dental hygiene knowledge that is encompassed in the scope of dental hygiene practice in BC. It is expected that registrants already have the knowledge and experience to successfully complete the QAP Assessment Tool, but may need some feedback on areas that are not up-to-date or that could be improved.

The QAP Assessment Tool was designed to measure registrants' knowledge at an entry level to assure the public that BCCOHP registrants continue to meet competence levels throughout their careers.

The questions on the QAP Assessment Tool are largely real-

world dental hygiene practice scenarios. The QAP Assessment Tool is an "open book" assessment to acknowledge that registrants' day-to-day, real-world practice may require that they look up the current recommendations for unusual or infrequently seen practice scenarios.

Below are suggestions that may assist registrants in preparing to take the QAP Assessment Tool.

Registrants are encouraged to choose the method of preparation and amount of time to prepare that suits their personal needs and learning style. The following methods are only suggestions, and actual preparation is up to each registrant's individual discretion.

a. Review Content Categories and Definitions

The QAP Assessment Tool blueprint is based on the six content categories and 21 subcategories as outlined in Appendix 2A. Registrants should self-reflect using this checklist to consider their current knowledge of each category to help identify areas for review. Expanded definitions for each content subcategory are found on page 59 of this QAP Information Guide.

b. Review Up-to-Date Resources

The QAP Assessment Tool questions have been developed using the resources listed in this section. As such, the College recommends that registrants consult these main resources:

- Bowen, Denise M. and Pieren, Jennifer A. (2020). *Darby and Walsh Dental Hygiene Theory and Practice* (5th ed.). Maryland Heights, Missouri: Elsevier.
- Blue, Christine M. (2022). *Darby's Comprehensive Review of Dental Hygiene* (9th ed.). St-Louis, Missouri: Elsevier.
- BCCOHP Practice Resources:
 - Regulations and Bylaws
 - Practice Standards and Policies
 - *Professional Standards for the Oral Health Team*
- American Academy of Periodontology Classification of Periodontal and Peri-Implant Diseases and Conditions, 2017
 - Journal of Periodontology World Workshop Classification articles
 - Staging and Grading
 - Classifications at a Glance
- BC Centre for Disease Control. *Communicable Disease Control: Blood and Body Fluid Exposure Management*. April 2021.
- Hypertension Canada: *Hypertension Canada's 2020 Comprehensive Guidelines for the Prevention, Diagnosis, Risk Assessment, and Treatment of Hypertension in Adults and Children*. Canadian Journal of Cardiology. 36 (5) May 1, 2020.

It should be noted that there is no requirement to own these textbook resources; registrants may choose to borrow or share books with other registrants, hold informal study groups, etc.

c. QAP Assessment Tool Navigation Tutorial

The Navigation Tutorial link will be shared with those preparing to take the QAP Assessment Tool. The intent of the Navigation Tutorial is to provide registrants with an opportunity to become comfortable with the different types of interactive questions and to gain experience navigating the new platform. Registrants will have unlimited access to this Navigation Tutorial and 1-hour to work their way through the contents.

Please note: The system only allows for a limited number of registrants to complete the Navigation Tutorial per day. If you receive a message stating that the maximum number has been reached, please access the Navigation Tutorial on another day.

The Navigation Tutorial is accompanied by the QAP Assessment Tool Question Type Video which is available on the BCCOHP's YouTube page at: <https://youtu.be/9Kcx8T1USUo>. This video will review each question type and show how to answer each of the various question formats.

d. Complete the Online Preparation Test

Another optional method of preparation is to take the online FDHRC Preparatory Test; there are several versions available at <https://www.fdhrc.ca/pages/ndhce/exam-prep/prep/>. The Preparatory Test is available on-demand for a fee.

Completion of the Preparatory Test may help registrants to determine knowledge areas that would be helpful for them to review prior to taking the QAP Assessment Tool; however, the NDHCB Preparatory Test will not familiarize registrants with the process or format of the new platform.

Registrants may claim up to 15 CC credits for preparation for the QAP Assessment Tool. Further information can be found in the Learning Activities and Credit framework: <https://oralhealthbc.ca/wp-content/uploads/2022/08/02.01.05-CC-Credit-Framework.pdf>

3. Taking The QAP Assessment Tool

a. Plan & Prepare

As of 2023, registrants can take the QAP Assessment Tool any time between the time it opens in January and the last day of March. Completion of the QAP Assessment Tool is a prerequisite of registration renewal and must be completed before renewal will be allowed. As of 2021 the cost of the QAP Assessment Tool is \$85 per attempt, which is less than the \$125 fee registrants paid for the previous version. The fee will be paid directly to BCCOHP.

Registrants whose first language is French need to self-identify if they wish to take the QAP Assessment Tool in French. In addition, registrants with a documented learning disability have the opportunity to be considered for a QAP Assessment Tool accommodation. In such cases, registrants need to contact the College in advance of taking the QAP Assessment Tool, so that appropriate arrangements can be made.

Registrants will be allowed a maximum of 3 hours to complete the QAP Assessment Tool. **Once a registrant begins, the QAP Assessment Tool must be completed within the time allowed during that session; there will be no opportunity to pause the timing or to log-out for breaks.** Therefore, registrants should choose an appropriate time and location when they will not be likely to be interrupted or distracted within the given time period. Because the QAP Assessment Tool is open-book, registrants may wish to have a resource book or website available during their session.

The College has developed a resource titled QAP Assessment Tool Quick Tips, which can be found in Part 3 of this guide. This resource is intended to provide registrants with accessible, concise tips to help optimize the user's experience with the QAP Assessment Tool.

b. Technical Requirements

Registrants must access the QAP Assessment Tool on a desktop or laptop computer using Google Chrome. High-speed internet connectivity is highly recommended but not required. Please use a desktop or laptop computer to complete the QAP Assessment Tool, as the platform is not compatible with a tablet or a smartphone.

c. Security & Login

Registrants who are eligible to take the QAP Assessment Tool will access it via a link within their OLP. Registrants will then follow the step-by-step instructions to complete the QAP Assessment Tool within the allotted time and within one sitting.

Security measures to ensure the integrity of the QAP Assessment Tool continue to be in place. With this version of

the QAP Assessment Tool, how these security measures are implemented have changed slightly.

The security and integrity of the QAP Assessment Tool is now facilitated by an artificial intelligence (AI) proctoring system called Proctorio. Proctorio is a plug in extension that is added to the Google Chrome web browser. **It is not downloaded on to the computer** and it can be removed after the QAP Assessment Tool has been taken.

Proctorio will only record and analyze the computer screen session while the registrant is using the QAP Assessment Tool and will prevent material from being printed or copied to the clipboard.

No audio or video recording of the registrant will take place.

The computer screen recording will be encrypted and only the College will have access to the information. Once the recording has stopped, Proctorio will not have access to it and cannot view the video or information. These security processes have been implemented in accordance with applicable Canadian privacy laws.

The screen recording can be used to verify if technical difficulties are encountered by registrants that may impact their attempt on the QAP Assessment Tool.

Each registrant will need to enable Proctorio in order to complete the QAP Assessment Tool. Additional information about Proctorio, including how to enable this plug-in within the Google Chrome browser is provided in Part 3, Section 3 (page 22) of the QAP Information Guide.

Registrants must complete the QAP Assessment Tool on an individual basis and may not receive help, advice or assistance from any other person when completing the QAP Assessment Tool.

Note that registrants are not permitted to reproduce, copy, save or share in any way any of the content of the QAP Assessment Tool in order to help preserve its integrity. It is a very serious offence to breach security or confidentiality of the QAP Assessment Tool; registrants will be required to agree to a security Statement of Understanding prior to beginning the QAP Assessment Tool.

Each QAP Assessment Tool and all of the questions will be updated regularly to ensure content relevance and security.

d. Answering Questions

Questions on the QAP Assessment Tool are in a more interactive format than previous versions of the QAP Assessment Tool. They will consist of multiple choice, drag and drop, select from list, and matching, just to name a few.

For more information on the variety of question types, please see Part 3: QAP Assessment Tool Quick Tips. A link to the Navigation Tutorial will be shared with registrants preparing to take the QAP Assessment Tool. This will allow for the opportunity for registrants to become comfortable with the interactive questions and to gain experience in navigating the new platform.

The Navigation Tutorial is accompanied by the QAP Assessment Tool Question Type Video which is available on the BCCOHP's YouTube page at: <https://youtu.be/9Kcx8T1USUo>. This video will review each question type and show how to answer each of the various question formats.

The College is aware that the typical BCCOHP registrant taking the QAP Assessment Tool differs from recent graduates

due to experience level. Based on registrant feedback, the QAP Assessment Tool questions have been developed by dental hygienists throughout BC to reflect “real-life” scenarios encountered in dental hygiene practice. Some of the questions may include case studies, radiographs, and/or intraoral photos and will continue to address the BCCOHP mandate of safe and ethical practice. Many of the interactive question types allow for more than one correct answer to be selected.

As this is an assessment and it is not possible to include all correct choices, questions will often ask the registrant to choose “the best” or “most appropriate” answer(s) from the options provided. It is important to select the response(s) from answer options presented that best addresses the information described in the question and/or case study.

4. How To Use The QAP Assessment Tool Results

Each question on the QAP Assessment Tool corresponds to a dental hygiene content subcategory and results from the QAP Assessment Tool will be incorporated into each registrant's Online Learning Plan (OLP). Registrants who score low in many areas will need to develop more required learning plans.

In order to protect the integrity of the QAP Assessment Tool questions, registrants will not have an opportunity to view their incorrect responses. Rather, each registrant's low scoring area(s) will be added to the required learning section of their OLP and registrants need to use their professional judgment to develop goals and action plans that are appropriate for their required learning area(s) and their practice context. Expanded definitions for each content subcategory have been developed which describe the range of topics that align with each of the content subcategories and registrants may find it helpful to consult these definitions when developing their required learning plan(s). These definitions can be found in Part 4 of this Information Guide.

The OLP also includes a self-directed learning section which registrants can use to address their own personal learning goals for professional development and record their Continuing Competency activities. Refer to Part 4 of this Information Guide for more information.

Appendix 2A: Optional Self-Reflection Checklist on Content Categories

Questions on the QAP Assessment Tool have been grouped into six broad dental hygiene content categories and 21 subcategories. This self-reflection checklist has been developed as a tool for registrants to assist in preparation for

the QAP Assessment Tool. Completion of this checklist may assist registrants in identifying their strong and weak areas of knowledge. Use the ratings on this page to target areas for further study.

CONTENT CATEGORIES AND SUBCATEGORIES	RATE YOUR KNOWLEDGE (Check One)				
	Needs Refresher (1)	Unsure (2)	Average (3)	Good (4)	Excellent (5)
A. Biological Sciences					
1. General & oral microbiology/infection control					
2. Biochemistry/nutrition/diet counseling					
B. Social Sciences					
1. Psychology/sociology					
2. Communication principles/behaviour management strategies					
C. Dental Sciences					
1. Head, neck, oral & dental anatomy					
2. General & oral embryology, histology					
3. Radiography knowledge, interpretation					
4. General & oral pathology					
5. Dental materials					
D. Dental Hygiene Clinical Practice					
1. Health assessment/pharmacology					
2. Periodontology (including assessment, diagnosis)					
3. Non-surgical dental hygiene therapy, including instrumentation & ergonomics					
4. Care of special needs population					
5. Pain management & control					
6. Primary prevention strategies, including oral self-care					
7. Emergency prevention & interventions					
E. Community					
1. Public health practice, including programming & client advocacy					
2. Health promotion/wellness strategies					
3. Research/epidemiology/statistics					
F. Professional Issues					
1. Ethics & jurisprudence (including legislation, documentation, etc.)					
2. Collaborative relationships/referrals/administration/practice management					

QAP Assessment Tool feedback will be provided in the Online Learning Plan by content categories as listed above.

PART 3:

QAP Assessment Tool

Quick Tips

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1. Features of the QAP Assessment Tool

This reference guide is intended to provide registrants with accessible, concise tips to help optimize the user's experience with the QAP Assessment Tool. The QAP Assessment Tool is an online, open-book assessment consisting of 70 items that are designed to measure registrants' knowledge, application and critical-thinking abilities related to dental hygiene practice. Registrants will have a maximum of 3 hours to complete the QAP Assessment Tool which must be completed in one sitting.

The QAP Assessment Tool has built-in security measures which ensure that registrants will receive unique combinations of questions in a unique order so as to support its functionality

and protect its integrity. **Registrants must complete the QAP Assessment Tool independently and may not receive help, advice or assistance from any other person.**

Important Note: registrants are not permitted to reproduce, copy, save or share in any way any of the content of the QAP Assessment Tool in order to help preserve its integrity. It is considered a serious offence to breach the security or confidentiality of the QAP Assessment Tool and registrants will be required to read and agree to a security Statement of Understanding prior to beginning the QAP Assessment Tool.

2. Before You Begin

- Ensure you have completed the Navigational Tutorial (link sent to registrants preparing to take the QAP Assessment Tool at the start of their next cycle) and have viewed the QAP Assessment Tool Question Type video. Registrants can view these resources as many times as necessary to feel comfortable with the new interactive question types.
- Registrants who are eligible to take the QAP Assessment Tool will access it via a link within their OLP.
- Once you begin, the QAP Assessment Tool must be completed within 3 hours; there will be no opportunity to pause the time clock or to log-out for breaks.
- The QAP Assessment Tool must be completed on a laptop or desktop computer, not a tablet or phone, as it is not compatible with touchscreen technology.
- Google Chrome must be used to access the QAP Assessment Tool. Ensure that the most current version of Google Chrome is downloaded on your computer. High-speed internet connectivity is highly recommended but not required.
- Ensure that the computer you plan to use is technically capable and has secure and reliable Internet access (not shared WiFi) with an appropriate connection speed. Ensure your computer has sufficient disk space and/or RAM available. If you are borrowing a computer or Internet access, check that the equipment is reliable and does not contain any unusual security settings or defaults that may disrupt your session.
- Registrants are encouraged to undertake a systems check to ensure that the computer being used has the minimum system requirements to ensure smooth operation of the QAP Assessment Tool.
- Limit the number of programs that are open and/or running in the background of your computer.
- If using a laptop computer, be sure it is fully charged or plugged in to ensure you have sufficient power to complete your session.
- Find a quiet place that will be free of disruptions and distractions for approximately 3 hours.
- Gather your resources; this is an open-book assessment. You are welcome to access a current textbook or Internet resources during the session. Caution should be used when accessing Internet resources as some websites (e.g., the BCCOHP website) provide a BC perspective and are current; however, other websites may not provide accurate information. Questions and answer rationales on the QAP Assessment Tool were developed from the list of resources provided in Part 2. If you intend to consult Internet-based resources, take care when navigating and closing windows to avoid inadvertently closing or disrupting your QAP Assessment Tool session.
- You may want to have a pen and paper on hand to assist you

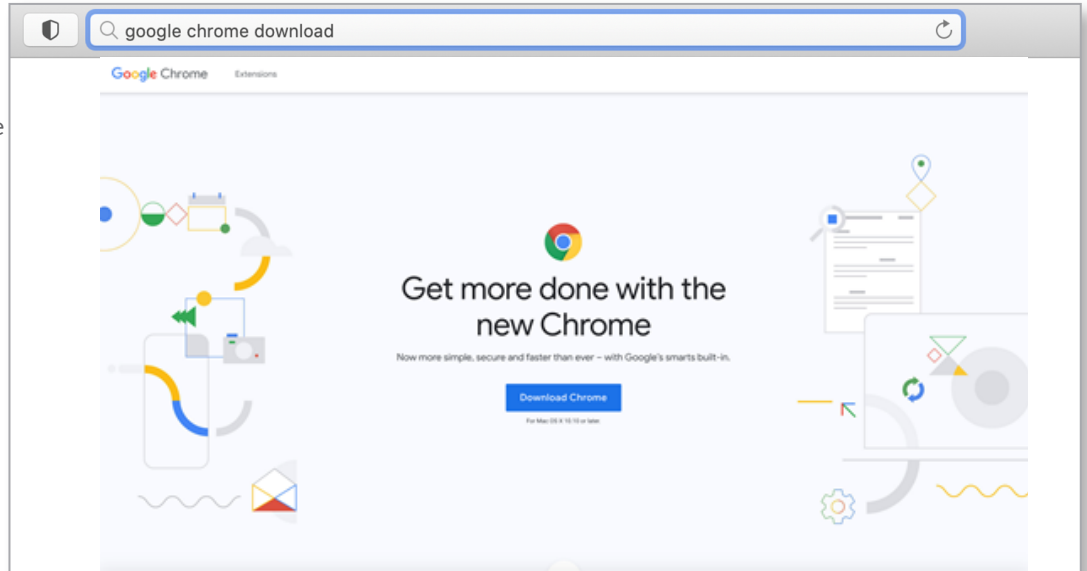
Minimum System Requirements to Support the QAP Assessment Tool

Browser	Operating System	Hardware	Network
Google Chrome – latest version	Windows 10 MacOS 10.14	Screen resolution – 1440 x 900 Processor (CPU) 1.5GHz Memory (RAM) 3GB Free Disk Space – 250 MB	Bandwidth – 1 MBps

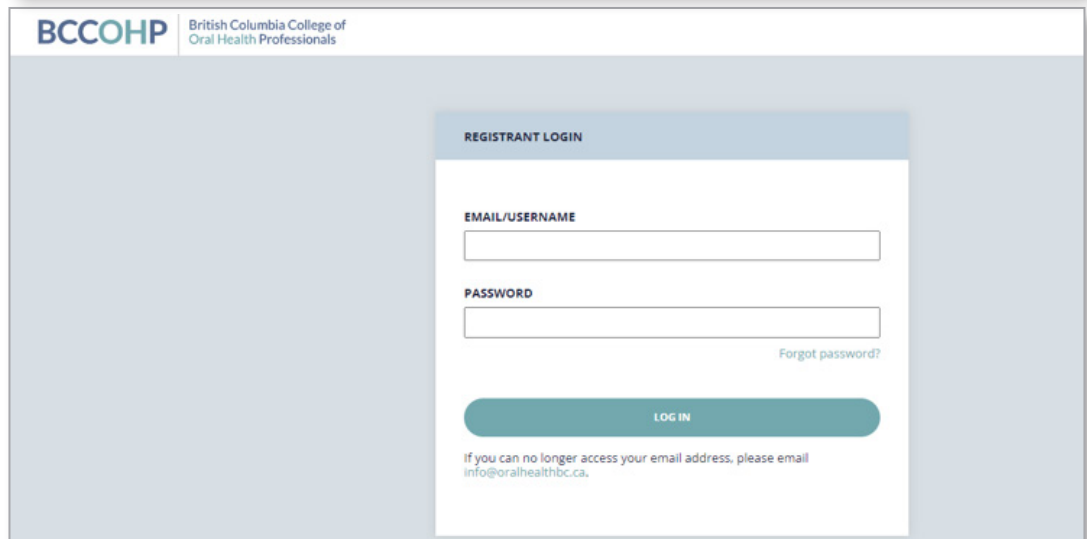
3. Getting Started

Logging On

Registrants must use the Google Chrome browser in order to complete the QAP Assessment Tool. If you do not have the Google Chrome browser, it can be downloaded by searching “Google Chrome” in your browser and following the download instructions.

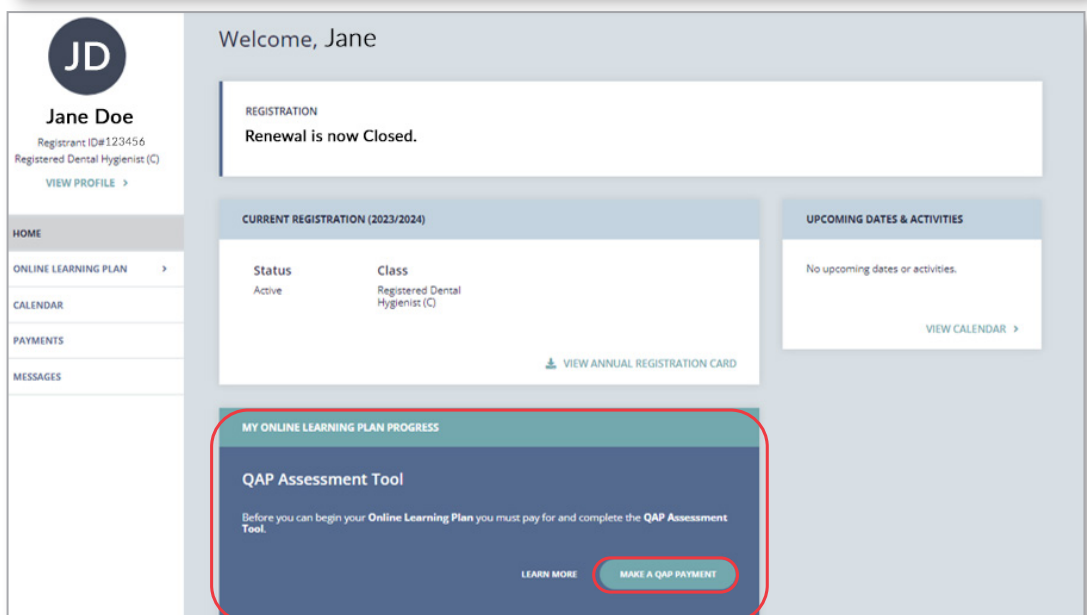


In order to access the QAP Assessment Tool, you will first need to log in to your Registrant Profile using your email/username and password.

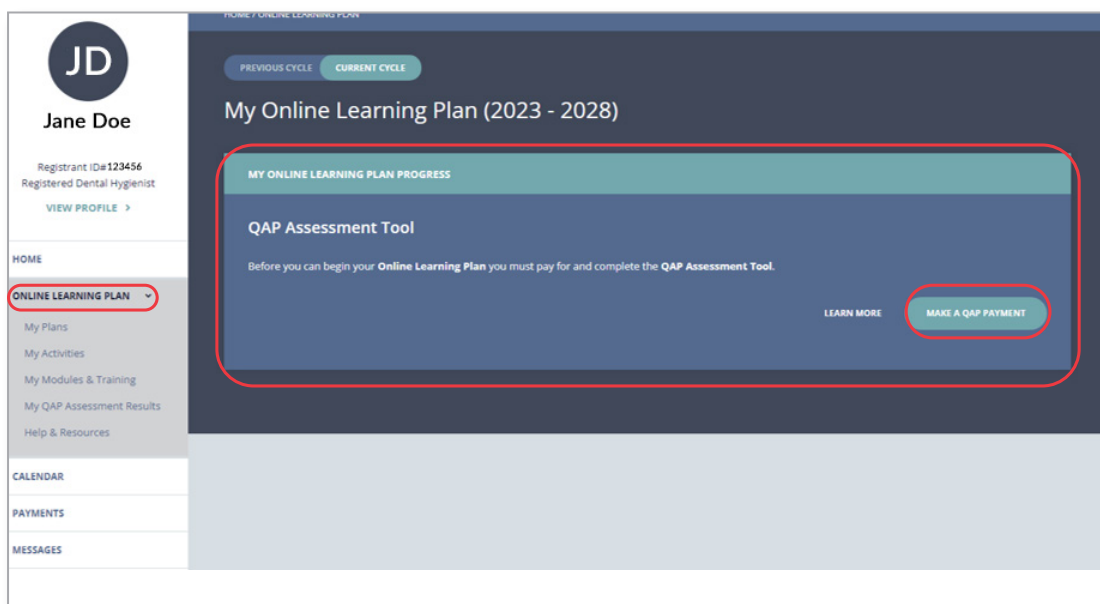


Purchasing the QAP Assessment Tool

Once logged in, you will see the blue box outlining My Online Learning Plan Progress on your home page. Upon completion of your Quality Assurance Program requirements, a notification will appear within your My Online Learning Plan Progress box directing you to pay for the QAP Assessment Tool. Click on **Make a QAP Payment** to purchase the QAP Assessment Tool.

