10 YEARS AND COUNTING
THE SAGA OF THE
1996 HPRAC REPORT
May 12, 2006 Address to College of Dental Hygienists of Ontario Council

The mission of the College of Dental Hygienists of Ontario (CDHO) is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. That, in itself, is a pretty awe-inspiring statement. We now have over 8,000 registered dental hygienists in this province. We have a population of over 12 million people. If we break down our mission statement and examine it, we can be proud to say that we do indeed regulate our registrants well. We have an outstanding Quality Assurance program that has been recognized as one of the best in the country. Our college has been invited to share its Quality Assurance model for continuing competence with several other colleges across this country and abroad. We know from our Quality Assurance surveys, which are independently produced for us by Dr. Pat Johnson, that our registrants have taken their professional duty to constantly be improving their skills and knowledge base seriously. We know from this model of continuing competence that registrants, whether from Moosonee or Harrow, can and do access learning opportunities that translate to better understanding of their client’s oral mental and physical health.

Now on to the second part of the mission statement. The part of the statement where we make the promise to the public that we will be looking out for their overall health and safety. I would not hesitate in the least to say that the public’s safety is being well guarded by our registrants. Our registrants with their commitment to continuing competence, know when and when not to proceed with treatment. In conventional dental offices across this province the client’s first contact is generally with the dental hygienist. Where at that time the decision to treat or not is made by our registrants. There has never been a case brought before this college of a dental hygienist causing harm to a client.

The public safety is not an issue. So what is the issue? The big issue as I see it is the part of our mission statement that promises that we are looking out for the public’s overall health. Here, I fear, we have a great way to go to fulfill our promise.

The psychosocial impact of oral disease significantly diminishes quality of life. Oral diseases restrict activities at school, at work and at home, causing millions of lost hours around the world, according to the World Health Organization. Good oral health provides protection against microbial infections. Dirty teeth can kill you according to a U.S. study of seniors in nursing homes. We have seniors in nursing homes that have not had a dental exam in years. We have thousands of marginalized people who cannot attend to a regular dental office, as we know it. Traditional treatment of oral disease is extremely costly and ranks the fourth most expensive disease to treat in industrial countries.

This cannot carry on any longer. We can no longer pretend that we are doing the best we can. We can do better. There are qualified dental hygienists who, given the chance, would be ready, willing and able to rise to the challenge; to see clients in settings that would no doubt be innovative and accessible to the public that we have vowed to serve. We need to look to ourselves as council members of this College, and say: do we truly believe we are looking after the oral health and overall health of the public of this province?
Q: WHAT IS MEANT BY NON-COMPLIANCE WITH THE COLLEGE?

A: According to the regulations, it states that, “failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response” (O. Reg. 268/04, 15. 30.) is professional misconduct. In other words, if a registrant does not respond to the College when requested, then the registrant is in non-compliance with the College. Some examples of requests that require a response from the registrant include;

- Annual renewal forms and payment
- Late penalty fees for renewals received after January 1st
- Submission of the registrant’s Professional Portfolio
- Undertakings

Non-compliance with the College is a separate and distinct issue from either the registration or quality assurance processes. If a registrant fails to reply to a request from another area of the College, the registrant is referred to the Registrar for non-compliance. If after receiving a communication from the Registrar the registrant still does not respond in a timely manner then the issue is referred to the Executive Committee who may choose to direct the registrant to comply, to sign an undertaking, to meet with the Committee or refer the matter to the Discipline Committee. When the College requests a reply by a certain date, a registrant is expected to contact the College with a response. To ignore the College is an act of professional misconduct.

Since 2002 there have been twenty-four (24) registrants who have failed to submit their professional portfolio for review as requested. The Quality Assurance Committee has referred these registrants to the Registrar for non-compliance with the College. At this point, the issue is no longer the professional portfolio submission but professional misconduct for failing to reply to the College. In most cases, the registrant responds to the Registrar, submits their portfolio and the issue once again resides with Quality Assurance. When a registrant continues to ignore requests from the College, the Registrar must take the matter to the Executive Committee which may then refer the registrant to the Discipline Committee.

Registrants are reminded that there are serious consequences for not responding to the College when requested to do so.
Ten years ago in May 1996, after extensive research and consultation, the Health Professions Regulatory Advisory Council (HPRAC) released their report on the proposed amendment to the Dental Hygiene Act, 1991 (DHA). Actually, the report that was initially sent to the Minister of Health was returned to HPRAC for clarification since the Ministry was concerned that the views of organized dentistry had not been significantly considered. HPRAC came back with an even stronger recommendation in favour of removing the requirement for dental hygienists to obtain an ‘order’ from a dentist to perform “scaling and root planing teeth, including curettage” (i.e. teeth cleaning).

