CELEBRATING A LIFETIME
of Dental Hygiene

Commemorative Issue
We have just achieved the first decade of self-regulation, and with that the 42nd edition of Milestones. Truly a milestone! Some of you may recall receiving the first edition, and for others this may be the first edition you have received. Nevertheless, over the years we hope you have found the newsletter interesting and informative and have used it as a reference guide on various topics.

As some of you are aware, a random telephone survey of a sampling of registrants was conducted a couple of months ago to get your views on the content and format of the newsletter. Results of the survey indicated that while most of you were generally satisfied with the publication, several changes were suggested that we agreed would make Milestones even better.

We responded by revising the layout and the content in Milestones, giving you more of the information you are interested in, and we have used our 10th anniversary as an opportunity to launch its new look.

As such, we created a new section entitled “Have Your Say” where you send the College your comments or thoughts and we will publish them in the newsletter. Send your comments to: haveyoursay@cdho.org or by mail to Have Your Say 69 Bloor St. East, Suite 300, Toronto, Ontario, M4W 1A9

While not all submissions will be published, we will endeavour to respond to your comments.

We hope you enjoy this special edition and the new look of Milestones.
THE HISTORY of the Profession

Individual and collective autonomy is evident in the ‘reshaping’ that has occurred around oral health care practices. During the 18th century, dentistry was granted the legal right to be the custodian of the oral cavity, the ‘gatekeeper’ of the mouth, and the controller of the application of the knowledge of the mouth. Public health in the late 19th century led the way to prevent the transmission of disease. The mouth was perceived as a vulnerable part of the body that had to be protected from “dangerous matter.” If it was not protected a multitude of diseases might occur (Nettelton, 1992: 25). Dentistry adopted this attitude. Thus, dental hygiene in the early 20th century was assigned, by dentistry, the task of providing the “housekeeping,” or hygiene duties of the mouth. Dentists focused on removing or restoring diseased teeth. Dental hygienists taught the public, particularly children, oral hygiene procedures to prevent oral diseases. Dental hygienists removed gingival and periodontal disease, “dangerous matter,” to maintain healthy mouths and healthy bodies.

Until the mid to late 20th century the treatment of the teeth and mouth was controlled by dentistry through legislation. The dominant profession of dentistry has traditionally held clearly visible power in the hierarchical work structure as it supervised, directed, and generally controlled dental hygiene.

CDHO is acknowledging a ‘milestone,’ 10 years of self-regulation of dental hygiene in Ontario. Through legislative authority of the RHPA, 1991 and self-governance through the DHA, 1991 dental hygiene defines itself, and, at least partially, controls its professional activities. As an independent regulating body, the CDHO sets the entry to practice requirements, controls educational requirements, and communicates directly with its registrants. Self-regulation allows dental hygiene the mechanisms and authority to address its own issues with the help of public members.

As autonomous, self-regulated individuals, dental hygienists are responsible and accountable for their actions. The CDHO requires its registrants to participate in and contribute to continual renewal, reflection, and volled effort to reshape oral health care practices for the needs of society.

Lynda McKeown

References


Cover Story

CELEBRATING a Lifetime of Dental Hygiene

It has been an eventful 10 years. As dental hygienists, you have risen to the challenge of self-regulation in many ways. You have recognized the basic difference between the Professional Association (ODHA) and the College (CDHO) and have embraced the public interest as the College’s reason for being. You have struggled to remove self-interest, no matter how enlightened, from your deliberations at Council in order to ensure that public interest remains paramount. You have supported the basic tenets of the RHPA, 1991; not only with respect to the public interest but also regarding the need for quality assurance programs through which the public can be assured of your ongoing competence. You have consistently demonstrated that dental hygienists are, in fact, educated, skilled professionals worthy of the respect of both the public and other professionals. The road has not always been easy and there have been obstacles to overcome along the way. However, you have taken the “high road” and conducted yourselves with strength and composure in some very difficult situations.

On behalf of the current Council, I offer our congratulations to you all on your accomplishments of the past 10 years. We are confident that the future will bring even more accomplishments for dental hygienists and for the College as the journey that is self-regulation continues to unfold.

Barbara Smith, President

Photograph courtesy of the ODHA

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In November 1992, the 12-member Transitional Council was brought together by the Ministry of Health. The Council consisted of six professional members representing various aspects of the dental hygiene profession and its academic community, of these two were the members who had been elected by the profession as the official dental hygiene observers at the Royal College of Dental Surgeons of Ontario (RCDSO). The six public members were appointed from across the Province and represented a broad cross-section of the community.