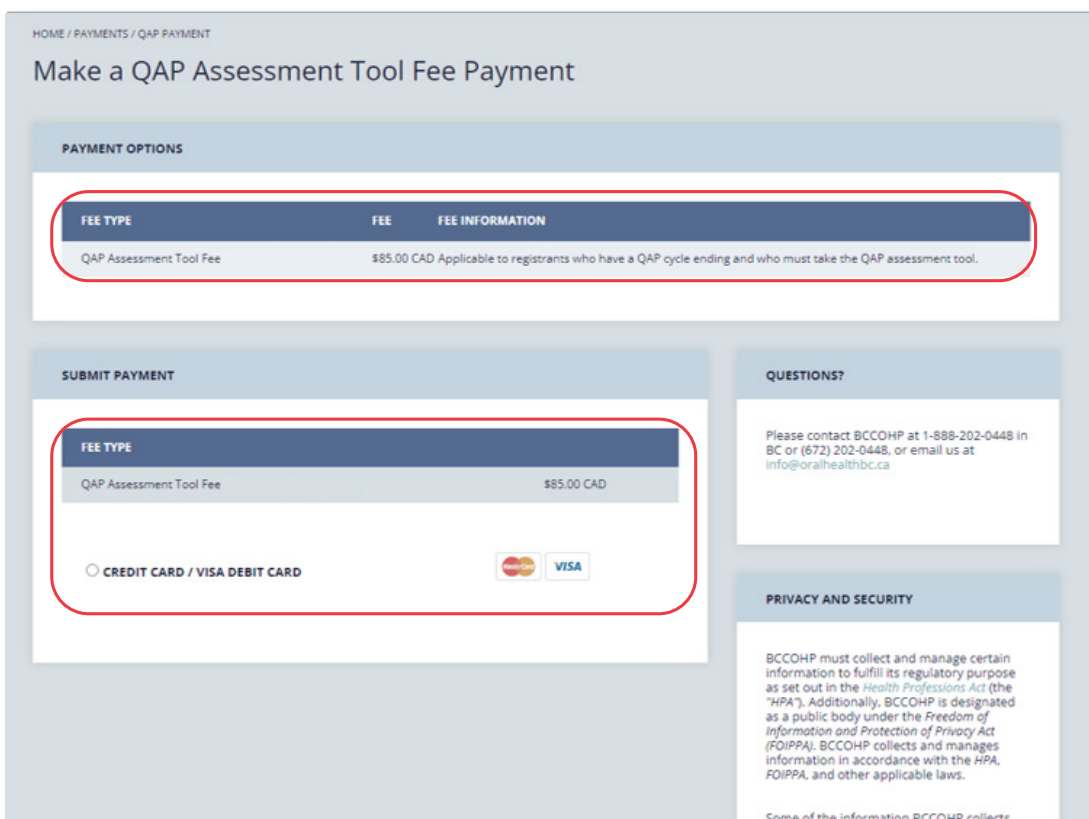


Alternatively, you can click on the Online Learning Plan tab on the left-hand side of the page, which will take you to your OLP dashboard page. Upon completion of your Quality Assurance Program requirements, a notification will appear within your My Online Learning Plan Progress box directing you to pay for the QAP Assessment Tool. Click on **Make a QAP Payment** to purchase the QAP Assessment Tool.



The next page shows the payment details associated with the QAP Assessment Tool and prompts you to enter your payment information.

NOTE: At this time, payments for the QAP Assessment Tool can only be made with a credit card.



After successfully entering your payment information, the following page will appear showing receipt of payment. At this point, you can take the QAP Assessment Tool right away by clicking on **Take the Assessment**. Alternatively, you can come back into your OLP at a later time to complete the QAP Assessment Tool before the deadline.

HOME / PAYMENTS / QAP PAYMENT

PAYMENT RECEIPT

Your transaction was successful. Here are the details of your payment:

FEE TYPE	FEES
QAP Assessment Tool Fee	\$85.00 CAD
Total: \$85.00 CAD	

Payment Amount **\$85.00 CAD**
 Payment Date **16-Nov-2023**
 Receipt Number **13980-2279-11162023**
 Authorization Number **10001104**

We recommend that you print and keep a copy of this receipt for your records.

You can access the QAP Assessment Tool with the "Take the Assessment" button below.

Please use the following information to log in to the QAP Assessment Tool:

Username: Your BCCOHP Registration Number
 Password: Your birthday in the format [YYYYMMDD], for example: 19910326

[RETURN TO DASHBOARD](#) [PRINT RECEIPT](#) [TAKE THE ASSESSMENT](#)

QUESTIONS?

Please contact BCCOHP at 1-888-202-0448 in BC or (672) 202-0448, or email us at info@oralhealthbc.ca

PRIVACY AND SECURITY

BCCOHP must collect and manage certain information to fulfill its regulatory purpose as set out in the *Health Professions Act* (the "HPA"). Additionally, BCCOHP is designated as a public body under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). BCCOHP collects and manages information in accordance with the HPA, FOIPPA, and other applicable laws.

Some of the information BCCOHP collects must be publicly accessible pursuant to the HPA.

The next screen provides important login information related to your username and password. Please note the information required to login to the QAP Assessment Tool and click on **"Take the Assessment"**

QAP Assessment Tool Login Information

Please use the following information to log in to the QAP Assessment Tool

Username: Your BCCOHP Registration Number
 Password: Your birthday in the format [YYYYMMDD], for example: 19910326

The exam must be taken using the Google Chrome browser. If you do not have Google Chrome installed, please [download it here](#). After it has downloaded, log into your BCCOHP account, then select "take the assessment" on this screen.

To learn more about the QAP Assessment tool [see our information page](#)

[LATER](#) [TAKE THE ASSESSMENT](#)

This will take you to the Cirrus login page for the QAP Assessment Tool. Please enter your username (your BCCOHP registration number) and password (your birthday in the format [YYYYMMDD]) and click **“Login”**.

NOTE: If the Login icon is hidden either maximize to view this page on a full page of your computer/laptop or adjust the font setting to a smaller size.

Proctorio Instructions

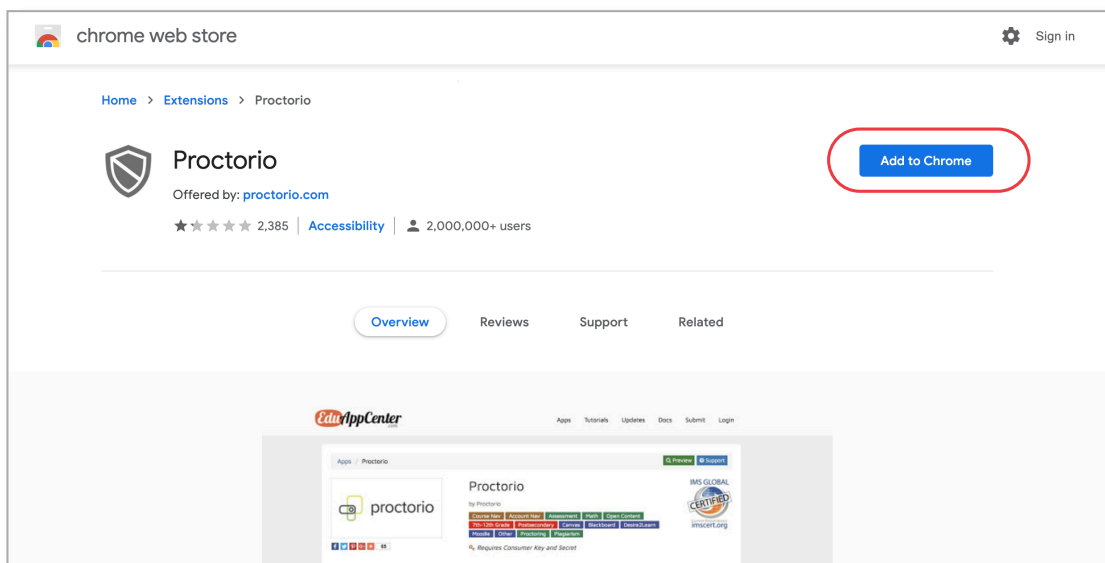
PROCTORIO SET UP

After entering the username and password to log in to the QAP Assessment Tool, you will see the following on your dashboard page. There will be a symbol and note indicating that the QAP Assessment Tool will be remotely proctored. Next, select **“Start test”**.

If you did not login using the Google Chrome browser, you will receive this message.

Once logged in using Google Chrome, you will be taken to the Proctorio Chrome Extension page where you will have to install the Proctorio Chrome Extension.

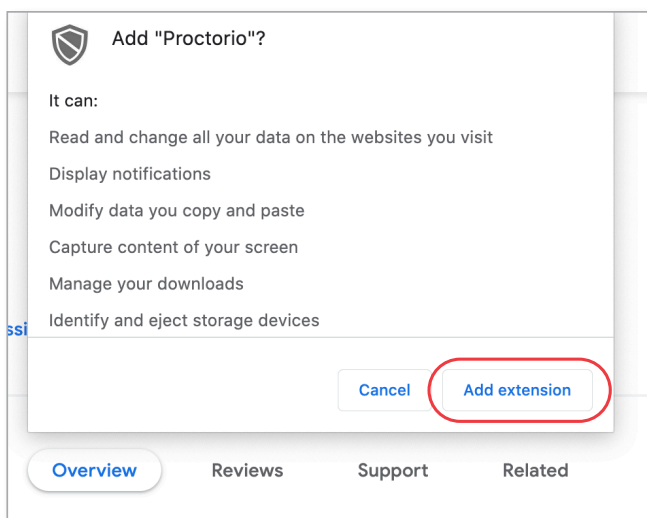
You will automatically be directed to this page on the Chrome Web Store, where you must select **"Add to Chrome"**. This page also provides information regarding the functions of Proctorio.



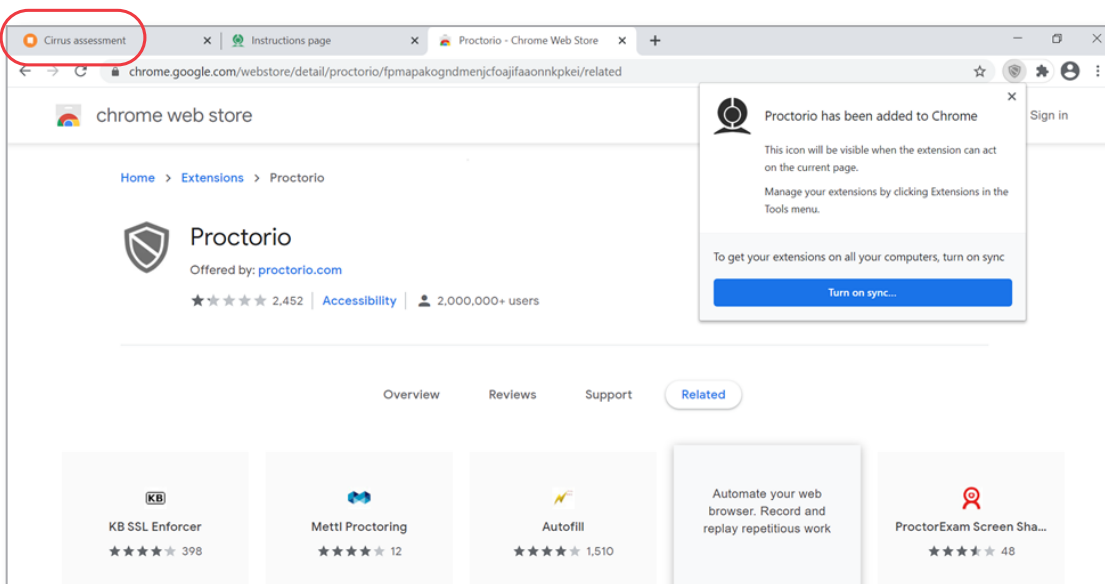
After clicking **"Add to Chrome"**, this page will appear explaining the capabilities of Proctorio.

Next, please click **"Add extension"**.

Please note: Proctorio must be added in order to complete the QAP Assessment Tool. It is not downloaded onto your computer or laptop, but rather is only an extension on the browser. As such, Proctorio cannot access files or change personal settings on your computer. Its use is limited to recording the screen and restricting the ability to copy, paste, print or download while you are taking the QAP Assessment Tool (see pages 25 and 28 for further information).



Once the extension is added to Chrome, you will be directed back to the Chrome Web Store and will see this page. Please select the browser window title **"Cirrus assessment"** in order to proceed with the assessment.



Once back on the dashboard page, please select “**Start test**”.

Home / Upcoming

Dashboard - Registrant name


TODAY Upcoming

ASSESSMENT TITLE	CODE	AVAILABLE	DEADLINE	DURATION		
QAP Assessment Tool		11/30/2020 12:30	12/04/2020 17:00	210 minutes	Remote proctored	Start test


This will take you to the Proctorio page which outlines what security measures will be in place during the QAP Assessment Tool. Please note that the measures listed in greyed out font will **not** be activated. Then click on “**Start exam pre-checks**”.

Before you Begin


This exam will be proctored. Here are a few things to know before you begin.



We will tell you when we start and stop recording.



Only your exam admin can see what is recorded.



Decisions are made by your exam admin, not us.

Proctorio d.o.o. complies with [GDPR, FERPA, and other regulations](#). Read our [Privacy Policy](#).
Your data will be securely stored in **Los Angeles, California** for 1 month before being deleted.

What's recorded during the exam
camera-feed • audio • computer screen • exam-environment • websites visited • country/region • identity-document

What's restricted during the exam
no-exam-re-entry • one-monitor • full-screen-mode • no-new-tabs • no extensions • no clipboard • no printing • no downloads • no-right-clicking • cache-cleared

24/7 support available during the exam
Click the Proctorio browser extension icon to chat with an agent within seconds.

Accessibility options:
[Enable high visibility mode.](#)
[Learn more about Proctorio's approach to Accessibility.](#)

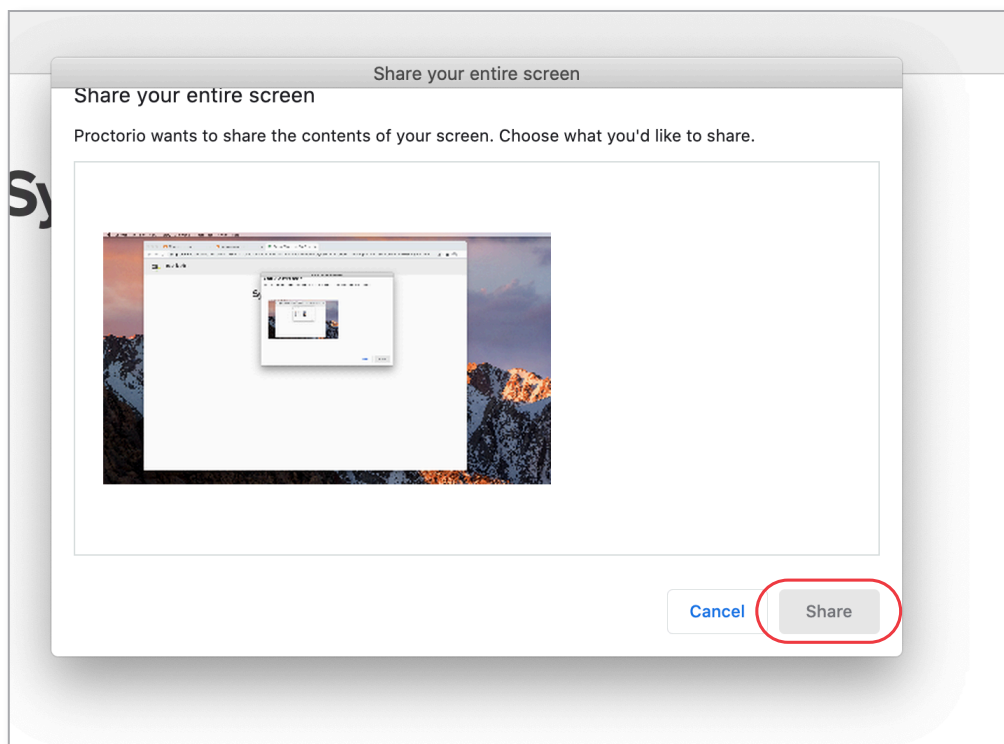
Your exam hasn't started yet! First, we need to set up your system.

Start exam pre-checks

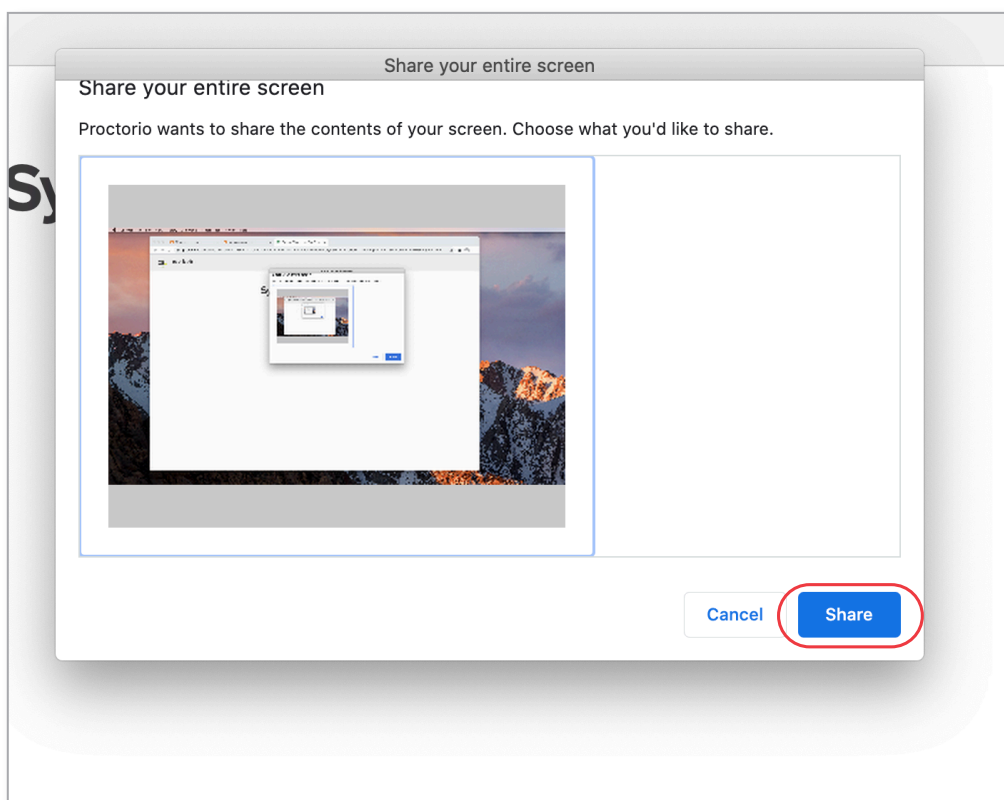
Only the following measures are activated during completion of the QAP Assessment Tool via the Proctorio extension:

- Deactivating the ability to copy and paste (clipboard), print and download
- A recording of the computer screen, websites visited, and general geographic region
 - **NOTE:** Recording via the computer's camera and microphone are NOT enabled for the QAP Assessment Tool so there is never a recording of registrants, their rooms or their audio while the QAP Assessment Tool is being completed.
 - **ALSO NOTE:** The screen recordings by Proctorio are encrypted and only those staff at BCCOHP who work with the QAP Assessment Tool are able to view the unencrypted screen recordings.

Next, you will need to share your screen. Click on the screen image and then select the **“Share”** button which will appear.




Please note: you may have to adjust your privacy settings on your computer to allow your screen to be shared via Proctorio. As each registrant uses different firewalls and software for privacy, this is not something the BCCOHP staff is able to troubleshoot for you.




Once privacy settings have been adjusted (if required), you will be taken back to the *Before you Begin* page. Again, click on “**Start exam pre-checks**”.

Before you Begin


This exam will be proctored. Here are a few things to know before you begin.



We will tell you when we start and stop recording.




Only your exam admin can see what is recorded.




Decisions are made by your exam admin, not us.


Proctorio d.o.o. complies with GDPR, FERPA, and other regulations. Read our [Privacy Policy](#).
Your data will be securely stored in **Los Angeles, California** for 1 month before being deleted.



What's recorded during the exam
camera feed • audio • computer screen • exam environment • websites visited • country/region • identity document



What's restricted during the exam
no exam re-entry • one monitor • full-screen mode • no new tabs • no extensions • no clipboard • no printing • no downloads • no right-clicking • cache cleared



24/7 support available during the exam
Click the Proctorio browser extension icon to chat with an agent within seconds.

Accessibility options:
[Enable high visibility mode.](#)
[Learn more about Proctorio's approach to Accessibility.](#)

Your exam hasn't started yet! First, we need to set up your system.

Start exam pre-checks


This will take you to the following screen. Please click “**Next**”.

At anytime during the assessment, you can hide the Proctorio note indicating the screen is being shared by clicking on “**Hide**”.


System Diagnostics Test

Initial system checks passed


Your exam is about to begin.




Use Restroom.



Get water.



Get comfy.



Get ready.

Next »

|| Proctorio is sharing your screen. **Stop sharing** **Hide**

The subsequent step involves accepting the Exam Agreement. After reading the information outlined, click on the “**I accept, begin exam now**” button.

Again, you must accept the Exam Agreement, or you will not be able to complete the QAP Assessment Tool.

This will take you to the Welcome Page for the QAP Assessment Tool which is described in the next section.

To read the fine print in this image, please zoom in using the zoom tool in the PDF viewer, or press the Control (Cmd on Mac) and + keys at the same time.

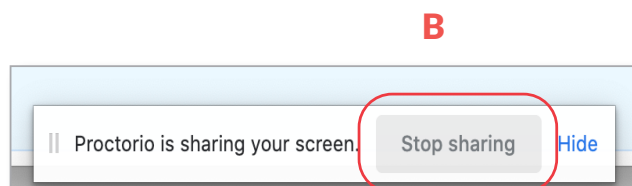
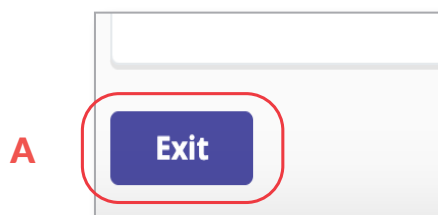
DETAILS	
Number of questions:	70
Duration:	180 minutes
Max score:	70

ADDITIONAL PROCTORIO INFORMATION

Proctorio is only recording the computer screen when logged into the QAP Assessment Tool. The registrant and the physical room that the QAP Assessment Tool is written in are NOT recorded. Once you have exited the QAP Assessment Tool Proctorio is no longer active (i.e., no longer recording your screen). Note: Once you have completed the QAP Assessment Tool, follow the directions on page 31 for help with removing the Proctorio extension from your Google Chrome browser.

A. After you have viewed the Score Report for your QAP Assessment Tool results, ensure you click “**Exit**” to discontinue the computer screen recording session by Proctorio.

B. If you select “**Stop sharing**” at any point during the QAP Assessment Tool, you will automatically exit the QAP Assessment Tool. **NOTE: Your QAP 3-hour time to complete the QAP Assessment Tool will not stop, it will continue to run.**



C. This will take you back to the log in page. Here you will enter your Username and Password to re-enter the QAP Assessment Tool and continue from where you left off. As a reminder:


Username: Your BCCOHP Registration Number

Password: Your date of birth in the following format
YYYYMMDD

Once you log back on Proctorio will be re-activated.

Note: If you do not click “Exit” or “Stop sharing”, Proctorio will automatically stop recording at the end of your 3-hour Assessment Tool session.

