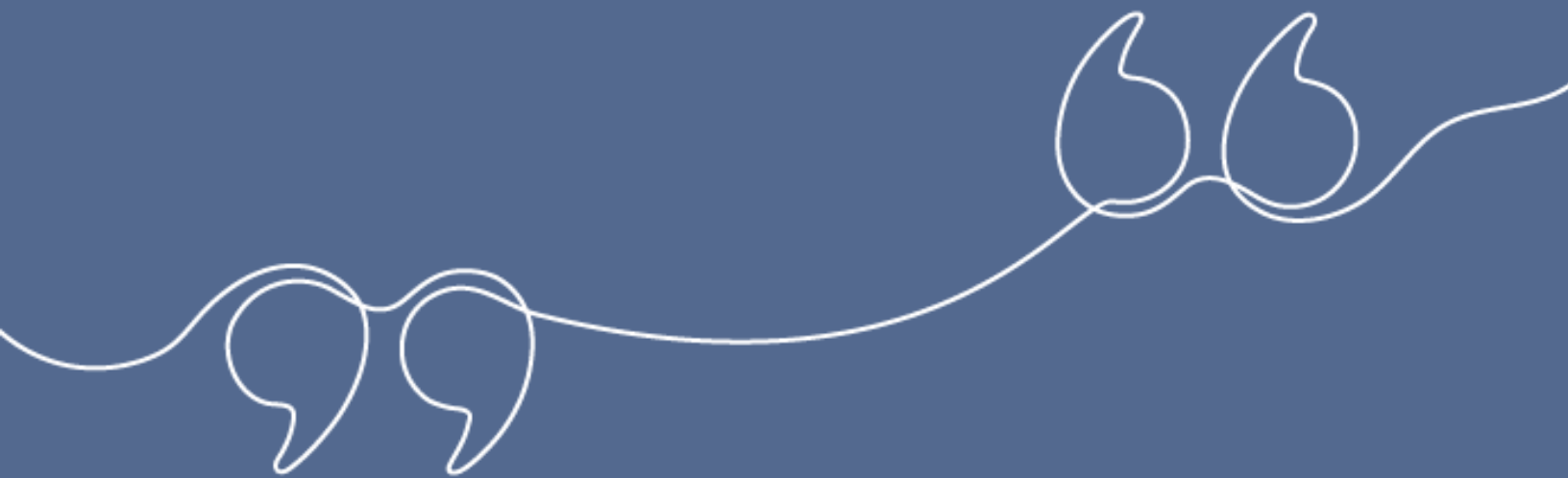


# Consultation findings summary report:

## *Proposed Quality Assurance Program framework*

December 2025



## Introduction

The BC College of Oral Health Professionals (BCCOHP) serves the public by regulating 17,000 oral health professionals, including certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists and denturists.

BCCOHP is committed to protecting the public by ensuring oral health professionals deliver competent, ethical, and team-based care. As part of this commitment, BCCOHP developed a modernized [Quality Assurance Program \(QAP\)](#) to ensure the ongoing competence of oral health professionals through evidence-informed practices that enable the provision of safe care. As the modernized program replaces the four pre-existing quality assurance programs previously administered by the former separate oral health colleges, a consultation was conducted during the development stage to ensure the QAP reflects input from both oral health professionals and members of the public.

## Objective

The goals of the consultation were to:

- Understand how oral health professionals and members of the public interpreted and responded to the proposed framework.
- Identify strengths, opportunities, and areas for improvement.
- Inform refinements that will support professional engagement and public trust.

## Consultation process overview

The consultation process was a key component in developing the framework and was conducted early in the design process to allow for meaningful input.

The approach included a survey for oral health professionals and a public open-link survey, each containing a mix of closed and open-ended questions. These explored first impressions of the proposed framework, the clarity and relevance of its components, and overall perceptions. The surveys were facilitated by Pivotal Research Inc., who provided expert analysis of the responses.

## Timeline

The consultation was open from June 12 to August 5, 2025.

## Tactics

The consultation comprised two surveys: one for oral health professionals and one open to the broader public.

- 1) Oral health professionals survey: This was administered by Pivotal Research and distributed via unique survey links to all regulated oral health professionals in BC. To promote engagement, BCCOHP sent general reminders to all oral health professionals, while Pivotal Research sent targeted reminders to those who had not yet participated.
- 2) Public open-link survey: Also administered by Pivotal Research, respondents accessed the survey through a dedicated BCCOHP webpage. BCCOHP promoted the survey through targeted communications to patient advocacy groups, oral health associations, training institutions, and other health regulators.

