



# CONTINUING COMPETENCE PROGRAM REVIEW

## COLLEGE OF ALBERTA DENTAL ASSISTANTS

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## 2 EXECUTIVE SUMMARY

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This review is an examination of the continuing competence program (CCP) of the College of Alberta Dental Assistants (CADA). It is a project that contributes to their goal for regulatory effectiveness to “promote continuous learning and improvement that influences policies and programs based on best available evidence...”

It was identified that a large percentage of CADA registrants do not have a full understanding of the CCP, why it exists, or professional responsibilities to participate. The main goal of this review is to achieve clear recommendations for improvements to the CCP, with measurable and manageable processes for CADA that ensure regulatory oversight and protection of the public. The changes suggested also need to enhance understanding, commitment, and transfer of learning for the registrants.

Although Canada is a leader in continuing competence, much confusion still exists around the terminology of competence and the best approach for continuing competence programs. Growing expectations for regulators to ensure patient safety, has put increasing pressure on regulatory processes. Regulators alike are challenged to develop continuing competence programs that provide clear data that reflects ongoing development of the professional. These challenges generally leave regulators feeling less than confident on the value of their mandatory continuing competence programs.

The shared responsibility for supporting competence growth in professionals is clearly understood, and likewise for the necessary engagement needed on the part of the professional. Logic initiating the discussion of continuing competence decades ago built the basis for CCPs. One logic was the assumption that a professional is already competent, which helped to build a future focused approach continuing competence programs. Another included a broader lens on competence, looking at the professional as a whole and not just a list of skills and tasks, a more holistic approach overall.

Today, many factors impact continuing competence program development. Right-touch, risk-based, and agile regulation have expectations for achieving regulatory excellence. Transparency, accountability, public engagement, fairness, and kindness are not just government expectations, but public demands. Yet regulators are left to find the best approach, and what that looks like is changing.

Professionals want programs that are easy to use, clear and concise, and provide immediate feedback. They are eager to achieve compliance, and most are diligent on the education they need to maintain their competence. However, they struggle with the mandatory regulatory processes for continuing competence. These struggles are evident in the excessive materials, the multiple steps, and the processes for verification, all dependent upon the specific program requirements.

This report signifies the review and result of a six-month comprehensive analysis of the existing CADA-CCP. Recommendations are informed by layers of research findings through internal and external review: literature review, trends analysis, environmental scans, focus groups, interviews, and surveys, along with years of regulatory experience of the team involved. Stakeholder engagement was critical to this review. Nine recommendations are included and mapped out for next steps, along with noted challenges that CADA needs to consider, including adjustments focused on a future CCP that elicits engagement, motivation, and eager compliance.

*"Curiosity is the beginning of knowledge. Action is the beginning of change."  
James Clear, Author, Atomic Habits*

### 3 PROJECT OVERVIEW

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The College of Alberta Dental Assistants (CADA) launched the *Continuing Competence Program Review (CCPR)* June-December 2023. CADA contracted Teresa Bateman, Principal Director of *Callidus Arte Solutions Ltd.* to manage the CCPR. The team at Callidus Arte Solutions Ltd. includes highly educated and experienced experts in health care regulation, research, legal processes, psychometric review, continuing competence, facilitation, and adult education.

The CCPR was performed as a research-based evaluation of internal and external factors. This work was performed utilizing a five-part project management process of initiation, planning, execution, monitoring/control, and closing phases.

The project obtained stakeholder involvement in the review process, including registrants, educators, managers, employers, other regulatory colleges, and the public. Data collection also included a research portion examining current and past literature on continuing competence, adult learning, and career-span learning, as well as an environmental review of other regulator processes, and trends in CCP and regulation.

The review findings inform program enhancements, with actionable recommendations and strategies to improve the program's effectiveness, accessibility, and relevance. Feasibility of incorporating new technologies for monitoring systems and potential learning modalities is also discussed.

#### Goal and Scope of this Review

Since CADA launched its CCP in 2009, there was concern that a large percentage of registrants do not have a full understanding of the program, why it exists, or requirements related to their professional responsibilities to participate in continuing competence.

The main goal of this review was to achieve clear recommendations for improvements to the continuing competence program (CCP) that:

- ensure regulatory oversight and protection of the public
- are measurable and manageable for CADA
- provide worthwhile and dynamic CCP expectations for Dental Assistants that:
  - improve their understanding of the CCP
  - enhance their commitment to learning
  - guide the transfer of learning into enhanced professional behavior

The project scope was established to guide the planning, conducting, and finalization of the Continuing Competence Program Review (CCPR). The project scope helped the collaboration between CADA and the external contractor and avoided miscommunication and misinterpretations of expectations.

### 4 REGULATORY AUTHORITY

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The College of Alberta Dental Assistants serve and protect the public interest by overseeing and directing the practice of dental assistants to ensure Albertans receive safe, competent, and ethical oral health care.

The Alberta Government and the Health Professions Act (HPA)<sup>ii</sup> give CADA the authority and mandate to act as the regulator for dental assisting. The HPA provides a legislative framework, delegating self-governance/self-regulation to health profession regulatory colleges in partnership with government. This framework outlines accountability mechanisms with standard processes for registration, continuing competence, complaints and discipline, and processes for maintaining professional Standards of Practice and Codes of Ethics. “Through these processes, the Act ensures that health professionals maintain high standards of competency, safety and ethics, and provide Albertans with safe, high-quality care”<sup>iii</sup> (p. 1).

The HPA requires that all activities CADA performs fit within the regulatory mandate. CADA sets expectations to ensure that dental assistants know what’s expected of them. CADA does this through regulation<sup>iv</sup>, policies<sup>v</sup>, Bylaws<sup>vi</sup>, Standards of Practice<sup>vii</sup>, Code of Ethics<sup>viii</sup>, Continuing Competence Program<sup>ix</sup>, and guidelines<sup>x</sup>.

CADA’s role must focus on:

- ensuring that Albertans receive safe, high-quality oral health care from dental assistants
- ensuring that dental assistants adhere to the highest standards and ethical conduct
- protecting the public from unsafe practice
- holding dental assistants accountable for the care they provide

Section 50(2) of the HPA requires that all health profession regulatory colleges have a continuing competence program for their registrants to maintain competence and enhance their provision of professional services. The intent of continuing competence in the HPA is for “health professionals to view the maintenance of competence and the ability to apply advances in their profession as a lifelong process<sup>ii</sup>(p. 38)”.

*Health Professions Act<sup>ii</sup>*

*s. 50(2) A continuing competence program*

- must provide for regulated members or categories of regulated members *to maintain competence and to enhance the provision of professional services* by participating in a program for *self-directed professional development*, and
- *may provide for practice visits, examinations, interviews or other competence assessments* of the regulated members or categories of regulated members.

Continuing competence programs are mandatory and linked to a registrant’s ability to obtain and maintain a practice permit, which gives a health professional authority to practice in the profession. The regulatory colleges have flexibility in how they design their CCP, identifying the parameters in their Standards of Practice and Council approved policies. Colleges can also collaborate or cooperate with professional associations, labour unions, or other regulatory bodies, with parameters around what type of collaboration is authorized.

HPA Section 11(6), defines the role of the competence committee to include making recommendations to the Council on continuing competence requirements, assessing those requirements, assessing competence, conducting an assessment of regulated members’ competence, and other duties authorized by the Act or the Bylaws.

## 4.1 CADA MISSION, VISION

Alberta dental assistants are recognized leaders in regulation and governance, and support practices that establish universally accepted standards of competence, professionalism, quality, and safety for the profession.

*Our Mission<sup>xi</sup>: The College of Alberta Dental Assistants regulates its members in the public interest, promoting the delivery of safe, quality oral health care.*

*Our Vision<sup>xi</sup>: We champion regulatory excellence, innovation, and trust among our communities.*

## 4.2 CADA STANDARDS OF PRACTICE

The CADA Standards of Practice<sup>vii</sup> Section 11, define 8 criteria for continuing competence. These criteria outline expectations for dental assistants including the definition of competence and linkages with the Competency Profile<sup>xii</sup>, infection prevention and control standards, and occupational health and safety guidance. Additionally, Section 18 defines the continuing competence program requirements and rules, again defining competence. This section serves in part as a policy overview section of the Standards, further defining the CCP.

### 11 Competence

11.1 Dental Assistants engage in continuing competence activities to enhance the provision of services to their patients and to remain current in knowledge and application of that knowledge. Competent means having the knowledge, skills, attitude and judgment to consistently achieve successful results and reduce the risk of harm to patients.

#### Criteria

##### 11.2 Dental Assistants

- a) annually meet the requirements of the continuing competence program established by Council;
- b) ensure their competence activities relate to the role of dental assistants;
- c) use the College *Competency Profile* and related self-assessment tool to proactively plan enhancements and growth to their dental assisting practice;
- d) limit professional practice to services they are authorized and currently competent to perform and that are appropriate in the current circumstance;
- e) meet or exceed the most recent College of Dental Surgeons of Alberta *Infection Prevention and Control Standards and Risk Management for Dentistry*<sup>xiii</sup>, as approved by the College from time to time,<sup>1</sup> and any other applicable guidelines or legislation necessary to meet the current standard of care;
- f) understand the occupational health and safety rules that apply to their work setting;

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<sup>1</sup> As per the SOP document: From time to time means that although the College has approved the College of Dental Surgeons of Alberta document as the standard to which dental assistants must practice, the College retains the right to approve new, revised and/or additional Infection Prevention and Control standards, which would also be enforceable.

- g) participate in occupational health and safety activities as required in the *Occupational Health and Safety Act, Regulation and Code*<sup>xiv</sup> to ensure their place of employment is safe for patients, colleagues and themselves; and
- h) assess the impact of their competence activities on their dental assisting practice and adjust as necessary to maintain and enhance competence.

