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OSAP Annual Meeting
June 23, 2017
Atlanta, GA

Session Objectives

What?
1. Differentiate among credentialing terms.
2. Understand the purpose of two popular industry programs for CE provider recognition.
3. Differentiate among national infection control certifications.

So What?
4. Understand the federal and state regulatory landscape for infection control in dentistry.
5. Identify ways to potentially assess expertise through credential verification.

Now What?
6. Learn about “what’s next” to advance competent infection control practices in dental settings.

What are we doing?

2003: Idea of a certification program for infection control professionals working in dental settings was born of OSAP; OSAP conducted a feasibility study

2004, 2006, 2008: OSAP revisited the concept of certification with DANB

2013:

8-organization Infection Control Consortium is established, working for 2 years based on the agreement that:
• Patient and provider safety is important
• Education in infection control, based on federal standards, regulations and evidence-based guidelines should be required for all dental personnel
• Defined educational components related to infection control in dental settings, including
  — Overarching core competencies
  — Broad learning objectives
  — Suggested list of essential elements of an infection control curriculum
What are we doing?

2015: OSAP and DANB Boards Agreed:
- Timing optimal to develop certification
- OSAP’s wheelhouse – infection control and safety
- DANB’s wheelhouse – certification and credentialing
- OSAP-DANB partnership to develop certification/certificate makes sense

2016: The DALE Foundation, DANB’s official affiliate, joined the collaboration to provide staffing and operations assistance

2017: OSAP, DANB and the DALE Foundation entered into a Collaborative Agreement to develop:
- An Assessment Based Certificate Program (education)
- A Professional Certification Program (credentialing)

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Why Me?

Employment

1980-83: Taught statistics, testing and measurement to undergraduate and graduate students at Loyola University in Chicago

1982-86: Manager, Exam Programs and Services for Academy of General Dentistry; developed and launched AGD's Certifying Board for General Dentistry (now called the American Board for General Dentistry)

1986-96: Director, Testing and Measurement for Dental Assisting National Board (DANB); in charge of 4 national certification programs and maintaining NCCA accreditation of them

1996-present: Executive Director, DANB

2010 – present: Executive Director, the DALE Foundation

Related Volunteer Activities


2000: NCCA Co-Chair

2001-04: NCCA Chair

2000-02: Member, NCCA Main Committee to review NCCA Standards for the Accreditation of Certification Programs

2003-07: Director, National Organization for Competency Assurance (NOCA, now ICE) Board of Directors

2003: President-Elect

2004: President

2007: Immediate Past President

2007-10: Member, ICE Certificate Task Force (to identify characteristics of quality ABC Programs)

2008-10: Member, ICE Main Committee for ABCPs (one rep from 41 national certification organizations, charged with developing a national standard for accreditation of ABC Programs)

2011-17: Slacker

Let's Talk Credentialing Terms!

We'll focus on these 8 terms today:

• Credentialing
• Accreditation
• Licensure/Registration
• Certificate VS Assessment-Based Certificate (ABC) program
• Professional certification program
• Fellowship program*
Key Credentialing Terms
(Definitions are from various Institute for Credentialing Excellence publications.)

**Credentialing** = umbrella term

**Accreditation**
- Voluntary
- Non-governmental
- Time-limited recognition of business, program, institution, organization
- Based on meeting pre-determined standards

**Licensure/Registration**
- Mandatory
- Governmental
- Time-limited recognition of a person or business
- Based on meeting pre-determined standards
- Based on professional knowledge and experience
- **NOT** based on a specific curriculum
- High-stakes testing
- Passing = “Licensed XYZ professional”
- Licensure renewal required (**NOT** “licensed for life”)

**Certificate Program**
- Primarily a structured learning event (i.e., does not result in a degree or credential)
- Provides instruction and training to aid participants in achieving specific, intended learning outcomes

**Assessment-Based Certificate (ABC) Program**
- Non-degree-granting program that
  - Provides instruction and training to aid participants in acquiring specific knowledge, skills and/or competencies associated with intended learning outcomes
  - Evaluates participants’ accomplishments of the intended learning outcomes

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Key Credentialing Terms

Certificate Program vs ABC Program

Key Questions:
1. Does the program award a certificate based on attendance or participation alone, or
2. Does the program assess the learner to determine if specific learning objectives or learning outcomes are met?