Why has the public been denied preventive oral health care by qualified dental hygienists for so many years? Organized dentistry would say that safety is the reason. Yet, no one (including many dentists), truly believes this to be the case. Numerous dental hygienists have spoken to their local MPPs and to other members of the health care community and safety is never broached as an issue. The CDHO has proven, and continues to prove, that it is capable of regulating the profession and protecting client safety.

So what is the problem? Why have the 1996 HPRAC recommendations not been implemented? When two Public Members’ Bills (91 & 116) that would have implemented the 1996 HPRAC Report were introduced in the Ontario Legislature in June 2004, nearly...
On May 26, 2006, the document entitled, "Memorandum of Understanding between The Ontario Dental Hygienists’ Association and The Ontario Dental Association May 15, 2006" was presented to the Ministry of Health and Long-Term Care (MOHLTC). Representatives of the CDHO and Royal College of Dental Surgeons of Ontario (RCDSO) were invited to be present. [A copy of the document is included with this mailing of Milestones.] The associations had come together to discuss the 'order' requirement and other issues of common interest. Since the two associations signed a confidentiality agreement, neither the members of the two associations nor the Colleges were apprised of the substance of these "negotiations" until the document was presented to the MOHLTC. The CDHO has stated, on many occasions, that it would accept nothing less than the complete implementation of the recommendations in the 1996 HPRAC Report. The ODHA went on record with the CDHO at the commencement of the ODHA/ODA talks and into early Spring 2006 that the ODHA would not accept anything other than the full implementation of the HPRAC recommendations. The document indicates that the associations did not come to an agreement with respect to the 'order' issue. Now that the ODHA/ODA talks have been concluded, the CDHO will determine the next steps in the process of amending the DHA, 1991 in the best interest of the public.

The CDHO believes that both the public and the profession are at a pivotal point with respect to access for preventive oral health care. Since the HPRAC Report was released in May 1996 the world has changed. Ten years is a long time in this scientific, technological age and government action in this matter is long overdue! A definite link has been established between oral health and overall health. Today’s older, healthier, dentate population expects preventive oral health care in a timely, cost effective manner from the oral health care provider of their choice. Let’s hope that it does not take a further ten years for this reality to be achieved.

Organized dentistry has really been the only major obstacle to the implementation of the 1996 HPRAC recommendations. This opposition is not limited to Ontario, as organized dentistry continues to lobby against self-regulation for dental hygiene in the Atlantic Provinces and has mounted opposition to progressive dental hygiene legislation in Western Canada. However, in April 2006 the Alberta Minister of Health and Wellness wrote to the Alberta Dental Hygienists’ Association indicating that she would support regulations for dental hygiene that would mean complete independence from any oversight by dentistry. These regulations should be in place by the end of 2007. In addition, there are also many individual oral health professionals who have been supportive of increased client choice and access to preventive oral health care services when, where and how the public requires them.

On May 26, 2006, fifty (50) individuals, other regulatory colleges, client advocacy organizations and public interest groups came forward in support. They, and the dental hygiene profession, know amending the DHA is the right thing to do, but successive Ministers of Health have apparently not seen oral health as a priority. Their focus has been elsewhere, dealing with the life and death issues that fall within the publicly funded system. Oral health has been excluded from the funding system because it is not seen as medically necessary. The only exception is the Children in Need of Treatment Program (CINOT) Program. [See article elsewhere in this edition.]


April 11, 2003: The Red Tape Commission indicates its support for the amendment to the Dental Hygiene Act.

September 29, 2003: Letter from Liberal leader Dalton McGuinty to ODHA supporting the implementation of the 1996 HPRAC recommendation on 'orders'.

February 25, 2004: CDHO meets with the Policy Advisor to Minister of Health and Long-Term Care (George Smitherman) and indicates that the 'order' issue can be solved by a simple amendment to the Dental Hygiene Act and that the amendment is a no-cost Liberal election promise that can be fulfilled quickly.

June 7, 2004: Bill 91 An Act to Amend the Dental Hygiene Act, 1991 is introduced as a Private Member’s Bill by Donna Cansfield, Liberal MPP, Etobicoke Centre.

June 16, 2004: CDHO meets with the Senior Policy Advisor to Minister of Health and Long-Term Care and indicates that the amendment to the DHA, 1991 is in concert with Ministry objectives.

June 24, 2004: Bill 116 An Act to Amend the Dental Hygiene Act, 1991 is introduced as a Private Member’s Bill by Jim Flaherty, Conservative MPP, Whitby.

December 2, 2004: Bill 116 receives unanimous consent at Second Reading in the Legislature and is referred to the Public Accounts Committee.

June 9, 2005: The Ontario Legislature rises for the summer recess.

September, 2005: The Legislature prorogues and Bills 91 & 116 die on the order paper.