## **18 Continuing Competence Program**

18.1 Dental Assistants engage in continuing competence activities to enhance the provision of patient services and to remain current in knowledge and application of that knowledge. Competence means the combined knowledge, skills, attitudes and judgement required to provide professional services.

### **Program Requirements**

18.2 Dental Assistants must annually complete the number of learning objectives determined by Council. Information on acceptable learning objectives and continuing competence activities can be found in the Competence Program Manual.

### **Annual Form**

18.3 Dental Assistants must complete on an annual basis, in a form satisfactory to the Competence Committee,

- a) self-assessment;
- b) a learning plan with the required number of learning objectives; and
- c) a list of continuing competence activities undertaken and supporting documentation.

Dental Assistants must retain their competence records for at least five (5) years.

A Dental Assistant must, on the request of the Competence Committee, submit anything referred to in this section to the Competence Committee.

### **Program Rules**

18.4 The Council may recommend rules governing

1. eligibility of an activity to qualify as professional development towards fulfilling a learning objective,
2. requirements that Dental Assistants participate in a specified number of professional development activities,
3. transfer of learning objectives earned in one year to the following year,
4. consequences for non-compliance with the program, and
5. the continuing competence program.

### **Rules Distribution**

18.5 The rules and any amendments to the rules established by the Council must be made available by the College to Dental Assistants, the public, the Minister, regional health authorities and any person who requests them.

### **Review and Evaluation**

18.6 The Competence Committee must periodically select Dental Assistants in accordance with criteria established by the Council for a review and evaluation of all or part of the Dental Assistant's continuing competence program.

### **Non-Compliance**

18.7 Dental Assistants who fail to comply with the Continuing Competence Program may be ineligible for practice permit renewal and may be reported to the College's complaints director for unprofessional conduct.

### **Competence Program Manual**

18.8 Dental Assistants can access the rules, forms, Competence Program policies and procedures for the continuing competence program in the Competence Program Manual.

## **5 REVIEW OF RESEARCH AND TRENDS**

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Regulators are usually very good at regulating and less effective at publishing evidence of how well their regulatory structure's function. This is noted in a 2021 rapid evidence assessment completed in the UK, that speaks to the lack of academic study in health care regulation. This research notes most evidence as small-scale, current state, with weak data and low relevance, and difficulty identifying overall value in regulation or positive effects from the various regulatory structures <sup>xv</sup>.

Regardless, to facilitate an evidence-based approach to this project and the recommendations, a literature review was conducted using components of a rapid evidence assessment (REA) <sup>xvi</sup> (p. 38). Multiple public databases and online sites were accessed including Google Scholar, Journal of Continuing Education in Health Professions, Regulation & Governance Journal, Elsevier, Journal of Nursing Regulation, and Wiley. A comprehensive review of databases discovered related articles and included ProQuest (multiple), PubMed, Medline Plus, and Science.

### **5.1 LITERATURE SUMMARY**

The results of the REA include a wide capture of publications, journal articles, white papers, editorials, magazine articles, and infographics with reference to competence program, continuing competence, adult learning, career-span learning, quality assurance, and professional development. Publications from 2000 to 2023 were included in this review. Several themes emerged and are summarized in this section.

#### *Canada is a leader in continuing competence*

Canada has some of the most robust and widespread expectations for continuing competence/quality assurance. Due to this, Canada is recognized as an example of a jurisdiction requiring and regulating continuing competence <sup>(xvii, xviii, xix, xx, xxi, xxii)</sup>. This makes it easier in some ways as regulated professionals can assume regardless of where they practice across the country, they are likely to be mandated to participate in a program to monitor their ongoing competence.

There has been a ripple of growth in international expectations for continuing competence. In fact, jurisdictions that don't have organized planning and oversight of continuing competence generally see



that they should <sup>(xvii, xxvi, xxiii, xx, xxiv)</sup>. As one may expect, patient safety and protection of the public are widely identified as a goal of continuing competence, linking back to the various regulatory mandates noted in the research <sup>(xxv, xvii, xviii, xxvi, xxvii, xix, xx, xxi, xxii)</sup>.

### Terminology is a challenge

There has always been challenges in the discourse related to continuing competence and the meaning assigned to it. There can be a lack of clarity around specific terminology, for example competence and competency, causing confusion for registrants and regulators <sup>(xvii, xxi, xxviii)</sup>.

In fact, well known Canadian continuing competence expert, Zubin Austin, addresses the issues related to meaning of competence in his 2015 work, *Competence and Its Many Meanings* <sup>xxix</sup>. Austin discusses philosopher Michel Foucault's thoughts on how "discourses are statements, signs, or signals that are shared between individuals in a way that allows meaning to evolve" (p. 1), and the reality that the changes or shifts in the meaning of words, also leads to transformational social change <sup>xxix</sup> (p. 2).

Perhaps this is why there is clear definitions of the meaning of competence noted in the Alberta Health Professions Act legislation: "**competence** means the combined knowledge, skills, attitudes and judgment required to provide professional services <sup>ii</sup> (p. 10)".

A profound statement on continuing competence is captured in the 2015 report by the Health & Care Professionals Council (HCPC) of the UK, where HCPC Chair, Anna van der Gaag, writes in her Foreword:

*The study of competence in health and care professionals has generated many hundreds of research papers by academics and practitioners from different disciplines. Perhaps the only area of agreement amongst the models and constructs is that competence, like professionalism, is challenging to define. Endeavours to try and capture it in a list of knowledge, skills and attributes, to produce a checklist which covers all behaviours, are likely to end in oversimplification. Competence, like professionalism, is more than the sum of its parts <sup>xxx</sup> (p. 1).*

### Accountability and learning

There is an understanding that the responsibility for continuing professional development should be shared between the practitioner, regulators, and employers. This includes offering development options and ensuring that barriers of time and cost are considered <sup>(xxxi, xxxii, xxi, xxxiii)</sup>. Continuing education takes time, money, and motivation, and perhaps an approach that includes all involved is the most effective was to encourage professional development.

Competency-based and practice-based learning come up frequently. There has been a shift from classroom time/courses as the only measure of learning to more varied ways to show continuing development such as online research, webinars, and mentorship <sup>(xxxi, xix, xxi, xxiv, xxxiv, xxxv)</sup>. With so many online options today, many due to the pandemic, people want more variety than ever before in how, when, and where they learn. The best methods of continuing professional development remain under discussion and debate, but *self-reflection and/or self-assessment* <sup>2</sup> often arise as a critical component <sup>(xxv, xvii, xviii, xxxvi, xix, xxvi, xxxvii, xxxviii, xxxiv, xxxv)</sup>.

Mandatory education programs of any type do not necessarily promote motivation or engagement of professionals <sup>xlvii</sup>. Perhaps this is the logic to why the Alberta Health Professions Act includes in their mandate for a continuing competence program that it doesn't just maintain competence, but also

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<sup>2</sup> Also referenced as reflexive/reflective practice.

enhances “the provision of professional services by participating in a program for self-directed professional development”<sup>ii</sup> (p. 56).” However, new evidence out of Australia suggests the opposite, with mandatory requirements in continuing competence being a strong motivator for health professionals, with improved competence upon completion of learning <sup>Error! Bookmark not defined.</sup>

Some groups have taken a refreshing approach to self-direction, connecting it to the professional’s responsibility to self-regulate their own practice. “Within the dental hygiene profession, the ADHA [American Dental Hygiene Association] recommends that dental hygienists be actively involved in the development and administration of continuing competence mechanisms as a critical aspect of self-regulation <sup>xvii</sup>(p.2)”. By developing a personal connection to being self-regulated and their own role in protecting the public, professionals may find a more clearly defined answer to *what’s in it for me?*

The concept of engagement, or rather disengagement and its link to professional competence, accountability, and ultimately patient safety are recognized now in the bigger picture of regulatory excellence. This is noted not only by competence experts like Zubin Austin <sup>lxviii</sup>, but internationally recognized professional regulation advisor Harry Cayton <sup>xxxix</sup> (pp.8-9).

### CCP processes

Determining transfer of learning is difficult in an informal learning mechanism <sup>xl</sup>, which is why regulators struggle with these expectations in their CCPs. Health professionals are not seen as being strong at self-assessment, making it a challenge when assessing strengths and weaknesses <sup>(xiv, xli, l)</sup>. Portfolios are used widely, both across geographical and practice settings, as a way to collect and show learning but there are weaknesses in how they are understood and used <sup>(xxxi, xxv, xlii, xliii, xxxvi, xxvi, xix, xxi, xxiv, xxxvii, xliv, xxxviii, xlv, xlvi, xlvii)</sup>.

The move to viewing competence as a professional activity that builds throughout the lifespan of a professional seems to have a good basis in health regulation perspective. However, it remains an international discussion about self-directed programs vs a more structured point or credit system that counts learning activities <sup>xlvi</sup>.

The ongoing discussion linking continuing competence to life-long learning, professional development, or the new monikers career-span competence and longitudinal learning, congeals the concepts of engagement, motivation, and professional growth. Some experts have developed comprehensive services for regulators, blending continuing competence assessment and professional growth, with a formalized self-reflective career-span competence approach <sup>xlix</sup>.

The wide variety of approaches to continuing competence/quality assurance prevails, regardless of mandated requirements. Experts believe “This may be attributed to a complex interplay of many factors, including differences in professional regulatory legislation, interpretation of emerging evidence, regulatory body resources and capacity, professional culture and values, and inconsistent interpretation of what actually constitutes professional competence <sup>xlvii</sup> (p. 2).”