Professional Certification
- Voluntary
- Non-governmental
- Time-limited recognition of a person (or product)
- Based on meeting pre-determined standards
- Based on professional knowledge, experience
- NOT based on a specific course or curriculum
- Formal job analysis required
- Often high-stakes testing
- Passing = “Certificant,” “CDA” (or “XYZ”)
- Recertification requirements mandatory (Not “certified for life”)

Fellowship *
- Voluntary
- Non-governmental
- Highest level of membership in some professional organizations
- Eligibility requirements determined by organization
- Professional designation = “Fellow of the (organization)”
- Typical requirements:
  - Years of membership
  - Nomination by colleagues
  - Continued formal training/education
  - Evidence of substantial professional achievement/leadership
  - Some require exam, research paper, other activity
- Renewal usually not required, but continued membership may be
Key Credentialing Terms

Key Takeaways

1. There is no regulatory definition of credentialing terms
2. Not all ABC programs and professional certification programs are seeking accreditation
   (and some choose not to primarily because they do not wish to comply with accurate
   use of industry definitions)

So what?

Use of appropriate credentialing terms matters because doing so
• Reduces confusion to the public
• Reduces confusion to the employer
• Reduces confusion to regulators
• Increases perception of and actual value of the credential or certificate

Defining Features of Quality Certification and Assessment-Based Certificate Programs

Assessment-based Certificate Program
- Provides instruction and training (non-degree granting)
- Assesses knowledge, skills, and/or competencies previously acquired
- Goal is for participants to acquire specific knowledge, skills, and/or competencies
- Assessment is used to evaluate mastery of the intended learning outcomes; linked directly to the learning event
- Assessment content may be narrower in scope and is low stakes (not secure, with no proof that learner is the one who completed the program)
- Awards a certificate to recognize mastery of the specific learning outcomes; it is NOT a certificate of attendance or participation, which is awarded to individuals who have attended or participated in a course or training program but did not have to demonstrate mastery of the intended learning outcomes

Professional or Personnel Certification Program
- Provides instruction and training (non-degree granting)
- Assesses knowledge, skills, and/or competencies previously acquired
- Goal is to validate the participant’s competency through a conformity assessment system
- Assessment is best used to assure baseline competencies and to differentiate professionals; independent of a specific learning event
- Assessment content is usually broader in scope and high stakes (secure, proctored test administration, with proof that the individual who successfully met eligibility requirements and took and passed the certification exam)
- Awards designations to recognize achievement
- To earn accreditation, complies with the ICE 1100 Standard and follows the ACAP application procedures

Current State of Infection Control Education

LearnEthos’ Needs Assessment Methodology

- Quantitative learner survey of 1,700+ dental team members and educators, consultants, industry representatives, state dental board administrators and inspectors/investigators
- Qualitative research via SME interviews with representatives from educator, consultant, state dental board administrators/inspectors/investigators and industry reps
- Gap analysis of available IC content (from OSAP, the DALE Foundation, CDC and other entities) against a Master Curriculum Outline developed by highly respected infection control SMEs
Current State of Infection Control Education

Results of LearnEthos’ Needs Assessment for IC Education

- Lack of standardized education and training protocols for all aspects of infection control in dental settings (as related to requirements of OSHA BBPs and CDC Guidelines)
- An increasingly vast amount of content available in the public domain from multiple and disparate sources, varying in quality, focus, organization and relevance to implementing appropriate infection control in dental settings
- A clear need for accessible, practical education and training that
  • Fills gaps in knowledge, skills and abilities
  • Does not tax financial and human resources (e.g., does not require personnel time away from the dental setting during work hours)

AGD CERP + ADA PACE: What and Why?