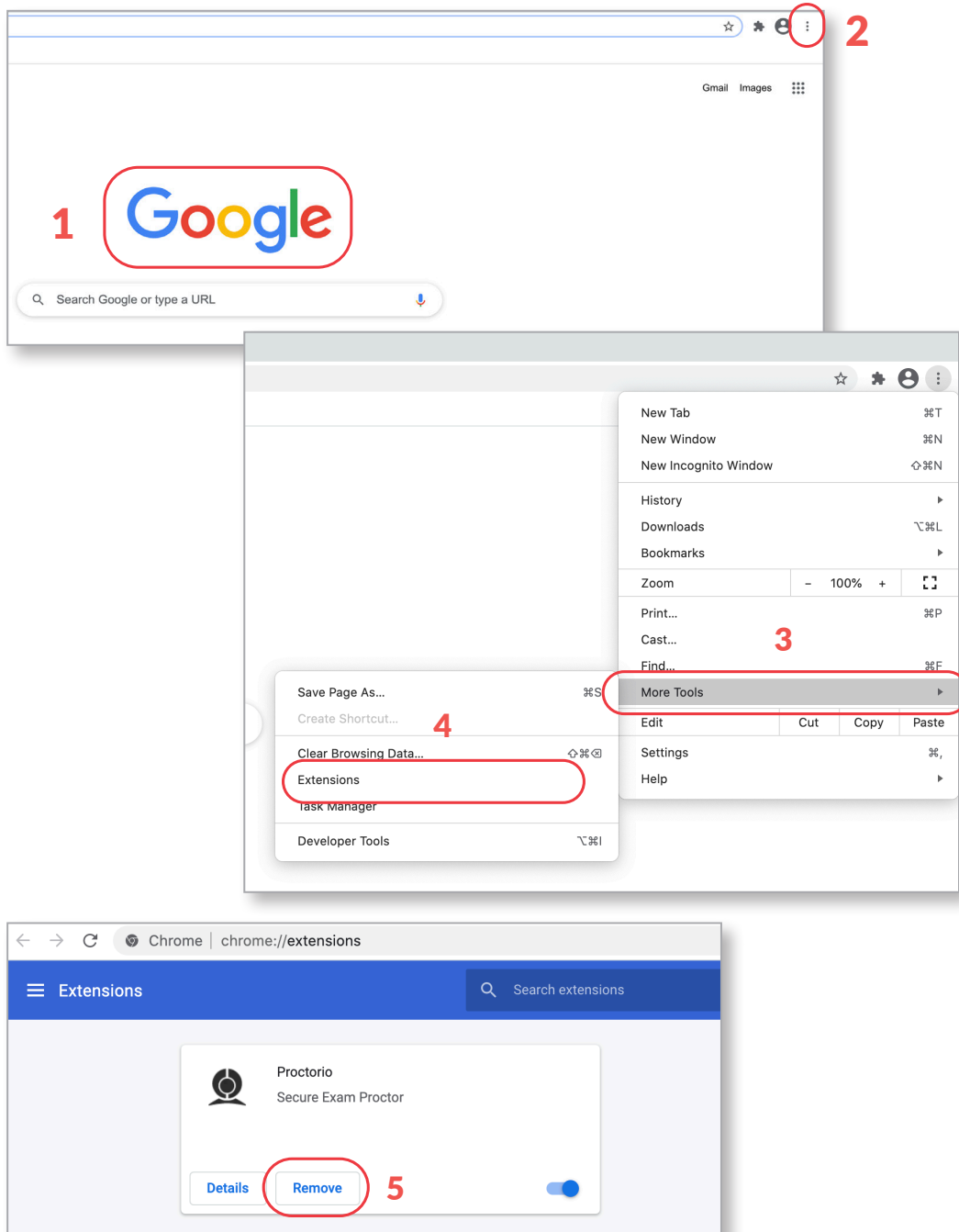
C



REMOVING PROCTORIO

If you wish to remove the Proctorio extension from Google Chrome after you've taken the QAP Assessment Tool, here is how that can be done:

1. Open Google Chrome.
2. On the top right side of the page you will see 3 dots in a vertical row. **Left click** these.
3. This will then show a drop-down box. Go to **"More Tools"** and hover, this will bring up a secondary drop-down-box.
4. In this drop-down-box click on **"Extensions"**.
5. You will be directed to a page that shows all extensions that are on the Chrome browser. Under the Proctorio Extension select **"Remove"** to delete this from your browser.



The following page contains a *Statement of Understanding* that you will need to read and agree to. This is a security measure meant to preserve the integrity of the QAP Assessment Tool. By selecting “Yes, I accept” you confirm that you have read, understand and agree to abide by the statements listed.

To read the fine print in this image, please zoom in using the zoom tool in the PDF viewer, or press the Control (Cmd on Mac) and + keys at the same time.

BCCOHP

British Columbia College of Oral Health Professionals

NDA time remaining: 30 minutes

A- A+

Anonymous

Dental Hygienist QAP Assessment Tool 2025

BCCOHP Dental Hygienist Registrant Statement of Understanding

Confidentiality of BCCOHP Dental Hygienists QAP Assessment Tool

Conduct occurring before, during or after participation in the British Columbia College of Oral Health Professionals (BCCOHP) Dental Hygienists Quality Assurance Program (QAP) Assessment Tool that violates these principles may result in invalidation of the QAP Assessment Tool results, disciplinary action (which may affect the ability to practice), and/or other penalties deemed appropriate by the BCCOHP.

- Dental hygienist registrants must complete this QAP Assessment Tool individually and without help from any other person.
- The QAP Assessment Tool is highly confidential. It is strictly forbidden to copy, share, reproduce, or save any of the items or content from the QAP Assessment Tool. The QAP Assessment Tool questions are the property of the BCCOHP. Unauthorized disclosure of the QAP Assessment Tool questions is prohibited under copyright laws. By selecting “Yes, I accept” you agree to the *BCCOHP Dental Hygienist Registrant Statement of Understanding* and agree to maintain the confidentiality of the QAP Assessment Tool questions.

You must therefore:

- Keep the **BCCOHP Dental Hygienist QAP Assessment Tool content confidential, even after taking the QAP Assessment Tool**. This also includes not discussing the content with anyone who wrote the QAP Assessment Tool before you, at the same time as you or who has not written the QAP Assessment Tool yet.
- Realize that any recording or memorization of the QAP Assessment Tool questions is strictly forbidden whether you intend to recreate parts of the QAP Assessment Tool for financial gain or not.
- Any cheating and/or breach of confidentiality/security or any attempt to subvert the QAP Assessment Tool process by any dental hygienist registrant violates the purpose and principles of the QAP Assessment Tool. Any dental hygienist registrant who carries out, takes part in or who witnesses such behaviour must report it to the BCCOHP as soon as possible.
- The BCCOHP strives to report results that accurately reflect the skill and performance of each dental hygienist registrant and represent a valid measure of their knowledge or competence as sampled by the QAP Assessment Tool. Accordingly, our standards and procedures for administering the QAP Assessment Tool have two related goals: giving dental hygienist registrants comparable opportunities to demonstrate their knowledge and abilities, and preventing them from gaining an unfair advantage over others. To promote these objectives, the BCCOHP reserves the right to cancel or withhold any QAP Assessment Tool results when, in their sole opinion, a testing irregularity occurs; cheating has occurred; there is an apparent discrepancy in, or falsification of, a registrant's identification; a registrant engages in misconduct or plagiarism; when aberrancies in performance are detected for which there is no reasonable and satisfactory explanation; or the results are believed to be invalid for any other reason. In applying for the QAP Assessment Tool, a dental hygienist registrant agrees to abide by all regulations, as well as oral and written instructions controlling the conduct of the QAP Assessment Tool. These regulations are intended to preserve the integrity of the QAP Assessment Tool and the process of its delivery by providing standard conditions that yield valid and reliable results.

Proctoring and Privacy

The BCCOHP use various security measures to ensure the integrity of the QAP Assessment Tool, including an artificial intelligence proctoring system called Proctorio. Proctorio will monitor various aspects of a dental hygienist registrant completing the QAP Assessment Tool, and will analyse the collected personal data (as described below) and alert the BCCOHP about possible irregularities that might compromise the QAP Assessment Tool.

AS DESCRIBED IN MORE DETAIL BELOW, NEITHER THE BCCOHP NOR PROCTORIO VIEWS OR RECORDS ANY IMAGES, VIDEOS OR SOUNDS OF THE REGISTRANT OR THE SESSION. THERE WILL BE A RECORDING OF YOUR COMPUTER'S SCREEN DURING THE SESSION; THAT RECORDING CANNOT BE VIEWED BY BCCOHP IN REAL TIME, BUT WILL BE AVAILABLE AFTER THE SESSION ONLY TO THE BCCOHP IF NECESSARY.

Each registrant will need to activate Proctorio by downloading and enabling the Proctorio browser plug-in to complete the QAP Assessment Tool.

What data is collected?

The BCCOHP does not view or record any images, videos or sounds of the registrant or the session. The Proctorio system will collect the following information regarding each session with the QAP Assessment Tool:

- the type of computer, operating system and browser used to complete the BCCOHP Dental Hygienists QAP Assessment Tool;
- the computer's IP address;
- the approximate geographic location of the computer;
- the performance of the registrant's computer during the session;
- websites visited during the session; and
- a recording of the computer's screen during the session (the session cannot be viewed in real time, but this recording is available after the session).

Who stores and has access to the collected data?

The data is stored on servers in Canada, and only the BCCOHP can access the data. The BCCOHP will retain the data as reasonably required for the purposes described below, and will delete or make anonymous the data once it is no longer required for those purposes and retention is no longer necessary for a legal or business purpose.

What is done with the collected data?

The Proctorio tool will analyze the session data and will rank each assessment session on a scale of suspicious behaviour, and will flag potential irregularities or suspicious behaviour to the BCCOHP. The BCCOHP will be able to review the session data as part of ensuring the BCCOHP Dental Hygienists QAP Assessment Tool's integrity and that registrants are following the rules relating to the BCCOHP Dental Hygienists QAP Assessment Tool.

Consent

You understand that the BCCOHP uses the Proctorio system to virtually proctor QAP Assessment Tool sessions in order to ensure the integrity of the process, as described above. You consent to the BCCOHP collecting and using the information described above for the purposes described above.

By selecting “Yes, I accept” you confirm that you have read, understand and agree to abide by the statements above.

☐ Yes, I accept

☐ No, I do not accept

Next

Things to Remember While Completing the QAP Assessment Tool

- Some questions will ask for “the best” or “most appropriate” choice. Dental hygiene practice is not absolute and therefore it is not possible to include all solutions in an assessment. For these questions it is important to select the response from all answer options presented that best addresses the information described in the question and/or case study.
- Other questions will require more than one response to be selected and this will be indicated in bold prompts. When reading the questions be sure to take note of the directions and any bold prompts, as these will indicate how many correct responses need to be selected if there is more than one correct answer.
- With the interactive question types, it is important to scroll down the page to see all images and/or answer options. Please note: the smaller the screen, the more scrolling down the page is needed. It is also recommended to adjust the font size on your personal computer to allow for more of the question to be viewed without scrolling down the page.
- Interactive questions will not work on a tablet, iPad or smart phone. Please use a desktop or laptop computer to complete the QAP Assessment Tool.
- Read each question twice: the first time to familiarize yourself with the scenario and what is being asked, and a second time to confirm your full understanding of the question.
- Make sure to double check your answer selections to ensure you have indicated the correct number of responses and that all options have been matched/used.
- When reading the questions, be sure to only interpret the facts and context provided in the case stem when considering your answer selection.

Troubleshooting Tips

- If you receive the message, “Please wait while we prepare your exam” and/or a spinning icon, this typically means your internet connection is unstable in combination with high RAM usage. Please try the following:
 - Make sure you are using the latest version of Chrome
 - Disable extra applications or extensions during your exam
 - When possible, utilize an ethernet cable for secure internet connection
 - Talk to other members in your household to try and free up Wi-Fi usage during your exam to encourage a more stable connection.
 - Refresh the page if internet connection is slow and the assessment is taking too long to load. If refreshing the page does not work, you may need to back out and log back in. This may assist Proctorio to be recognized and your assessment to begin
- It is recommended that you restart both your modem and computer prior to logging into your BCCOHP profile.
- If the screen freezes while completing the QAP Assessment Tool and you are not able to select a response and/or proceed to the next question, please wait a few seconds and the screen will unfreeze.
- If you are kicked out of the QAP Assessment Tool, log back in immediately. This is important because the 3-hour time allotment will continue to count down if you are kicked out.
- Once the screen is unfrozen and/or you are logged back in to the QAP Assessment Tool, make sure to double check that your last answer selected was saved.
- To minimize the potential for these issues:
 - Ensure that the most current version of Google Chrome is downloaded on the desktop or laptop computer,
 - Ensure that the internet connection is stable,
 - If using a laptop, ensure that it is fully charged and/or plugged in,
 - Limit the number of programs that are open and/or running in the background of the computer
 - Ensure that the computer has available disk space or RAM
- For more trouble shooting tips, please click here: <https://oralhealthbc.ca/wp-content/uploads/2023/11/Troubleshooting-QAP-Assessment-Tool.pdf>

Overview of Question Types

**Please be sure to scroll down to see all answer options when viewing questions*

MULTIPLE CHOICE – a question is presented along with the correct response in a set of possible answer alternatives. The question may be in the following forms: Full Stop, Grid, Fill-in-the-Blanks, or Run-On.

- **FULL STOP MULTIPLE CHOICE**

- provides a complete sentence ending in a question mark. The correct answer and answer alternatives are presented in a list.

- **GRID MULTIPLE CHOICE**

- the question sets up a relationship between two components in a table that provides the correct answer and answer alternatives.

In which of the following cases should a dental hygienist use a universal insert (magnetostrictive) or standard tip (piezoelectric) for power-driven instrumentation?

SELECT THE CORRECT ANSWER

- ☒ Residual orthodontic cement
- ☐ Intrinsic stain on posterior teeth
- ☐ Mature calculus on zirconia implants
- ☐ Calculus on the occlusal surfaces of gold crowns

Which of the following power-driven methods is paired to **best** address the following client situation?

	Power-driven method	Client Situation
A.	standard tip (piezoelectric)	Calculus on the occlusal surfaces of gold crowns
B.	universal insert (magnetostrictive)	Mature calculus on zirconia implants
C.	standard tip (piezoelectric)	Intrinsic stain on posterior teeth
D.	universal insert (magnetostrictive)	Residual orthodontic cement

SELECT THE CORRECT ANSWER

- ☒ A
- ☐ B
- ☐ C
- ☐ D

- FILL-IN-THE-BLANKS MULTIPLE CHOICE** – a statement containing two blanks with an associated table containing the correct answer and answer alternatives.

A i instrument is safe for use on clients with ii.

	<i>i</i>	<i>ii</i>
A.	Standard tip (piezoelectric) power driven	Calculus on the occlusal surfaces of gold crowns
B.	Universal insert (magnetostrictive) power driven	Mature calculus on zirconia implants
C.	Standard tip (piezoelectric) power driven	Intrinsic stain on posterior teeth
D.	Universal insert (magnetostrictive) power driven	Residual orthodontic cement

SELECT THE CORRECT ANSWER

☒ A
☐ B
☐ C
☐ D

Choose the row (A, B, C or D) that best fills the blank spaces. The first column is associated with the first blank space in the statement (i) while the second column is associated with the second blank space in the statement(ii). You cannot pair answers from different rows.

- RUN-ON MULTIPLE CHOICE** – is an incomplete sentence with the correct answer and answer alternatives provide to complete the sentence.

A dental hygienist would be providing safe debridement using a universal insert (magnetostrictive) or standard tip (piezoelectric) for power-driven instrumentation on

SELECT THE CORRECT ANSWER

☒ Residual orthodontic cement
☐ Intrinsic stain on posterior teeth
☐ Mature calculus on zirconia implants
☐ Calculus on the occlusal surfaces of gold crowns

MULTIPLE RESPONSE – similar to a multiple-choice question, except the question has more than 1 correct response. There may be 2-4 correct responses along with incorrect answer alternatives. Pay attention to the **bold prompts** in the question indicating how many correct answer options need to be selected.

Select **all** the possible debridement methods that would be effective in removing subgingival calculus from the lingual of tooth number 44.

SELECT THE CORRECT ANSWERS

☒ Piezoelectric power driven instrumentation with a standard tip
☒ Subgingival air polisher with glycine powder
☒ Magnetostrictive power driven instrumentation with a standard insert
☒ 5/33 sickle scaler
☒ 5/6 gracey curet

MATCH – requires items in one column to be paired with an item from the second column. Each item is paired only once (e.g., one response per image/description).

Match the clinical description on the left with the most effective debridement method on the right.

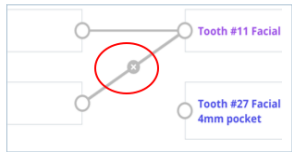
DRAG THE BOXES TO MATCH THE ANSWERS

Tooth #47 lingual with class 3 furcation involvement and a 6mm pocket	?	Titanium coated curette
Disrupting subgingival biofilm in a 8mm pocket	?	Standard ultrasonic insert
Residual orthodontic cement	?	Air polishing with glycine powder
Mature calculus on zirconia implants	?	Left curved ultrasonic insert

Drag responses from the far right into the spaces with the “?”

EXTENDED MATCH – similar to a match, except that the items in the right column correspond to 2 or more items from the left column. All items on the left side must be matched to the correct choice on the right. Pay attention to the bold prompts in the question indicating how many items need to be matched in each column.

Click the dot next to the item on the left, then click the dot next to the description on the right. This will draw a line between the two boxes. To delete the link, hover your mouse over the line and click the “X” that appears.



Match the treatment options on the left with the clinical description they are best positioned to treat as described on the right.

DRAG LINES BETWEEN THE BOXES TO MATCH THE ANSWERS

Columbia 13/14 Universal Curet	←	Tooth #11 Facial with a 5 mm pocket
Gracey 5/6	←	Tooth #27 Facial Class II furcation involvement and 4mm pocket
Left-Curved Ultrasonic Insert		
Right-Curved Ultrasonic Insert		

SELECT FROM LIST – a question that contains blank spaces. These are filled by selecting a correct response from a list of drop-down answer alternatives.

Select the answers from drop-down-lists that best complete the statements.

SELECT THE CORRECT ANSWER FROM THE DROP-DOWN(S)


During periodontal debridement the sickle scaler slips off the client's tooth and into the fulcrum finger of the dental hygienist. Immediately a small amount of blood starts to form between the glove and the finger.

The dental hygienist should . This injury is considered a bloodborne exposure.

HOTSPOT –select the spot(s) on the image (with your mouse) that match the description from the question. A Hotspot question may have 1 or more “spots” that are correct.

Using the International Numbering System, identify tooth number 22 in the image below.

CLICK ON THE HOTSPOT(S)

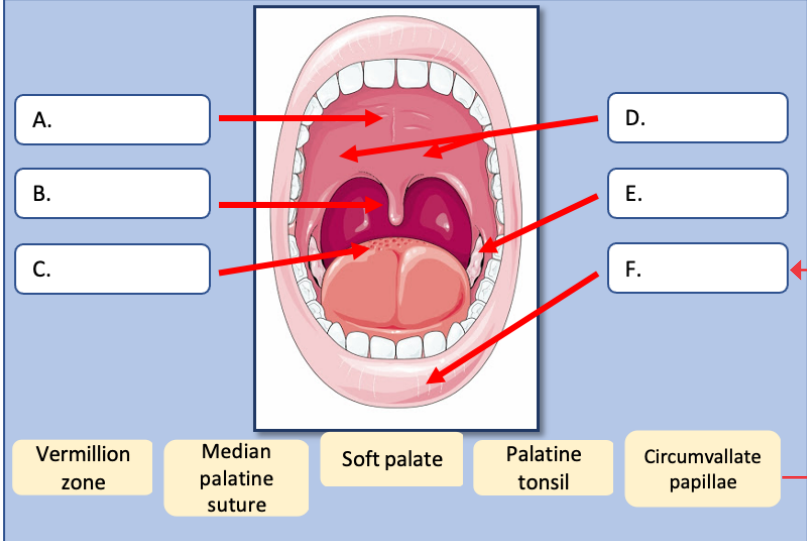


Click on the area on the image that corresponds to the question.

DRAG AND DROP – a list of words/images are presented. The word/image must be dragged to the appropriate placemark (blank spot) in a graphic.

Drag the anatomical landmark names to the correct blank area in the diagram.
Note: each landmark is used only one time. Scroll down to see full image.

DRAG THE LABELS TO THE CORRECT PLACEHOLDER



A.

B.

C.

D.

E.

F.

Vermillion zone Median palatine suture Soft palate Palatine tonsil Circumvallate papillae

Drag the responses to the correct blank placeholder in the image.

ORDER – a list of steps are provided in a random order. These steps are then arranged by dragging each item into a correct sequential order with the first step on top and the last step on the bottom.

Arrange the typical 6-steps of placing a pit and fissure sealant from the first step (at the top) to the final step (at the bottom).

DRAG THE FOLLOWING IN THE CORRECT ORDER

- Identify tooth/teeth
- Once isolated and dry, apply sealant material
- Apply acid etch to site and rinse
- Check for retention and floss
- Light cure & check bite
- Polish surface with pumice and water slurry

Click on each step separately with the cursor and then move each to represent the correct order.

CASE STUDY – presents as a case that is associated with two or more questions. The case provides details, usually in the form of client data, that inform decision making when answering questions associated with the case study. Questions associated with the case study may include any interactive question type that has been detailed previously in this section. The following screen shot will show how the case study questions will be presented.

- **CASE STUDY STEM AND QUESTION FORMAT:**

The screenshot displays a user interface for a case study question. On the left, a box labeled 'CASE STUDY 1' contains the following text: 'The stem for the case study will be on the left hand side of the page, and will remain here for all questions associated with the case.' and 'Note: you may need to scroll down on the case study to read all information.' On the right, the question area is titled 'QUESTION 13 (1 point)' and 'QUESTION 13 of 17'. It contains the text: 'The question for the case study will appear in this space.' Below this, a section labeled 'SELECT THE CORRECT ANSWERS' contains a box with the text: 'Answer options for the question will appear in this space.' A 'Clear answer' link is located below the answer options box. At the bottom of the interface, there is a navigation bar with buttons: 'Previous', 'Submit', 'Notepad', 'Overview', 'Introduction', 'Flag', and 'Complete assessment'.

General Platform Navigation

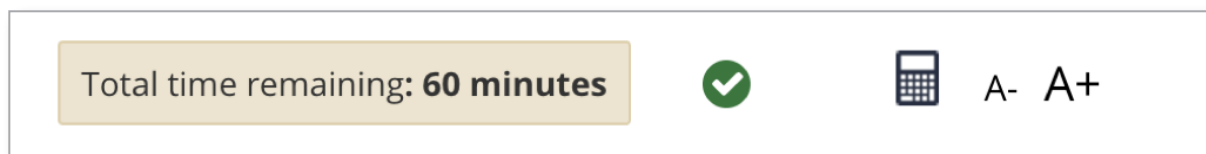
The legacy CDHBC developed the QAP Assessment Tool using Cirrus, an online assessment platform. Registrants will notice the layout of the QAP Assessment Tool is different than the previous version. Registrants are encouraged to review the following screenshots to familiarize themselves with the new design and functions.