Perhaps this is best related <sup>xlviii</sup> in the *Alberta College of Dental Hygienists* Town Hall video, where they state “Continuing competence is affected by the context of each professional’s practice role and...practice environment. Context matters! Your role, Your practice setting, Your experience <sup>l</sup> (44:32).”

Recent research related to continuing professional development of regulated health professionals in Australia “was unable to find any evidence for an optimal amount of CPD (continuing professional development) to be completed <sup>xviii</sup> (p. 11)” further validating the move away from mandating continuing

education hours. Additionally, this study notes that CPD is best when it deploys different methods, is sequential, allows for interaction, and focuses on outcomes important to the practitioner, another nod toward self-directed and self-reflective models <sup>Error! Bookmark not defined.</sup>.

“The traditional checklist approach to defining and measuring knowledge and skills, while necessary, may not be sufficient as the complexity of health and care and service delivery increases <sup>xxx</sup> (p.14)”.

### Value and access

Continuing professional development is viewed positively by most practitioners; its value is understood <sup>(xlii, xvii, xxvi, xxi, xxii, li)</sup>. The value from a broader perspective is perhaps best captured by this quote: “...not only is continuing education/continuing professional development a necessity to ensure ongoing competency of professional practice, but that it is actually the longest and most important component of the educational process <sup>xliv</sup> (p.1)”.

In a scoping review, which was a broad assessment of different professional quality assurance systems, Austin and colleague Grayson (2015), discovered that even though there were ‘highly variable’ regulatory and scope of practice differences among professions, the mandate of public protection was managed through the goal of continuous career development of the professional <sup>Error! Bookmark not defined.</sup> (p. 2), Austin and Grayson (2015) <sup>Error! Bookmark not defined.</sup>

Issues of equitable access to learning came up a few times: cost, time needed to find and complete development, adequate staffing to enable learning <sup>(xxv, xxxii, Error! Bookmark not defined., xxvi, xx, xxiv, xxxiii)</sup>. Micro-credentials (or shorter courses/short-term wins) came up as a way to offer learning that builds competency while being quicker to complete, offering more immediate gratification <sup>(xxv, xvii, xxviii)</sup>.

Informal learning occurs in many ways, usually outside of formally scheduled events, making it hard to develop precise learning objectives that relate to this type of learning <sup>xl</sup>. Evaluation of self-directed learning is challenging, as its likely several sources provided learning on a single subject, which means evaluation must be more holistic in these situations <sup>xl</sup>.

### Competency-based assessment

Health profession regulated members have a large variety of educational activities they can engage in to meet the expectations of the College. Although not completely comparative to the legislated continuing competence programs, competency-based assessment (CBA) is a common part of the structure of educational programs, and more recently the verification process for initial registration for professionals. CBA is seen in professions beyond health care, as noted for professional engineers and geoscientist in Alberta since 2018 (p. 21)<sup>lii</sup>. These processes often include self-assessment initially, with validator (supervisor) and assessor (regulatory) review as noted in British Columbia <sup>liii</sup>.

Just as concerns related to valid processes in continuing competence programs, the debate related to competency-based assessment has also existed for many years <sup>liv</sup>. This discussion often questions the competency development process, which can also cause issues in regulatory CCPs. “Beyond a general movement in the direction of competencies, however, there seems to be little consensus about how exactly competencies might be defined <sup>xxix</sup> (p. 412)”.

Inspection or assessment of any kind requires a well considered logic. Obtrusive, unreasonable, and inefficient regulatory processes are being reconsidered for governance-based progressions that include

the concept of self-regulation <sup>c</sup>. This is affecting the overall model and approach to assessments of any kind.

## 5.2 HISTORY

Competence-based education was recognized since the 1970's as effective in adult education programs<sup>lv</sup>. However, since CCP's were launched for health professionals in Alberta in the early 2000's, much debate ensued among regulators about the effectiveness of self-direction, self-engagement, and self-reporting processes for continuing competence measurement.

Professions in Canada have had quality assurance/continuing competence programs for decades, with Ontario leading some of the initial mandates for health professionals. A prime example of this is the work of the *Royal College of Physicians and Surgeons of Canada*, with the well referenced *Physician Competency Framework - CanMEDS*, "The CanMEDS framework describes the abilities physicians require to effectively meet the needs of the people they serve. Since its launch in 1996, CanMEDS has become the most widely accepted and applied physician competency framework in the world <sup>lvi</sup>."

Self-regulation remains a valued concept in Canada, dating back before formal regulation of professions came to be <sup>lvii</sup>. This logic was evident in the assumption of competence that was encouraged in relation to development of competence programs over two decades ago. Considering a professional as 'already competent', set a program up for future development, rather than focusing on assurance of existing competence.

As the HPA regulated more health professions in Alberta in the early 2000's, more questions than answers about CCP became evident. Alberta health professional regulatory colleges recognized the need for collaboration and created an interest group (*Continuing Competence Interest Group-CCIG*) focused on sharing and learning, which later grew to include support of the broader focus for regulators through the *Alberta Federation of Regulated Health Professions (the Federation)* <sup>lviii</sup>. Through the CCIG, regulators explored the logic of continuing competence, adult learning philosophies, and different ideas of measuring competence in professionals.

As continuing competence or quality assurance was a trend across Canada, the CCIG hosted a conference on the topic in November 2005. CCP expert Zubin Austin was featured, having years of study on the topic and involvement in implementation of a similar quality assurance program with pharmacists in Ontario. His experience and advice on CCP guided many Alberta health professions in the early stages of development and implementation, and he remains a leading expert today.

Austin's work, along with other scholars, is considered in an article published on the College of Physiotherapists of Alberta website <sup>lix</sup>. Austin's common perspective, shared at many events over the years, is that the engagement discourse of competence doesn't focus on a list of skills or abilities, but relates to engagement, competency drift, professional identity, and flow <sup>lx, lxi</sup>.

Still other initiatives emerged, toward aligning health professionals through enhancing knowledge and collaboration all in the view of patient safety. A few examples include the *Health Quality Council of Alberta* <sup>lxii</sup> in 2006; and the *Canadian Interprofessional Health Collaborative* <sup>lxiii</sup> formed in 2007. These

initiatives, in part, display the expansion of the competence discussion reflecting a more holistic view of the many factors that influence professionals.

Best practice organizations have evolved to support regulators, such as the *Council on Licensure, Enforcement and Regulation (CLEAR)*, an association of individuals, agencies, and organizations joined together since 1980 to form an international community of professional and occupational regulation. “CLEAR is a dynamic forum for improving the quality and understanding of regulation in order to enhance public protection <sup>lxiv</sup>.”

In Canada, the Canadian Network of Agencies for Regulation (CNAR) <sup>lxv</sup> is a federation of national organizations whose provincial and territorial members are responsible for protecting the public through self-regulation. Established in 2003, CNAR has grown significantly, holding educational events to facilitate networking, and sharing of best practices across Canada and beyond.

### 5.3 REGULATION AND REFORM

Government oversight in health regulation is stronger today than ever before in HPA history. In 2018, with nearly two decades with little change to the legislation “...the *winds of change* sweeping much of Canada and around the world arrived in Alberta with gale force. As a result, the last four years have been a period of extensive, intense, and complex regulatory reform in Alberta <sup>lxvi</sup>.”

With ongoing political pressure in the economics vs public welfare debate, the pressure for improved regulatory structures isn’t just from government <sup>c</sup>. There is a “...growing assertiveness on the part of members of the public in filing complains, a strengthening belief that these complaints ought to be taken seriously, and...a more demanding public when it comes to professional services <sup>lxviii</sup> (3:27)”.

There exists a dichotomy today, certainly in Alberta considering government legislation changes. Regulators are expected let go of ‘association’ type activities that support registrants, for example those activities considered the softer side of regulation that support registrants <sup>lxvii</sup>. Yet, they are being encouraged to use kindness and empathy as a tool in all their interactions with registrants, saying it will reduce risk, liability, and improve their overall operations <sup>lxviii</sup>.

These mounting expectations include more transparency, public input, higher and more unified expectations on all regulated health professions <sup>(lxix, lxx, lxxi)</sup>. Some of these changes impact CCP, including shifting them from the profession’s regulation to their Standards of Practice with the wave of changes included in Bill 46 <sup>lxxii</sup>.

Amalgamation, or the concept of bringing together several groups for combined regulatory services and resources, wrestles for full scale support due to limited evidence and conflicting views <sup>lxxiii, xxxix</sup>. With longer term examples in the UK and Australia, Canada has seen enforced models in BC <sup>lxxiv, lxxv</sup>, leading to new formations <sup>(lxxvi, lxxvii, lxxviii)</sup>, and legislation changes to facilitate amalgamation in Alberta <sup>lxxi</sup>.

The *British Columbia College of Oral Health Professionals (BCCOHP)* now regulate 16000 oral health professionals including certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists, and denturists. This group was formed in part due to external review recommendations and full-scale government reform <sup>lxxix</sup>. Although benefits can be seen in this effort, concerns remain, specifically related to equity among professions, successful long-term models, losing

effectiveness for efficiency<sup>lxxxiii</sup>. Not to mention the ongoing and perhaps growing points of view and “tension between the regulatory and the political<sup>lxxviii</sup> (23:05)”.

There is also evidence of layers in regulatory structure, as in the UK with the *Professional Standards Authority*<sup>lxxx</sup>. Ten different regulators are supported by this group through three directorates; regulation and accreditation; standards and policy; and corporate services. One of the ten regulators is the *Health & Care Professions Council (HCPC)*<sup>lxxxj</sup>, who regulate 15 professions in the UK. Another example is CORU, regulating health and social care professionals in Ireland<sup>lxxxii</sup>. CORU currently regulates 13 professions, with 5 more joining soon.