All questions were optional, allowing respondents to focus on the areas most relevant to them. A number of open-ended questions sought feedback where scores were low, and additional items asked all respondents for open-ended input. These explored first impressions of the framework, the clarity and relevance of its components, and overall perceptions of its value. Respondents were also invited to share any concerns, questions, or suggestions to help strengthen the program.

## Response Summary

### Respondents

The survey for oral health professionals received 1,148 responses, while the public survey received 669 site visits and 107 responses. In addition, 28 email responses were received by Pivotal Research and were anonymized before being provided to BCCOHP.

Participation from each of the six oral health occupations included:

- Dental Hygienist 43%

- Dentist 38%
- Certified Dental Assistant 14%
- Denturist 2%
- Dental Technician 1%
- Dental Therapist <1%
- Prefer not to answer 2%

## Feedback and actions taken

Overall, the consultation showed that respondents largely supported a more modernized QAP, with some desire for more clarity regarding the rationale for change, and additional details on the program structure and rollout. Respondents also wanted greater transparency on how competence would be demonstrated and expressed an interest in the role of self-assessment. A [consultation update](#) was distributed in November 2025 to begin to address some of that feedback and included an [FAQ](#) containing much of the requested detail about the proposed program.

Below are key themes that emerged from the consultation feedback, and an explanation of how BCCOHP is addressing them.

What we heard	BCCOHP’s response
<p><b>Administrative and cost burdens:</b></p> <p>The most frequent concern from oral health professionals was that the process would be too complex, time consuming, bureaucratic, costly, and/or disruptive to their well-being and work-life balance.</p>	<p>BCCOHP has been administering four separate QAPs for oral health professionals since 2022 and will achieve greater efficiency by unifying the four distinct programs into one. The modernized QAP replaces these with a single program where oral health professionals will remain responsible for any costs for continuing education or professional development activities they choose or are advised to complete, but legacy fees for the retired programs will no longer apply.</p>

**Rationale for change:**

Lack of clarity around why these specific changes are being proposed and what the intended outcome is. It's not clear if the goal is to improve public trust, ensure competency, enhance communication, or all the above.

BCCOHP is refining our approach to quality assurance to ensure it better supports all oral health professionals in maintaining safe, ethical and patient-centered care. Making changes to the QAP is also a necessary step in meeting legislative requirements under the [Health Professions and Occupations Act \(HPOA\) \(Part 3 Division 8\)](#). Together, these strategic and legislative drivers establish the foundation for a single, modernized QAP that reflects BCCOHP's regulatory purpose and public protection mandate.

Modernization reflects both a legislative requirement and an evidence-informed opportunity to strengthen public protection. The HPOA directs regulatory colleges to implement QAP that promote competence across professions, while current research supports reflective, standards-based and risk-informed approaches as more effective than credit-based models.

Modernization also responds to evolving public and professional expectations; competent and ethical care is now defined through BCCOHP Professional and Practice Standards, which set clear expectations for safe, ethical, accountable and team-based practice. The proposed QAP framework reinforces these expectations through consistent tools and processes that are practical across different professions and practice settings.

Through modernization, BCCOHP aims to:

- Establish one consistent QAP for all oral health professionals
- Ensure equity and transparency across professions and practice contexts
- Strengthen competence assurance through evidence-based, right-touch regulation
- Reinforce public confidence by focusing quality assurance on safe, ethical and team-based oral health care

Key issues with the existing programs (as identified through the research phase of the project):