AGD PACE (1988): Academy of General Dentistry Program Approval for Continuing Education

Purpose: To promote ongoing, quality improvement in CDE and to make finding that CDE easy for everyone

ADA CERP (1993): American Dental Association Continuing Education Recognition Program

Purpose: To help learners select CE with confidence

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<thead>
<tr>
<th>Criteria/Aspects/Standards</th>
<th>AGD PACE</th>
<th>ADA CERP</th>
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<td>Educational Methods</td>
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AGD CERP + ADA PACE: What and Why?

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<tr>
<th>AGD PACE</th>
<th>ADA CERP</th>
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<td>• Self-Instruction and Electronically-Mediated Programs</td>
<td>• Found under Educational Methods</td>
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<td>• Instructors</td>
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<td>• (No similar category)</td>
<td>• Facilities/Instructional Media</td>
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<td>• Administration</td>
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<td>• Fiscal responsibility</td>
<td>• Fiscal responsibility</td>
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<td>• Publicity</td>
<td>• Publicity</td>
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<td>• Admissions</td>
<td>• Admissions</td>
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<tr>
<td>• Patient Protection</td>
<td>• Patient Protection</td>
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<tr>
<td>• Course Records</td>
<td>• Recordkeeping</td>
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AGD CERP + ADA PACE: Notes and Caveats

Notes

• Both ADA CERP and AGD PACE programs require that the educational organization have at least state but preferably national focus

• ADA CERP-recognized CE providers that utilize one instructor to present 50% or more of the provider's CDE activities must submit a CV containing complete information on the instructor's education, professional training, positions held and publication/presentation history

• ADA CERP: “All U.S. licensing jurisdictions with CE requirement for licensure renewal accept credits offered by ADA CERP-recognized providers”

Caveats

• Not all states require that licensed dental professionals earn CE to maintain their licenses

• “ADA CERP does not approve or endorse individual courses or instructors, nor course content, products or therapies”

• “AGD PACE approval is for organizations, not specific courses”

• AGD FAQ: How can you tell if contents of a course are scientifically sound? “AGD does not endorse or claim to support any content, but does have a group of appointed dentists who can verify that the content of the programs has a sound scientific basis.”
What about OSHA?

Occupational Safety and Health Administration (OSHA)

In 1970, Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

a. Does OSHA educate?
   1) "OSHA Training Institute Education Center"
   2) Where or how does American Safety Council fit in – or does it?

b. Does OSHA certify? ("DOL/OSHA card?”)

From the University of South Florida, OSHA Training and Education Center:
The closest thing to OSHA certification is OSHA Outreach training, which is provided by OSHA authorized trainers…OSHA has released guidelines for training, but these guidelines are not a standard.

Contrary to popular belief, OSHA does not actually certify workers and you cannot get “OSHA certified.” Courses and trainers are considered “OSHA authorized” and students receive course completion cards (DOL/OSHA), at least those who complete courses in construction from an OSHA Training and Education Center. Anyone claiming to be OSHA certified is mistaken.
Non-Existent? Confusion?

What is the current state of certification for infection control and prevention in dental settings in the U.S.?

U.S. Infection Control Certifications (?)

1. Institute for Dental Compliance and Risk Management
   a. Date established is not posted
   b. Mission is not specifically noted, but website home page states: We are dedicated to advancing compliance proficiency throughout dentistry by
      1) Elevating compliance knowledge and skills
      2) Connecting like-minded professionals who want to network, share and collaborate
      3) Inspiring dental professionals to become credentialed in compliance
   c. The Institute offers these three credentials:
      1) Certified Dental Specialist in OSHA (CDSO)
      2) Certified Dental Specialist in HIPAA (CDSH)
      3) Certified Dental Specialist in Risk Management (CDSRM)
   d. Level 1 – take education on your own
      Level 2 – take education, complete additional class participation and extra-curricular course work
      Level 3 – take education, complete additional class participation and extra-curricular coursework and take and pass a 3rd-party administered exam
   e. 2 concerns: Does anyone have an idea what these might be?