Australia formed the *National Registration and Accreditation Scheme*<sup>lxxxiii</sup> in 2010, regulating 16 health professions under the *Health Practitioner Regulation National Law*. The *Australian Health Practitioner Regulation Agency (Ahpra)*<sup>lxxxiv</sup> is the national organization responsible for implementing the *National Registration and Accreditation Scheme* (the National Scheme) across Australia. Ahpra works with 15 national health profession boards that are broad groupings of professions, such as dental, medical, optometry, and so on. Each of these boards then have registration and continuing professional development expectations for their registrants.

### Defining Regulatory Excellence

Regulators have trends to manage that reach beyond continuing competence, none more obvious than the 2010 introduction of Harry Cayton’s right-touch regulation<sup>lxxxv</sup>. Cayton describes eight steps to effective regulatory decision-making, which focus on balancing risk through understanding, along with allowing professionals a framework where they can be flexible to make good decisions within their professional roles<sup>lxxxv</sup>. Perspective and guidance on right-touch regulation are plentiful, with some encouraging that the approach should be customized to the regulators needs<sup>lxxxvi</sup>.

Many regulators question if this ‘right-touch’ maintains enough control or oversight. Yet in many ways it links with the concepts of self-regulation, avoiding over-regulation by remaining agile. “The goal of agile regulation is to bridge the growing gap between the slower timescale of regulatory development and the faster timescale of innovation while also protecting the transparency, accountability, rigor, and relevance of our regulatory system<sup>lxxxvii</sup> (para 8).”

A specialist and critic in regulatory processes, Cary Coglianese, Professor at University of Pennsylvania, and director of the Penn Program on Regulation, developed a *Framework for Regulatory Excellence*<sup>lxxxviii</sup>. Written to advise the *Alberta Energy Regulator’s (AER) Best-in-Class Project*, Coglianese answers the questions of what makes an excellent/best-in-class regulator. The project involved 150 international participants, as experts in the field, along with over 60 individuals interested in the work of the AER.

The findings of the project provide three core attributes of excellence: utmost integrity, empathic engagement, and stellar competence<sup>lxxxviii</sup>. These attributes define areas such as commitment to serving the public interest, respecting law, working with elected officials, transparency, public engagement, respect, maximizing public value, achieving high performance, and are tagged RegX<sup>lxxxviii</sup>.

The AER project resulted in the development of nine tenets that align with the three core attributes. “These nine tenets constitute the most significant, comprehensive but still compact aspirational statements of regulatory excellence of any that we have encountered”<sup>lxxxviii</sup> (p. iii).

These nine tenets are:

1. Fidelity to law
2. Respect for democracy
3. Commitment to public interest
4. Even-handedness
5. Listening
6. Responsiveness
7. Analytical capability
8. Instrumental capacity
9. High performance

The AER project continues with a model of regulatory, organization, action and performance. These perspectives for regulatory excellence have been shared by groups such as Thentia<sup>lxxxix</sup> (a cloud software, technology, and leadership business, developed by former regulators), in their many articles and white papers<sup>xc</sup> guiding regulatory processes.

Considering the variety of regulatory innovation models is crucial for regulators. Finding and adapting one, or more, to fit a regulators framework is a challenge, yet vital part of ensuring transparency in regulatory management.

### Mobility and Collaboration

Mobility across Canada is also a renewed factor for regulators. Proclaimed in April 2023, “the Labour Mobility Act allows highly skilled Canadian certified professional workers in more than 100 regulated occupations to easily and quickly get work in Alberta by removing barriers and creating a consistent approach to recognizing out-of-province credentials<sup>xcj</sup>.” This Act streamlines requirements and supports out-of-province professionals obtain faster registration to practice in Alberta<sup>xcii</sup>. It also aligns with domestic trade agreements: *Canadian Free Trade Agreement* and *New West Partnership Trade Agreement*<sup>xciii, xciv</sup>.

Regulators, legal advisors, and insurance providers have increasingly discussed risk-based and evidence-based approaches as part of traditional regulatory structures around the world<sup>xcv, xcvi</sup>. Regulatory organizations support these discussions through regular communications, webinars, conferences, and events that share experiences and resources. Some of these groups of impact in are the *Canadian Network of Agencies for Regulation (CNAR)*<sup>xcvii</sup>, the *Council on Licensure, Enforcement and Regulation (CLEAR)*<sup>xcviii</sup>, and the *Alberta Federation of Regulated Health Professions (AFRHP – the Federation)*<sup>xcix</sup>, and profession specific national collaborative groups.

Considering the role of public protection, being in a ‘state of change’ has always been the case for health care regulation. Whether it’s adapting to umbrella legislation, managing changing government expectations, enforcing new regulations, anticipating regulatory effects of workforce issues, or handling pandemic requirements and a post-pandemic world. Ultimately, it seems “the interpretation of risk varies widely across place and time and is capable of being interpreted so as to rationalise a wide range of differing models of decision-making<sup>c</sup> (p.7)”. Being agile and flexible then become the only way to stay afloat.

## 6 INTERNAL REVIEW

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Dental Assistants were proclaimed under the HPA in 2006,<sup>iii</sup> with the CADA Continuing Competence Program (CCP) launched in 2009.

### 6.1 CCP DOCUMENT REVIEW

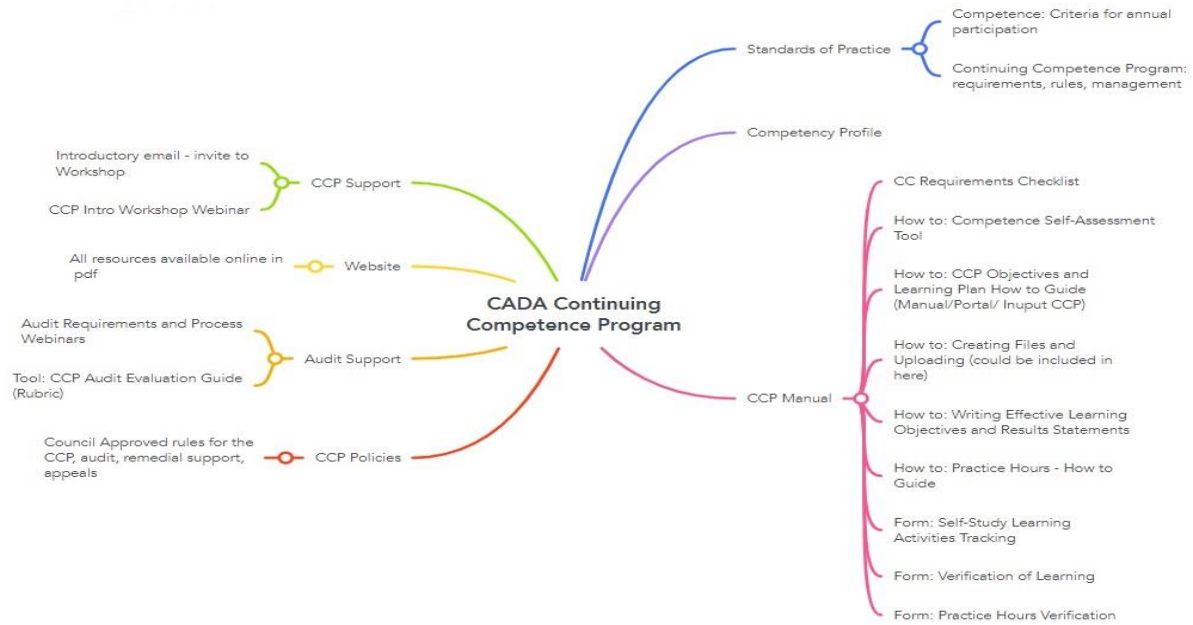
The documents available to support the CCP are extensive and are often available on a webpage and a downloadable pdf. Some forms must be completed and uploaded to the registrants Portal, and some are for their own records.

- [Standards of Practice](#) webpage and pdf
  - The expectations for Dental Assistants for their professional practice
  - Section 11 Competence, Section 18 Continuing Competence Program
- [Continuing Competence Policies](#) webpage and pdf
  - Council approved rules for the CCP, with details related to all aspects of the CCP, audit, remedial support and appeals.
- [Competence Program Manual](#) webpage
  - lengthy with duplication of info in the manual, many links to other documents.
- [Competence Program Manual](#) pdf (17 pages)
  - Step by step walk through to the program focusing on the Assess-Achieve-Analyze steps.
- [Competency Profile](#) webpage and pdf
  - A detailed description of the knowledge, skills, behaviours, and attitudes of dental assistants in Alberta.
- [Self-assessment](#) webpage
  - Concise information with tips and questions to guide the self-assessment.
- [Self-assessment Tool](#) pdf (46 pages)
  - Instructions on use, five scale ratings, and use of the fillable pdf.
  - Includes charted competence areas, as per the Competency Profile, for rating each competence of the profession.
- [Continuing Competence Program Requirements](#) webpage
  - Duplicate information to the pdf Checklist, with links to other documents and the Portal.
- [Continuing Competence Requirements Checklist](#) pdf (1 page)
  - A concise checklist to guide the CCP process
- [Writing Effective Learning Objective and Results Statement](#) pdf (2 pages)
  - Describes leaning objective statement and results statement
- [Continuing Competence Program: Objective and Learning Plan – How to Guide](#) pdf (16 pages)
  - Review of Assess-Achieve-Analyze, screen shots of online CADA Portal sections, ideas for acceptable learning activities and info about Verification of Learning.
- [Verification of Learning](#) pdf
  - Form to provide evidence of learning activities, signed by presenter, sponsor, employer, mentor, then uploaded into Portal.
- [Practice Hours Verification Form](#) pdf



