



**College of Dental Technologists of Ontario**  
Ordre des Technologues Dentaires de l'Ontario

# **Overview of the Quality Assurance Program**



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# 1. Overview

## Introduction

The Quality Assurance Program of the College of Dental Technologists of Ontario (CDTO) is founded on the belief that all members (RDTs) are competent oral health care professionals committed to performing within the scope of the dental technology practice. RDTs conform with all relevant regulations and Standards of Practice. They are also committed to supporting quality care by proactively taking the responsibility to maintain and improve their professional practice on a continuous basis.

## The Quality Assurance Program

The QA Program is designed to be supportive and educational in nature by providing all Registered Dental Technologists (RDTs) with a framework for professional development, and peer to peer encouragement, learning and collaboration.

The QA Program is overseen by the QA Committee, a statutory committee of the CDTO. With operational support from staff, the Committee monitors Member compliance with the program, reviews and takes action on assessment reports as required, and makes determinations regarding practice enhancement and remediation.

The CDTO must:

- comply with the legislative requirements of the Regulated Health Professions Act, 1991 (RHPA) which requires all Regulatory Health Colleges in Ontario to implement a Quality Assurance Program.
- ensure public protection as part of its mandate
- promote members to continually improve their knowledge, skills and judgement as they progress in their careers as integral members of the oral health care team.

## Quality Assurance Program Goals and Objectives

The goal of the Quality Assurance Program is to:

- promote continuing competence and continuing quality improvement among the membership,
- address changes in practice environments, and
- incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.



Specifically, the program is designed to ensure that:

- all RDTs regularly demonstrate that they meet the baseline competencies in all areas of the dental technology practice
- the baseline requirements of the standards of practice will be raised and new standards will be introduced to reflect innovation and changes in the profession over time
- an environment is created for RDTs to strive for continuous improvement

## Overview of QA Components and Tools

The Quality Assurance Program (QAP) comprises of the following key components and tools:

Components:

1. Self-Assessment
2. Continuing Education and Professional Development (CEPD)
3. Peer and Practice Assessments

Tools:

4. Professional Development Profile (PDP)
5. Summary of the Professional Development Profile (SPDP)

### 1. Self-Assessment

Self-Assessment is a tool for Members to reflect on their practice. Reflecting on their practice assists the Member to identify their priorities for continuous improvement of their professional knowledge, skills and judgement as they relate to the College's Standards of Practice and code of ethics and assists them in identifying their learning goals and appropriate CEPD activities for the year ahead.

After reflecting on their own strengths and areas for improvement, members will then formulate their professional development goals and plan on activities that would enhance or develop their knowledge, skills or judgement.

Learning goals should be SMART (Specific, Measurable, Attainable, Relevant and Timely). A well-written goal contains an action or outcome that will assist in determining when the goal has been achieved.

Embedded within the PDP forms is the self-assessment tool. Members will use the Professional Development Portfolio (PDP) forms to complete their annual self-assessment.



## **2. Continuing Education and Professional Development (CEPD)**

All Members are required to participate in CEPD activities to ensure their knowledge, skills and judgement remain current and responsive to changes in practice environments and advances in technology and continue to meet the Standards of Practice set by the College.

Members are required to obtain a minimum of ninety (90) CEPD credits every three (3) years and must document their participation in professional development activities in their Professional Development Portfolio (PDP) and their Summary PDP (SPDP). CEPD credits are earned through participation in a variety of learning activities, giving Members the flexibility to choose the learning approach and activities that best meet their learning goals.

The College has developed the Professional Development Guidelines to assist members in selecting appropriate professional development activities. The guidelines will also inform members in the amount of CQI credits earned for undertaking such activities.

## **3. Peer and Practice Assessments**

The Ministry of Health and Long-Term Care has identified on-site practice reviews as crucial to quality assurance. All regulated health professions are required to include in their QAP measures that evaluate members on-going competence, compliance with the College's standards of practice, demonstrate continuous quality improvement, and to provide members with valuable practice feedback. Peer and Practice Assessments will be reviewed in depth in the following chapter.

## **4. Professional Development Profile**

The Professional Development Profile (PDP) is a tool for members to:

- identify learning and performance improvement needs
- set goals and to plan for activities to achieve these goals
- record their professional development activities and track their credits

The PDP forms house the self-assessment forms as well as learning goals and tracking of professional development activities. Members must maintain records in their PDP of their professional development activities and, if requested, submit these to the College. Completed PDPs, including certificates of attendance must be retained for six (6) years from the date of the most recent activity described in the portfolio.

The College will randomly select between 2-5% of the membership each year to review the members PDP. The College will review the learning goals set by the member and review the professional development activities undertaken by the member within their 3-year cycle. Members will be asked to provide proof of completion for all professional development activities.



## 5. Summary Professional Development Profile

The Summary Professional Development Profile (SPDP) is a summarized version of the PDP that includes the learning goals the member has developed and the record of the members professional development activities undertaken to meet the goal.

At the end of each three (3) year cycle, Members must submit their SPDP forms to the College for review by August 31<sup>st</sup> of the third year. This provides the College with an opportunity to ensure the member's ongoing compliance with the program, and to ensure the member is continually striving for professional development.