	<ul style="list-style-type: none"> <li>• Inconsistent quality assurance expectations across the oral health professions</li> <li>• Legacy QAPs overly focused on credit accumulation</li> <li>• Low relevance and regulatory defensibility of some quality assurance tools</li> <li>• Registrant confusion and disengagement</li> <li>• Missed opportunities to integrate risk-based thinking</li> </ul>
<p><b>Evaluation and assessment practices:</b> Many had questions about how evaluations would be conducted and what the consequences might be, including the risk of losing license.</p>	<p>Overall, the QAP focuses on right-touch regulation by emphasizing collaboration, education and fair, proportional responses – not punitive action – to help oral health professionals provide safe care and feel confident they are meeting BCCOHP Standards.</p> <p>For Component B, Standards-based education and knowledge, each knowledge check activity will offer unlimited attempts and time, allowing oral health professionals to work at their own pace to reach the correct answer. Support and real-time feedback will be provided throughout the activity to aid oral health professionals with application and understanding. Progression through the activity will require the correct answer to be selected, ensuring comprehension before moving forward.</p> <p>More detailed information about evaluation and assessment practices as they relate to all QAP components of the program was shared in our consultation update and FAQ <a href="#">here</a>.</p>
<p><b>Equity and accessibility need stronger integration:</b> Equity-related scores were modest with concerns noted around digital access, geographic inequities, language</p>	<p>The proposed QAP has been designed with accessibility in mind. It incorporates inclusive technology practices to ensure that all oral health professionals, regardless of location or learning needs, can fully engage with the program. Key IT accessibility considerations include:</p> <ul style="list-style-type: none"> <li>• All learning content will comply with the <i>Accessible Canada Act</i> (ACA) and BC Accessibility Legislation</li> </ul>

<p>barriers, linguistic barriers, different learning abilities, or neurodiverse contexts. The need for customizing standards for diverse professionals was another common concern.</p>	<ul style="list-style-type: none"> <li>• The program will be intuitive and compliant with Web Content Accessibility Guidelines to ensure all users can interact with content effectively</li> <li>• Design features will support neurodiverse users, including printable materials and flexible navigation</li> </ul> <p>These features aim to make the QAP equitable, user-friendly and adaptable to diverse professional and individual needs.</p>
<p><b>Transparency and accountability:</b> Public respondents noted a desire for a clearer picture of how oral health professionals are held to account—and how the program is working in practice. Some suggested incorporating transparency measures to demonstrate the framework's success through public reporting.</p>	<p>One of the <a href="#">three main ways</a> BCCOHP protects the public is by ensuring that oral health professionals remain competent throughout their careers. This work is carried out through our QAP, and oral health professionals are accountable for completing the QAP requirements as set out in our bylaws.</p> <p>The proposed program is grounded in research and evidence, with a design that emphasizes ongoing competence, alignment with BCCOHP Professional and Practice Standards, and oversight that is proportionate to public risk. Equity across professions and practice contexts, along with transparency and accountability in regulatory decision-making, were key considerations throughout the program's development.</p> <p>Accountability for investigating concerns about oral health professionals—and for publicly reporting outcomes where appropriate—sits within BCCOHP's complaints function, rather than the QAP. Together, these functions provide complementary oversight to protect the public.</p> <p>In response to feedback calling for greater transparency, the program design was strengthened to include self-inventory sample questions, with the option to incorporate patient and peer survey questions into the QAP in future.</p>

<p><b>Unclear integration with patient-centric outcomes:</b> Respondents asked for examples to demonstrate how the QA program connects with patient safety outcomes.</p>	<p>The proposed QAP focuses on ensuring competent practice and continuous alignment with BCCOHP Professional and Practice Standards, which are designed to promote equitable and competent care, which in turn supports positive patient experience and outcomes. By helping oral health professionals understand and adhere to the BCCOHP Standards, the proposed QAP strengthens the link between competent practice and patient-centered care.</p> <p>Further, BCCOHP conducts research through the Voice of the Oral Health Patient in BC, asking patients and the public about their experiences with oral health care and their perceptions of how oral health care is regulated. The data from previous surveys regarding patient experiences and outcomes informed the development of the proposed modernized QAP framework through mapping to BCCOHP Professional Standards and determining the areas requiring the most improvement. Further information regarding the research program can be found <a href="#">here</a>.</p>
<p><b>COMPONENT A Feedback</b></p>	
<p><b>Lack of clarity:</b> The most frequently cited concern was a perceived lack of clarity about what the self-assessment would involve, and the use of aggregated data from self-inventory.</p>	<p>Program design was adjusted to include sample self-inventory sample questions. Questions from the patient/peer surveys may be added in the future. BCCOHP will not have access to personal results. Each oral health professional will have access only to their own responses.</p>
<p><b>Patient feedback surveys seen as unreliable:</b> Although optional, seen by many as irrelevant or unreliable for assessing clinical competence due to patient biases and a</p>	<p>Research shows that patient experience surveys offer a way to look at important skills from different perspectives. Patients may not be able to judge technical aspects of care, but they can offer unique insights on key skills that support safe care, such as teamwork, professionalism, communication and cultural safety. The survey is optional</p>