- One form with three sections: Section A-Practice Hours for CCP Records; Section B- Practice Hours for New Registration or Reinstatement Applications; Section C- Verification to be completed by employer or volunteer organization to verify hours.
- [Practice Hours How to Guide](#) pdf (5 pages)
  - Instructions on uploading verification form or other information to verify hours.
- [Self-Study Learning Activities Tracking](#)
  - Form to track self-study learning activities for one learning objective, then upload the information into Portal, form not submitted.
- [Creating Files and Uploading](#) (2 pages)
  - Discusses common steps and methods for uploading files.
- [CCP Audit Evaluation Guide](#) pdf (5 pages)
  - A rubric for preparation for the audit, provides overview of CCP annual requirements, and outlines instructions and links to all documents of the CCP, along with do and don't suggestions to obtain a Satisfactory result.
- [CADA Portal](#)
  - Online member site (via Thentia Cloud), for managing my practice permit, my learning plans, my renewal, and my public profile. Very clear and easy to navigate, with straightforward uploading of documents and payment system.
  - Step 4 of Renewal Application is *Current Year Competence Requirements*, with 4 stated expectations and declaration.
  - Step 5 of Renewal Application is *Learning Plans for Next Year*, with fillable sections for proposed learning objective for next registration year, must have at least 2, before able to proceed to next step of application.
  - Step 6 of Renewal Application is the *Patient Relations Module Requirement*, where registrants must declare that they have completed before they can proceed. This module is available on the *Professional Practice Learning Centre*, a separate website.
  - Practice hours – there is a section where practice hours can be added, with uploading of verification.
- Other Resources
  - Regular communication about CCP, particularly during the fall registration season when registrants must participate with renewal of their practice permit.
  - *CCP Intro Workshop (Webinar)* – hosted each fall focused on new registrants
  - *Introductory Email* – sent to new registrants describes the CCP, links to resources, and invites them to the CCP Intro Workshop
  - *Audit Requirements and Process (Webinar)* – those selected for Audit receive invitation.

A mind map of the documents and resources helps to visualize the various and robust support provided to registrants.



## 6.2 DEMOGRAPHICS

Demographic data is important to consider in this review as it helps to understand the characteristics of the profession, and aids in identifying patterns and trends. This data was abstracted from the CADA database in June 2023.

- 6713 registrants, 6238 active practice permit (7.1% LOA, student, provisional, courtesy)
- 98% female
- Average age 42.5 years, 70% registrants between 30-60 years of age, almost 10% over 60
- Time since initial registration: minimum 0.2 years, maximum 50.7 years, average 13.1 years
- Active registered by city: 363 cities of residence, 55.4% Edmonton/Calgary, 64% in AB largest cities, 36.3% all other areas of AB
- Languages used: 74 languages reported, English spoken 68%, English written 74%, English reading 73%, Three main languages of India: 391 spoken-6.2%, 265 written-4.2%, 281 reading-4.5%.
- 48 countries of education reported, 95.6% educated in North America
- 275 unique schools reported (with several duplicates in data, same school different naming), 25 registrants report 'no formal education' – indicating those part of a challenge exam years ago
- Nearly ¼ of Active registrants not currently employed in dental field-perhaps temporarily
- Average hours of work per week: 0-15(11.3%), 16-32(29.7%), 33+(58.9%)

## 6.3 ANALYSIS OF CCP

The current CADA CCP has a sound process, based in adult learning theories. It is on par with other regulators, using similar components for CCP assessment, planning, implementation, and evaluation. In fact, the *Assess-Achieve-Analyze* model is similarly based on the *Plan-Do-Check-Act* cycle, noted in leading adult education models. The CCP is respected by the majority of the registrants.

There is an excessive abundance of materials available to guide the process, with duplication online and in pdf documents. Some of the documents are very effective, for example the simple *Continuing Competence Requirements Checklist* is the most concise and valuable document associated with the CCP process.

The CCP expectations are part of the CADA annual registration process, which occurs from October to November 30, for the registration year December 1-November 30 each year. The CCP has evolved over the years and is now defined with a three-stage process of Assess – Achieve – Analyze launched in January 2023.

A clearly defined CCP Framework guides registrants through the program:

1. a self-assessment
2. a learning plan
3. learning activities
4. verification of learning activities
5. a learning results statement
6. verification of practice hours
7. participation in an audit if chosen

Besides the numerous documents available to guide the program (noted prior), phone support is available for registrants through a team of Regulatory Compliance Advisors (RCAs). Many registrants call for CCP assistance from the RCAs, with 243 calls and emails recorded since August 2022. Which is approximately 3.5% of registrants if each call/email was from separate individuals.

The CADA Portal is an online member only site for managing: *My Practice Permit, My Learning Plans, My Renewal, and My Public Profile*. It is very clear and easy to navigate, with straightforward uploading of documents and payment system.

CADA provides support to registrants through an introductory email those newly registered encouraging them to review the CCP resources and inviting them to take part in the *CCP Intro Workshop* (Webinar). They also provide webinars for those chosen for Audit, with step-by-step instruction.

The Competence Committee sets parameters for the program, for example they identify the years of practice that will be reviewed for each Audit year. There is more capacity in utilizing the resources in this committee that can be considered, specifically based on their role as defined in the HPA.

## 6.4 ANALYSIS OF AUDIT

The Audit is guided by an *Audit Evaluation Guide* that serves as a rubric, providing an overview of the CCP annual requirements. It outlines instructions and links to all documents of the CCP, along with do and don't suggestions to obtain a Satisfactory result. This document provides excellent information for registrants chosen for Audit, and in effect could also greatly aide with ensuring the annual CCP meets expectations. There is noted duplication in expectations between annual submissions and Audit submissions, with registrants automatically meeting Audit expectations if they are achieving all annual CCP requirements.

At least 5% of dental assistants are chosen for audit each year. Notices go to those selected in January indicating which years of the CCP will be reviewed, as decided by the Competence Committee. The registrants have until February 28 of the same year to ensure all necessary records are posted on their Portal, ready for review by the CADA team. Registrants are encouraged to maintain their CCP documents and requirements throughout the year and are invited to audit workshops to learn the parameters of the audit. For the 2021 Audit, 18% of those chosen for Audit took part in the workshop.

The Audit includes a review of the registrants Portal during March, April, May, where the RCAs ensure the mandatory practice hours, learning plans, learning activities, and verification meet the requirements, and accurately capture the registrants continuous learning activities. The *CCP Policies* and *Audit Evaluation Guide* are used as the rubric, which is a scoring guide that outlines specific expectations. Registrants are encouraged to use the *CCP Policies*, *Audit Evaluation Guide*, and the *CCP Manual* to prepare for a successful audit and maintain copies of all documents for at least five years.

All registrants selected for Audit must have achieved a satisfactory result by May 31. Those that are incomplete on June 1, are referred to conduct as non-compliant. Audit extensions may be granted for extenuating circumstances if the registrant has requested the extension on or before the CCP audit deadline of May 31. There is also an option to appeal a decision, as outlined in the *CCP Policies*, *CCP14*, *Appeals*.

Due to changes in the Audit process over the last 3 years, rates of initial non-compliance are difficult to assess. In 2021, Audit policy was changed to blend the *Satisfactory/Satisfactory with recommendations* into one *Satisfactory* category. For the 2022 Audit, if CCP records were noted to be incomplete, the RCAs worked with the registrants through a *Remedial Process* to help them achieve compliance. In 2023, Audit policy received significant change, moving CCP requirements into the Standards of Practice to meet the expectations of Bill 46, along with several other updates including defining the *Remedial Process* more clearly<sup>ci</sup>.

Support during the *Remedial Process* could be as little as correcting learning objective competency numbers, to as much as extensive support for a registrant who provided very little annual submission. There is significant support offered to a substantial percentage of those audited. For example, the 2023 CCP Audit tallied over 1200 email communications (not differentiated by individual, so likely some response conversations), and 61 documented calls, from the 375 registrants audited.

If non-compliant registrants have not achieved successful Audit during the allotted timeline of the *Remedial Process*, they receive a warn from the Registrar that non-compliance will result in a referral to conduct. Most registrants take these warnings and the *Notice of Investigation* from conduct very seriously and reach a successful level of compliance within 30 days, avoiding referral to hearing.

Occasionally, registrants cancel their registration because they are no longer working in the profession and cannot not meet the requirements (4 individuals in 2021). The remainder successfully meet the requirements with additional coaching and mentoring, with no registrants progressing to hearing due to CCP non-compliance.

- Since 2014: 11,314 CCP Audits conducted

- Pass rates stable after significant remediation: 96.6% in 2022, 97.8% in 2023.
- From 2018-2023: 62,930 learning objectives were completed. Most common method was Self-Study (34%), then Credit Course/Program (23%), then Mentoring/Tutoring (20%), then Workshop/Seminars/ Conferences (19%), and Study Club/Committee/Group at 4%.
- Competency area B: Safety is 5th most selected of 9 categories; Competency area I: Professionalism is 8th of 9 categories; even though the CCP/Audit encourage registrants focus on these areas, they are poorly subscribed.
- Competency C: Treatment Support Procedures was most selected every year
- Competency G: Communication & Interpersonal was least selected every year
- Breakdown of competencies, by most selected area per competency band:
  - A: Foundational Knowledge – A-1: Anatomy/Physiology
  - B: Safety – B-5: Emergencies
  - C: Treatment and Support – C-1 Infection Prevention and Control
  - D: Dental Equipment and Technology – D-1 Radiology and Digital Imaging
  - E: Clinical Procedures – E-1 Intra-Oral Dental Assisting
  - F: Oral Health Education and Promotion – F-3 Client Education
  - G: Communication and Interpersonal Skills – G-1 Communicating
  - H: Practice Management – H-1 Office Procedures

Due to the high level of intervention required in the Audit, and the reality that the expectations are the same as those of the annual CCP, it brings to question the model of the current Audit. For consideration, there is nothing in the HPA that specifically requires an Audit be completed. Rather it is a general obligation as part of a colleges' duty to establish a mandatory CCP and to link participating in the CCP to obtaining a practice permit; the Audit is one method of enforcing CCP requirements. Perhaps there is a better way to enhance the annual CCP participation expectations and monitoring and minimize the demand on CADA resources for the Audit.