The first Chair and Vice-Chair elected by the Transitional Council for the calendar year 1993 were Lynda McKeen, professional member and Don Peebles, public member. The work of setting up the Council’s operations was carried out by all members functioning together through a structure of working groups.

In anticipation of self-regulation, a levy was placed on dental hygiene registrants in Ontario from 1988 until 1993. As a result, the CDHO had sufficient funds and was able to conduct its business more independently of the Ministry of Health than were the transitional councils of some other newly self-regulating professions. The CDHO’s first working meeting was held at George Brown College in December 1992, at which time working groups and committees were established and priorities determined.

In February 1993, the Transitional Council met with the RCDSO to discuss the financial and administrative aspects. The RCDSO’s assistance in administering the dental hygiene finances and trust fund during the transitional phase was greatly appreciated as it relieved the Transitional Council of major administrative work.

Until the fall of 1993, the Transitional Council met monthly at Journey’s End Hotel on Bloor Street until the CDHO’s permanent offices were rented and prepared for use. These were rented from the Institute of Chartered Accountants of Ontario at 69 Bloor Street East and officially opened on November 25, 1993.

On December 31, 1993, the RHHA, 1991 and the profession specific Acts were proclaimed, although the Transitional Council continued in operation for a second full year, through 1994, as permitted by the legislation. However, on proclamation, the statutory committee structure came into effect and was implemented in January 1994. The first Executive Committee was elected by the Council in 1994.

The Executive Committee oversaw the continued development of regulations and bylaws, while the other statutory committees began to assume their responsibilities. Among these, the development of registration procedures and a long-term quality assurance program were the most urgent.

The CDHO held its first profession-wide election in December 1994, and as a result, on January 1, 1995, grew to its statutory format of 19 members – eight public and eleven professional members.

When somebody has a significant birthday it is customary to ask about their plans for the future. Why should it be any different when it is the organization that has reached a significant milestone? Where will the College of Dental Hygienists of Ontario (CDHO) be 10 years from now? Physically, the office will still be in its present location, as the College signed a new 10 year lease with the Institute of Chartered Accountants of Ontario that took effect on January 1, 2004. Ideologically, the answer will hopefully be different! We will have built upon the strong foundation of public trust that has been the hallmark of dental hygiene self-regulation in Ontario.

GAZING INTO THE FUTURE, I SEE:

• A province where health care includes oral health, at least in the minds of legislators.
• Most people living longer lives with full dentitions, fewer dentures, yet in need of periodontal maintenance.
• The CDHO as a College that functions in harmony with all of the other oral health care organizations.
• Registrants will be able to communicate and conduct most of their College activities electronically, yet at the same time there will be administrative staff to provide that personal touch to a significantly larger number of registrants.
• The ‘order’ situation will have been resolved, a distant memory that the new dental hygiene graduates will study as part of their professional history.
• All dental hygienists in Canada will be self-regulated and there will be additional educational opportunities in the field of dental hygiene for those who wish to pursue masters and doctoral studies.
• Both dental hygiene and the College will be firmly planted and recognized as integral components of the health care field.

Ten years is not that far into the future. A significant number of the CDHO’s current registrants will have retired, there will be new faces at the College and it may be the norm for dental hygienists to be actively making house calls. Will we look back on 2004 the way we now look back on 1994? Probably not, as the world will have changed, technology will have advanced, and peoples’ expectations will have been significantly altered by what transpires between now and then. Dental hygiene practice will have moved from an emphasis on clinical treatment to an emphasis on education of the client as there may well be vaccines for the prevention of dental caries and periodontal diseases. The treatment of disease will be the exception instead of the norm since prevention will have found its rightful place within the political will of the nation.

The CDHO will be here in 10 years time; there will be new regulations, new ways of doing things and new people to do them! The legacy of the first 10 years has set a foundation for the dreams of the world yet to come; a world where the quality of life will transcend political landscapes. Is 10 years a milestone? Yes, but, it is the quality of time that matters, rather than the quantity. The CDHO has proven to be a quality organization, but there is always room for improvement, and the next 10 years will bring about exciting change in this evolutionary process.

Happy 10th, and a special thank you to those dedicated individuals who made it all possible. Your legacy lives on!

Fran Richardson, Registrar

Photograph courtesy of the CDHA

HISTORY of the CDHO

the Early Years

1999

Evie Jesin elected President.