October 28, 2005: The ODHA and the ODA distribute a joint letter stating that have struck “a small committee comprised of senior representatives of both associations. These representatives will meet over the next several months to hold candid and open dialogue with the intent to reach a solution to the ‘order’ issue. The ODHA and ODA will conduct these discussions on a private and confidential basis.”

December 22, 2005: The Registrar meets with the ODHA Executive Director and the mediator for the ODA/ODA talks and reiterates that the CDHO stands behind the 1996 HPRAC Recommendations. ODHA indicates that the talks are to conclude by March 31, 2006.

April 7, 2006: The Registrar learns that the ODHA/ODA talks will continue until April 22, 2006 and that the ODHA Board will consider the outcome at their April 28/29, 2006 Board Meeting.

April 27, 2006: The ODHA & ODA release a joint communication stating that the talks would continue.

May 12, 2005: CDHO Council Meeting.

May 26, 2006: The ODHA and the ODA present their Memorandum of Understanding document to the MOHLTC. Representatives of the CDHO & RCDSO are present.
In a hearing held on November 21, 2005, a Panel of the Discipline Committee found Ms. Gwendolyn Ringrose guilty of professional misconduct under paragraphs 30 (failing to reply), 36 (failing to carry out an undertaking), 42 (contravening the legislation) and 47 (unprofessional conduct) of Section 15 of Ontario Regulation 218/94 as amended.

Under the quality assurance regulations, registrants are required to comply with the requirements of the quality assurance program. Those requirements include the following:

(a) developing and maintaining a professional portfolio,
(b) during every year participating in continuing quality improvement activities sufficient to indicate that the Registrant continues to have and to apply in her or his dental hygiene practice the knowledge, skills, judgment and attitudes required to practice dental hygiene in compliance with the College’s standards of practice and ethics,
(c) accurately and completely documenting those activities in the Registrant’s professional portfolio,
Ms. Ringrose consistently failed to co-operate with the Quality Assurance Committee and with the College as a whole and breached her verbal agreements and formal written undertaking to the College.

The Panel wanted to make clear that compliance with the Quality Assurance Program was a fundamental obligation of the profession. As the Panel had stated in another case, it was not just a matter of a filing requirement, nor is a failure to comply or just a technical breach of the rules. The Quality Assurance program is very important and strongly connected to safe and effective client/patient care. It is critical that Ms. Ringrose, and all registrants, recognize this connection.

The CDHO’s Quality Assurance Program of which the Professional Portfolio is a component, requires the dental hygienist to:

- Reflect upon one’s own performance in the provision of patient care
- Identify areas of performance that require improvement
- Develop Continuing Quality Improvement (CQI) activities

The Panel considered that the penalty would serve as a specific deterrent to Ms. Ringrose and as a general deterrent to other registrants of the profession. These requirements are essential to ensure that every dental hygienist maintains and improves her/his level of competence through continuous acquisition of knowledge, skills and judgment.

The fact that the Quality Assurance Committee identified areas of concern requiring remediation (jurisprudence, record keeping and infection control) clearly indicated the need for Ms. Ringrose to make improvements, not only to comply with legislative requirements but even more importantly to ensure safe and effective patient care.

Aggravating factors in this case included the repeated failure to co-operate with the Quality Assurance Committee, after numerous opportunities to comply, extended over a five year period. Ms. Ringrose breached her verbal agreements and written undertaking to the College, suggesting a failure to comprehend the connection between continuing quality improvement activities and competent, safe and effective patient care.

The Panel also took into consideration that:

- a) there was no previous finding of misconduct against Ms. Ringrose by the Discipline Committee,
- b) she acknowledged her misconduct by pleading guilty and
- c) that she was going through difficult personal and family circumstances which was offered as an explanation but not a justification for her conduct.

While the panel sympathized with her personal problems, it noted that the College was very reasonable and patient in dealing with her over the lengthy period of non-compliance with the Quality Assurance Committee. However, dental hygienists like other health professions must abide by their obligations, even in trying personal times, if they wish to continue to practice. It is important that this message be loud and clear.

Therefore, the Panel accepted a joint submission on order as follows:

1. that the Registrar suspend Ms. Ringrose’s certificate of registration to practice for a period of four weeks to commence on a date fixed by the Registrar in January of 2006.

2. that the Registrar suspend one week of the suspension ordered in paragraph 2 and that Ms. Ringrose shall only be required to serve the remaining week of the suspension if she fails to comply with the remainder of this order. If any dispute shall arise between Ms. Ringrose and the College, as to whether she is in breach of a provision of this order, the dispute shall be remanded to a Panel of the Discipline Committee for further adjudication. The parties shall have the opportunity to make full submissions to the Panel before it renders a decision. If, thereafter, the Panel determines that Ms. Ringrose has breached a provision of this order, then and only then shall she be required to serve the remaining week of her suspension, to commence on a date to be fixed by the Registrar of the College.