## Summary of Each Member's QA Requirements

Member's must:

- ✓ complete the Self-Assessment Tool found within the PDP forms annually and set learning goals
- ✓ complete 90 CEPD credits in every 3-year cycle
- ✓ record your professional development activities and CEPD credits earned in your PDP and SPDP forms.
- ✓ submit your SPDP forms by August 31<sup>st</sup> in the third year of every 3-year cycle
  
- ✓ submit your PDP forms to the College when randomly selected
- ✓ undergo a Peer and Practice Assessment when randomly selected

## Failure to Comply

Members who fail to meet the Standards of Practice of the College or fail to demonstrate ongoing compliance with the QAP may be directed by the Quality Assurance Committee to any of the following:

1. Complete specified continuing education or remedial programs within a specified period of time, or
2. Undergo a Peer and Practice Assessment
3. Direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration for a specified period of time

Failing to meet the Standards of Practice of the College is an act of Professional Misconduct. The Quality Assurance Committee may refer the member to the Inquiries, Complaints and Reports Committee should a member continually fail to demonstrate ongoing compliance to QAP. The Quality Assurance Committee rarely exercises this power as the goal of Quality Assurance is non-punitive and educative.



## 2. Standards of Practice & Practice Advisories

Standards of Practice set out the professional expectations for dental technologists. They are the minimum knowledge, skills and judgement needed to practice safely and provide quality service to the public. Standards are set by the College of Dental Technologists of Ontario and all Registered Dental Technologists (RDTs) must adhere to them.

Standards of Practice also promote the continuing competence of self-regulated health care professionals by helping Members to identify continuing quality improvement opportunities when members complete their annual self-assessment found within the PDP forms.

The College may from time to time issue practice advisories. Practice advisories provide members with guidance and useful practice information on a particular issue of importance. They assist members with interpreting Standards of Practice, that may otherwise be larger in scope and less concise.

### Why do we need Standards of Practice?

The Standards are critical for self-regulation because they reflect what dental technologists believe is the accepted way to practice the profession to ensure that the public interest is served and protected. The Standards set out the minimum requirement that dental technologists need to meet in order to provide care that is safe, competent, and ethical and give the regulator a tool to hold Members accountable if they fall below those requirements.

## 3. Peer and Practice Assessments

### What are Peer and Practice Assessments (Peer Assessments)?

Peer and Practice Assessments, or Peer Assessments, is a review of a fellow RDT's compliance with the College's Standards of Practice at his or her place of practice.

### Why conduct Peer Assessments?

- To provide RDTs with valuable practice feedback from an experienced peer
- To meet the requirements of the Regulated Health Professions Act, 1991 and associated regulations.
- To be accountable to the public by providing evidence of an RDTs ongoing competence and professionalism



## When will an RDT be asked to undergo Peer Assessments?

Peer Assessment will take place when:

- An RDT is randomly selected. (Every year, between 2-5% of practising RDTs will be randomly selected)
- An RDT's professional development profile submission is judged to be deficient by the QA Committee.
- An RDT is referred through the registration, complaints or discipline processes.

## Who are Peer Assessors?

Peer Assessors are fellow experienced RDTs registered with the College in good standing and hold a current General Certificate of Registration or have been retired from the College less than 5 years. Peer Assessors undergo a fulsome recruitment process and must demonstrate a strong sense of professional responsibility and commitment. They will represent CDTO during Peer Assessments and utilize their practice experience to provide members with valuable feedback on improving their practice.

## What is the process?

An RDT selected to undergo a peer assessment will be given written notice in advance. The assessment will be conducted at the RDT's principle place of practice by a trained Peer Assessor appointed by the QA Committee. Before the actual on-site visit, the RDT will be contacted by the Peer Assessor to decide on a mutually agreed date and time.

The assessment will normally take half a day and follow the processes outlined below. However, because of the different nature of member's practices, the process may be modified.

**Peer assessments are meant to be educative and take a more informative approach and is not punitive. Peer assessors are fellow RDTs who act as mentors that provide valuable information on how to better your practice.**

### 1. Start-Up Meeting

At the Start-Up Meeting, the Peer Assessor will provide:

- An estimated length of time for the assessment
- areas of the practice that will be assessed: records, materials, practice activities
- time and format of the summary meeting





## 2. Tour of the Laboratory

The Peer Assessor will tour the laboratory to:

- take note of the tasks and activities that the RDT is responsible for performing and/or Supervising;
- determine tasks to be assessed to verify compliance with the Standards of Practice; and
- determine who to interview if necessary e.g. technicians reporting to the RDT understands the location of appropriate manuals, policies or procedures.

## 3. Observation and Interviews to Assess Performance

The Peer Assessor will:

- look for factual evidence that the RDT is adhering to the criteria outlined in the Standards of Practice applicable to the task being performed;
- review files and records for required elements stipulated in Regulations, Standards and Guidelines;
- ask for clarification and/or explanation; and
- record observations on the assessment checklist.

## 4. Summary/Review Meeting

After completing all assessment activities, the Peer Assessor will take time to review his/her notes on the checklists before concluding the review. He/she will hold a summary/review meeting with the assessed RDT to:

- discuss the findings
- answer questions from the RDT
- provide suggestions for improving your practice
- elicit feedback and suggestions from the RDT on the QA Program, the various component processes, Standards of Practice and the Peer Assessment.

## Possible Outcomes of the Assessment

The Assessor will report in writing the results of the assessment to the Quality Assurance Committee within 14 days after completing the assessment. A copy of the report will be provided to the member.

The member may make written submission to the QA Committee within 15 days of receiving the assessor's report.



After reviewing the report, the QA Committee may decide that:

- no further action is required;
- there are no concerns, however, some recommendations may be offered;
- there are minor infractions regarding which the RDT may agree to take remedial actions within a specified period of time.
- contemplate a reassessment
- there are major concerns/infractions of professional misconduct, incompetence or incapacity and that the name of the RDT be referred to the ICRC Committee.
- take action under subsection 80.2 (1) of the Health Professions Procedural Code O. Reg 35/13, s. 1.