1997

CDHO worked towards implementing the Quality Assurance Program of the College.

1998

The Quality Assurance regulation was passed.

1998 (Nov)

CDHO produced a special edition of Milestones to highlight the ‘order’ issue and the Gallup P.Survey.

1999

The Quality Assurance program took effect on January 1, 1999.

1999 (Dec)

The College developed a response to the HPRAC’s 5-Year Review of the RHHA, 1991.

2000

Wayne Beaten elected President.

2001

Katherine Walker elected President.

2003 (Jan)

“Order” issue referred to the Red Tape Commission.

2003

Barbara Smith elected President.

2003 (April)

The Red tape Commission indicated its support for the amendment to the Dental Hygiene Act, 1991.

2003 (Sept)

Lettter from Dalton McGuinty, MPP, to the Ontario Dental Hygienists’ Association supporting the implementation of the 1996 HPRAC recommendation on ‘orders’.  

2004 (June 7)

Bill 91, an Act to Amend the Dental Hygiene Act, 1991, is tabled in the legislature for first reading.
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QUALITY ASSURANCE

Legislative Background

With the proclamation of the Regulated Health Professions Act, 1991 (RHPA, 1991), all 21 health regulatory colleges were required to establish a Quality Assurance Committee which was responsible for the development of regulations prescribing a Quality Assurance Program to assure the quality of practice of the profession and to promote the continuing competence of members.

Under the RHPA, 1991, all Colleges were required to establish:

• Standards of Practice outlining the knowledge, skills and judgement required to be a competent, regulated health professional
• A Quality Assurance Committee
• Regulations prescribing a Quality Assurance Program
• A prescribed process to define deficiencies

At this time, the Ministry of Health delineated the following goals for the Quality Assurance Programs:

• To maintain the quality of services provided by individual practitioners
• To improve the quality of those services
• To improve the health status of the public by improving the collective performance of the health profession

As well, the Ministry of Health provided the health regulatory bodies with guidelines for the development of the Quality Assurance Programs. All Quality Assurance Programs must have:

• A quality assurance component to identify and address the issue of registrants who are incompetent or unfit to practice or whose skills are deficient but can be improved through remedial activities
• A continuing quality improvement component to ensure the maintenance and improvement of individual registrant’s competence
• A total quality improvement component aimed at raising the collective bottom line performance of the profession by focusing on client outcomes

The Ministry of Health suggested and supported innovation in the design of these Quality Assurance Programs rather than adopting the existing mandatory continuing education approach.

CDHO Quality Assurance Program

In the newly established CDHO, the Quality Assurance Committee adopted a consultative approach over time in the ongoing development of the CDHO Quality Assurance Program. In the early stages of development, the Committee interviewed and worked with a number of consulting firms and consulted with the Ontario Dental Hygienists’ Association (ODHA) to establish consensus regarding the basic design of the Quality Assurance Program while incorporating the Ministry of Health’s guidelines.

The College employed the services of PMJ Consultants. Dr. Patricia Johnson worked with the Quality Assurance Committee to design and administer a baseline survey for dental hygiene practice in Ontario, 1995. This survey was designed to describe and to determine quality dental hygiene practice prior to the establishment of the Quality Assurance Program. 80% of the CDHO registrants responded to a 20-page survey providing the Committee with very rich data. This data provided baseline information essential for comparison and evaluative purposes over time and also influenced the ultimate design and components of the Quality Assurance Program.

Prior to the establishment of the Quality Assurance Program, a pilot project was conducted to test the design of the professional portfolio. The Committee incorporated the feedback from the pilot project participants into the final draft of the professional portfolio.

The Quality Assurance regulation received ministerial approval in 1998 and was first implemented in 1999. Prior to the implementation of the Quality Assurance Program, the College conducted 35 information sessions across the province. As per the regulation, the Quality Assurance Program has three components: a Continuing Quality Improvement Review, a Professional Portfolio/Practice Review and a Total Quality Improvement Review, which is administered every five to seven years. In 2003, all components were operational at full capacity.

Quality Assurance Program 2003/2004

In the near future, it is anticipated that the Quality Assurance Program will be online and interactive on the College web site. To this end, the Quality Assurance Committee is providing supportive educational material, streamlining the assessment process and revising the policy, procedures and professional portfolios as required. The ongoing development of the Quality Assurance Program is evolutionary in nature.