## 7 EXTERNAL REVIEW

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### 7.1 ENVIRONMENTAL SCAN

A comprehensive review and analysis of 29 regulated health professions in Alberta was performed from June-October 2023. This review included examination of regulatory websites and documents. This review is limited by the date in which the information was gathered and may not reflect changes that have occurred since that time.

A detailed report, analysis, and graphs is included in the reference materials to this project, labelled *3a Analysis Jurisdictional Scan AB Health Profession Colleges*, *3a Detailed Jurisdictional Scan AB Health Profession Colleges*, and *3a Graphs Jurisdictional Scan AB Health Profession Colleges*. A summary of this data is outlined below.

- Entry-to-practice: 2 years or less 46.4%, more than 2 years 53.6%

- CCP Requirements: 32.1% similar to CADA, 10.7% credit based, 46.4% combined, 10.7% unique
- Standards of Practice (SoP)/Competency Profile(CP): 35.7% CP only, 21.4% SoP only, 42.9% both
- Practice Hours: 57.1% part of CCP, 10.7% active practice-no set hours, 32.1% no hours linked to registration renewal
- Jurisprudence: 35.7% pre-reg., 3.6% CCP, 14.3% initial reg/part of CCP, 46.4% not part of CCP.
- Competency Assessments (CA)/Practice Visits (PV): 10.7% other<sup>3</sup>, 14.3% PV, 35.7% CA/PV, 39.3% none
- Audit Submission Protocols: 17.9% ongoing, 82.1% selection - like CADA
- Mandatory Learning: 39.3% required-varies, 28.6% none-may in future, 21.1% not specified

Three other professional regulators were reviewed including the Association of Science and Engineering Technology of Alberta (ASET), the Association of Alberta Forest Management Professionals (AAFMP), and Alberta Teachers Association (ATA). A detailed summary is included in the reference materials to this project, labelled *3b Jurisdictional Scan AB Profs and Occs (non health)*.

- The following interesting factors are noted:
  - ASET
    - Two learning activities from 4 different clearly defined categories
    - If registrant can answer YES to these two questions, they can use the education:
      - “Does this activity make me a better practitioner?” and
      - “Does this activity advance the profession?” (which may not be appropriate for CADA, due to HPA limitations, but another type of questions may be reasonable)
  - AAFMP
    - 75 hours over each three-year period
    - Two different categories, each with detailed and clearly defined learning activities
  - ATA
    - Growth plan reviewed by principal (could be used as part of performance review)
    - Links to Alberta Education provincial standard

Regulation for Dental Assistants varies across Canada, with regulation in most jurisdictions, except in Quebec, Ontario, Nunavut, Northwest Territories and the Yukon. A detailed report is included in the reference materials to this project, labelled *3c Jurisdictional Scan Other Provinces DAs*. The summary of this report is below.

- All regulated provincial jurisdictions in Canada recognize the National Dental Assisting Examining Board
- 8 different models of regulation exist
  - Saskatchewan: self-regulating; no association

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<sup>3</sup> Other methods: exams, interviews, file review, interviews with colleagues, etc.

- Alberta: self-regulating; professional association – voluntary
- B.C.: Certified Dental Assistants – regulated/ formerly certified by the dental college, now all one college. Also, unregulated dental assistants. Voluntary professional association
- NFLD, NS, NB, Manitoba: regulated by an external body; membership in professional association may or may not be mandatory
- PEI: regulated by dental college; no association
- Ontario: association but no regulation; Association acts as the certifying body
- PQ: association but no regulation. Dentists may hire unregulated people
- YK, NWT, Nvt: no association, no regulation; dentists can hire unregulated.

## 7.2 FOCUS GROUPS, SURVEYS, INTERVIEWS

Focus groups, surveys and interviews were conducted as part of the external review for this project.

### Focus groups

Focus groups are a useful way to gather data from a range of people, through guided small-group discussions. A facilitator manages a carefully planned discussion between participants, gathering qualitative information about the participant’s perceptions of a topic <sup>cii,ciii</sup>. This feedback relies on the registrant’s personal experience completing the CCP and provides valuable insights for this review.

Three focus groups were held in September 2023, with one in Edmonton, Grande Prairie, and Calgary. Sixteen registrants were involved in the face-to-face discussions that utilized a process of appreciative inquiry.

Five online focus groups were held in October 2023, with 27 registrants participating. Responses from the face-to-face focus groups were identified in themes through a critical content analysis process and the help of ChatGPT. These themes were then used to gather more input from the online focus groups, with feedback collated into this report. The highlights of the data collected are below.

The discussion summary and analysis are included in the resource documents labelled *4a Live Focus Group Summary* and *4b Online Focus Group Summary*.

There is a good understanding of the purpose of the CCP. It is seen as multifaceted, encompassing professional development, compliance with regulations, a system for managing personal and professional growth, maintaining professionalism and safety, and fulfilling a public obligation. Competence is understood as a complex concept that involves a combination of skills, knowledge, professionalism, safety, and a proactive approach to staying updated and effective in one's field.

Registrants have an overall appreciation for CCP. They value features that offer flexibility, interest-based learning, relevance, mentorship, the use of structured competencies, and a sense of freedom and empowerment in the learning process. In relation to what aspects of the CCP are challenging, feedback suggests issues related to complexity, perceived lack of value, trouble identifying learning objectives in

the competencies, access and cost of learning programs, and the debate around points-based vs. non-points-based learning.

The question of how they use the CCP to contribute to career-span learning was asked of registrants. Initial understanding of career-span learning needed clarity to language the registrants were more familiar with such as ongoing professional development and life-long learning. While many individuals use CCP for focused professional growth, staying up to date, and specialization; there are also challenges related to stress, confusion, and a need for simplification. Additionally, there's a notable point about some not considering career-span learning when selecting objectives, and choosing learning based on available education not a form of self-reflection, indicating a variation in the overall approach to the CCP.

When asked how registrants select learning objectives, a combination of factors are identified. These include access, self-reflection, focusing on technology updates, seeking feedback from colleagues or employers, and again considerations related to team learning, cost, and accessibility. It is evident in the feedback that registrants employ a variety of tools to complete their CCP. This includes resources from local associations, workshops, external lectures, research, education classes, employer offerings, self-assessment/reflection, review of competencies, feedback from colleagues, and staying abreast of new technologies and workplace changes.

Registrants were asked what part of the Audit they appreciate and what they find challenging. A mix of positive and negative sentiments are noted. Individuals appreciate the validation and assurance provided by the Audit, the feedback and guidance offered for improvement, the efficiency of the online process, and the ease of document submission. The confirmation of correctness and suggestions for improvement are also highlighted as positive aspects of the audit experience. Registrants also find it stressful and have concerns that the Audit involves too much focus on the wording of the results statement. Some individuals questioned why CADA has an Audit with submission of documents that should have been submitted with the annual expectations.

Registrants were asked to explain any challenges they have encountered related to differing CCP expectations for the different professions on their team. This question was meant to examine if the CE point-based system vs reflective practice process cause issues registrants. Feedback suggests that challenges arise due to confusion about various programs and questions about the perceived level of challenge in a self-reflective CCP. Many responses indicate there is a desire for more team-focused learning opportunities, and some individuals note that the DAs are omitted from conferences and workshops that are CE point based, as they don't require these points. There were positive examples of effective team-based learning at the workplace that improves collaboration.

When asked if registrants see the CCP as making them a better dental assistant, responses were generally positive. There is a general perception that the CCP is valuable for long-term growth, particularly through self-reflection, professional identity, self-awareness, and increased professionalism. There is also an association noted between the CCP, regulation, and professional pride. With concerns including perceptions of simplicity, both by some registrants, their employers, and colleagues. This was also noted in a general sense by some that there is little effect to overall improvement as a professional when some do the minimum and don't engage in the CCP properly.

Final thoughts were encouraged and included the need for improvement in support, particularly in terms of tutorials, clarity, and automation. There are also considerations for engagement strategies for new



graduates and calls for collaboration and communication between regulatory bodies and professional associations.

### Surveys & Interviews

Surveys and interviews provide a reliable qualitative and quantitative methods for gathering data from a group of people who are part of a similar group. “They involve modes and ways of learning from people through asking questions and recording responses (mainly surveys) and through conversations and listening (mainly interviews) [p. 107]<sup>civ</sup>.”

These methods, along with the focus groups, provided a mixed method approach to obtaining the views from multiple stakeholders. Mixed method approaches offer more evidence to understand a complex problem than one method alone<sup>civ</sup>.

Surveys included registrants, managers, employers, educators, and members of the public, and were developed referencing some of the question used in the prior survey completed in 2014<sup>cv</sup>. Two surveys were developed, one for registrants and one for stakeholders, and was deployed by CADA using their survey software. The feedback relies on the registrant’s experience and perspective regarding the Continuing Competence Program (CCP) and the stakeholder’s perspective about the CCP and regulatory trends, providing valuable insights for this review.

Interviews focused on experienced CADA staff and committee leads, other dental regulator continuing competence leads, and experts in regulation in Alberta. The interviews were key to gathering information to address gap areas in the stakeholder analysis. To manage the privacy of those interviewed, the information gathered has been integrated into this report in the research and trends section, and below in the survey section.

