CRDHA Continuing Competence Program Rules - Registrant Feedback Survey - Thematic Analysis

Section 1 & 2 - Professional Responsibility for Continuing Competence & Continuing Competence Program Requirements			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Limited Accessibility to Continuing Competence	**Registrants discussed concerns and limitations with accessing continuing competence for various reasons:** ● **High costs** ● **Online platform more desirable** ● **Lack of employer assistance** ● **Living in rural areas** ● **Pandemic-related shutdown**	**1450 : I think the *price* for continuing competence has gotten out of hand. With the requirements of our licensing and then on top of that *spending money* on continuing education is a lot. I appreciate keeping our knowledge current, just wish it wasn't so *costly*...** **609 : It is very hard to get points in *rural settings* without having to drive for 2 hours to Edmonton.**	**CCP is the formal commitment to meet the mandate of the HPA (7-2)** **It is the registrant's responsibility to determine his or her specific continuing competence needs and to pursue activities that meet these identified needs. (7-2)** **CRDHA can continue to identify CE sources for registrants. such as CDHA, and post on its website as they become available.**
Inadequate Work-Life Balance with Current Requirements	**Registrants mentioned their concerns with:** ● **Too many hours/credits required in a 3-year reporting period** ● **The desire to "carry over" credits into the next reporting cycle** ● **Maternity/sick leave not considered** ● **Future economic concerns** ● **Redundancy of CPR - other professional counterparts do not require this annually, i.e. RDA, DDS,**	**487 : I feel that credits earned should be allowed to be *carried forward*. This action would allow for a continuous learning and stop the restriction on learning once the 45 credits have been earned. To pay for learning opportunities and not get credit for them because you have maxed out, is very antiquated and serves no higher purpose. Not everyone's life runs on a 3-year cycle, there are *major life changes and circumstances that would or could interrupt this strict 3-year cycle*...** **292 : I love and appreciate my job, but recently I have had children back-to-back and it has made it very difficult and *stressful* for me to meet both program requirements. Please consider reducing them slightly as it is undeniable that most dental**	**DH Regulation:** **17(1) As part of the continuing competence program, a general member must obtain** **(a) a minimum of 45 program credits in the 3-year period that starts on the general member's anniversary date and in each subsequent sequential 3-year period.** **Carry over of credits would require a legislative change to the Dental Hygienists Professional Regulation.** **CPR Rule – for future consideration. Will require alignment with CPR providers (most only offer a**

	RN	**hygienists are women, and as such we have babies and go on *maternity leaves* and we want to be both a mother AND a dental hygienist. We can be both. Please let us be both. I wear both hats better when I am supported and *under less stress*…** **1675 : *CPR yearly* change to every 2 years. CARNA do not need CPR. Interesting.** **751 :CPR is valid for three years so we shouldn't have to renew it annually as the other dental professionals (assistants, dentists) are *not required to renew annually but three years*.**	**1-year certificate) and other oral health regulators (ADA&C now requires yearly CPR renewals).**

Section 3 - Reporting Requirements			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Deficiencies with Online Member Portal	**Registrants indicated their concerns with the restrictions associated with the current online member portal. Some common ideas included:** ● **Lack of a user-friendly website** ● **Technical glitches upon submission (one-by-one CE uploads, etc.)** ● **Untimeliness of staff approvals** ● **Required proof of CE completion unnecessary** ● **Optional paper submission of CEs**	**70 : The member portal is not super *user friendly*.** **78 : The association needs to get on top of submissions and update credits. The *process was faster when you once mailed or faxed in your info*. The online system is *very slow* and *doesn't always seem to work* properly. Very dissatisfied with this new system of entering credits.** **793 : I don't agree that we will have to submit "*evidence of successful completion of this examination*". Most of the webinars I do have a small test at the end but I've never been provided with a document that actually shows my test completion and score. I believe that the certificate of completion for webinars should be enough evidence that the course has been taken.**	**CRDHA is in the process of changing the database/portal. Improvements to address these concerns are currently underway.**