An increased response rate of 84% was achieved in the 2002 Total Quality Improvement Survey, Dental Hygiene Practice in Ontario, 2002. A comparative analysis of both the 1995 and the 2002 survey data is ongoing for the purpose of determining if change has occurred in the practice profile, to evaluate the Quality Assurance Program and to determine the need for revision to the CDHO Dental Hygiene Standards of Practice.

The professional portfolio is the primary instrument for both the Continuing Quality Improvement Review and the Professional Portfolio/Practice Review. 25 quality assurance assessors review the submitted professional portfolios, acting as fact finders for quality assurance. To date over 2,200 dental hygienists have submitted their professional portfolios for assessment. The following bar graphs depict the outcome of the reviews for Professional Portfolio/Practice Review 1999-2003 and the Continuing Quality Improvement Review 2002-2003.
The word “supervision” does not occur in the Regulated Health Professions Act (RHPA), 1991 or the Dental Hygiene Act (DHA), 1991 therefore no supervision is required for the practice of dental hygiene in Ontario.

Under the DHA, 1991 dental hygienists are defined by a scope of practice rather than a list of duties. Therefore dental hygienists in Ontario may perform a procedure in which they are competent provided it is in the client’s best interest.

A dentist never has to be in the facility when a dental hygienist is treating clients. Dental hygienists are regulated under the RHPA, 1991 and the DHA, 1991 therefore they are accountable to the public through the CDHO.

There are no prohibitions on the choices of instruments for performing a procedure. What matters is what is done with the instrument.

The frequency for taking radiographs is determined by individual client need and must not be based on an office time schedule. The same is also true for the application of topical fluoride treatments.

The Council of the College is composed of 19 members, 11 professional (nine elected, two selected by the dental hygiene educators of Ontario) and eight public members. Council meetings are generally held four times per year and are scheduled one year in advance. Unfortunately the May 14, 2004 meeting was cancelled as the CDHO was not properly constituted due to the shortage of one public member. However, the business of the College continued without interruption despite the cancellation. Since that time we have been notified of the appointment of Mr. Gordon Campbell by the Lieutenant Governor to Council for a period of three years commencing May 12, 2004. We would like to take this opportunity to welcome Mr. Campbell to the College.

To commemorate the College’s 10th anniversary of self-regulation in Ontario, the CDHO delivered a month-long awareness campaign that coincided with National Oral Health month in April. The aim of the campaign was to raise awareness of the importance of effective dental hygiene among Ontarians. The campaign, which was created with the assistance of Toronto-based communications agency McLellan Group, delivered its messages using six print advertisements, four print public service announcements (PSAs) and public relations. The series of messages appeared numerous times throughout April in over 50 community newspapers across the province and various print publications such as City Parent, which is distributed in southwestern Ontario and Ottawa. The ads and public relations initiatives reached over 3 million Ontarians. The range of messages addressed various issues associated with oral health care, such as gum disease and its impact on whole body health, care for infant teeth, oral health as preventive care and the role of the dental hygienist.

The next meeting of Council is scheduled for Friday, September 10, 2004 at the Toronto Board of Trade, 77 Adelaide Street West, Toronto, from 9:00 a.m. to 4:00 p.m. All are welcome to attend. For further information please contact Jane Cain at (416) 961-6234, extension 226 or toll free at (1-800) 268-2346 extension 226 or via e-mail at: jane@cdho.org.

Four of the ads used in the campaign are featured below:
The registrant is responsible for notifying the College of an address or name change within seven (7) days of that change.

NOTICE TO ALL REGISTRANTS

- If you have not yet provided the College with your e-mail address, please contact Diane Colautti via e-mail at diane@cdho.org or (416) 961-6234, ext. 235 or toll free at (1-800) 268-2346, ext. 235.
- Please provide your name, e-mail address and registration number.

A REMINDER

- The College’s public register will be placed on the web site. If a business address is not provided the home address will be placed on the register. The provision of a business address is mandatory and if the registrant provides their home address as their business address, then that address is both a business address and a home address.

SOME WEB SITES TO VIEW:

- Ontario Dental Hygienists’ Association: www.odha.on.ca
- Canadian Dental Hygienists Association: www.cdha.ca
- Ministry of Health information on infectious diseases: www.health.gov.on.ca
- Health Professions Regulatory Advisory Council: www.hprac.org
- Dental Hygiene Educators of Canada: www.dhec.ca

Oral health information for clients:

- www.sonicare.com
- http://us.gsk.com
- www.adha.org