OVERVIEW

The screenshot displays the QAP Assessment Tool interface. At the top right, a yellow box labeled 'A' shows 'Total time remaining: 60 minutes'. Next to it is a green checkmark icon. To the right, a box labeled 'B' contains a calculator icon and 'A- A+' font size controls. Further right, the text 'Anonymous' and a user profile icon are visible. The main header is 'Navigation Tutorial'. On the left, a box labeled 'C' contains 'QUESTION 1' and a question: 'In which of the following cases should a dental hygienist use a universal insert (magnetostrictive) or standard tip (piezoelectric) for power-driven instrumentation?'. Below this, a box labeled 'E' contains 'SELECT THE CORRECT ANSWER' and four radio button options: 'Residual orthodontic cement', 'Mature calculus on zirconia implants', 'Intrinsic stain on posterior teeth', and 'Calculus on the occlusal surfaces of porcelain crowns'. A 'Clear answer' link is below the options. On the right, a box labeled 'D' shows 'QUESTION 1 OF 11'. At the bottom left, a green 'Next' button is labeled 'F'. At the bottom right, a row of buttons is labeled 'G' through 'I': 'Notepad' (G), 'Overview' (H), 'Introduction' (I), 'Flag', and 'Complete assessment'.

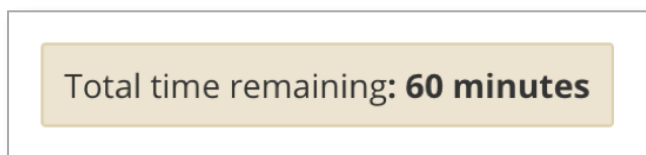
- A. Shows how much time is remaining.
- B. Provides access to a calculator and how to change font size.
- C. Shows what question you are on.
- D. Shows the question you are on and how many questions are in the Form.
- E. Is where the question and answer responses will be presented.
- F. Is the “Next” button to move to the next question.
- G. Provides a pop-up notepad where you can add notes for the given question.
- H. Provides a pop-up page indicating where you are in the assessment.
- I. The flag button will highlight an item that you may not have been sure about and wish to come back to.
The flag shows in the Overview pop-up page.

FEATURES ON THE TOP RIGHT SIDE OF THE PAGE



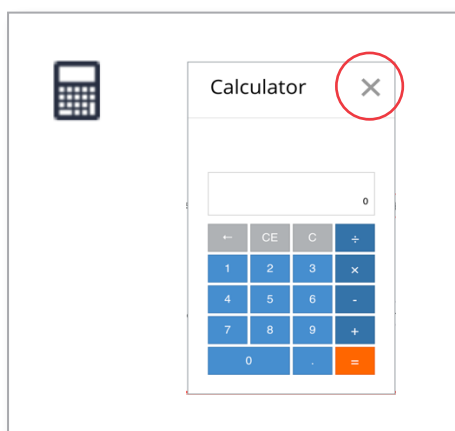
TIMER:

The beige highlighted box indicates the time remaining for the QAP Assessment Tool.



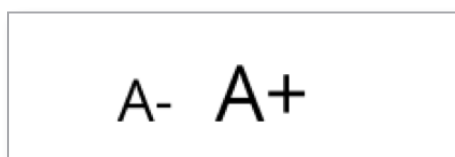
CALCULATOR:

Selecting the "Calculator" icon will bring a pop-up calculator onto the page.



FONT SIZE:

Functions are available to increase (A+) or decrease (A-) font size.



FEATURES ON THE BOTTOM RIGHT SIDE OF THE PAGE

Notepad

Overview

Introduction

Flag

Complete assessment

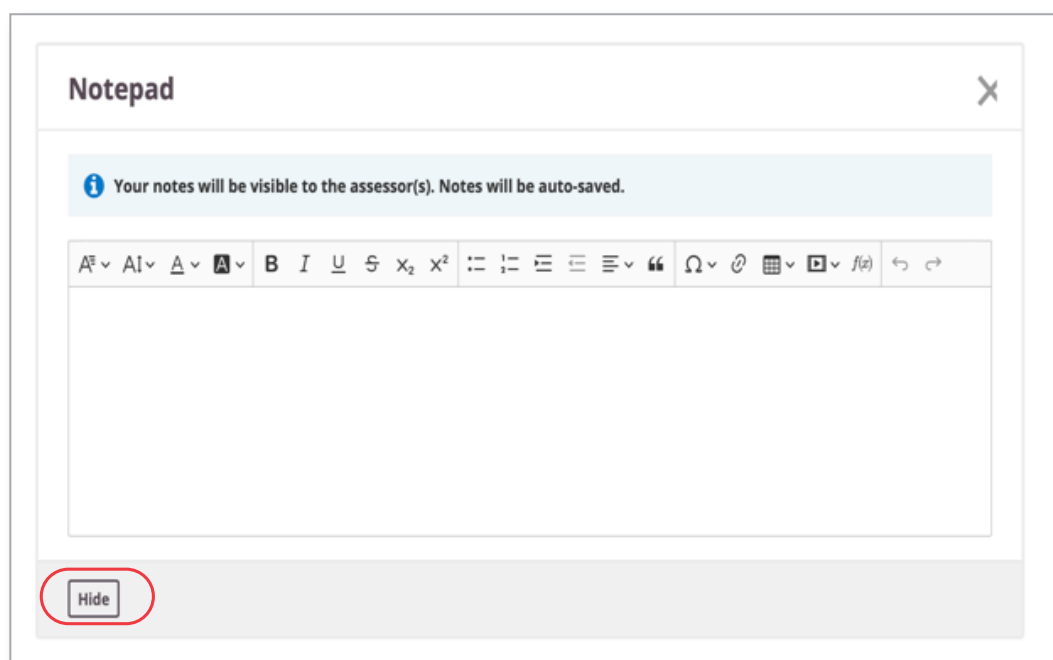
NOTEPAD:

This will bring a pop-up notepad onto the page where you may write comments about each question.

The “Hide” button minimizes the textbox. You will not lose any information you type in the notepad if you hide the box as notes are automatically saved.

You can only review typed notes while you are actively taking the QAP Assessment Tool and not after your responses have been submitted.

Notepad



OVERVIEW:

This provides an overview on the status of the questions and allows you to move to a specific question by clicking on it.

A. The number of questions
“Still to Do”

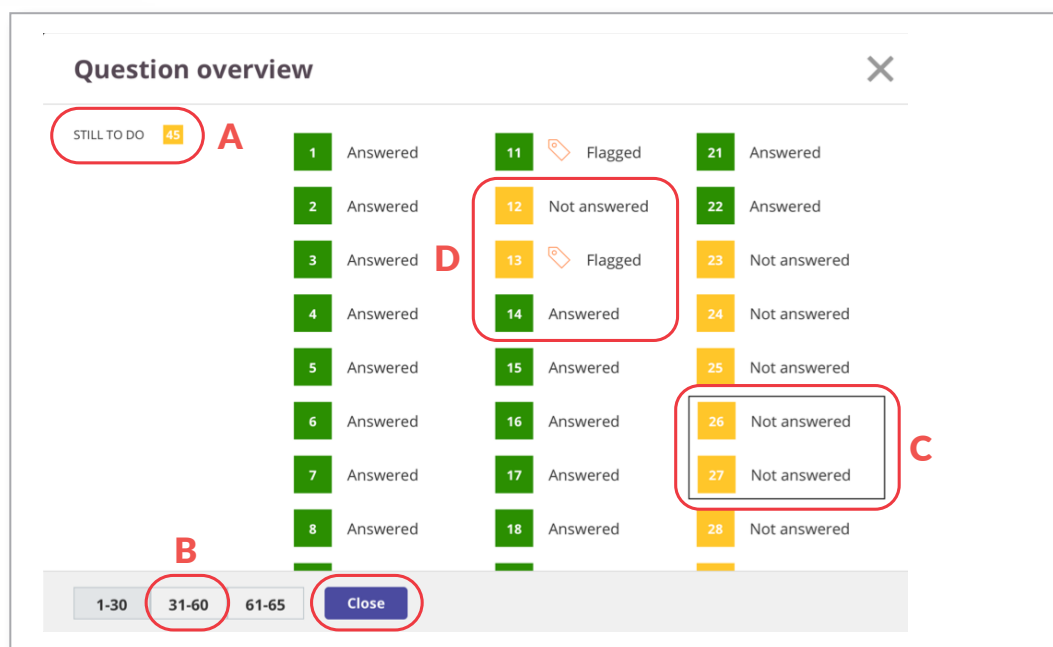
B. Click to toggle to the next page to see additional questions as only 30 can be seen on one page.

C. Questions in a box are part of a Case Study.

D. Status of questions
(i.e., **not answered**,
answered, or **flagged**)

To exit select “Close.”

Overview



INTRODUCTION:



By clicking on the introduction button, you have the ability to access the welcome page.

Select “Start Assessment” to go back into the QAP Assessment Tool.

BCCOHP

British Columbia College of Oral Health Professionals

✓

A- A+

English (US)

Anonymous

Dental Hygienist QAP Assessment Tool 2025

Welcome, Anonymous User

Welcome to the BCCOHP Dental Hygienist Quality Assurance Program Assessment Tool

The British Columbia College of Oral Health Professionals (BCCOHP) Dental Hygienist QAP Assessment Tool has been designed to assess registrants' knowledge, skills and abilities related to foundational dental hygiene practice. The BCCOHP Dental Hygienist QAP Assessment Tool is meant to assist registrants in obtaining feedback regarding their knowledge and to provide assurance to the public regarding the competency of dental hygienists in BC.

Please be aware that you must complete the BCCOHP Dental Hygienist QAP Assessment Tool on your own. You may not receive help while taking the BCCOHP Dental Hygienist QAP Assessment Tool from any other person. In addition, you may not share any information regarding the BCCOHP Dental Hygienist QAP Assessment Tool, including the content of the questions or the answers. You will be required to agree to these terms in a *BCCOHP Dental Hygienist Registrant Statement of Understanding* before proceeding to the BCCOHP Dental Hygienist QAP Assessment Tool.

Please help protect the integrity of the BCCOHP Dental Hygienist QAP Assessment Tool by carefully reading and abiding by the *BCCOHP Dental Hygienist Registrant Statement of Understanding* on the next page and understand that it is a legal document. Failure to comply with these requirements and/or a breach of the *BCCOHP Dental Hygienist Registrant Statement of Understanding* will be considered professional misconduct and may result in disciplinary action.

It is a registrant's ethical responsibility to maintain the security and confidentiality of the BCCOHP Dental Hygienist QAP Assessment Tool. As such, it is considered a very serious offense to share any information in relation to the BCCOHP Dental Hygienist QAP Assessment Tool in any fashion. It is important to remember that this is a low-stakes assessment and the results will guide a registrant's ongoing learning. To date, there are no dental hygienist registrants who have lost their ability to practice due to their performance on the QAP Assessment Tool. In comparison, there have been impacts to a registrant's practice if they were found to have committed professional misconduct by violating the terms of taking the QAP Assessment Tool.

Please report any concerns regarding the security of the BCCOHP Dental Hygienist QAP Assessment Tool to the BCCOHP immediately at qualityassurance@oralhealthbc.ca

As outlined in the QAP Information Guide, DO NOT ATTEMPT to complete the Assessment Tool on a smartphone or tablet/iPad. Touchscreen technology is not compatible with the QAP Assessment Tool. Please use a desktop or laptop computer.

By selecting "Next", you agree to uphold the confidentiality of the BCCOHP Dental Hygienist QAP Assessment Tool questions and to complete the BCCOHP Dental Hygienist QAP Assessment Tool on your own.

Thank you

✓

Your browser has been approved.

DETAILS

Number of questions:	70	Duration:	180 minutes
Max score:	70		

Next

FLAG:



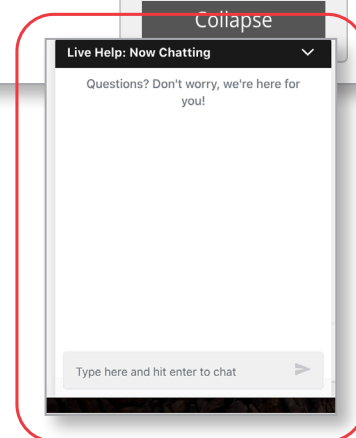
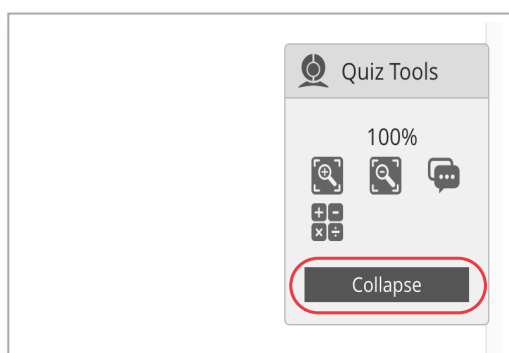
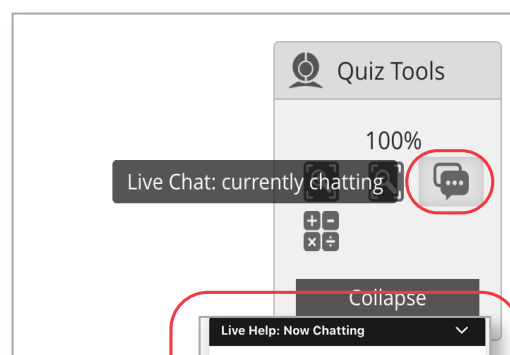
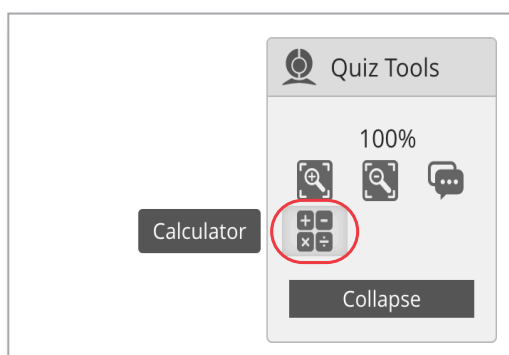
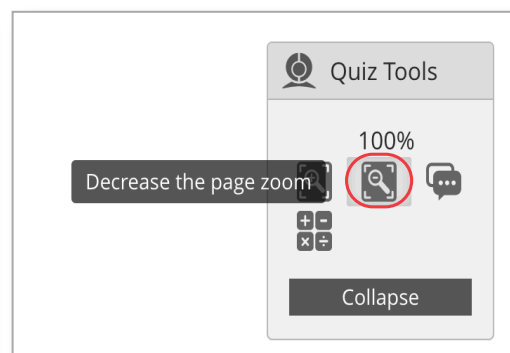
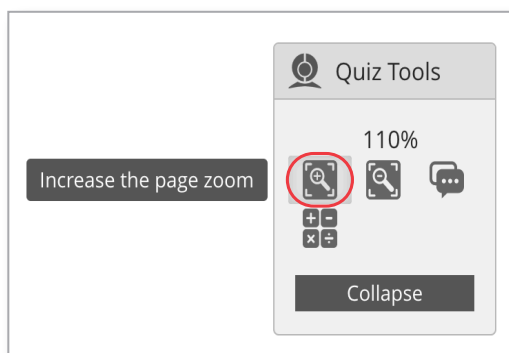
The flag icon will place a flag beside a question you may wish to revisit. The flag will appear on a given question when you go to the OVERVIEW pop-up.

Within the QAP Assessment Tool, the Quiz Tools box appear as part of the Proctorio plugin.

Quiz Tool features are as follows:

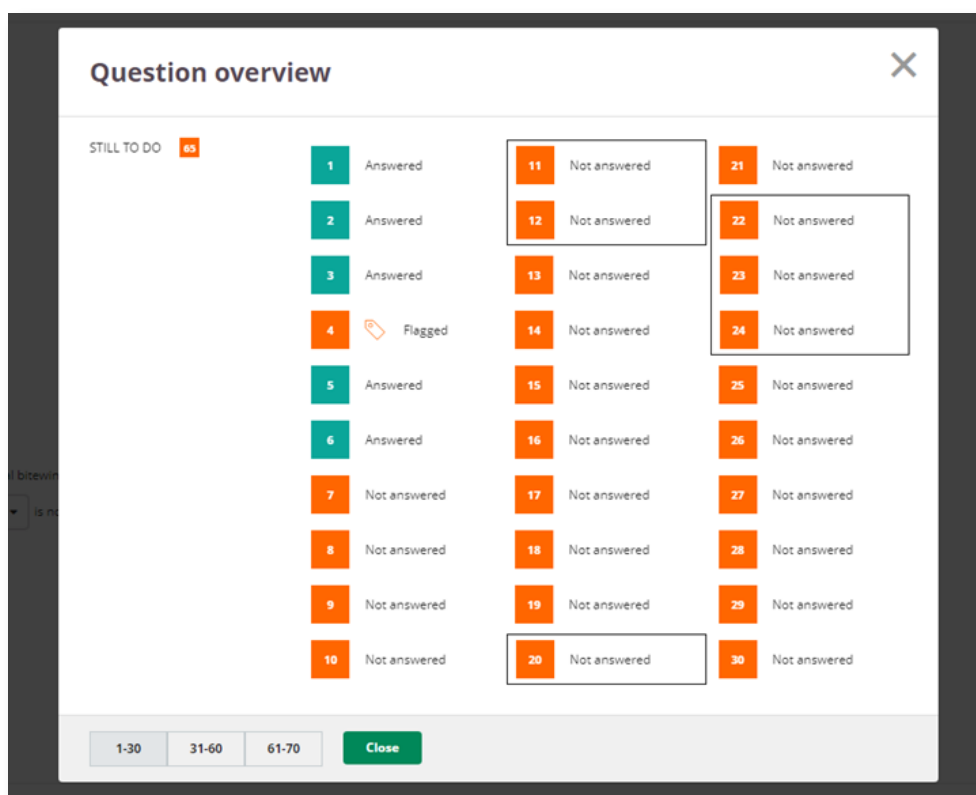
- Increase font size
- Decrease font size
- Calculator
- Live chat to ask IT questions related to Proctorio. If selecting “Live Chat”, a chat box will appear.
- To hide the Quiz Tools click “Collapse”

To enable Quiz Tools click on the following icon:

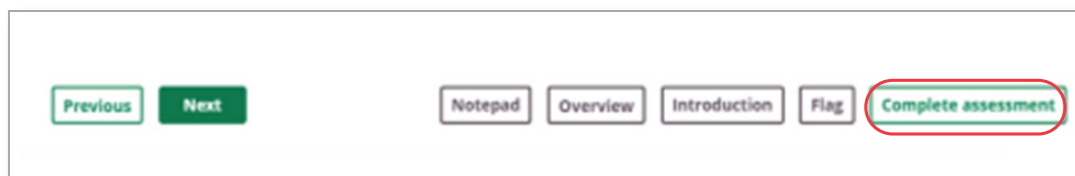


Submitting the QAP Assessment Tool

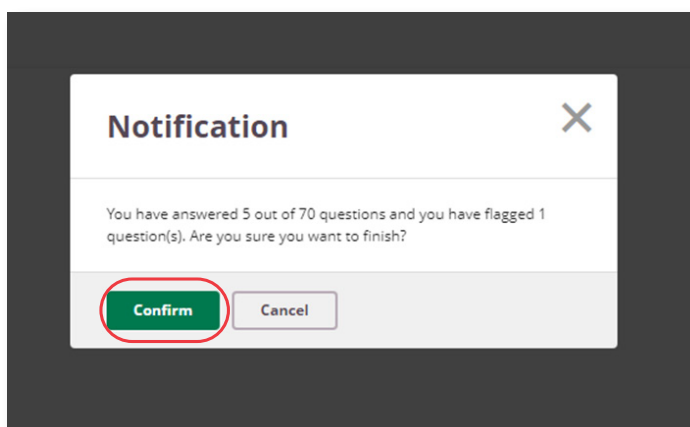
Prior to submitting the QAP Assessment Tool, click on the “Overview” button to ensure all questions have been answered and that no flagged questions need to be further addressed.



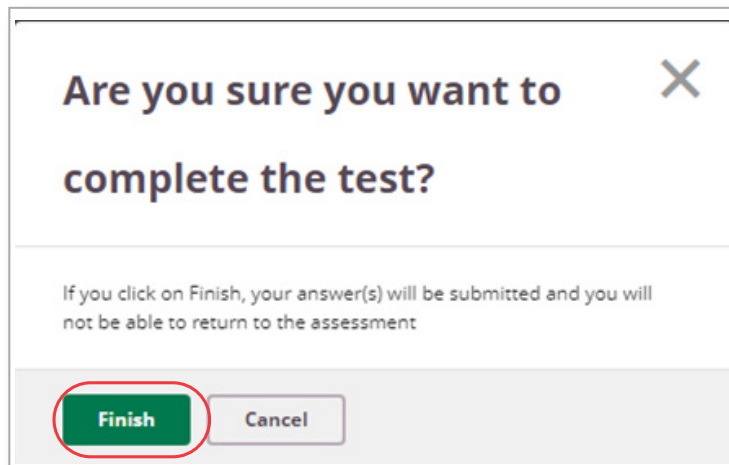
To submit the QAP Assessment Tool, select the “Complete Assessment” icon in the bottom right corner of the screen.



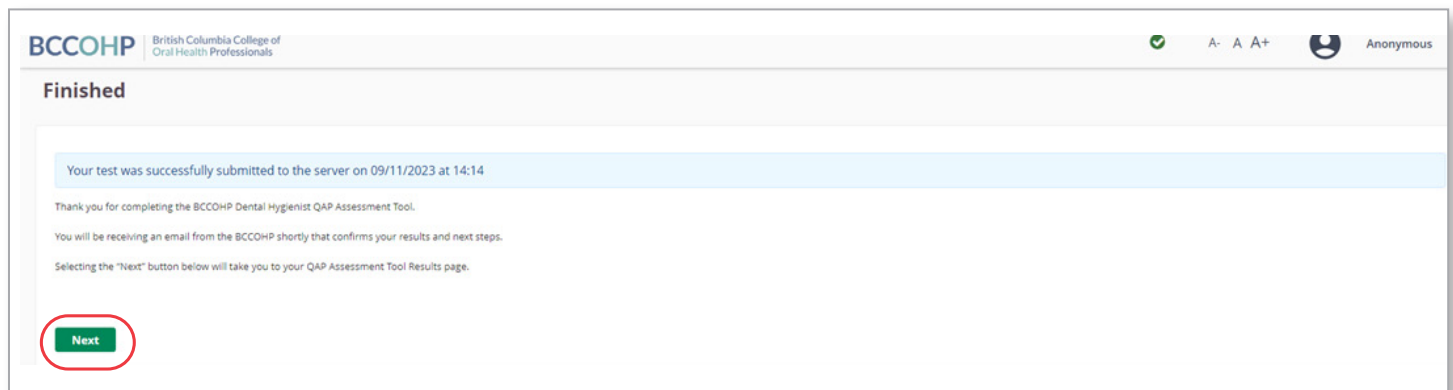
A pop-up box will appear notifying if you have answered all the questions and if any questions remain flagged. If you are satisfied with your responses and you are sure you want to submit your assessment, select “Confirm”.



A secondary box will appear to confirm you are ready to submit your assessment. This is your last opportunity to return to the assessment if needed. When fully prepared to submit your assessment, select “Finish”.



Once you select “Finish” your assessment will be submitted. You will be taken to a screen which indicates you have finished taking the QAP Assessment Tool and provides information about obtaining your results.



5. After Completing the Assessment

Results

After completion of the QAP Assessment Tool, you will be directed to your results page. Here, you will see the metrics for your results on the QAP Assessment Tool.

In order to protect the integrity of the QAP Assessment Tool, you will not have the opportunity to review incorrect answers after completion.

Please log onto your OLP to view the following:

- The results of your QAP Assessment Tool.
- Low-scoring blueprint subcategories based on results of your QAP Assessment Tool performance.

Registrants will receive an email from BCCOHP within minutes of completing their QAP Assessment Tool informing them of their results and next steps.

subcategories from the QAP Assessment Tool blueprint.

MEETS: is the total number of questions in this content category and subsequent subcategories that were answered correctly.

DOES NOT MEET: are the total number of questions in this content category and subsequent subcategories that were answered incorrectly.

NOT ANSWERED: questions not answered.

MASTERED: shows the number of questions answered correctly out of the total number of questions in that content category and subsequent subcategories.