Narrow Submission Deadline for Reporting Documentation	**Registrants expressed that 120 days is often not enough time to submit their CEs for various reasons. Many indicated a more suitable time frame would be between 6-months to the end of the 3-year reporting period.**	**345 : *I do not feel the 120 days limit on submitting is reasonable*. We should be able to submit for credit of a completed course, especially with supporting documentation for the *entirety of the reporting period.***	**120-day submission deadline – for future consideration. CRDHA would like to wait to test the functionality of the new database to see if it alleviates submission and processing issues.**
Unnecessary Archived Documents	**Registrants suggested a shorter time frame for record keeping of past CEs from 3-years to annually.**	**1777 : Once program credits have been approved online I don't think members should have to *keep a record for 3 years*.**	**CCP Program Rules – Rationale:** **6.2 Registrants can check their credits when CRDHA supplies the record of credit/practice hours.** **6.2.1 Registrants are able ask for a correction by providing documentation.** **6.4.1 Documentation may be required if registrant is subject to documentation review.** **CC Recommendation: Change wording to "Retain documents for CCP reporting cycle."** **Council: approved**

Section 4 - Competence Requirements for Transfer to the General Register of Regulated Members			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Exceptions for Seasoned Clinicians	**Registrants feel that if they have over a certain number of years in clinical care experiences, and they take a leave of absence, that they should not be held to the same examination process as more novice practitioners.**	**1182 : So if a *30 year practicing hygienist* takes let's say one year off and they are non practicing for 1 year and they didn't achieve their practice hours in the 3 year period - they need to take an approved refresher course - *really do u feel they are unsafe to practice. Perhaps a 5 year out of practice* clause should be placed so we can have babies and not feel**	**DH Regulation:** **17(1) As part of the continuing competence program, a general member must obtain** **(a) a minimum of 45 program credits in the 3-year period that starts on the general member's anniversary date and in each subsequent sequential 3-year period.**

		penalized. **237 : ....If there was a *better option* for people with more experience, that would be great.**	**The CRDHA cannot make exceptions to CCP legislative requirements.**

Section 5 - Monitoring Continuing Competence Program Requirements			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
"Policing" Credits	**Registrants spoke about the addition of an "audit" was not only confusing, as it lacks specific details, but that it was also a form of policing their CE credits. Many felt that as healthcare professionals the direct submission of CEs onto the member portal was sufficient and did not need further investigation.**	**1917 : I don't believe we need to be *babysat* if we submit these credits and they are approved we don't need to be "audited"** **2298 : *Need more information* regarding how/when random audits will be carried out and just more detail.** **78 : Not really sure *why auditing is required for all* - those who stand out for not completing courses in a timely manner should be your focus...**	**Current process: every CE submission is reviewed and approved before it is added to a Registrant's transcript, so essentially each submission was "audited".** **New process: the new database will allow for a certain percentage of Registrants to be audited each year to check for alignment to CCP rules. The random audit process is consistent with what most health regulators currently do. It reduces administrative burden, and allows for greater professional judgement from the Registrants.** ***More information will be provided on the audit process once the new database is implemented***

Section 6 - Maximum Allowable Program Credits per Course			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Earning Equivalent Credits-to-Hours	**Registrants spoke about being awarded CE credits based on the exact number of hours spent on the course. For example, a university course is typically 39-hours, however, is only awarded 25 credits. Registrants feel that they should acquire equivalent credits-to-hours spent.**	**2143 : Some courses require *more than 25 hours* and should get credit for each hour.** **2255 : There should *not be a 25-credit maximum*. All hours should be reportable and equate to credits.** **2314 : If you take a course that is over 25 hours, I think you should be able to *get a credit per hour* even if over 25 credits for one course.** **1182 : If a member is doing her graduate studies only 25 credits can be used? This is unfair because the cost and time invested in completing graduate courses is very expensive and you want to promote members to advance their education and limiting their studies to a max of 25 credits doesn't support educational advancement.**	**CC recommendation: If a formal advanced education course is directly related to DH practice, they will get full credit: If it is not then the limit is 25 credits.** **Rationale: No reason to limit credits if education is related to DH practice.** **Council: approved**
Elimination of Restrictive Program Credit Limits	**Some limitations that registrants spoke about included:** ● **Daily maximum of 6 CEs being awarded** ● **Course content limits - restricted vs. unrestricted courses** ● **Restrictions on repeating courses**	**676 : …. In the past I have attended a 9-5 course one day to find out *only 5-6 credits were approved* but my efforts to attend extended over 8 hours (including they ask to show up early to register etc.). Maybe members should stay away from this sort of course. It's not worth the time, hotels, gas, food and course fee.** **1589 : Regulated members will not receive program credits for any *learning activity taken a second time within a 12-month period* - we can't control or provide input on when courses are offered or know in advance the quality of the information that will be provided in a**	**In the new CCP Rules, many of the DH related activities have been moved into the unlimited category therefore maximum credits should be less restricting.**