2. Certification Board of Infection Control and Epidemiology (CBIC)
   a. Established by the Association for Practitioners in Infection Control in 1981
   b. Mission: To protect the public through development, administration and promotion of an accredited certification in infection prevention and control.
   c. Awards Certification in Infection Prevention and Control (CIC)* certification mark
   d. The CIC certification program is accredited by the National Commission for Certifying Agencies (NCCA)
   e. To DANB’s knowledge, no states currently require or recognize the CIC certification; however, CBIC is mentioned in a State Operations Manual published by the Center for Medicare and Medicaid Services (CMS) that addresses requirements for Surveyors at Ambulatory Care Centers:
      416.51(b) Standard: Infection control program/[
      Interpretive guidelines 416.51(b)(1)[]: Note that certification in infection control, such as that offered by the Certification Board of Infection Control and Epidemiology (CBIC), while highly desirable, is not required, so long as there is documentation that the individual has training that qualifies the individual to lead an infection control program.

   *CIC is also “Certified Insurance Counselor” and “Certified Inpatient Coder”
U.S. Infection Control Certifications

3. Certification Board for Sterile Processing and Distribution (CBSPD)
   b. Mission: To promote and encourage high standards or ethical and professional practice through a recognized, credible credentialing program that encourages the competency of personnel performing sterile processing and distribution activities.
   c. Awards these certification marks:
      1) Certified Sterile Processing and Distribution Technician (CSPDT) – NCQA-accredited
         a) CRST recognized in CT, NY and TN; NJ references requiring Central Service Processing certification in statute for FQHC.
         b) Bills to this effect are pending in MA and PA.
      2) Certified in Sterile Processing Management (CSPM)
      3) Certified Ambulatory Surgery Sterile Processing Technician (CASSPT)
      4) Certified Surgical Instrument Specialist (CSI)
      5) Certified Flexible Endoscope Reprocessor (CFER)

4. International Association of Healthcare Central Service Materials Management (IAHCSMM)
   b. Mission: To promote patient safety worldwide by raising the level of expertise and recognition for those in the Central Service Profession.
   c. Awards these certification marks:
      1) Certified Registered Central Services Technician (CRCST)
         a) NCCA- and ANSI-accredited introductory certification for CS professionals
         b) CRCST recognized in CT, NY and TN; NJ references requiring Central Service Processing certification in statute for FQHC.
         c) Bills to this effect are pending in MA and PA.
      2) Certified Instrument Specialist (CIS); 2° certification focused on knowledge and recognition of instrumentation; CRCST is a prerequisite
      3) Certified Healthcare Leader (CHL); 2° certification for CS management; CRCST is a prerequisite
      4) Certified Central Service Vendor Program (CCSVP); actually an ABC Program

U.S. Infection Control Certifications – Exam Blueprints

Let’s look at the high-level certification exam blueprints for the 3 Infection Control certification programs that are being recognized by federal or state agencies for dental settings because they are filling a current void:

- APIC/CBIC’s Certification in Infection Prevention and Control (CIC)
- IAHCSMM’s Certified Registered Central Services Technician (CRCST)
- CBSPD’s Certified Sterile Processing and Distribution Technician (CSPDT)
U.S. Infection Control Certifications – Exam Blueprints

APIC/CBIC’s Certification in Infection Prevention and Control (CIC) – 135 qs

1. Identification of infectious disease processes (16%)
2. Surveillance and epidemiological investigation (18%)
3. Preventing/controlling the transmission of infectious agents (19%)
4. Employee/occupational health (8%)
5. Management and communications (10%)
6. Education and research (8%)
7. Environment of care (10%)
8. Cleaning, sterilization, disinfection and asepsis (11%)

U.S. Infection Control Certifications – Exam Blueprints

IAHCSMM’s Certified Registered Central Services Technician (CRCST) – 150 qs

1. Cleaning, decontamination and disinfection (20%)
2. Preparation and packaging (20%)
3. Sterilization process (20%)
4. Patient care equipment (10%)
5. Sterile storage and inventory management (10%)
6. Document and records maintenance (10%)
7. Customer relations (10%)

U.S. Infection Control Certifications – Exam Blueprints

CBSPD’s Certified Sterile Processing and Distribution Technician (CSPDT) – 100 qs

1. Roles and responsibilities (14%)
2. Life sciences (9%)
3. Decontamination and disinfection (21%)
4. Preparation and handling (15%)
5. Sterilization (20%)
6. Sterile storage, inventory management and distribution (11%)
7. Ethics (10%)
4 Target Audiences

1. Individuals responsible for infection prevention, control and safety in dental settings
2. Those who educate individuals responsible for IP, C and S in dental settings and consultants in IP, C and S in dental settings
3. Dental practice settings infection prevention, control and safety auditors
4. Sales representatives employed by manufacturers or distributors of infection control products and services, who call on individuals who use these products and services in dental settings

We need your help!