The score report cannot be printed as Proctorio disables this function.

BCCOHP British Columbia College of Oral Health Professionals

Dental Hygienist QAP Assessment

Score report

OVERVIEW

Percentage: 0% Overall score: 0 of 70

Each registrant's Assessment Tool results are shared via the following methods:

- Within each registrant's OLP under the tab "My QAP Assessment Results".
- An email from BCCOHP will be sent to each registrant within minutes of completing the QAP Assessment Tool.

LEARNING OBJECTIVE	YOUR SCORE	TOTAL SCORE	MASTERY LEVEL
A - Biological Sciences	0	7	Progress 0%
A-1 General & oral microbiology/infection control	0	3	Progress 0%
A-2 Biochemistry/nutrition/diet counseling	0	4	Progress 0%
B - Social Sciences	0	5	Progress 0%
B-1 Psychology/sociology	0	2	Progress 0%
B-2 Communication principles/behaviour management strategies	0	3	Progress 0%
C - Dental Sciences	0	17	Progress 0%

PART 4:

Online Learning Plan

(OLP) Guide

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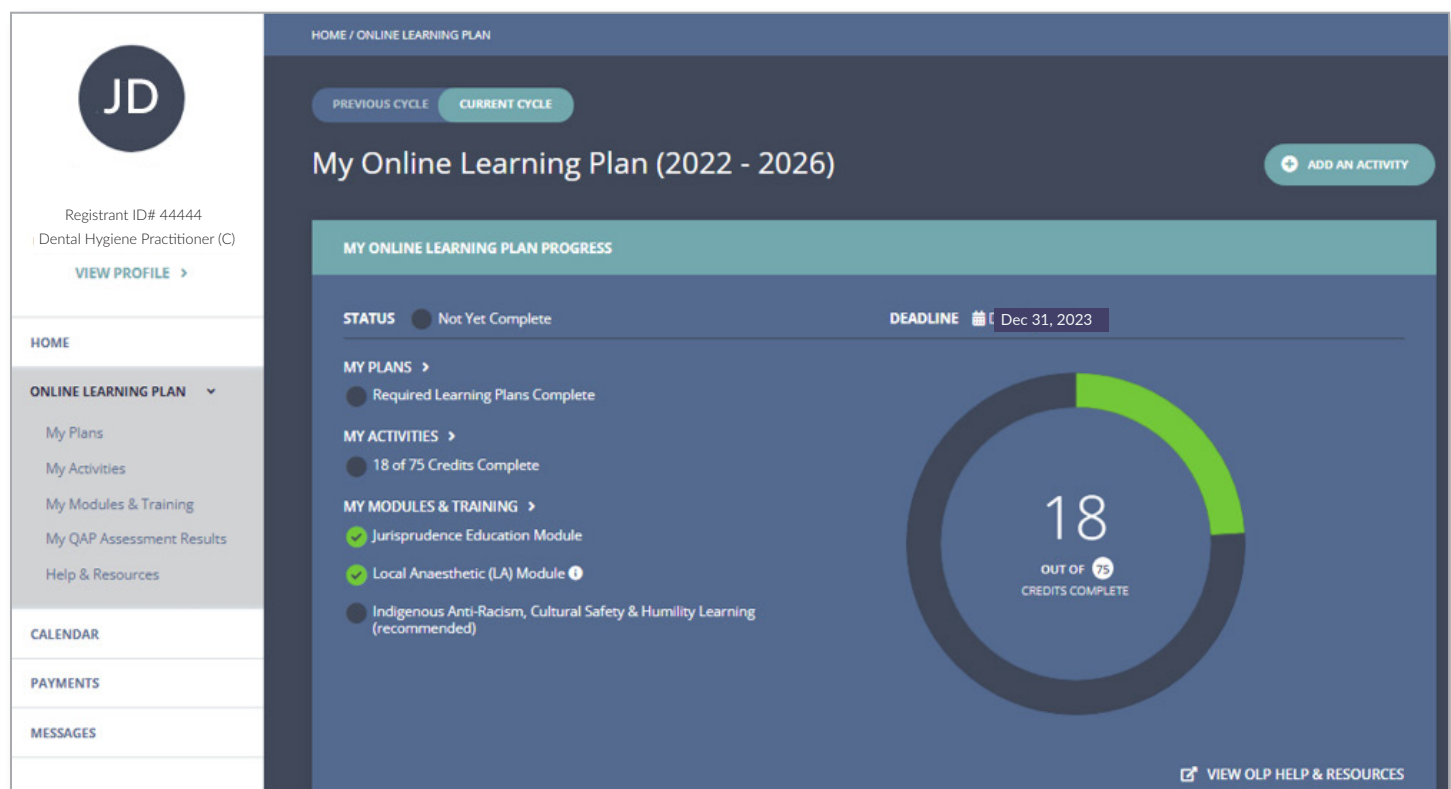
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1. Online Learning Plan Overview

The BCCOHP Online Learning Plan (OLP) is a component of the current Registrant Intranet. The Registrant Intranet is the BCCOHP's secure website where registrants have been able to access their registration information on-line, including providing contact information updates, completing registration renewal and updating continuing competency credits.

The OLP is a place for registrants to manage their QAP cycle, receive QAP Assessment Tool feedback, create learning goals and action plans, record their continuing competency activities

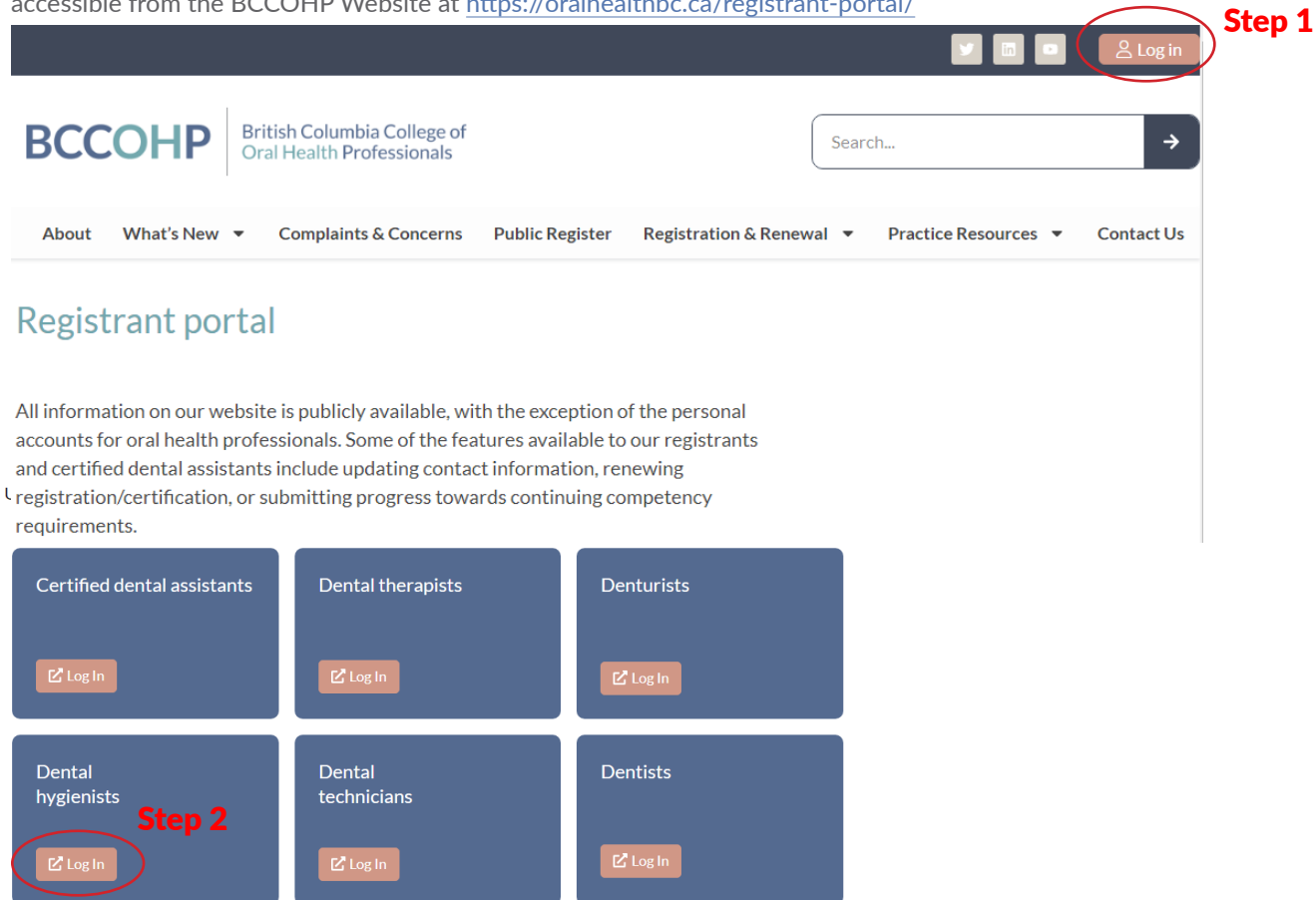
and reflect on learning. Registrants are able to log-in to their OLP and update their information anytime from anywhere thus eliminating the need for paper records. The OLP has been in place since the QAP officially launched in 2013. Based on feedback from registrants and legacy CDHBC staff, the OLP was redeveloped during 2018 to improve its ease of use and better support registrants in meeting their QAP requirements. The redeveloped OLP (2.0) was launched in 2019.



2. How To Use Your OLP

a. How do I access and navigate my OLP?

Following completion of the QAP Assessment Tool, registrants will log in to their Online Learning Plan via the Registrant Intranet – accessible from the BCCOHP Website at <https://oralhealthbc.ca/registrant-portal/>



Registrants will be directed to the login page where they will enter their username and password.

The screenshot shows the 'REGISTRANT LOGIN' page. The page has a light blue background. In the center is a white box containing the login form. The form has two input fields: 'EMAIL/USERNAME' and 'PASSWORD'. Below the 'PASSWORD' field is a link that says 'Forgot password?'. Below the input fields is a blue button that says 'LOG IN'. Below the button is a note: 'If you can no longer access your email address, please email info@oralhealthbc.ca.'

Once logged in, registrants will be taken to their homepage which shows their current registration status and profile. There are options on the left hand side to connect to the Online Learning Plan, as well as the Calendar, Payments, and Messages areas.

- Click on [Online Learning Plan]

Once within the Online Learning Plan (OLP), registrants will land on the OLP Dashboard for their current cycle. This Dashboard presents a snapshot of the registrant's progress in their QAP cycle. Registrants also have the option to review their previous cycle by clicking on the Previous Cycle button at the top of the page:

The screenshot displays the 'My Online Learning Plan (2022 - 2026)' dashboard. On the left is a sidebar with a user profile (JD, Registrant ID# 44444, Dental Hygiene Practitioner (C)) and navigation links for HOME, ONLINE LEARNING PLAN, CALENDAR, PAYMENTS, and MESSAGES. The main content area has a top navigation bar with 'PREVIOUS CYCLE' and 'CURRENT CYCLE' buttons, where 'PREVIOUS CYCLE' is circled in red. Below this is a section titled 'MY ONLINE LEARNING PLAN PROGRESS' showing a status of 'Not Yet Complete' and a deadline of 'Dec 31, 2023'. A large donut chart indicates '18 OUT OF 75 CREDITS COMPLETE'. To the left of the chart, a list of progress items is shown: 'Required Learning Plans Complete', '18 of 75 Credits Complete', 'Jurisprudence Education Module' (checked), 'Local Anaesthetic (LA) Module' (checked), and 'Indigenous Anti-Racism, Cultural Safety & Humility Learning (recommended)'.

HOME / ONLINE LEARNING PLAN

PREVIOUS CYCLE CURRENT CYCLE

My Online Learning Plan (2022 - 2026)

ADD AN ACTIVITY

MY ONLINE LEARNING PLAN PROGRESS

STATUS Not Yet Complete DEADLINE Dec 31, 2023

MY PLANS >

- Required Learning Plans Complete

MY ACTIVITIES >

- 18 of 75 Credits Complete

MY MODULES & TRAINING >

- ✓ Jurisprudence Education Module
- ✓ Local Anaesthetic (LA) Module
- Indigenous Anti-Racism, Cultural Safety & Humility Learning (recommended)

18 OUT OF 75 CREDITS COMPLETE

VIEW OLP HELP & RESOURCES

From the OLP dashboard, registrants can move to one of five menu tabs – My Plans, My Activities, My Modules & Training, My QAP Assessment Results, and Help & Resources. Each of these tabs are discussed in further detail within the OLP Tutorial Videos found on the the [Help and Resources page](#). By clicking on the My Plans tab registrants can view their Required Learning Plans and Self-Directed Learning Plans:

The Required Learning Plan section contains the lowest scoring content category areas as identified by the QAP Assessment Tool. The Learning Plan Progress section on the right hand side summarizes the registrant's progress for each learning plan.

b. How do I Develop Learning Plans?

From the OLP dashboard, click on the "My Plans" tab. From here, registrants can start or continue to work on a learning plan by clicking on the "Continue Plan" button to go into that specific plan. The BCCOHP suggests a default minimum of two activities per Required Learning Plan. However, it is the registrant's responsibility to determine how many or few activities are required to complete their Learning Plan for their individual learning needs.

There are four basic steps for completing each Learning Plan:

1. Create a SMART Learning Goal and Action Plan
2. Link Learning Activities to the Plan*
3. Write a Reflection on the Learning Undertaken for the Plan
4. Mark the Learning Plan as Complete

The Learning Plan Progress bar on the right-hand side will show each registrant's progress as they move through these steps for each plan.

*Note: Each linked learning **activity** needs to be marked as complete before a learning **plan** can be marked as complete.

The screenshot shows the 'Learning Plan D-6' interface. On the right side, the 'LEARNING PLAN PROGRESS' section is highlighted with a red circle. It features a progress bar and a list of completion steps: 'Goal and Action Plan Complete', '2 of 2 Activities Linked', '2 of 2 Activities Completed', 'Reflection Written', and 'Marked as Complete'. Below the list is a 'MARK AS COMPLETE' button. The main content area shows the 'GOAL AND ACTION PLAN' section with a description of the goal and a list of activities. The 'ACTIVITIES REQUIRED TO COMPLETE PLAN' section shows two activities, both marked as 'COMPLETE'.

To begin, follow these steps:

- Click on [Edit Goal and Action Plan]
- Describe the goal and action plan (more information or detail about the goal and strategies to accomplish it)
- Click [Save]

The screenshot shows the 'Learning Plan D-6' interface. The 'EDIT GOAL AND ACTION PLAN' button is circled in red. The 'LEARNING PLAN PROGRESS' section on the right shows the same progress bar and completion steps as the previous screenshot. The main content area shows the 'GOAL AND ACTION PLAN' section with a description of the goal and a list of activities. The 'ACTIVITIES REQUIRED TO COMPLETE PLAN' section shows two activities, both marked as 'COMPLETE'. Below the activities, there are two 'IMPORTED' sections, each with '1 CREDITS' and a title: 'Interdental Brushing - Putting Statements into Practice' and 'Oral Rinsing: What Should You Tell Your Clients?'.

c. Required vs. Self-Directed Learning

The QAP Assessment Tool provides feedback on what is measured as the lowest scoring content subcategories; these are automatically identified and included in the Required Learning Plan section. Registrants are required to consider and use this feedback to create learning goals and action plans to improve knowledge in that subcategory. Registrants need to use their professional judgment to develop goals and action plans that are appropriate for their assigned subcategories and their practice context. Required Learning Plans may be audited by the BCCOHP.

Self-Directed Learning Plans are determined and completed by registrants, at their discretion. Registrants may use the Self-Directed Learning section as a planning tool for professional development and ongoing continuing competency. The BCCOHP encourages registrants to develop self-directed learning goals and action plans as part of their ongoing commitment to life-long learning and quality assurance.

It is important to note that any single or “one-off” learning activity that is not related to a Required or Self-Directed Learning Plan may be completed and logged for continuing competency credit at any time during the five-year QAP cycle.

d. Helpful Advice: How to Write a Learning Goal

Goal setting is a powerful technique used by professionals, athletes and successful people in many different fields.

Learning goals and action plans provide a purpose and direction to your professional development and identify the expected results of activities. They heighten performance levels by setting targets and help to determine priorities, get organized and make decisions.

A goal is the description of the end result of which you direct specific effort. In order to write a meaningful goal, it is necessary to have an understanding of your abilities relative to the demands of your professional role.

A helpful guideline is using the SMART goal components:

- **Specific:** detailed enough to clearly define what you are trying to achieve
- **Measurable:** includes criteria so that you will know when it is achieved
- **Action Oriented:** the course of action to achieve the goal is clear
- **Realistic:** practical and achievable – consider what you are willing and able to work towards
- **Timely:** the goal should have a definite deadline and consider the limits of available resources

e. How do I enter my Continuing Competency credits?

Credit for learning activities can be entered by clicking on the “My Activities” tab located on the left side of the screen:

The screenshot shows the 'My Activities' page. On the left sidebar, the 'My Activities' tab is highlighted with a red circle. The main content area displays a grid of completed activities. Each activity card shows a checkmark, the word 'COMPLETE', the number of credits, the activity title, the date and time, and a category tag. The activities listed are: 'Trauma Informed Care - Module 2: What Is Trauma?' (1 credit), '"You Want To Do What to My Child?" Answering Parent's Difficult Questions' (2.5 credits), 'Sweet Tooth Obsession and It's Impact on Oral and Systemic Health' (2.5 credits), 'Cultural Safety and Humility: Transforming Oral Healthcare for' (2.5 credits), 'Cancer Patient Management and the Hesitant Dental Team' (2.5 credits), and 'Trauma Informed Care - Module 1' (1 credit).

Click on the “Add An Activity” button on the top right-hand side of the page.

Tip: There is also an “Add An Activity” button available from the OLP dashboard.

This screenshot is identical to the one above, showing the 'My Activities' page. However, in this version, the 'ADD AN ACTIVITY' button in the top right corner of the main content area is highlighted with a red circle.

Complete the data fields for your activity and click [Save]:

The screenshot shows the 'New Activity' form in the JD system. The left sidebar contains the user profile (JD, Registrant ID# 44444, Dental Hygiene Practitioner (C)) and navigation links (HOME, ONLINE LEARNING PLAN, CALENDAR, PAYMENTS, MESSAGES). The main form area is titled 'CURRENT CYCLE' and 'New Activity'. It contains several input fields: 'ACTIVITY NAME' (New Activity), 'ACTIVITY TYPE' (dropdown), 'PROVIDER/PRESENTER' (text), 'CREDIT AMOUNT' (2), 'LOCATION' (text), 'START DATE' (calendar icon), and 'END DATE' (calendar icon). At the bottom right, there are 'CANCEL' and 'SAVE' buttons, with the 'SAVE' button circled in red. On the right side, there is an 'ACTIVITY OVERVIEW' panel with radio buttons for 'Create activity' and 'Mark as complete', and a 'MARK AS COMPLETE' button.

If the activity entered is for a Required or Self-Directed Learning Plan, click on the “Link A Plan” button to select the learning plan that it corresponds with.

The screenshot shows the 'AAP Dental Hygiene Symposium' activity overview in the JD system. The left sidebar is the same as the previous screenshot. The main form area is titled 'CURRENT CYCLE' and 'AAP Dental Hygiene Symposium'. It contains a table with the following information:

Activity Type	Provider / Presenter
Courses, Lectures, Presentations, Sessions; Seminars	American Academy of Periodontology (Dr. Brian Mealey, Dr. Mia Geisinger, Dr. Kenneth Korman, Nancy Adair)

Location	Credit Amount
N/A	7.5

Start Date and Time	End Date and Time
Oct 27, 2018 at 8:00 AM	Oct 27, 2018 at 4:30 PM

Reminder Message
Disabled

At the bottom, there is a 'LINKED LEARNING PLANS (OPTIONAL)' section with a 'LINK A PLAN' button circled in red. Below this, it states 'There are no Learning Plans linked to this Activity.' On the right side, there is an 'ACTIVITY OVERVIEW' panel with radio buttons for 'Create activity' and 'Mark as complete', and a 'MARK AS COMPLETE' button.

Support documentation can also be uploaded and saved as part of the activity (e.g. handouts, notes taken, certificates of completion). Attachments can be uploaded by opening the file manager to select a file, or by dragging and dropping files directly into the attachment area.

The screenshot shows the 'AAP Dental Hygiene Symposium' activity page. The left sidebar contains a user profile for 'JD' (Registrant ID# 44444, Dental Hygiene Practitioner (C)) and navigation links for HOME, ONLINE LEARNING PLAN, CALENDAR, PAYMENTS, and MESSAGES. The main content area is titled 'CURRENT CYCLE' and 'AAP Dental Hygiene Symposium In Progress'. It features an 'ACTIVITY OVERVIEW' section with details: Activity Type (Courses, Lectures, Presentations, Sessions, Seminars), Provider / Presenter (American Academy of Periodontology), Location (N/A), Credit Amount (7.5), Start Date and Time (Oct 27, 2018 at 8:00 AM), End Date and Time (Oct 27, 2018 at 4:30 PM), and Reminder Message (Disabled). Below this is a 'LINKED LEARNING PLANS (OPTIONAL)' section with a 'LINK A PLAN' button. The 'ATTACHMENTS (OPTIONAL)' section is circled in red and contains a reminder to keep copies of documentation and a dashed box with an upload icon and the text 'Click to choose a file or drag it here.' On the right, a dark sidebar shows 'ACTIVITY OVERVIEW' with 'Create activity' and 'Mark as complete' options, and a 'MARK AS COMPLETE' button.

Once the activity has been entered and saved, do not forget to “Mark As Complete”. This will ensure that the number of credits claimed will be added to the credit tracker that is shown on the registrant’s homepage and OLP dashboard.

This screenshot shows the same activity page as the previous one, but with the 'MARK AS COMPLETE' button in the right sidebar circled in red. The 'ATTACHMENTS' section is no longer visible. The 'ACTIVITY OVERVIEW' section on the right now shows 'Create activity' as a checked option and 'Mark as complete' as an unchecked option. The 'MARK AS COMPLETE' button is highlighted with a red circle.

f. How do I log my credits for the QAP Modules?

Logging credits for completion of the QAP Modules follows the same process for logging Continuing Competency credits, as outlined in section “e” on page 54.

To add a specific QAP Module and log these credits, click “Add an Activity” from either the OLP dashboard or the My Activities section and you will be prompted to enter a new activity.

Add the information in the required fields on the New Activity page and select the corresponding module name from the “Activity Type” dropdown menu.

CURRENT CYCLE

New Activity

ACTIVITIES REQUIRED TO COMPLETE PLAN

ACTIVITY NAME *

New Activity

ACTIVITY TYPE *

Assessment Tool/Board Exam Preparation
Authorship/publication (textbook chapter, peer-reviewed article or original research)
Basic Computer Skills
BCCOHP Jurisprudence Education Module
BCCOHP Local Anaesthetic Module (for registrants with current LA Certification)
BCDHA Modules
Committee Membership, Mentor, Assessor, Investigator
Courses, Lectures, Presentations, Sessions, Seminars
Dental Hygiene Conferences (exhibit hall only)
Directed Study/Mentoring Recipient
Imported
Indigenous Anti-Racism, Cultural Safety & Humility Learning
Involvement in a BCCOHP organized initiative
Other Formal University or College Education
Other Learning Activity...
Post Diploma Dental Hygiene Education
Primary/Secondary Research
Published Book Review/Non-peer-reviewed Publication
Reading (textbook chapter or journal article)

ACTIVITY OVERVIEW

- Create activity
- Mark as complete

MARK AS COMPLETE

Once all required information has been entered, please remember to hit “Save” prior to leaving the page to ensure no data will be lost.