		course. **78 : Never really understood the difference between *limited and unlimited*. It's like being penalized for being interested in courses/subjects/research labeled as limited- really believe any learning should be unlimited...*Limited category should be removed or revised.*** **784 : There should be *no limited or unlimited credit* categories. This tends to limit what topics we want to learn online or as a course. All credits should be under one category.**	

Section 7 & 8 Assigning Program Credits & Continuing Competence Program Credit Categories			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Shorter Predetermination Period	**Registrants spoke about a 90-day period to predetermine whether a course or speaker would be eligible for credits is often too long. Suggestions of 30-45 days are considered more manageable.**	**944 : *The 90 day requirement for predetermination is not always possible.* I understand the necessity of having some time restrictions, but courses may not even be advertised 3-months in advance. (I recently undertook a course regarding COVID that had a 1 week advertising frame, for example). I am unsure if there is a mechanism to expedite predetermination of requests that cannot be made within the 90 day requirement.** **518 : Is there any way to *reduce the wait time* of predetermination of credits to be approved?**	**Predeterminations are only required regarding category eligibility.** ***More information may be needed on the process for predeterminations.*** ***May look at amending the study club guidelines***

Section 9 - Practice Visits			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Breaking Professional Boundaries and Trust	**Registrants felt that they earned their RDH title so they could practice professional and ethical judgement. They mentioned that visits should only be completed if a complaint is filed otherwise it may be seen as a breach of professional boundaries and trust.** **Registrants explained that these guidelines were unclear as to who would be selected, how the visit would take place, and that it would create a lot of angst to an already stressful working environment. They want to better understand the rationale, the how, and the why.**	**373 : This act seems extremely inappropriate in regards to the earning of the RDH title. If a RDH is qualified to be accepted into an approved program and complete that program with acceptable performance then why would the need to *"police"* that individual's performance afterwards be required?...I think practice visits to determine competence is extremely behind the point and frankly too late.** **780 : I feel like I am *being judged* even though I got my education & know my knowledge. It seems unnecessary and it makes me feel like *CRDHA does not trust in me*.** **1870 : Practice visits *unnecessary* unless under investigation for wrong doing.** **1917 : Again we don't need to be *babysat*, we don't need someone checking up on us. If you can't meet your requirements then you don't get to renew your practice permit.** **41 : *I think this is quite over the top*. I personally don't feel like I need to prove myself any further. How do you decide who is checked? How do you decide which regulated member goes out? How do you standardize the results from the regulated member? Is there additional costs required for this that would be gathered through our yearly fees? I'd like to ask what truly is the point to this? What are the solutions to "problem" or "inadequate" outcomes to this new addition?**	**The CRDHA rarely undertakes practice visits for the purpose of assessing continuing competence, however this section comes directly from the DH Regulations.** **DH Regulation:** **21(1) The Competence Committee may, as part of the continuing competence program, undertake practice visits for the purpose of assessing continuing competence and select a general member or a group of general members for a practice visit.** **(2) The selection of general members for practice visits must be undertaken in accordance with the criteria approved by the Council.** **(3) If the results of a practice visit are unsatisfactory, the Competence Committee may direct a general member or a group of general members to undertake any one or more of the following:** **(a) correct any problems identified in the practice visit;** **(b) complete specific continuing competence requirements or professional development activities within a specified time;** **(c) complete examinations, testing, assessments, training, work experience, education or counselling;**