lack of patient technical expertise.	<p>and is meant to help oral health professionals reflect and learn in areas where patient feedback is helpful.</p> <p>Individual feedback from the patient experience surveys will only be visible to the individual oral health professional to help them improve their practice. BCCOHP will only see anonymized, combined data to identify trends and opportunities. This process is separate from formal complaints, so patient feedback is used to support learning and not to punish.</p>
<b>Subjective nature of self-assessments:</b> Viewed as biased and ineffective measures of competence or professional growth.	Program design was adjusted to clarify that professional goals should draw directly from insights gained through the self-inventory and standards self-reflection of each oral health professional.
<b>Redundancy:</b> Several respondents felt that a formal self-assessment process is unnecessary for seasoned professionals, as self-reflection and continuous improvement are already routine aspects of their practice.	All oral health professionals can benefit from guided self-reflections. It encourages them to think about their practice, identify knowledge gaps and ensure understanding of the BCCOHP Professional and Practice Standards. This process also helps with setting goals, continuing professional development activities and maintaining competent patient care. No matter the level of experience, guided self-reflection shows accountability and a commitment to ongoing learning.
<b>COMPONENT B Feedback</b>	
<b>Lack of clarity:</b> More details on the learning modules and ambiguous expectations.	Further information will be shared as part of the module rollout to ensure registrants understand what is involved before engaging with the program. The purpose, structure, and expectations of the learning module will be shared.
<b>One-size-fits-all design is a recurring friction</b>	All oral health professionals complete the same QAP because it is built around BCCOHP Professional and

<p><b>point:</b> Many practitioners want the QAP to account for scope, specialty, practice setting, and risk profile.</p>	<p>Practice Standards, which apply across every oral health professional and practice setting. The program allows for individual reflection and learning within a shared framework, so while the structure is consistent, each professional's goals and learning activities reflect their unique context and scope.</p> <p>Together, the program's components promote consistent expectations for safe and competent care while allowing flexibility for personalized professional development.</p>
<p><b>Redundancy with existing education and standards:</b> Respondents perceived duplication of component B requirements with current CE requirements, self-directed learning, or professional standards.</p>	<p>All existing QAPs for oral health professionals were retired on December 31, 2025, to ensure a smooth transition into a single, modernized QAP. This includes discontinuing current mandatory requirements for continuing professional development hours and credits.</p>
<p><b>COMPONENT C Feedback</b></p>	
<p><b>Lack of detail:</b> Respondents wanted additional details on:</p> <ul style="list-style-type: none"> <li>• Definition of risks</li> <li>• Selection criteria</li> <li>• How follow-up assessments will be conducted</li> <li>• Measures of success</li> </ul>	<p>To maintain fairness and reduce repetition, the program design was updated to clarify that for random audits, Oral health professionals selected for a random audit in recent years will be excluded from selection until a new audit cycle begins (exact interval to be set by policy.”</p> <p>More detailed information about component C was addressed in our consultation update and FAQ <a href="#">here</a>.</p>
<p><b>Punitive atmosphere:</b> Many oral health professionals perceived Component C to be</p>	<p>Component C aligns with the HPOA and offers a structured way to support oral health professionals who may need additional support to demonstrate their knowledge of and alignment with BCCOHP's Standards. This part of the</p>

intrusive, undermining professional trust, and creating anxiety.	proposed QAP focuses on right-touch regulation by emphasizing collaboration, education and fair, proportional responses – not punitive action – to help oral health professionals provide safe care and to feel confident they are meeting BCCOHP Standards.
<b>Opposition to random audits:</b> Respondents viewed random audits as unfair, stress-inducing, redundant for high-performing oral health professionals, and likely to result in inequitable treatment.	<p>The audit process identifies those who could benefit from additional support. The random audit process is used to ensure fairness and consistency across the program.</p> <p>Additionally, non-completion of components A or B will be a consideration for identification to participate in Component C, not only random audit.</p>

## Outcomes and next steps

BCCOHP thanks those who took the time to provide input and feedback throughout this consultation process. BCCOHP has reviewed and considered all the responses it received in refining the QAP design and will continue to communicate further details and address frequently asked questions as the QAP is rolled out. Updated information will be on the [Quality Assurance Program \(QAP\)](#) page of the BCCOHP website.