Please note: the module will not show on the OLP Progress page until the “Mark As Complete” has been selected.

ACTIVITIES REQUIRED TO COMPLETE PLAN

ACTIVITY NAME *

A Clinical Perspective on Coronavirus and Important Infectio...

ACTIVITY TYPE *

Courses, Lectures, Presentations, Sessions, Seminars

PROVIDER/PRESENTER

Hu Freidy: Dr. Hudson Garrett Jr.

CREDIT AMOUNT * ● How many can I assign?

1

LOCATION

Online Webinar

START DATE *

March 12, 2020 10:30 am

END DATE *

March 12, 2020 11:30 am

REMINDER ALERTS

☐ OFF

Sends reminder alerts one week and then one day prior to the event start.

ACTIVITY OVERVIEW

- Create activity
- Mark as complete

MARK AS COMPLETE

DELETE **CANCEL** **SAVE**

Comprehensive information on the Learning Activity and Credit Framework for Continuing Competency can be found in Part 5 of this Guide. An abridged version of the Framework can also be accessed on the BCCOHP website by going to the OLP Help & Resources section at following link: <https://oralhealthbc.ca/wp-content/uploads/2022/08/02.01.05-CC-Credit-Framework.pdf>

Registrants should seek learning activities that are appropriate for their learning goals and action plans, and can contact BCCOHP if there are questions regarding credits for activities not specifically outlined in the current guidelines and Framework.

g. What if I need help?

There are many resources available to support registrants with the process of using the OLP. Registrants can use the Messages section of the Registrant Intranet to contact the BCCOHP office with questions.

Registrants can also click on the Help & Resources tab from any of the OLP screens to access a collection of support resources, including tutorial videos that walk through the use of the Registrant Intranet and OLP in a stepwise manner. The videos available are:

[Video #1 – Registrant Intranet Home and Profile](#)

[Video #2 – Online Learning Plan Dashboard](#)

[Video #3 – Learning Plans](#)

[Video #4 – Adding an Activity](#)

[Video #5 – Calendar, Payments, and Messages](#)

[Video #6 – Tips and Tricks](#)

The screenshot displays the 'My Online Learning Plan (2022 - 2026)' dashboard. On the left, a sidebar menu includes 'HOME', 'ONLINE LEARNING PLAN' (expanded), 'CALENDAR', 'PAYMENTS', and 'MESSAGES'. The 'ONLINE LEARNING PLAN' section contains links to 'My Plans', 'My Activities', 'My Modules & Training', 'My QAP Assessment Results', and 'Help & Resources' (circled in red). A red arrow points to the 'MESSAGES' link. The main content area shows the 'CURRENT CYCLE' status, a progress bar, and a large circular gauge indicating '18 OUT OF 75 CREDITS COMPLETE'. The gauge is partially filled with green. Below the gauge, a list of modules and training items is shown, including 'Jurisprudence Education Module' and 'Local Anaesthetic (LA) Module'. The 'MESSAGES' link in the sidebar is highlighted with a red arrow.

h. QAP Content Subcategories Expanded Definitions

The following expanded definitions for the BCCOHP Content Subcategories are meant as a guide when developing the Online Learning Plan. The Content Subcategories are the basic sciences and dental hygiene theory that guide the Assessment, Diagnosis, Planning, Implementation and Evaluation (ADPIE) Process of Dental Hygiene Care. As with any knowledge areas, there is overlap to be expected among the various subcategories.

A. Biological Sciences

A1 – General & oral microbiology/infection control

This includes an understanding of the relationship between oral and general health, oral microbes involved in oral health and disease (e.g., normal oral microflora, dental biofilm, bacteria associated with caries and gingival/periodontal diseases, oral fungal and viral infections), equipment maintenance, immunology, and the initiation/progression of disease.

This also includes prevention of disease transmission and management of exposure to infectious diseases, in the dental hygiene practice setting as outlined in:

- BCCOHP Infection Prevention and Control (IPAC) Guidelines,
- Related BCCOHP Interpretation Guidelines such as:
 - o Antibiotic Premedication (Cardiac Conditions)
 - o Dental Hygienists Infected with Bloodborne Pathogens: Standards for Reporting and Guidance for Prevention of Transmission of Infection
 - o Treatment of Clients with Orthopaedic Joint Replacement
- BC Centre for Disease Control guidelines (e.g. Blood and Body Fluid Exposure Management)
- WHMIS from WorkSafe BC
- Best practice standards

A2 – Biochemistry/nutrition/diet counseling

This includes an understanding of cellular biochemistry and the function of the six major classes of nutrients, as related to growth and development, and oral health/diseases. This also includes nutritional assessment, dietary modifications, and education to attain optimal oral health.

Nutritional directives, as part of the dental hygiene ADPIE process, involve the knowledge to assess eating patterns and nutrients that have a direct impact on oral disease and healing of oral tissues. This also includes providing education that is client-centered and incorporates cultural, economic and psychosocial needs.

B. Social Sciences

B1 – Psychology/sociology

This includes an understanding of individual human behaviours and how individual understanding influences compliance with care and health/oral health outcomes. This also includes factors that may impact compliance with prevention strategies or act as barriers to improved oral health (e.g., race, gender, dental anxiety, social determinants of health), and factors that influence client change (e.g. client/health care professional relationship, oral health literacy, support systems and treatment needs). This would include incorporating knowledge of trauma-informed care, cultural competency, and indigenous cultural safety into practice.

B2 – Communication principles/behaviour management strategies

This includes principles of effective and professional verbal and non-verbal communication in a one-on-one basis and in group settings. It also includes principles of effective written communication. Behaviour management strategies include principles of change such as various behavioural change theories that can be implemented in the different areas of dental hygiene practice (e.g., client's values and beliefs, hierarchy of needs, trans-theoretical model, client's cognitive, affective, and psychomotor learning domains, motivational interviewing).

C. Dental Sciences

C1 – Head, neck, oral and dental anatomy

This includes the basic dental science subject areas focused on the structures of the head, neck, and orofacial complex of the human body, including bone, TMJ, blood vessels, nerves, glands, nose, mouth, teeth, tongue, and throat. This also includes the assessments associated with the head, neck, oral, and dentition (including caries risk) as part of the client's record of care to facilitate referral and care planning needs.

C2 – General & oral embryology, histology

This includes an understanding of the formation and development of the oral and oro-facial structures, characteristics and composition of dental tissues, and the function of the oral/orofacial tissues. This also includes the ability to recognize and document structural deviations from normal, to facilitate referral and care planning needs.

C3 – Radiography knowledge, interpretation

This includes an understanding of radiation emission and propagation, quality assurance, radiographic equipment, safety, radiographic techniques, legislation related to radiography (e.g., Health Canada Safety Code 30, BC CDC Dental Fact Sheet etc.), and the evaluation and interpretation of radiographic

findings (both digital and conventional film exposures) as they relate to dental hygiene practice.

The dental hygienist is expected to identify normal dental/oral anatomy and dental materials and interpret radiographic findings that fall within the Dental Hygiene Scope of Practice. This category also includes the documentation of radiographic findings and referral needs as well as sharing the findings with the client.

C4 – General & oral pathology

This includes mechanisms of injury to cells and tissues, as well as the body's means of responding to and repairing injury. Areas of study include cellular adaptation to injury, necrosis, inflammation, wound healing, and neoplasia. Oral pathology deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It includes, but is not limited to, red & white lesions, lesions of the bone, neoplastic and non-neoplastic lesions, developmental disorders, and oral manifestations of systemic diseases.

This category also includes the vocabulary associated with describing the clinical appearance of lesions for documentation and follow-up/evaluation purposes, and considerations and/or modifications to dental hygiene care including any referral needs. Risk assessment and screening for oral and pharyngeal cancer are encompassed within this category.

C5 – Dental materials

This includes an understanding of the physical properties, handling, storage and disposal of dental material(s) involved in dental hygiene practice, as well as their relationship to the oral environment (e.g., biocompatibility, biomechanics, moisture, acid levels, retention, galvanism, forces).

This category also includes knowledge of therapeutic and restorative agents (e.g., ZOE, GIC, resin composite, porcelain, metal alloys), as well as considerations for planning dental hygiene care (e.g., sport mouth-guards, whitening trays, pit and fissure sealants, dental implants, margination, finishing and polishing restorations, fixed and removable prosthesis).

D. Dental Hygiene Clinical Practice

D1 – Health assessment/pharmacology (prescribed and non-prescribed)

This includes all areas pertinent to the assessment of a client's overall general health including emotional and social health. The health history should incorporate information on both past and present oral/dental disease and wellness, along with previous systemic disease and/or conditions. This is completed through a comprehensive health history and medication review

that would be updated at each appointment.

A medication review includes compiling a list of medications including prescriptions, over-the-counter drugs, vitamins, nutritional supplements, and herbal remedies. Knowledge of pharmacology includes the understanding of drug interactions and documenting the specific condition and/or disease a medication is being taken for, along with the dose/ frequency schedule.

This will assist in preparing a comprehensive and client-centered care plan that incorporates contraindications, modifications, and/or considerations for care including consultation and referral needs. This also includes up-to-date knowledge on prophylactic antibiotic requirements and regimens as well as planning needs based on assessing vital signs.

D2 – Periodontology (including assessment, diagnosis)

This includes the study of hard and soft structures of the periodontium in states of health and disease. Clinical knowledge incorporates risk assessment of periodontal health and disease as well as assessing any systemic disease risk factors along with the oral hygiene assessment.

A comprehensive periodontal assessment (e.g., periodontal probing, loss of attachment, gingival and deposit indices, bleeding on probing, furcation involvement, mobility, bacteria culturing etc.) and consolidation of this information will contribute to the dental hygiene diagnosis (DHD) and ultimately guide dental hygiene-specific interventions related to periodontal disease. Also included in this category are the evaluation and referral strategies for all types of periodontal diseases (as outlined in the AAP Classification of Periodontal and Peri-implant Disease and Conditions 2017).

D3 – Non-surgical dental hygiene therapy including instrumentation (hand and powered) and ergonomics

This encompasses the prevention and maintenance strategies to maintain a healthy periodontium and incorporates implementation strategies in the area of nonsurgical dental hygiene therapy and more specifically, the use of hand and powered instrumentation. It also incorporates the implementation of effective ergonomic principles during the implementation phase of non-surgical periodontal therapy.

This category encompasses the ADPIE process for client's needs throughout the lifespan (early childhood to elderly adult) as well as clients with orthodontics, dental implants, and fixed and removable prostheses.

D4 – Care of special needs population

This includes the assessment, planning, implementation, and evaluation of dental hygiene care with special needs

populations, including but not limited to clients with medically-compromising conditions, developmental disorders, mental health conditions, and physical disabilities. This also includes consultation and referral needs along with any modifications required for dental hygiene care.

D5 – Pain management & control

This includes an understanding of the anatomy associated with oral local anesthetic (LA) injection techniques, planning pain management strategies and the administration of local and topical Anesthetic. This also includes preventing negative outcomes related to oral LA administration, an understanding of LA drugs, knowledge of the prevention and management of local and systemic complications associated with the administration of LA, determining safety related to maximum doses, and documentation in compliance with the BCCOHP Practice Standards.

D6 – Primary prevention strategies including oral self-care

This includes the determination of the need to plan for appropriate primary prevention strategies for all clients, including but not limited to oral self-care strategies, dental caries management, and dentin hypersensitivity management, in order to achieve better oral and overall general health.

D7 – Emergency prevention & interventions

This includes the assessment of situations that could lead to medical or dental emergencies, with a focus on prevention preparation and management of the most common medical and dental emergencies (e.g., syncope, heart failure, bacteremia, hypotension, hypertension, diabetes complications, aspiration of a foreign object, respiratory distress, asthma, seizures, adrenal crisis).

This may include situations when a physician consult may be needed prior to the provision of care (e.g. to determine a client's INR status or blood glucose stability) in order to reduce the risk of an emergency.

E. Community

E1 – Public health practice, including programming & client advocacy

This category includes an understanding of how dental public health aims to prevent and control oral disease for a community, strategies used for improving oral health for diverse populations through community-based oral health practice, program development, and outcomes assessment. This also includes the role and process of advocacy on an individual basis and in a larger arena (e.g., municipal, provincial, national) to contribute to public policy for health/oral health promotion.

E2 – Health promotion and wellness strategies

This includes the determination of situations that require

education or planning of strategies in the areas of oral health and wellness for individuals and populations. This may include, but is not limited to, interventions and education related to: stress management, tobacco cessation counseling, oral cancer prevention and self-monitoring strategies, and oral/dental injury prevention and education (e.g., sport mouthguards/helmets). Learning and teaching principles and strategies are included in this category.

E3 – Research/epidemiology/statistics

This includes an understanding of evidence-based practice and the application of epidemiology in practice. Epidemiology encompasses the study of health and disease as they impact populations and factors that influence these stages of health and/or disease in order to manage and guide strategies to promote health.

This category also includes an understanding of research methodology and statistical analysis, as well as critical evaluation of research. This includes an understanding of research design and the ability to use a search engine to answer practice-related questions by searching, analyzing, and consolidating credible, current, and peer-reviewed research.

F. Professional Issues

F1 – Ethics & jurisprudence (including legislation, regulation, QA, documentation)

This includes areas pertaining to the practice of dental hygiene according to the published professional standards and the principles of ethical decision making (e.g., *Health Professions Act*, *Dental Hygienists Regulation* and *BCCOHP Bylaws*, *Scope of Practice*, *Practice Standards*, *Code of Ethics*, documentation requirements). This also includes an understanding and ability to problem solve ethical dilemmas.

This category encompasses professionalism as required of a dental hygienist including but not limited to accountability, integrity and responsibility. Also included is the responsibility to consistently apply documentation standards to the client's legal record in both electronic and paper formats as outlined in the BCCOHP Practice Standards.

F2 – Collaborative relationships/ referrals/ administration/practice management

This includes an understanding of developing collaborative relationships with clients and other health professionals to ensure safe, competent, and ethical dental hygiene professional care is provided, and incorporates initiating appropriate referral pathways. This also includes administration and practice management related to conflict resolution, client records and confidentiality according to governing regulations (e.g., *PIPA*), and time management.

3. Helpful Resources

a. Tips for Setting SMART Learning Goals and Action Plans

Tips for setting SMART Learning Goals and Action Plans			Examples
Specific	<p>Create learning goals and plans that are specific and clear.</p> <p>Make them detailed enough to clearly define what you are trying to achieve.</p>	<p>What do I want to achieve?</p> <p>What specific knowledge or skill do I need?</p>	<p>LEARNING GOAL & PLAN:</p> <p>By June 2024, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA. To support this goal, I will:</p> <ol style="list-style-type: none"> 1. Undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's <i>Dental Hygiene Theory and Practice</i>. This action will be undertaken immediately and completed by April 2024. 2. Speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2024. 3. Promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June 2024.
Measurable	<p>Establish tangible criteria so that you will know when you have achieved each goal and action plan strategy.</p>	<p>How much?</p> <p>How often?</p> <p>How many?</p> <p>How will I demonstrate that I have accomplished the goal?</p>	<p>LEARNING GOAL & PLAN:</p> <p>By June 2024, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA. To support this goal, I will:</p> <ol style="list-style-type: none"> 1. Undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's <i>Dental Hygiene Theory and Practice</i>. This action will be undertaken immediately and completed by April 2024. 2. Speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2024. 3. Promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June 2024. <p>Note: <i>This could be measured through an internal chart audit process in the dental office.</i></p>
Action Oriented	<p>Stating the desired outcome of each goal and action item makes them clearer and more understandable. It also increases motivation.</p>	<p>What is the ultimate outcome I want?</p> <p>How will achieving my goal improve my practice?</p>	<p>LEARNING GOAL & PLAN:</p> <p>By June 2024, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA. To support this goal, I will:</p> <ol style="list-style-type: none"> 1. Undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's <i>Dental Hygiene Theory and Practice</i>. This action will be undertaken immediately and completed by April 2024. 2. Speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and

			<p>anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2023.</p> <p>Promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June 2024.</p>
Realistic	<p>Make sure the goals and action items you set are attainable and reasonable, including the cost and time required to complete each action item. Consider whether the goal and associated action plan is substantial enough to meet your learning requirements.</p>	<p>Is it attainable? What can I do to make it realistic?</p> <p>Have I selected appropriate educational strategies to help me achieve my learning goals?</p>	<p>LEARNING GOAL & PLAN:</p> <p>By June 2024, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA. To support this goal, I will:</p> <ol style="list-style-type: none"> 1. Undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's <i>Dental Hygiene Theory and Practice</i>. This action will be undertaken immediately and completed by April 2024. 2. Speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2024. 3. Promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June 2024. <p>Note: This learning goal is realistic and represents an important and necessary practice requirement as specified by the BCCOHP Dental Hygienist Practice Standards in order to practice safety and protect the public. By creating a step-by-step process within the action plan, the registrant will be able to realistically meet this learning goal by the timeline that has been specified.</p>
Timely	<p>Simply deciding when you want to achieve something can be a good motivator. Time must be measurable, attainable and realistic.</p>	<p>When will I achieve this? Have I established realistic deadlines to achieve my goals and plan items?</p>	<p>LEARNING GOAL & PLAN:</p> <p>By June 2024, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA. To support this goal, I will:</p> <ol style="list-style-type: none"> 1. Undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's <i>Dental Hygiene Theory and Practice</i>. This action will be undertaken immediately and completed by April 2024. 2. Speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2024. 3. Promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June 2024.

b. Learning Goal and Action Plan Examples

Practice Area identified in need of improvement	Dental Hygiene Content Categories	Learning Goal	Plan to Support the Goals	
I need to incorporate blood pressure readings into my practice, at a minimum at baseline with high-risk clients	D1. Dental hygiene clinical practice – health assessment/ pharmacology and emergency prevention	By June 2024, I will improve my practice by taking vital signs (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high-risk patients, especially when planning to administer LA.	1.	I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh's Dental Hygiene Theory and Practice (5 th ed.). This action will be undertaken immediately and completed by April 2024.
			2.	I will speak with my office about purchasing a blood pressure cuff, so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May 2024.
			3.	I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist immediately.
I need to ensure full baseline probing depths are taken and recorded for all the clients in my care.	F1. Professional issues – documentation Dental hygiene clinical practice – periodontology	By May 2024, I will perform, accurately assess and record each client's baseline probing depths in order to inform an accurate dental hygiene diagnosis.	1.	I will review the BCCOHP Dental Hygienist Practice Standard #3 (assess the client's needs). I will also complete the BCCOHP Dental Hygienists Jurisprudence Education Module via the website link. This action will be undertaken beginning in April and will be fully implemented into my practice by May 2024.
			2.	I will review the chapter on periodontal assessment in Darby and Walsh's Dental Hygiene Theory and Practice (5 th ed.) to evaluate what the current research indicates is best practice in measuring periodontal pockets for different clients. This action will be undertaken beginning in April and will be fully implemented into my practice by May 2024.
I need to include caries risk information/ education in my dental hygiene plan for clients with high caries risk	D6. Dental hygiene clinical practice – prevention strategies	By September, 2024, I will learn to incorporate education on caries risk reduction and prevention in the treatment planning for those identified as having a high caries risk and ensure education is provided.	1.	Using PubMed, I will conduct a literature review on the current evidence regarding the best prevention strategies for clients with high caries risk. This action will involve locating, reading, and classifying each article by research category and level of evidence, to be undertaken beginning in May 2024 and completed by June.
			2.	I will prepare relevant notes of my findings on effective caries risk prevention strategies by July that I can reference in practice.
			3.	Using information gathered from #1 and #2, I will prepare a resource folder of information to have on hand in my DH practice by August.
			4.	I will complete an online webinar module by September 2024 on how to incorporate client education more effectively into the dental hygiene plan.


Practice Area identified in need of improvement	Dental Hygiene Content Categories	Learning Goal	Action Plan to Support the Goals	
I need to re-certify for CPR-BLS	D7. Dental hygiene clinical practice – emergency prevention and interventions	I will recertify for CPR BLS every year beginning in September 2023 to ensure currency of the certificate as well as my knowledge, appropriate skills.	1.	I will attend a CPR refresher course and obtain my recertification for CPR (Basic Life Support) by September 2023 and make a note in my calendar to retake course every year.
I need to be more knowledgeable on the current research findings on oral-systemic health and incorporate this into my daily practice	E3. Community - research	By November 2025, I will be able to share with my clients a summary of findings from the latest research on the mouth-body health connection research.	1. 2. 3.	1. I will attend a CE course (TBA) on the oral systemic connection by January 2025. 2. Based on #1, I will locate and read published research on the oral-systemic link with diabetes, osteoporosis, aspiration pneumonia, and cardiovascular disease by April 2025. 3. I will analyze and evaluate published journal articles on the oral-systemic link and use this information to create a fact sheet for my clients that cites current research findings in plain language by November 2025.
I need to learn more about Alzheimer's Disease and how best to treat clients with this condition	E2. Community - public health practice related to client advocacy, health promotion and wellness strategies	By July 2024, I will be able to confidently discuss the impact of Alzheimer's Disease on an individual's oral health and overall health and wellness and share helpful strategies for daily mouth care and professional dental hygiene and dental treatment to clients and their families.	1. 2. 3. 4.	1. I will review and take notes on chapters that contain information about Alzheimer's disease in the textbook by Little et al. (2018) entitled "Dental management for the Medically Compromised Patient (9 th ed.)" by January 2024. 2. I will attend the Special Care conference session on "Alzheimer's disease and oral health care" in March 2024. 3. I will conduct a search for current resources, including journal publications (2018-2023), online fact sheets, and videos and create a list of resources to assist my clients and their families by June 2024. Information gathered will also be added to my DH practice reference binder. 4. I will create a "helpful oral health tips" fact sheet for family members of individuals with Alzheimer's Disease by July 2024 using Microsoft Publisher and the information I have gathered upon achievement of learning strategies 1-3.

Practice Area identified in need of improvement	Dental Hygiene Content Categories	Learning goal	Action Plan to Support the Goal	
I need to review dental hygiene considerations for clients with dental implants	D3. Dental hygiene clinical practice - non-surgical dental hygiene therapy	By July 2024, I will create and incorporate into my dental office practice a dental implant protocol which will include guidelines for radiography, non-surgical dental hygiene therapy, referrals, and recommendations for daily oral hygiene.	1.	By April 2024, I will review pertinent information in the textbook's: Newman et al. (2012) "Carranza's Clinical Periodontology (11 th ed.) and Chapter 31 of Darby and Walsh's Dental Hygiene Theory and Practice (5 th ed.)" to understand implant disease, referral needs and radiographic recommendations.
			2.	I will attend the "dental implant" course at the Pacific Dental Conference held in March 2024 and take detailed notes.
			3.	I will review the 5th edition of Nield-Gehrig (2020) textbook: "Foundations of Periodontics for the Dental Hygienist" on implant instrumentation by June 1, 2024.
			4.	I will research dental instrument company booths at the PDC in March 2024 to evaluate available implant scalers and order them for my practice.
			5.	I will create a dental hygiene protocol for treating clients with dental implants and share this with all staff in my office by July 2024.

c. OLP Sample #1 – Learning Plan & Activity Entries

D7: Emergency Prevention & Interventions

This goal and action plan was created to address a Required Learning Plan (RLP) for category D7: Emergency Prevention & Interventions, based on feedback from the QAP Assessment Tool. In this example, the registrant completed two learning activities and submitted one reflection that included how the learning was applied to their practice.