		350 : *How would random office visits be decided?* Who would be doing them? What is the purpose of this? What would the visit entail? More clarity is needed regarding this.	**(d) practise under the supervision of another general member for a specified period of time;** **(e) limit their practice to specified professional services, restricted activities or practice settings;** **(f) refrain from practicing specified professional services, restricted activities or in specified practice settings;** **(g) limit supervision of one or more of the following:** **(i) dental hygienists;** **(ii) students of dental hygiene;** **(iii) regulated members of other colleges;** **(iv) students of other regulated professions;** **(h) report to the Competence Committee on specified matters on specified dates.**

Section 11 - Failure to Meet Requirements			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Recognize Extenuating or Special Circumstances	**Registrants in this section spoke about including a clause with regards to special circumstances that may include: medical/sick leave, maternity leave, death/bereavement, and/or pandemic-related closures. They felt that a "grace period" should be given rather than having such harsh requirements especially in these special circumstances.**	**942 : *Each case should be individual*- there may have been deaths or pregnancies or illnesses that have occurred and this should be taken into account accordingly.** **844 : They should be able to make this up in a *grace period* so they can practice once they meet requirements. Most people would put their license on hold if they were to travel for husband's work or deal with sickness of self or family etc.**	**DH Regulation:** **17(1) As part of the continuing competence program, a general member must obtain** **(a) a minimum of 45 program credits in the 3-year period that starts on the general member's anniversary date and in each subsequent sequential 3-year period.** **CC recommendation: The Continuing Competence Committee recognizes that there**

		693 : Will there there be *special consideration*, due to COVID-19? **645 : If a hygienist is working , has a family and has *extenuating circumstances*, this should be brought into consideration.** **334 : There may be *special circumstances* that could cause a member to have trouble meeting requirements in a specific reporting period, such as illness, family illness or death, etc.** **332 : Personal reasons should be taken into consideration, overall *system too severe*.** **161 : I feel as though failure to meet requirement reprimands are *a bit harsh* personally!**	**is validity in special circumstances where this can affect people's livelihood. CC would like to ask Council if there is anything in the HPA that could accommodate. Could there be option for mentorship or another supportive option?** **Council: would require a legal opinion and discussion with Alberta Health re: if this would require legislative changes.**

Section 12 - Appeals			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Increase Appeal Time	**Registrants felt that a 30-day appeal time was too short of a timeframe. Many have suggested 45-90 days be considered for various personal and professional reasons. Also, specification on the documentation required - whether it be via email or hard copy.**	**844 : *60/90 days is more acceptable.* People need time to consider options, review the challenged requirements and come up with a strategy to proceed. Their license is their livelihood usually so 60/90 days is more acceptable.** **398 : Appeals within *45 or 60 days may be more reasonable* to consider than within 30 days. Additional documentation may need to be collected and submitted to support an**	**CC recommendation: to change to 60 days for appeal process.** **Council: maintain at 30-days to ensure alignment with appeal processes in the HPA.** ***CRDHA rarely receives formal appeals for continuing competence submissions, but will look at providing more information on the appeal process.***

		appeal. **2314 : It says you'd have to send a letter of appeal, but the document doesn't indicate whether this needs to be a physical letter or whether an emailed letter would suffice.**	

Appendix B: Self-Reflection Template Document			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Time-Consuming & Unclear Self-Assessment Package	**Registrants voiced their concerns about this self-reflection package/template. Registrants feel that it may add:** ● **Additional work/stress (reducing work/life balance)** ● **Confusion, as many are unclear of the purpose and how to properly complete the template document.** ● **More work to CRDHA staff that they feel are already backlogged in assessing and approving CEs.**	**870 : Please *clarify* by definition what "Self-Assessment Package" is???** **962 *: Please do not add a self-assessment form*. It is redundant and time consuming and I do not feel it is necessary to enhance learning.**	**Confusion exists between the self-assessment tool and the self-reflection form. Additional information for registrants is required.** **CC recommendation: change name of self-reflection document to help with confusion.** **Council: approved**