### Registrant Survey

A survey of registrants was conducted in October 2023, with 583 respondents, an 8.5% response rate based on the registrant data at the time. The survey was representative of the registrant demographics matching the overall registrant population, with no detected bias noted. A summary is provided here with the full data included in the reference materials labelled *2a CADA CCPR Survey Analysis – Registrant Survey*, and *2a Survey Raw Response Registrant*:

- Overall, the CCP and Audit are well understood and reasonable for a over 70% of registrants.
- They like the flexibility, interest-based learning, freedom and empowerment, relevance to their practice, mentorship opportunities, and the structure the Competency Profile provides.
- The CCP and Audit materials could be clearer.
- Some registrants sense a perceived lack of value in the program, with the rigor seen as less than those with CE points by other professions.
- Questions were raised about new graduates, wondering if they should be exempt from the program in the first year, or limit their submission to proposed learning for the year ahead.
- More than ½ of registrants (56%) do not use the self-assessment tool, and the majority like self-reflection, and the flexibility to choose learning they need and have access to.
- A considerable number of registrants (44%) struggle to find learning objectives in the Competency Profile:
  - due to competencies not being explicit enough

- some have a lack of understanding/familiarity with the Profile; and
- some are likely not taking the time needed to consider the competencies, as over 40% complete their CCP submission in under 31 minutes.
- More than ½ of registrants (52.5%) base their education on what is available, planned near them, likely not on any form of deliberate self-reflection.
- There is opportunity to further support an understanding of how the CCP helps with career-span learning. Although it is likely this language is unfamiliar to most registrants.
- There could be more education related to using the *Verification of Learning* form, as only 53.6% use it. There is concern some are not using this form properly.
- Immediate feedback on annual CCP submissions would be valued by 52.2% of all age categories, while 72% of the 25 and younger age group (Gen Z) would value immediate feedback.
- Overall, the Audit is a positive experience once complete, however many feel extreme stress related to the process.
- There is a general sense the CCP increases professional accountability, with mentioning they value the advancement in the profession since being regulated under the HPA.
- About 30% would like clearer, more concise Audit feedback. Especially related to the specific wording of learning objectives and results statements, finding the feedback to be more or less wordsmithing.
- Some question why there is an Audit, as all the info is expected annually.
- The Portal is noted to be easy to use by a strong majority (70%).

### Stakeholder survey

A small stakeholder sampling of 23 was obtained through voluntary participation, either through discovering the survey on the CADA website, or specific email invites to key stakeholder groups. The survey responses covered all categories of stakeholders (patients/public, colleagues, employers, managers, educators). One response was removed as a member of CADA completed the survey. A summary is provided here with the full data included in the reference materials labelled *2b CADA CCPR Survey Analysis – Stakeholders Survey and 2b Survey Raw Response Stakeholder*.

Participants who took part in the survey: Patients 30%, Public 17.4%, Colleague 17.4%, Employer 8.7%, Manager 17.4%, Other (regulator colleague, educator) 8.7%.

- A strong majority of 95.7% believe dental assistants (DAs) communicate effectively and clearly.
- A strong majority of 91.3% trust and value the expertise and advice of DAs.
- 90.9% believe DAs act professionally and 95.7% see DAs as being competent.
- Without question, 100% expect DAs to maintain competence annually.
- When asked to rank a list of 10 areas in priority for improving competence annually they listed Safety related areas in the top 3, with nutrition and oral health taking position 9 and 10.
  1. Infection prevention and control
  2. Diseases and infections
  3. Safety
  4. Managing dental procedures
  5. Client education
  6. Customer service
  7. Emerging technologies

8. Professionalism
  9. Managing emergent medical conditions
  10. Nutrition and oral health
- When asked how many hours of continuing education a DA should complete each year to maintain/improve competence Stakeholders expect an average of 10.6 hours, with 21.7% expecting over 15 hours per year.
  - 87% agree or strongly agree it is best for DAs to participate in same/similar education as dental team (to maintain competence).

## 8 MANAGEMENT TOOLS

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Cloud based data management has been utilized by regulators for years now, with online portals available for registrants to update their personal information, manage and upload continuing competence or learning information, manage complaints and discipline, and complete registration requirements. Flexibility, or lack of, within the portals seem to be an ongoing problem for some.

With the exponential growth of Artificial Intelligence (AI) in the last two decades the time is here for using it to manage regulatory priorities. Consider the growth in AI in reading comprehension (2016) to the understanding of language (2018) and today the production of language <sup>cvi</sup>. Once regulators lean into this technology, the opportunities are endless <sup>cvi</sup>.

Growth to the current database tools used by CADA could be reviewed to examine new options in the Portal. Expanding services through the current provider Thentia is possible, with recent updates related to AI and a more responsive system <sup>cvi</sup>. A more responsive database system could be very effective in managing initial assessment and response to annual CCP submissions. It could assess whether a learning objective is weak – strong, by the language used. The current database system likely has expansion elements that could help with this, if not, perhaps other systems could be examined.

App development has become much less costly and more accessible. Real time management of learning activities that efficiently upload to the Portal, could be a valuable tool. Generation Z appreciated real time data on a mobile device, and this would be a positive for both professional and CCP process engagement. Perhaps this could be a future project for the Federation or a group of regulators.

## 9 RECOMMENDATIONS

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1. Celebrate what CADA is doing well! [6 Internal Review]
  - a. High overall satisfaction in the CCP program and Audit
  - b. Good regulatory oversight via the CCP program and Audit
  - c. Considerable access to information, guidance, and support
  - d. A great rapport with registrants, connecting with them personally even through a webinar.
  - e. Obvious respect for CADA, the regulatory role, the team, and support to registrants

2. Abandon current Self-Assessment Tool for expanded Self-Reflection process. [5.1 Literature Summary]
  - a. A formal self-assessment tool was a common approach to CCPs two decades ago.
  - b. The current self-assessment tool is long and arduous.
  - c. Only 44% indicate they use it to assess their practice (perhaps this is skewed, as very few in the focus groups said they did).
  - d. A self-reflection process could engage registrants in an active formulated process of growing their own career.
    - i. This framing could help them with buy-in and make the process more engaging.
    - ii. CADA already uses the self-reflection language, so it's familiar and a new streamlined process, checklist, and instruction could be easily launched.
    - iii. Even though many registrants told us in the focus groups, they would prefer a point system for continuing education credits, a more structured self-reflection process, would be more beneficial.
    - iv. Registrants enjoy the flexibility of the program, the process of self-reflection and choosing their own learning needs.
  - e. Standards of Practice may not need changing, as they indicate self-assessment, which a self-reflection is.
  
3. Streamline and fine tune the processes for CCP, while maintaining regulatory expectations. [5.1 Literature Summary]
  - a. Examine more holistic approach to CCP, including professional accountability, public protection, and self-direction as the three primary tenets.
    - i. One example would be to recognizing learning from multiple sources to address one objective.
  - b. Consider moving discussion of development of learning objectives/review of competency profile up in the process. The current process is based on logging into the Portal before one performs their self-reflection to consider what they want/need to learn. This seems counterintuitive, when you really want registrants to take some time to self-reflect and consider their practice, rather than log into the Portal and then figure it out. A new self-reflection process could help with this.
  - c. Implement adult learning based statements to guide development of the learning objective and the results statements. Results statement could have some drop down choices that address transfer of learning, with the registrant completing a short summary after. This would 'lead' them toward considering how they have applied the learning they completed and could provide better results.
  - d. Review logic and limitations on 5 year no repeat learning objectives. This is a unique limit not obviously noted in other groups, with unclear data to support its consistent deployment. Removing it could again increase professional engagement, enabling learners to be truly self-directed, choosing the learning they need. Exception could be made for CPR/First Aid.
  - e. Review annual expectations to address Safety/Professionalism competencies – addressing these and other areas of focus with mandatory learning modules or mandatory learning videos.

4. Develop a hybrid approach to the CCP – self-reflection, annual/bi-annual mandatory learning modules, self-declaration of practice hours. [5.1 Literature Summary]
  - a. Maintain the self-directed outcomes based CCP (competency and goal based).
  - b. Develop mandatory learning focused on key performance areas applicable to all registrants such as professionalism, accountability, safety, IPC standards, ethical practice, communication.
    - i. This would provide clear data related to education completion and maintenance of competence.
    - ii. Could be 1 new course every 2 years if one annually is too onerous.
  - c. Consider self-declaration of practice hours annually. Enhancing professional expectations would put more onus on registrants and enhance engagement as they would see their regulatory college trusts them to be honest professionals.
    - i. Evaluate data related to past Audits to assess variances in practice hours that are under the 300 hours/3 years.
    - ii. Use this assessment to validate if annual practice hour verification is necessary.
  
5. Consider changing Audit to in-house review and involve the Competence Committee. [6.4 Analysis of Audit]
  - a. There is nothing in the HPA that specifically requires an audit to be completed, rather it is a general obligation as part of colleges' role to establish a mandatory CCP and to link participating in the CCP to obtaining a practice permit; the audit is one method of enforcing CCP requirements.
  - b. Once the CCP is revised, the Audit could be reframed to be an internal evaluation of the CCPs effectiveness. Auditing registrant Portals for completeness of information.
  - c. An hours Audit could also be completed at the same time or separately.
  - d. The Competence Committee could be involved in this review, to further engage their expertise. Although training and management of this process is necessary, it shows more transparency and involvement of the regulated committee. Some regulators have very good processes sorted out for this and would be valuable resources.
  - e. Follow up with registrants could be done as a congratulatory message for those who have exceptional files.
  - f. Those who require some constructive feedback could receive it with congratulations, and those who need support could be contacted for discussion.
  - g. Consider including a new *Competence Assessment* process for those who do not seem to have grasped the tenets of the CCP, performed as a simple meeting to review expectations and set a timetable to address deficiencies.
  