How can OSAP-DANB-DALE Foundation distinguish our education and credentialing offerings in this market AND meet the needs of these four diverse groups of infection control professionals who work in and serve dental patients and practitioners?

Setting the Stage

• What does the federal government say about what education should cover?

  • OSHA Bloodborne Pathogens Standard (1910.1030)
  • CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003
  • CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016)
Setting the Stage

What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

State (+ DC) requirements for CE in infection control for dental team members

<table>
<thead>
<tr>
<th>Required CE credits per yrs</th>
<th>States with DDS requirement</th>
<th>States with RDH requirement</th>
<th>States with CE requirement for at least 2 CE levels*</th>
<th>States with Dental Aux. Tech. requirement</th>
<th>States with Contractor requirement</th>
<th>States with CDHC requirement</th>
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<td></td>
<td>20</td>
<td>21</td>
<td>13</td>
<td>4</td>
<td>60</td>
<td>50</td>
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*For those states that recognize DANB’s CDA certification as meeting state requirements: DANB requires all certificants to earn at least 2 CE credits in IC annually + annual OSHA-mandated BBP training

As of November 2016, States’ adoption of CDC’s Guidelines for Infection Control in Dental Health-Care Settings (2003) (“CDC Guidelines”)

<table>
<thead>
<tr>
<th>Number of States that</th>
<th>Mandate compliance with the specifically cite or refer to CDC Guidelines</th>
<th>Mandate compliance with CDC but do not specifically cite or refer to CDC Guidelines</th>
<th>Mention CDC Guidelines or CDC Recommendations in connection with specific tasks or settings</th>
<th>New statutes or rules for Mobile or Portable Dental Facilities that Reference CDC Guidelines</th>
<th>Reference to CDC guidelines cannot be found but may be in statute or rule</th>
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<td>9</td>
<td>14</td>
<td>6</td>
<td>7</td>
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So, how DO we assess current IC education and credentialing resources?

**Education**
- List some organizations or agencies that you rely on for IC education that is accurate, current, scientifically-based and complete?
- What must you consider about education if an individual says that he or she or the organization for which they work is an AGD PACE-approved or ADA CERP-recognized CE provider?

**Credentials**
1. Does the credential someone says he or she has earned, exist?
2. Is there a place to verify that individual actually holds the credential he or she boasts?
3. Is the certification program actually an ABC program?
4. Is the certification program accredited (what does this mean? By whom?)?
5. Either way, does the program mandate recertification? Is “lifetime” certification allowed?
What are OSAP, DANB and the DALE Foundation doing to advance competency in infection control practices in dentistry?

1. December 2017
   Launch of an OSAP-DALE Foundation multi-faceted education program, an Assessment-Based Certificate Program in infection control in dental settings

2. Summer 2017- Summer 2018
   OSAP and DANB will design and conduct a job analysis of tasks many oral healthcare professionals perform when implementing infection control protocols

3. 2019- 2020
   OSAP and DANB will launch a professional certification program in infection prevention and control in dental settings

Do you want to help? How can you help?

OSAP, DANB and the DALE Foundation have formed an Infection Control Certificate/Certification Steering Commission to

• Advise the respective boards on all aspects of this collaboration, including future growth strategies and
• Appoint Advisory Committees and Task Forces, as needed

Please email me cdurley@danb.org or Therese Long tlong@osap.org if you are interested in being contacted any time over the next two years to participate in any Advisory Committees or Task Forces.

1. Include “OSAP-DANB Advisory Committee” in the Subject Line
2. Provide your full name, title, street address, and email address if different that the address from which the email is being sent.

Any questions?
Thank you!