Appendix C: Volunteering Submission Template Document			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Appreciative Addition	**Registrants were grateful to see that volunteerism will now be considered for CE, however, they wanted to remove the maximum credit of 7 per 3-year cycle and they would like to have the document adjusted so that signatures are not required.**	**2143 : It is nice to have volunteering recognized.** **944 : There are some circumstances in which the signature of a manager or supervisor may not be applicable. For example, an independent dental hygienist volunteering within his/her clinic. I would consider removing this requirement.**	**For future consideration. CRDHA would like to test out the process first before making additional changes.**

Additional Themes Not Directly Related to the CCP Survey			
Theme	**Meaning**	**Exemplar Response(s)**	**Committee/Council Response**
Confusion between College and Association	**While it is unclear whether or not respondents of this survey can fully differentiate between College and Association, it is important to note the number of times the term *"association"* was misused.** **One can infer that this is still not completely clear with the registrants.**	**78 : The *association* needs to get on top of submissions and updating credits.** **332 : overstepping, too much control given to *association.*** **1015 : CRDHA… would require more time in this approval process and man-power reflecting likely in an increase to the cost of our *association* fees.** **77 : I believe in order to be a member of a professional *association* continuing competencies are a must.** **975 : The *association* that puts guidelines in place must have trust that we are professionals self guided with the intent to partake in educational opportunities that further us as practitioners.**	**CC recommendation: more education is required on the difference between a college and an association.**
Title of RDH	**Respondents mention that guidelines to holding the title RDH need to be revisited and considered as some RDHs no longer are practicing clinicians but have moved on to research, academics, or administrative roles.**	**1185 : An RDH who has been on mat leave, maybe two mat leaves and might only have 400 hours of practice time and compare this with the researchers (X) and the Director (Y) and truly members of the CRDHA (Z...). The RDH**	**From CRDHA Practice Standards:** **Key Responsibilities (pg 2)** **Key responsibilities occur in varying degrees, depending on the nature of an individual dental hygienist's practice setting. Dental hygienists provide services as clinicians, educators, researchers, administrators, health promoters, and consultants. The privilege of practicing as a health professional requires**

		who works in private practices, uses the Dental Hygiene Process of Care is going to have to take a Refresher Course or the NDHCB because she/he only has 400 hours and will be compared to someone who NEVER treats a patient, but could. There is NOTHING stopping the researchers and administrators from providing treatment. If the role of the CRDHA is protection of the public, I question truly that the public is being protected. **In Nursing, nurses who are being redeployed, which is happening right now, are required to take courses and refreshers in order to back to the aspect of clinical nursing. They are still an RN, but there is a standard. I do believe we need more understanding on who you are protecting. If the public is to be protected then there should be a standard to which all RDH need to be held to and just because someone pays their dues and teaches theory only does not state they know how to follow the dental hygiene process of care.**	**knowledge, ethics, standards and research, all of which acknowledge the dental hygienist's social responsibility in the following key areas of dental hygiene practice.** **Professional Responsibilities (pg 2)** **Dental hygienists must restrict themselves to performing activities that are appropriate to the dental hygienist's area of practice and the procedure being performed.** **For future consideration: review the process for reinstatement from administration back into clinical practice.**
Relationship between CRDHA Staff and Registrants	**The changing relationship between CRDHA staff and registrants was made apparent with various survey comments. Registrants want to feel that they can come to the CRDHA with any**	**1611 : ... the staff is *so slow and so rude*. You ask a question and it is just one thing after another, and the members [don't] say anything. Time for new staff, lots of**	**CRDHA is in the process of improving submission and review processes which should alleviate many of the issues. There is a need to balance regulatory requirements with respectful and professional interaction.** **CC recommendation: improve process for changing credits.**

	concerns or problems they may have, however, they often felt they aren't being heard or there is too much tension.	**RDHs out of work that will work a lot faster.** **671 : The CRDHA must remedy this. If there is a problem with my submission I believe that it would be courteous of the staff to send me a notification that my submission was moved from unlimited to limited, or if it requires more documentation....When I called I was told it was approved, there was a glitch in the system. How frustrating! Why didn't someone notify me.** **544 :... It seems that our governing body does not have trust that we have learned.** **544 : Reporting has been challenging with the crdha...there should be a greater trust between the members and the governing body.**	**CRDHA: currently under review with new database and audit process, including communication to registrants.**