6. Perform a comprehensive review/audit of all documents of the CCP/Audit/Portal, including webpages, to review overlap and alignment. [6 Internal Review]
  - a. Merge documents when possible. There are an excessive number of documents, webpages, forms, and resources for the CCP.
  - b. Alignment of titles, language, information, and layout is needed.
  - c. Consider need for webpages and pdf documents with same information. Complete duplicate information is likely unnecessary, with a short summary on the webpage and a pdf being sufficient.

- d. Consider the current use of the Verification of Learning form, as it is very poorly utilized.
  - e. The excessive number of links are very difficult to manage, it is reasonable that documents are available in one place on the website.
  - f. Consider the number of clicks to find something. A general rule is 2-3 before people become frustrated.
  - g. Review how links on the Portal open, as some open a new window making it hard to get back to your Portal main page.
    - i. Some links open a webpage to search for the document (i.e., *Verification of Learning Form* link opens *CCP Forms & Resources*).
    - ii. Some document links are called something different than the document (i.e., *Need help? Review our Learning Records - How to Guide* goes to *Continuing Competence Program: Objective and Learning Plan – How to Guide*).
7. Consider a formal review and update of the Competency Profile [7.2 Focus Groups, Surveys, Interviews]
- a. 43.6% struggle to find learning objectives in the Competency Profile.
    - iii. What we don't know though, is if this is due to rushing through (42.3% complete CCP requirements in less than 30 minutes), or
    - iv. If the Profile is missing applicable competencies (which we heard at the Focus Groups)
  - b. Competency Profile Review could provide an opportunity to share the new CCP/Audit process with registrants, giving CADA more chance for increasing engagement, along with updating the current document.
8. Consider new uses of technology through the Portal, a new system, or new services. [5.3 Regulation and Reform]
- a. Expanding services through Thentia may be possible. A more responsive database system could be very effective in managing initial assessment and response to annual CCP submissions. It could assess whether a learning objective is weak – strong, by the language used. The current database system has new expansion elements recently announced that could help with this, if not suitable, perhaps another system could be examined.
  - b. Artificial Intelligence (AI) is capable to bring great changes to how organizations support, respond, and manage inquiries. This could be investigated with the current database provider, or part of an assessment of a new system or services.
  - c. App development has become much less costly and more accessible. Real time management of learning activities that efficiently upload to the Portal, could be a valuable tool. People today, and Gen Z in particular, appreciated real time data on a mobile device, and this would make a positive impact for both professional and CCP process engagement. Perhaps this could be a future project for the Federation or a group of regulators.
9. Develop a clear and concise communication plan for all changes made to the program. [5 Review of Research and Trends]
- a. Registrants were eager to share their perspective with this project, and it would be important to continue this process as decisions are made for future changes.

- b. A comprehensive approach to communication supports the change management process, making it smoother for everyone.
- c. A persuasive ‘what’s in it for me’ communication message, outlining the benefits of the new program for the public, registrants, and the regulator would be valuable.
- d. Education could be key to the new approach to CCP. While webinars are great, ‘anytime’ learning is increasingly valuable. Instructional video development would help take some pressure off the CADA team and help registrants in a more integrated way to complete their CCPs.
  - i. Development of several short 5-7 minute instructional videos for all aspects of the CCP would be valuable.
  - ii. The HPA Part 1, Section 3(6), authorizes regulators to collaborate, cooperate, or engage the services of professional associations (and others) to develop programs for professional development, so this could be considered also.
  - iii. Exceptional examples exist for effective online videos, with online software available to develop these videos quickly in-house<sup>ciX</sup> Translation may be available in captions and/or voice to reach the English second language (ESL) registrants.
  - iv. The *Assess – Achieve – Analyse* model could be showcased:
    - Self-reflecting on your practice
    - Finding your learning objective number
    - Selecting your learning activities
    - Writing a great learning objective
    - Using My Portal
    - Preparing for Audit

## 10 NEXT STEPS MAP

Recommendation	Next steps / Clarity
<b>1. Celebrate what you are doing well!</b>	Continue doing what you know, and now can prove, works well.
<b>2. Abandon current Self-Assessment Tool for expanded Self-Reflection process</b>	<p>This could start immediately.</p> <p>Examine self-reflective process tools.</p> <p>Examine best practices in self-reflection.</p> <p>Develop a process that fits your needs.</p>

<p><b>3. Streamline processes for CCP, while maintaining current regulatory expectations.</b></p>	<p>This could be done soon, either if option #3 is not chosen, or more time is needed to implement.</p> <p>Develop a priority list of areas of issue noted in this report.</p>
<p><b>4. Develop a hybrid approach to the CCP – self-reflection, annual/bi-annual mandatory learning modules, self-declaration of practice hours.</b></p>	<p>Examine mandatory learning development options.</p> <p>Examine past reviews of hours verification to identify patterns.</p> <p>Evaluate hours verification process and hybrid CCP approaches with other regulators (as identified in Jurisdictional Scan).</p> <p>Build a model for the new Hybrid CCP approach.</p>
<p><b>5. Consider changing Audit to in-house review and involve the Competence Committee.</b></p>	<p>This could be done in conjunction with #2 &amp; #3, before a Hybrid CCP is implemented, or as part of the Hybrid program.</p> <p>Collaborate with other regulators who involve Competence Committee in Audit reviews.</p> <p>Examine internal processes for managing committee member access to database.</p> <p>Examine adult learning philosophies and develop leading phrases, then have registrants describe <i>why</i> or <i>how</i> in writing for the phrase they choose. This will lead registrants through the practice of transfer of learning, for example:</p> <ul style="list-style-type: none"> <li>- I have more confidence</li> <li>- I can do my job better</li> <li>- I have more knowledge/skill in this area</li> <li>- I can teach this competency now</li> <li>- I provide safer care to my clients</li> </ul> <p>Develop a <i>Competence Assessment/Meeting</i> process that includes face-to-face meeting/online meeting with the registrant. It is vital</p>



	to develop a clear, concise and logical approach to the competence assessment process.
<b>6. Perform a comprehensive review/audit of all documents of the CCP/Audit/Portal, including webpages, to review overlap and alignment.</b>	<p>This could start immediately with Communications Department/ CCP team collaboration.</p> <p>Identify documents that you expect will not be carried forward with any future changes, address those first.</p> <p>Once new processes (#2, #3, #4, #5) are decided, eliminate unnecessary documents, processes.</p>
<b>7. Consider a formal review and update of the Competency Profile</b>	<p>This could start immediately and does not impact any of the other projects, with consideration of staff resources.</p> <p>Consider hiring an external consultant.</p> <p>Perform external review similar to this project.</p>
<b>8. Consider new uses of technology through the Portal, a new system, or new services.</b>	<p>This could start immediately, however, would likely save resources if prioritized after a decision is made on CCP direction (#2, #3, #4, #5, #6).</p> <p>Contact Thentia and examine new models of service.</p> <p>Consider other options, i.e, examine options with Career-Span Competence Collaborative to see if they are a viable option.</p>
<b>9. Develop a clear and concise communication plan for all changes made to the program.</b>	Once decisions are made on future direction, develop a comprehensive communication plan, outlining all changes and implementation dates.

	<p>Focus on the ‘What’s in it for me’, outlining the public, registrant, and regulator as stakeholders.</p> <p>Video development tools could be examined immediately, but likely need to wait on development pending future changes.</p>
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## 11 CHALLENGES

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1. Several recommendations come at a cost for resources, human, financial, technological. This can overwhelm an organization. Critical review of the recommendations and consideration for adoption should be performed. Perhaps a cost-benefit analysis would be useful in decision-making.
2. Engaging third party providers may be necessary to ensure forward movement for CADA. The following areas could include external support:
  - a. Competency Profile Review
  - b. Review/Audit all documents of CCP/Audit/Portal
  - c. Development of Communication Plan
  - d. Develop Learning Modules
  - e. Develop Instructional Videos
  - f. Reassessing Database Provider
  - g. Examining New App Developer
3. Legal advice may be required regarding several factors such as:
  - a. Abandoning Self-Assessment tool for self-reflection process, although process similar
  - b. Managing the hours requirement, in case of challenge related to denial of permit on low hours
  - c. Reshaping the Audit to in-house
4. This project is not recommending adding CE credits and some registrants really want to see them added as they believe it will involve them in more team learning events with their colleagues. This could be a challenge and would need to be addressed in Communications Plan, outlining the engagement plan and benefit of the changes.
5. A sustainability plan is an important consideration as part of the overall direction CADA chooses. Examining short-term and long-term goals will help to prioritize changes and build a roadmap for achieving future success.

## 12 CONCLUSION

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The CCPR concludes with strong, well-researched, pro-active recommendations that provide CADA with valuable insights into a potential future direction. This project has created significant opportunity for engagement and input from registrants and stakeholders and has collected data from around the world.

Identifying an area of weakness in a process within an organization requires leadership, integrity, and courage. “Broadening our understanding of competency and recognising the limitations of traditional approaches are important first steps in ensuring the best, most effective health and care possible<sup>xxx</sup> (p.14)”. The College of Alberta Dental Assistants should be commended on taking this type of progressive action.

On behalf of the team at Callidus Arte Solutions Ltd. we thank you for this opportunity. We have thoroughly enjoyed this partnership. The professionalism, collaboration, and transparency from the staff throughout the process was a significant contributor to the results of this project. From initial planning, data collection, engaging with registrants, discussion, analysis, and working with different members of the CADA team, we extend our sincere appreciation.

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