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CURRENT CYCLE

Learning Plan D-7

Emergency Prevention & Interventions

[ACTIVITIES REQUIRED TO COMPLETE PLAN 1](#) [EDIT GOAL AND ACTION PLAN](#)

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GOAL AND ACTION PLAN

By May 2019 I will review medical emergencies commonly encountered in dental offices so that my knowledge of emergency scenarios and response protocols is up to date, and to feel confident and prepared to respond if/when an emergency arises. To support this goal, I will:

- 1) Attend a course on medical emergency management at the Pacific Dental Conference (March 2019);
- 2) Complete an online course on common medical emergencies encountered in dental practices by April 30, 2019

LINKED ACTIVITIES

[LINK AN ACTIVITY](#)

<div><div>✓ COMPLETE</div><div>COURSES, LECTURES, PRESENTATIONS, SESSIONS, SEMINARS</div><div>Emergency Medicine: Sudden Cardiac Arrest and AED's</div><div>Mar 8, 2019 8:30 AM → Mar 8, 2019 11:30 PM</div><div>D7: Emergency Prevention & Interventions</div></div> <div><div>✓ COMPLETE</div><div>COURSES, LECTURES, PRESENTATIONS, SESSIONS, SEMINARS</div><div>Managing Adult Medical Emergencies in the Dental Office</div><div>April 13, 2019 9:00 AM → April 13, 2019 1:00 PM</div><div>D7: Emergency Prevention & Interventions</div></div>
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REFLECT ON YOUR OVERALL COMPLETION OF THIS LEARNING PLAN

[EDIT REFLECTION](#)

Reflect on the learning you completed for this Required Learning Plan overall. What are your thoughts or feelings about what you learned or have taken away? How has this learning been incorporated into your practice (or how will it be incorporated)?

Dr. Malamed's presentation reviewed 7 critical contents for dental office emergency kits (epinephrine, injectable histamine blocker (e.g. diphenhydramine/Benadryl), bronchodilator, nitroglycerin, sugar source, aspirin, and oxygen). This was a helpful recap as I was able to confirm with our Office Manager that our contents are up to date.

He highlighted the importance of rapid access to an AED to re-start the heart rhythm in the event of cardiac arrest while the heart is in the phases of V-tach or V-fib. The course also included impactful videos highlighting the need to be aware of the status of those around us in our work environments and how key it is to have an emergency plan in place for who is doing what during an emergency response, and when.

The online course provided a good review of the symptoms and underlying causes of 15 types of medical emergencies that can be encountered in practice. Reviewing the steps to be immediately taken has helped me feel more confident responding as part of my office's team. It was also useful to review the signs of recovery or deterioration so that can be reported if the patient requires hand off to paramedics.

Since these two courses the team in my office has conducted practice drills for medical emergency responses and we have scheduled future drills for staff meetings regularly.

LEARNING PLAN PROGRESS

- ✓ Goal and Action Plan Complete
- ✓ 2 of 2 Activities Linked
- ✓ 2 of 2 Activities Completed
- ✓ Reflection Written
- ✓ Marked as Complete

Learning Activity #1 for Sample Learning Plan #1:



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Emergency Medicine: Sudden Cardiac Arrest and AED's

Complete

ACTIVITY OVERVIEW [EDIT](#)

Activity Type: Courses, Lectures, Presentations, Sessions, Seminars	Provider/Presenter: Dr. Stanley Malamed
Location: Vancouver – Pacific Dental Conference	Credit Amount: 3
Start Date and Time: Mar 8, 2019 at 8:30am	End Date and Time: Mar 8, 2019 at 11:30am

LINKED LEARNING PLANS (OPTIONAL) [LINK A PLAN](#)

D7: Emergency Prevention & Interventions [UNLINK FROM PLAN](#)

Emergency Prevention & Interventions

ATTACHMENTS (OPTIONAL)

Click to choose a file or drag it here

[Notes Dr. Malamed Med Emerg Presentation Mar 2019.docx \(11.8KB\)](#) X

LEARNING PLAN PROGRESS

- ✓ Create Activity
- ✓ Mark as Complete

Learning Activity #2 for Sample Learning Plan #1:



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Managing Adult Medical Emergencies in the Dental Office

Complete

ACTIVITY OVERVIEW [EDIT](#)

Activity Type: Courses, Lectures, Presentations, Sessions, Seminars	Provider/Presenter: Dr. Palma Freyding (DDS), Dr. Fady Faddoul (DDS) via Crest/Oral-B Continuing Education
Location: Online Course (dentalcare.com)	Credit Amount: 4
Start Date and Time: Apr 13, 2019 at 9:00am	End Date and Time: Apr 13, 2019 at 1:00pm

LINKED LEARNING PLANS (OPTIONAL) [LINK A PLAN](#)

D7: Emergency Prevention & Interventions [UNLINK FROM PLAN](#)

Emergency Prevention & Interventions

ATTACHMENTS (OPTIONAL)

Click to choose a file or drag it here

[Managing Adult Med Emerg in Dent Office Comp Certificate J Doe Apr 2019](#) X


LEARNING PLAN PROGRESS

- ✓ Create Activity
- ✓ Mark as Complete

d. OLP Sample #2 – Learning Plan & Activity Entries

D2: Periodontology (including assessment, diagnosis)

This goal and action plan was created to address a Required Learning Plan (RLP) for category D2: Periodontology, based on feedback from the QAP Assessment Tool. In this example, the registrant completed two learning activities – reading a journal article and attending a full day dental hygiene symposium. Given that a reflection on learning must be submitted to support credit claimed for reading journal articles, the registrant submitted one reflection for the journal article read and a separate reflection for key areas of learning taken away from completion of this learning plan overall.



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Dental Hygiene Practitioner (C)
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Learning Plan D-2

Periodontology (including assessment, diagnosis)

ACTIVITIES REQUIRED TO COMPLETE PLAN ⓘ [EDIT GOAL AND ACTION PLAN](#)

2 of 2

GOAL AND ACTION PLAN

By the end of 2018 I will update my knowledge of the relationship between periodontitis and systemic health interactions, and learn about the American Academy of Periodontology's (AAP's) new 2018 classification system for periodontal diseases.

To support this goal, I will:

- 1) Read the journal article overview (Caton et al.) published in the Journal of Periodontology as an orientation to the new classification system. I will complete this by September 30, 2018.
- 2) Attend the AAP's Dental Hygiene Symposium in October 2018 and take detailed notes.

LINKED ACTIVITIES

✓ COMPLETE ⓘ

READING (TEXTBOOK CHAPTER OR JOURNAL ARTICLE) 1 CREDITS

A New Classification Scheme for Periodontal and Peri-Implant Diseases and Conditions - Introduction and Key Changes from the 1999 Classification

Sep 25, 2018 6:00 PM → Sep 25, 2018 7:00 PM

[Learning Plan D-2](#)

✓ COMPLETE ⓘ

COURSES, LECTURES, PRESENTATIONS, SESSIONS, SEMINARS 7.5 CREDITS

AAP Dental Hygiene Symposium

Oct 27, 2018 8:30 AM → Oct 27, 2018 5:00 PM

[Learning Plan D-2](#)

REFLECT ON YOUR OVERALL COMPLETION OF THIS LEARNING PLAN [EDIT REFLECTION](#)

The activities that I completed for this learning plan provided me with a refresher of periodontal-systemic health interactions (e.g., perio and rheumatoid arthritis, obesity, diabetes, cardiovascular disease etc.), as well as an opportunity to learn about the AAP's new 2018 classification system for periodontal and peri-implant diseases.

I feel better prepared to discuss the bi-directional relationship between diabetes and periodontitis with clients. I now have a better understanding of the mechanisms at play in this relationship (e.g., increased gingival crevicular fluid glucose concentrations, altered bacterial compositions, vascular changes, decreased function of neutrophils, increased activity of macrophages, impaired collagen metabolism). Knowing that glycemic control is the key factor in this bi-directional relationship, I have started to obtain the most recent A1c results for my clients with diabetes, to assess for stability and plan for any modifications for dental hygiene care including further follow-up with other health professionals.

My thinking about obesity has also shifted since learning that adipose tissue secretes a number of pro-inflammatory mediators that can have an effect on all body organs and tissues and therefore, clients presenting with obesity should be considered potentially 'hyperinflammatory'. Since hearing this, I have started to be more proactive in closely monitoring the periodontal condition of my clients with obesity, and planning treatment accordingly in order to achieve and maintain optimal periodontal health.

Lastly, the Dental Hygiene Symposium helped to reinforce what I had learned in Caton et al.'s article about the AAP's new 2018 classification system, and the examples presented at the symposium helped consolidate my understanding of the new staging and grading components for periodontitis. I now have a copy of the [AAP's Staging and Grading](#) chart in my operator and have started to show this reference to periodontal clients when explaining their periodontal condition. In a staff meeting in November (2018) our team all agreed to use the new classification system, and this is allowing us to communicate effectively within our general practice and with the periodontists we refer clients to.

LEARNING PLAN PROGRESS

✓ Goal and Action Plan Complete

✓ 2 of 2 Activities Linked


✓ 2 of 2 Activities Completed

✓ Reflection Written

✓ Marked as Complete

[LINK AN ACTIVITY](#)

Learning Activity #1 for Sample Learning Plan #2:



Registrant ID# 4444
Dental Hygiene Practitioner (C)
[VIEW PROFILE >](#)

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CURRENT CYCLE

A New Classification Scheme for Periodontal and Peri-Implant Diseases and Conditions – Introduction and Key Changes from the 1999 Classification Complete

ACTIVITY OVERVIEW [EDIT](#)

Activity Type: Reading (textbook chapter or journal article)	Provider/Presenter: J. Caton, G. Armitage, T. Berglundh et al.
Location: Journal of Periodontology 2018; 89 (Supp 1): S1-8	Credit Amount: 1
Start Date and Time: Sept 25, 2018 at 6:00pm	End Date and Time: Sept 25, 2018 at 8:00pm

REFLECT [EDIT REFLECTION](#)

Reflection: Briefly describe key points taken away from this learning activity. What are your thoughts or feelings about what you learned? How has this learning been incorporated into your practice (or how will it be incorporated)?

This article provided me with a detailed overview of the AAP's new 2017 classification system for periodontal diseases. I learned that while categories for periodontitis as a manifestation of systemic disease and necrotizing form of periodontitis continue to exist in the new system, the former categories of chronic and aggressive periodontitis have been grouped and simply fall under the "periodontitis" category.

I also learned about the new staging and grading components for periodontitis in the new system. I understand that staging reflects the current disease severity and complexity of management, and ranges from stage I (initial perio) to IV (severe perio with potential for loss of the dentition). Grading encompasses the risk of disease progression (grade A = slow rate, grade B = moderate rate, grade C = rapid rate of progression) and considers a client's general health factors such as smoking status and metabolic control in diabetes. The staging and grading components initially seemed complex, but I've re-read the article and taken notes to improve and reinforce my familiarity with them. I think that learning more about the new system at the upcoming AAP Dental Hygiene Symposium will help to further increase my comfort with this transition, and start to use the new classifications in my practice.


This article reinforced the need to complete full mouth probing on my clients regularly, which I have now started to do instead of just spot probing. Lastly, it reminded me of the need to maintain and closely monitor my clients who have been successfully treated for perio (e.g., stable cases now presenting with gingival health) due to the risk of disease recurrence. I used to just say that I would see these clients at their next appointment and did not share why the appointment was necessary. I now make sure that I educate them about their AAP classification, the risk of disease recurrence, and the need for maintenance at specific intervals.


LINKED LEARNING PLANS (OPTIONAL) [LINK A PLAN](#)

Learning Plan D-2: [UNLINK FROM PLAN](#)



Periodontology (including assessment, diagnosis)

ATTACHMENTS (OPTIONAL)

 Click to choose a file or drag it here

 Notes Caton et al Article New 2018 AAP Perio Classification Scheme.docx (11.8KB)

LEARNING PLAN PROGRESS

-  Create Activity
-  Mark as Complete

Learning Activity #2 for Sample Learning Plan #2:

JD

Registrant ID# 4444
Dental Hygiene Practitioner (C)
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CURRENT CYCLE

AAP Dental Hygiene Symposium

Complete

ACTIVITY OVERVIEW

Activity Type:
Courses, Lectures, Presentations,
Sessions, Seminars

Location:
Vancouver

Start Date and Time:
Oct 23, 2018 at 8:30am

Provider/Presenter:
American Academy of
Periodontology

Credit Amount:
7.5

End Date and Time:
Oct 23, 2018 at 5:00pm

LINKED LEARNING PLANS (OPTIONAL)

Learning Plan D-2:
Periodontology (including assessment, diagnosis)

[UNLINK FROM PLAN](#)

ATTACHMENTS (OPTIONAL)

Click to choose a file or drag it here

Notes AAP DH Symposium Oct 27 2018..docx (11.8KB)

X

LEARNING PLAN PROGRESS

✓ Create Activity

✓ Mark as Complete


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British Columbia College of Oral Health Professionals • Quality Assurance Program for Dental Hygienists • Online Learning Plan Guide

e. OLP Sample #3 – Learning Plan & Activity Entries

B1: Psychology/Sociology

This goal and action plan was created to address a Self-Directed Learning Plan for category B1: Psychology/Sociology. In this example, the registrant completed one learning activity and submitted a reflection that included how the learning was applied to their practice.



Registrant ID# 4444
Dental Hygiene Practitioner (C)
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CURRENT CYCLE

Cultural Safety & Humility

Psychology/Sociology

ACTIVITIES REQUIRED TO COMPLETE PLAN ⓘ [EDIT GOAL AND ACTION PLAN](#)

1 of 1

GOAL AND ACTION PLAN

To improve my understanding of Indigenous (First Nation, Metis, Inuit) heritage and culture, factors that have contributed to health disparities in Indigenous groups, (particularly BC First Nations), and strategies for engaging with individuals or groups in a culturally safe manner. To support this goal, I will complete the San'yas Indigenous Cultural Safety Training - Core ICS Health by July 31, 2019.

LINKED ACTIVITIES [LINK AN ACTIVITY](#)

✓ COMPLETE ⓘ

INDIGENOUS CULTURAL SAFETY TRAINING 8 CREDITS

San'yas Indigenous Cultural Safety Training

Jun 3, 2019 10:30 AM → July 22, 2019 10:30 AM

[Cultural Safety & Humility](#)

REFLECT ON YOUR OVERALL COMPLETION OF THIS LEARNING PLAN ⓘ [EDIT REFLECTION](#)

Reflect on the learning you completed for this Self-Directed Learning Plan overall. What are your thoughts or feelings about what you learned or have taken away? How has this learning been incorporated into your practice (or how will it be incorporated)?


This course was incredibly insightful and humbling as it described the history of Indigenous Peoples in Canada, including early colonization and its impact on the health, safety and welfare of individuals, families, and communities. I heard powerful examples of experiences in residential schools and "Indian hospitals" (as they were termed at the time) and the potential ongoing impact on the interactions of survivors and their families with medical and dental professionals.

Through this course I have a better understanding of how stereotyping potentially influences one's interactions with individuals from other cultural groups (whether positively or negatively). I realized that we all hold stereotypes, and it is a matter of being self-aware and humbly recognizing when they may need to be "checked", to consider clients on an individualized basis. I also recognize that it is necessary to take more time to listen to clients from other cultures, and I have started to book extended appointments to support this. This will help ensure that I can build the trust and communication required in order to provide care in a culturally safe manner.

LEARNING PLAN PROGRESS

- ✓ Goal and Action Plan Complete
- ✓ 1 of 1 Activities Linked
- ✓ 1 of 1 Activities Completed
- ✓ Reflection Written
- ✓ Marked as Complete

Learning Activity #1 for Sample Learning Plan #3:



Registrant ID# 4444
Dental Hygiene Practitioner (C)
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CURRENT CYCLE

San'yas Indigenous Cultural Safety Training

Complete

ACTIVITY OVERVIEW[EDIT](#)


Activity Type: Indigenous Cultural Safety Training	Provider/Presenter: San'yas (BC Provincial Health Services Authority)
Location: Online	Credit Amount: 8
Start Date and Time: Jun 3, 2019 at 10:30am	End Date and Time: Jul 22, 2019 at 10:30am

LINKED LEARNING PLANS (OPTIONAL)[LINK A PLAN](#)

Cultural Safety & Humility
B1: Psychology/Sociology

[UNLINK FROM PLAN](#)

ATTACHMENTS (OPTIONAL)



Click to choose a file or drag it here

NOTES (OPTIONAL)[EDIT NOTE](#)

This course provided historical information on the European colonization of Canada and the impacts that this had on Indigenous groups, which have since been attributed to past and present health disparities between Indigenous and non-Indigenous Canadians. This course also discusses how stereotyping impacts interactions with individuals from different cultures.

LEARNING PLAN PROGRESS
[Create Activity](#)
[Mark as Complete](#)

PART 5:

QAP Learning Activity & Credit Framework For Continuing Competency

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1. Introduction

Continuing study and self-assessment of educational needs are fundamental and lifelong responsibilities of a health professional. Advances in technology, innovations in health care delivery, a growing body of research and increased knowledge of clients make it imperative for the dental hygienist to keep abreast of continued changes within the dental/dental hygiene field.

The British Columbia College of Oral Health Professionals (BCCOHP) Bylaws require the maintenance of competency by each practicing registrant in order to ensure public safety. As a registered professional it is an obligation to keep current with all aspects of dental hygiene practice. This includes competencies as outlined in the [Entry-to-Practice Canadian Competencies for Dental Hygienists \(2021\) document](#). Learning goals and related professional development activities should be of significant depth to relate the dental hygiene process of care. All activities should result in improvements that can be applied to dental hygiene practice and/or the quality of dental hygiene care delivered.

The QAP Learning Activity & Credit Framework was constructed to provide greater diversity in professional development activities with a focus on improving the registrant's learning. Learning activities are guided by the QAP Assessment Tool and through self-reflection on practice needs. The registrant will identify goals, action plans and activities that address their learning needs. This process will incorporate active reflection on learning activities and application into practice.

a. Policy

The legacy CDHBC Board approved the QAP Learning Activity & Credit Framework effective April 1, 2013, which coincided with the launch of the QAP. The Framework was updated and re-approved in January 2019. It is based on six Board-approved principles, outlined below:

Principle #1: Continuing competency activities must be evidence-based and contribute to scientific, practical, professional or ethical aspects of the registrant's dental hygiene practice.

Principle #2: Registrants have the professional responsibility to maintain safe, competent, evidence-based dental hygiene practice through on-going professional development, reflective practice and integration of learning into practice.

Principle #3: Registrants have a responsibility to demonstrate professional development through self-reflection on their current practice, knowledge, skills and abilities.

Principle #4: Every Registrant in a practicing registration category will participate in the QAP, complete the QAP Assessment Tool and develop an individualized learning plan

with articulated learning goals. The learning plan should be of substantial depth, applicable to their area of practice and identified needs (i.e. self-identified needs and low scoring categories on the QAP Assessment Tool).

Principle #5: It is the Registrant's responsibility to retain records that support all continuing competency credit submissions such as certificates of completion, self-reflection papers, evaluations and other supporting documentation for each current cycle.

Principle #6: The College supports quality improvement efforts at a personal or organization level as an important and critical way to incorporate acquired knowledge into the dental hygiene practice setting.

b. General Information

All continuing competency activities should fall within the QAP Learning Activity & Credit Framework and align with the six CC Principles stated above.

The Quality Assurance Committee (QAC) reserves the right to approve or disapprove credits for activities based on their relevance to the practice of dental hygiene as described in the Scope of Practice Statements.

Continuing Competency (CC) credit requirement: 75 credits per five-year cycle. The requirement of 75 credits per cycle has been in place since 1995; however, when the QAP launched in 2013 the cycle for completing 75 credits was extended from three years to five years, in recognition of the time and learning that coincides with preparing for and taking the QAP Assessment Tool.

If a learning activity was repeated within a five year cycle the registrant would be required to provide the rationale for repeating a course within their Online Learning Plan (OLP).

c. Cycles and Specific Requirements

Credit hours in excess of those required in a five-year cycle cannot be carried forward to a subsequent cycle.

- **New Registrants:** Five-year credit cycles begin January 1st of the year following initial registration. Credits obtained after initial registration but prior to the beginning of the cycle will apply towards that cycle.

- **Registered Dental Hygienists, Dental Hygiene Practitioners:**

The five-year credit cycles are based on a January 1st to December 31st year. 75 CC credits are required in order to renew registration the year following the end of a registrant's five-year QAP cycle. For 2023, registration renewal will be open in February until March 31 and March 31 will be the annual renewal deadline going forward. Note: Local anesthesia courses taken in order to be **granted** certification

to administer local anesthesia **are not eligible for CC credit**. Please note this differs from the LA Module completed each 5-year QAP cycle in order to ***maintain*** LA certification, as the QAP LA Module **is eligible for CC credit**.

- **Non-Practicing Registrants:** Registrants are not required to maintain their CC credits while in the Non-Practicing registration category. However, when applying to reinstate to a practicing registration category, registrants are required to meet their QAP requirements as if they had continued to be registered in a practicing category. Therefore, if a registrant's last QAP cycle would have ended while they

were in the Non-Practicing registration category, then all of their QAP requirements from that cycle must be met prior to reinstating. This includes their CC credit requirements and the Jurisprudence Education Module.

Additionally, **if a registrant's last QAP cycle would have ended while in the Non-Practicing category, they are also required to take the QAP Assessment Tool before being reinstated to a practicing category**. Any CC credits completed during the time between the completion of the QAP Assessment Tool and January 1st of the following year will be counted towards the new cycle.

2. Quality Assurance Program Requirements for Continuing Competency

After the completion of the QAP Assessment Tool, the registrant's results will populate the online learning plan (OLP) to inform the content areas for their required learning plan(s). The College recommends a minimum of two learning activities be directed towards the completion of each required learning plan. The development of self-directed learning plans with identified goals and actions is optional. Learning activities are up to the professional judgment of the registrant but should be from credible sources, contain sufficient intellectual depth and apply to dental hygiene practice. The BCCOHP Jurisprudence Education Module must also be completed once per five-year cycle.

a. The Value of Reflection

Reflective learning is not a new concept and has been shown to make a positive and meaningful impact on a professional's area of practice. Reflective learning is practical for dental hygienists as they have a new experience with almost every client they come in contact with. (Note: a client is not only considered a patient but for different dental hygiene practice settings may refer to a government agency, organization, or group of people.) The experience may come from working with a client, from a journal reading or attending a course. The dental hygienist then analyzes the specific experience determining all positive and negative aspects. Then the dental hygienist would plan additional activities that relate to this experience in order to help guide them on how and what change they would implement if placed in a similar situation. (Note: additional activities may not be required if the self-reflection was able to problem solve the issue.) The final step of the learning cycle is to incorporate that knowledge into the practice setting, which will create new experiences when used in future events.

The following is a diagram of the process of reflective learning and is based on the Kolb's experiential learning process:



Reflective Learning Flow Chart



b. Types of Learning Activities and Credit Framework

The nineteen types of CC credit activities are based on time and/or the specific activity. Each of the boxes briefly describes an activity or activities along with credit limits for that activity and specific criteria applicable for the specific activity type. Certain activities have a maximum limit on how many credits may be claimed in a QAP cycle. All activities must relate to and improve one's dental hygiene practice in their practice setting.

The number of credits a registrant claims per cycle fall within two categories: unlimited and limited.

- Unlimited activities include box activity numbers: **1, 3, 8, 9, 11, 13** (shaded )
- Limited activities include box activity numbers: **2, 4, 5, 6, 7, 10, 12, 14, 15, 16, 17, 18, 19** (shaded )

The activities and credits included in this **Framework** are examples of what may be appropriate learning activities but do not represent an exhaustive list. As potential activities and

courses change and evolve it is not possible to create an all-inclusive list of current activities that would be appropriate for continuing professional development.

In general, registrants are expected to use their professional judgment to determine if a completed activity sufficiently meets the goals they have identified for their required or self-directed learning plans. However, there are three specific activity types that require approval from the Quality Assurance Committee **60 days** prior to the activity (see boxes 12, 17, and 18).

ACTIVITY BOX NUMBER	ACTIVITY NAME	CREDITS	ADDITIONAL INFORMATION
#1	<ul style="list-style-type: none"> • Courses, lectures, presentations • Online Dental Hygiene courses 	1 credit/hour	Must have relevance to dental hygiene practice. Activities completed under this section may be presented in a variety of formats. For example: presentations, seminars, clinical sessions, webinar and study clubs.
#2	<ul style="list-style-type: none"> • Attending dental hygiene/dental conferences (and exhibit halls) 	2 credits/conference Maximum 12/cycle	Does not include courses taken at conference. Courses would be claimed under Activity Box #1.
#3	<ul style="list-style-type: none"> • Indigenous anti-racism, cultural safety & humility learning 	1 credit/hour	BCCOHP recommends all registrants complete a minimum of 4 CC credits per QAP cycle in Indigenous anti-racism, cultural safety and humility learning. See additional information below.
#4	<ul style="list-style-type: none"> • Reading a journal article or chapter in a dental hygiene related text book 	1 credit/article Maximum 30 credits/cycle	Must complete a reflection on learning in the Online Learning Plan.
#5	<ul style="list-style-type: none"> • Dental hygiene related teaching or presenting, completed outside of paid hours 	1 credit/hour Maximum 15 credits/cycle	This includes the development and delivery of education or a course related to the practice of dental hygiene outside of regular paid hours. This would also include the presentation of original research at a scientific convention where there is no remuneration. See additional information below. Optional: Lesson planning template available.
#6	<ul style="list-style-type: none"> • Membership on a dental hygiene committee or attending professional meetings (10 credits max) • Mentoring a peer (10 credits max) • BCCOHP Assessor, Examiner or Investigator (10 credits max) 	1 credit/hour Maximum 20 credits/cycle	Recommended to complete a reflection on how this enhances the registrant's dental hygiene practice. Reflections can be entered in the 'Notes' section when this activity is entered into the Online Learning Plan.
#7	<ul style="list-style-type: none"> • Preparation for QAP Assessment Tool or preparation for a dental hygiene board exam 	Hour for hour credit Maximum 15 credits/cycle	Registrants cannot claim for BCDHA modules under this category and then again under Activity Box #8.

ACTIVITY BOX NUMBER	ACTIVITY NAME	CREDITS	ADDITIONAL INFORMATION
#8	<ul style="list-style-type: none"> BCDHA Comprehensive Dental Hygiene Refresher Modules 	3 credits Maximum/ module	As applicable to a required learning plan, a self-directed learning plan, or preparation for the QAP Assessment Tool. Credit for this activity can not be claimed under this activity and then again Box #7.
#9	<ul style="list-style-type: none"> Post-diploma dental hygiene related education such as a recognized Dental Hygiene Degree program 	13 credits Maximum/course credit	Registrants may be enrolled full or part-time in post-diploma dental or dental hygiene programs of study offered by recognized education institutions that lead to a Bachelor, Master or Doctorate degree or other specific credential with a dental related component. Courses may be on-site or online and each course qualifies for 13 CC credits per university/college credit. A copy of the registrant's university/college transcript or proof of course registration must be retained.
#10	<ul style="list-style-type: none"> Other formal university or college level education 	20 credits Maximum/cycle	Must be supported by a self-directed learning plan including a substantial reflection describing relevancy to dental hygiene practice along with how this knowledge will be applied in the registrant's dental hygiene practice. Reflection to be completed in the Online Learning Plan. Proof of successful completion must be retained.
#11	<ul style="list-style-type: none"> Primary/Secondary research related to dental hygiene practice 	1 credit/ research area	Development and/or literature review for a research project. See additional information below. Credit may be claimed for publication of research under Activity Box 15 or 16.
#12	<ul style="list-style-type: none"> Volunteer work in a community oral health project 	QAC to approve credits Maximum 20 credits/cycle	Volunteer Approval Form to be completed in advance of the activity and submitted to the QAC for review. The Volunteer Approval Form can be downloaded via the Online Learning Plan. Form to be completed and returned to the BCCOHP office 60 days in advance of the volunteering activity. See additional information below.
#13	<ul style="list-style-type: none"> Involvement in a BCCOHP-organized initiative, project, calibration and/or training 	Credit will be individually designated by BCCOHP	Examples: QAP Assessor Training Sessions
#14	<ul style="list-style-type: none"> Basic Computer Skills Course 	5 credits Maximum/cycle	Must be accompanied by a reflection outlining the application to DH practice. Reflection to be completed in the Online Learning Plan.
#15	<ul style="list-style-type: none"> Authorship of textbook chapter (15 credits) Authorship of article published in a peer-reviewed oral health science publication (10 credits) Original research published in a peer reviewed oral health science publication (15 credits) 	15 credits Maximum/cycle	The publication of dental hygiene related articles in scientific peer-reviewed journals, as well as the publication of books and chapters in books, and the publication of research. All publications must be relevant to dental hygiene practice.

ACTIVITY BOX NUMBER	ACTIVITY NAME	CREDITS	ADDITIONAL INFORMATION
#16	<ul style="list-style-type: none"> Published reviews of books relating to dental hygiene outside of regular work hours Dental hygiene related articles written and published in non-peer reviewed publications outside of regular work hours 	3 credits Maximum/cycle	Credits will be granted for these activities when there is no remuneration and the activity relates to dental hygiene practice.
#17	<ul style="list-style-type: none"> Directed study/ mentoring learning (recipient) 	QAC to approve credits. Maximum 20 credits/cycle	A formalized learning contract must exist between the mentor and the mentee. A “Directed Study/ Mentoring Contract Form” must be completed and submitted by the registrant (mentee) to the QAC. This Form can be downloaded via the Online Learning Plan and must be submitted 60 days in advance of the activity. See additional information below.
#18	<ul style="list-style-type: none"> Other learning activities 	QAC to approve credits. Maximum 20 credits/cycle	A “CC Credit Activity Approval Form” must be completed, which describes the relevancy and applicability of the proposed learning activity to dental hygiene practice. This Form can be downloaded via the Online Learning Plan and must be submitted to the QAC 60 days in advance of the activity. See additional information below.
#19	<ul style="list-style-type: none"> BCCOHP QAP Modules: Jurisprudence Education Module Local Anesthetic Module 	3 credits Maximum/ module	<p>Credits are eligible for each module that is taken once per 5-year QAP cycle.</p> <p>In order to claim credit, registrants must enter the completion of each module as a separate learning activity in their OLP.</p>

***Please see Appendix 5A for an “at-a-glance” summary of the QAP Learning Activity & Credit Framework.

Indigenous Anti-Racism, Cultural Safety & Humility (IARCS&H) Learning (Box #3)

It is recognized that Indigenous peoples have suffered significant harm throughout Canada’s history, including from the residential school system where medical and dental abuse and neglect occurred. Some survivors are still living with dental injuries they suffered while attending residential schools which complicates their oral health care to this day. Historical experiences of dental abuse contribute to intergenerational trauma for Indigenous peoples which is exacerbated by Indigenous-specific racism and discrimination in BC’s health-care system, including oral health services.

With this recognition and in keeping with the College’s mandate of public protection, CDHBC has developed a learning toolkit called [Lhéq’lomet: A Toolkit of Indigenous Anti-Racism, Cultural Safety and Humility Learning Planning for Oral Health Professionals](#). This toolkit is intended to support all registrants in engaging in meaningful and relevant IARCS&H learning as part of regular professional development.

As part of this learning journey, registrants are encouraged to complete a minimum of 4 Continuing Competency (CC) credits in IARCS&H learning per 5-year QAP cycle. A number of suggestions for how to approach this are included in the Lhéq’lomet Toolkit.

Please note: IARCS&H learning activities should be logged under the Indigenous Anti-Racism, Cultural Safety & Humility Learning option in the activity type dropdown menu when adding them for CC credit in the Online Learning Plan:

Dental Hygiene Related Teaching/Presenting Outside of Paid Hours (Box #5)

The College supports and acknowledges the dedication of registrants in researching and preparing for dental hygiene presentations outside of regular paid hours. In order to claim credits under this activity the registrant should provide information in their online learning plan on how this activity relates to the Assessment, Diagnosis, Planning, Implementation, and Evaluation (ADPIE) process of dental hygiene care. The following information should help guide the registrant in determining how this activity will enhance their practice:

- A)** Discuss how you will acquire information based on the target populations needs.
- D)** List the priorities of this presentation based on the populations or groups needs.
- P)** Discuss the goals and objectives relating to the topic along

with teaching strategies that will assist you in meeting this plan.

- I)** Discuss how you will incorporate teaching strategies, resources and tools into this presentation.
- E)** After completing the presentation, reflect on the process what you would change, what went well, how useful the target population found the information along with any other reflection from the process.

A template can be found at the [BCCOHP website](#), or downloaded from the Online Learning Plan, to assist the registrant in completing information relating to this activity. A copy of this completed template should be retained as documentation in the event of a QAP audit. The completed template can be uploaded to the registrant's online learning plan.

Primary and Secondary Research Defined (Box #11)

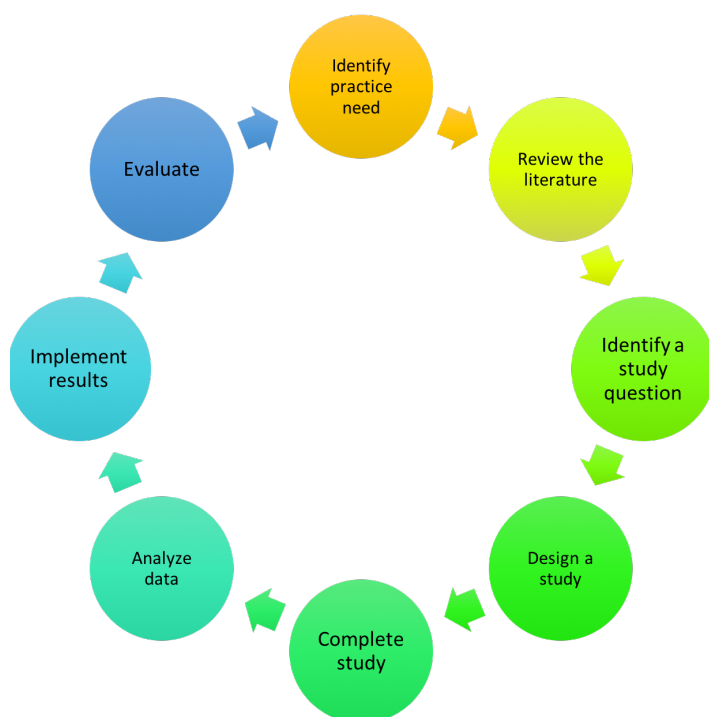
Primary and secondary research will be granted 1 credit per subject. Note that a maximum of 15 credits will be awarded if this research is published (see boxes 15 and 16). A combination of the credits from both box 11 and 15 or 16 (as applicable) are meant to reflect the work required to complete and publish a primary research project.

- Primary research: involves conducting new and original research to obtain data on a specific question/hypothesis. An example would be a case study based on a particular client or client oral health concern.
- Secondary research: involves analyzing, interpreting and consolidating information from previously published primary research. An example of this would be a literature review.

Primary research follows the same process used for any research project although the need for the research may arise from a need the registrant sees in practice. Once this need is perceived the registrant will develop a question to address the need, design and complete the study, analyze the data and finally implement results into the practice setting with a final evaluation on the process and results. The following is a flow chart that demonstrates a general overview of what practice-based research entails.

Flow Chart for Practice Based Research

Secondary research related to dental hygiene practice would



include a search of reliable articles based on a question that has arisen from the registrant's practice to create a literature review. This may include a PubMed search or Cochrane review to locate appropriate information based on the question, then analyzing the information to determine if it can or should be implemented into practice. If so, information should be incorporated into practice and then evaluated on how effective it has been. If the registrant's literature review is published as secondary research then credit can also be claimed under box 15 or 16 (as applicable based on the nature of the publication).

Activities Requiring a Reflective Component

Although this CC framework supports self reflection in practice, specific credit activities require the registrant to complete a substantial reflection on how the given activity related to their dental hygiene practice and how the knowledge will be applied. These include the following activities:

- Box #4 – Reading a journal article or chapter in a dental hygiene related textbook
- Box #10 – Other formal university of college level related education
- Box #14 – Basic computer skills courses

Additionally, registrants are required to reflect on their learning when completing a Required Learning Plan or a Self-Directed Learning Plan.

Reflections on learning are documented directly in the registrant's Online Learning Plan. Registrants must provide substantial depth relating the learning to application and relevance to dental hygiene practice along with information describing how this information will be applied in their dental hygiene practice setting.

Records of Credits on OLP

- Registrants must retain a copy of their learning activities/credits and supporting documentation for the length of their current QAP cycle.
- A record of CC credits can be tracked in the Online Learning Plan (OLP) for each registrant as they populate activities.
- Registrants are asked to retain a copy of their CC Credits and compare the College's recorded number in the OLP to their records, and to notify the College if any discrepancy occurs.

Activities Requiring Approval From the QAC

The following types of activities require advanced Quality Assurance Committee approval in order for the registrant to receive credit: #12 – Dental Hygiene Related Volunteer Work, #17 – Directed Study/Mentorship Learning (Recipient), #18 – Other Learning Activities. Approval request forms for these

activities are available directly in the OLP. Registrants wishing to apply for credit approval should start by adding this activity in their OLP and selecting “Volunteer Work”, “Directed Study/Mentorship Recipient”, or “Other Learning Activity” from the activity type drop down menu. Once one of these activity types is selected, the corresponding credit approval request form will be displayed for the registrant to download, complete and save on their computer, and then email to info@oralhealthbc.ca.

The appropriate form must be completed in full for each of these activities or they will not be forwarded to the QAC. Forms must be submitted to the QAC 60 days prior to the commencement of the activity.

Dental Hygiene Related Volunteer Work (Box #12)

A registrant wishing to claim CC credits for dental hygiene related volunteer work must complete in full the QAP Volunteer Contract Form. QAP decisions will be made based on a fully completed form and the depth of information provided, along with a reflection on how the preparation for this activity will enhance the registrant’s practice. Required information includes:

- A description of the experience
- Learning goal and detailed activities planned to meet the goal
- Details on how the activity will relate to the registrant’s dental hygiene practice
- Details on how the activity will be applied to the registrant’s dental hygiene practice
- Detailed reflection on how the experience will enhance and be applied into the practice setting
- Detail on how the activity aligns with the QAP CC Principles (see page 76 of this Guide)
- Projected timeline
- Credits being requested
- Registrant’s signature

Directed Study Mentorship (Box #17) Definitions:

Directed study and mentoring are methods of acquiring specific knowledge or skills through specified learning activities, with the guidance of an identified mentor. A mentor has been defined by the QAC as a “wise and trusted teacher or guide”.

Examples of Directed Study and Mentoring Learning Activities:

- Written report on a literature review of a specific topic
- Clinical skill development in a specific area of dental hygiene practice
- Acquisition of residential care knowledge and skills.

Role of the Mentor:

The mentor selected by the registrant will have expertise in the registrant’s desired area of study as well as the ability to guide the registrant in their learning. The mentor must agree to mentor the registrant and must be involved with development of the Directed Study/Mentoring contract. The mentor’s signature on the contract is required. Examples of suitable mentors are:

- A community health dental hygienist promoting tobacco cessation
- An educator or clinician with advanced skills and knowledge in residential care
- The head of a dental foreign aid mission

Process for Developing a Directed Study/Mentoring Contract:

1. The registrant (mentee) determines and records what they would like to learn (their goal / learning objective) and explains why they believe it would benefit their practice of dental hygiene (their purpose).
2. The registrant approaches an appropriate mentor about the contract. The mentor must have appropriate qualifications in order to mentor the registrant.
3. The mentor must agree to mentor the registrant and, together, they develop specifics as to how the learning will occur, based on the Directed Study/Mentoring Contract Form.
4. The registrant and mentor together determine when the contract will start and end and where the learning will take place.
5. The mentor and registrant determine the number of CC credits that will be requested by the registrant (mentee) (see CC Activity box #17).
6. If the mentor is a registrant, the mentor determines the appropriate number of CC credits for their role (see CC Activity box #6) and for mentoring preparation (see boxes #4 and #5).
7. The mentor and registrant sign a contract.
8. The registrant submits the contract to the Quality Assurance Committee for approval.

Once the contract has been completed, the registrant and mentor should individually record CC credits in their Online Learning Plan.

Other Learning Activities (Box #18)

Other Learning Activities is a category for activities that may not fall within the mainstream of dental hygiene learning activities and will require the registrant to complete the QAP CC Credit Activity Approval Form. QAP decisions will be made based on a fully completed form and the depth of information provided along with a reflection on how the preparation for this activity will enhance the registrant's practice. Required information includes:

- A description of the activity
- Learning goal(s) and detailed activities planned to meet the goal(s)
- Details on how the activity will relate to the registrant's dental hygiene practice
- Details on how the activity will be applied to the registrant dental hygiene practice
- Detailed reflection on how the experience will enhance and be applied into the practice setting
- Detail on how the activity aligns with the QAP CC Principles (see page 76 of this Guide)
- Projected timeline
- Credits being requested
- Registrant's signature

BCCOHP QAP Modules (Box #19)

All practicing registrants are required to complete the College's Jurisprudence Education Module once per 5-year QAP cycle. Registrants are not able to renew their registration to practice at the start of their next QAP cycle if the Jurisprudence Education Module has not been completed in their prior QAP cycle.

In addition, all practicing registrants who are certified to administer local Anesthetic are required to complete the Local Anesthetic Module once per 5-year QAP cycle in order to maintain their certification ("C"). The requirement for completion of this module begins with registrants whose QAP cycles end December 31, 2022. As of January 2023, registrants will not be able to renew their local Anesthetic certification during the renewal period if they are starting a new QAP cycle and the Local Anesthetic Module has not been completed in their prior QAP cycle.

Registrants can claim 3 continuing competency credits for completion of each of these modules once per 5-year QAP cycle. However, the College's database does not automatically

An at-a-glance reference for the QAP Learning Activity and Credit Framework is available in Appendix 5A.

allocate credits upon module completion. To claim these credits, registrants must enter completion of each module as a separate learning activity in their Online Learning Plan. Please note, those who are required to complete the Jurisprudence Education Module as part of their application to **obtain** registration with BCCOHP are not eligible to claim CC credits for it in their initial QAP cycle. However, credit can be claimed for the Jurisprudence Education Module when it is taken by registrants in a second or subsequent QAP cycle.

c. QAP Audit Review Process

CC credit submissions are monitored by an audit system. Two types of reviews can occur:

Audit of CC Credit Submissions

- Further information will be requested from registrants if College staff have questions about any of the reported CC credit activities. A letter will be sent to registrants after the review, confirming the acceptance of the activities.

QAP Audit and Documentation Review

- A proportion of registrants whose QAP cycles are ending are randomly selected each year for a QAP audit and documentation review.

These audits will review the:

1. Developed goal and plan for each Required Learning Plan (RLP).
 2. Recommended minimum of two relevant activities that have been linked for each Required Learning Plan (RLP).
 3. Final Reflection for each Required Learning Plan (RLP) to ensure it encompasses all learning activities and includes an application to practice.
 4. Logged CC credit activities application to professional dental hygiene practice and that they align with the [Learning Activity & Credit Framework](#).
 5. Proof of completion for each learning activity.
- For those registrants in a Practicing class, these requirements must be completed and auditor approved, prior to renewing your registration.
 - Registrants may appeal the denial of any CC credit activities to the Registrar and the Quality Assurance Committee.

Questions and feedback

If you have any questions please contact the College office.

General comments or letters may also be sent to the Chair of the Quality Assurance Committee, care of the College office.

Appendix 5A – QAP Learning Activity & Credit Framework

QA Program for Dental Hygienist Learning Activity & Credit Framework (Based on Time and/or Activity)

This resource is an “at-a-glance” summary of the learning activity categories and eligibility for credit allowances within the QAP. Readers should also consult Part 5 of the QAP Information Guide for comprehensive information.

1

- Courses, lectures, presentations, sessions, seminars- both online and in-person

1 credit/hr

2

- Attending dental hygiene/ dental conferences (exhibit hall)
Does not include sessions taken at conference

2 credits/conference
Max 12/cycle

3

- Indigenous Anti-Racism, Cultural Safety & humility (IARCS&H)
- Planning and activates to support IARCS&H learning – see [The Lhéq'lomet Toolkit](#) for details

1 credit/hour

4

- Reading a journal article or chapter in a dental hygiene related textbook
Registrants must complete a reflection on their Online Learning Plan to support their learning for this type of activity

1 credit/article
Max 30 credits/cycle

5

- Dental hygiene related teaching or presenting completed outside of paid hours
Optional: [Lesson planning template available](#)

1 credit/hour
Max 15 credits/cycle

6

- Membership on a dental hygiene committee or attending professional meetings (10 credits max)
- Mentoring a peer (10 credits max)
- Assessor, Examiner or Investigator (10 credits max)

1 credit/hour
Max 20 credits/cycle

7

- Preparation for QAP* Assessment Tool or preparation for a dental hygiene board exam

1 credit/hour
Max 15 credits/cycle

8

- BCDHA Comprehensive Dental Hygiene Refresher Modules

3 credits max/module

9

- Post diploma dental hygiene related education such as a recognized Dental Hygiene Degree program

13 credits max/course credit

10

- Other formal university or college level education

Must be supported by a self-directed learning plan including a substantial reflection describing relevancy to DH practice along with how this knowledge will be applied to DH practice (to be completed in the Online Learning Plan)

20 credits max/cycle

11

- Primary/Secondary research related to dental hygiene practice

1 credit/research area

12

- Volunteer work in a community oral health project

*[“Volunteer Contract Form”](#) to be completed for submission to QAC***

QAC** to approve credits
Maximum 20 credits/cycle

13

- Involvement in a BCCOHP-organized initiative, project, calibration and/or training

Credits will be individually designated by BCCOHP

14

- Basic Computer Skills Courses

Must be accompanied by a reflection outlining the application to DH practice

Reflection to be completed in the Online Learning Plan

5 credits max/cycle

15

- Authorship of textbook chapter (15 credits)
- Authorship of article published in a peer-reviewed oral health science publication (10 credits)
- Original research published in a peer-reviewed oral health science publication (15 credits)

15 credits max/cycle

16

- Published reviews of books relating to dental hygiene outside of regular work hours
- Dental hygiene related articles written and published in non-peer-reviewed publications outside of regular work hours

3 credits max/cycle

17

- Directed study/mentoring learning

*[“Mentor Approval Form”](#) to be completed for submission to QAC***

QAC** to approve credits
Maximum 20 credits/cycle

18

- Other learning activities

*[“QAP CC Credit Activity Approval Form”](#) to be completed for submission to QAC**. Must be supported through the [OLP***](#) describing relevancy and applicability to DH practice.*

QAC** to approve credits
Maximum 20 credits/cycle

19

- BCCOHP Dental Hygienist QAP* Modules:

- *Jurisprudence Education Module*
- *QAP* Local Anesthetic Module*

3 credits max/module (per cycle)

The credits in this framework are examples of what may be appropriate learning activities but do not represent an exhaustive list. As potential activities and courses continually change it is not possible to create an all inclusive list of current activities that would be appropriate for continuing competency credits. It will be up to the professional judgment of the registrant to determine if the activity completed actually meets the registrant's required or identified learning needs and determine which activity description it best falls within.

* Quality Assurance Program

** Quality Assurance Committee

*** Online Learning Plan

Updated March 2023

This document was created by a BCCOHP legacy college (CDHBC). It was updated in December 2023 and June 2022 to reflect the creation of BCCOHP, including important dates, links and images. It was further updated in December 2024 to reflect changes in program processes that were approved by the BCCOHP Quality Assurance Committee.

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