3. that Ms. Ringrose shall appear before a Panel of the Discipline Committee this day to be reprimanded and the facts of the reprimand shall be recorded in the register.

4. that the Registrar impose the following specified terms, conditions and limitations on the certificate of registration of Ms. Ringrose:

   (i) Successful completion, in the opinion of the Registrar, of an ethics and jurisprudence course acceptable to the Registrar, at her own expense, by February 28, 2006.

5. that Ms. Ringrose shall pay the amount of $3,600.00 in costs to the College at the rate of $100.00 per month, starting on the 15th day of the first month after completing the first three weeks of her suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Ringrose shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

Ms. Ringrose waived her right of appeal and the reprimand was administered by the Panel.
A call for **NON-COUNCIL MEMBERS** to serve on **COMMITTEES OF THE COLLEGE**

The CDHO is currently seeking registrants who would be interested in serving as Non-Council members to the College. A number of statutory committees are specified in the **Dental Hygiene Act, 1991**. Under bylaw No. 3, the Registration, Patient Relations, Complaints, Quality Assurance and Discipline Committees must also include registrants of the College who are not members of the Council. Our requirements for non-Council members are as follows:

- **One for Registration Committee**
- **One for Patient Relations Committee**
- **Two for Complaints Committee**
- **Two for Quality Assurance Committee**
- **Two for Discipline Committee**

If you are interested and meet the following criteria for such an appointment, as per section 5.6 of Bylaw No. 3, please forward your resume and cover letter to the attention of the Registrar no later than September 8, 2006 by mail or e-mail to, frichardson@cdho.org.

1. The term of office of a committee member appointed under this Part is three years.
2. A member is eligible for appointment to a committee if, on the date of the appointment,
   - (a) the member is engaged in the practice of dental hygiene in Ontario or, if the member is not engaged in the practice of dental hygiene, the member is resident in Ontario;
   - (b) the member is not in default of payment of any fees required by this bylaw;
   - (c) the member is not the subject of any disciplinary or incapacity proceeding;
   - (d) a period of three years has elapsed since the member complied with all aspects of an order of the Discipline Committee or the Fitness to Practise Committee;
   - (e) the member’s certificate of registration is not subject to a term, condition or limitation imposed by the Discipline Committee or Fitness to Practise Committee; and
   - (f) the member has not been a voting member or official of the Ontario Dental Hygienists’ Association or Canadian Dental Hygienists Association within the year preceding the appointment;
   - (g) the member has not been suspended for non-payment of fees;
   - (h) the member is not an employee of the College.
### Suspended/Revoked/Resigned Registrants

In accordance with section 24 of the *Regulated Health Professions Act* (Code), the following registrants have been suspended/revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her/his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee. Some registrants choose to resign from the College at renewal time.

#### Suspended – as of May 31, 2006

<table>
<thead>
<tr>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker, Sandra Lynn</td>
<td>007441</td>
<td>Fenton, Jennifer Ruth</td>
<td>005444</td>
<td>McCall, Robert Parsons Andrew</td>
<td>009513</td>
</tr>
<tr>
<td>Batson, Molly Jeanette</td>
<td>007994</td>
<td>Forbes, Emily Elizabeth</td>
<td>009637</td>
<td>Monardo, Connie</td>
<td>005604</td>
</tr>
<tr>
<td>Bechaz, Elisabeth</td>
<td>006913</td>
<td>Gamelin, Maria Naomi</td>
<td>008802</td>
<td>Osborne, Marcy Faye</td>
<td>004604</td>
</tr>
<tr>
<td>Bernath, Joanna Sofia</td>
<td>006647</td>
<td>Herald, Elaine Michell</td>
<td>005390</td>
<td>Parslow, D Kathryn</td>
<td>001554</td>
</tr>
<tr>
<td>Brunell, Pamela</td>
<td>009183</td>
<td>Hertz, Leisa Cavell</td>
<td>004197</td>
<td>Peebles, Tammy Lee</td>
<td>007144</td>
</tr>
<tr>
<td>Busch, Jacqueline N B N</td>
<td>002505</td>
<td>Hogan, Lisa Anne</td>
<td>006085</td>
<td>Proffitt, Melanie Jane</td>
<td>009749</td>
</tr>
<tr>
<td>Chambers, Mireille E</td>
<td>008525</td>
<td>Holland, Gillian Rae</td>
<td>009641</td>
<td>Shamloo, Sanaz</td>
<td>009638</td>
</tr>
<tr>
<td>Cooney, Anne Elizabeth</td>
<td>006934</td>
<td>Hussey, Lori-Jane</td>
<td>008413</td>
<td>Shiels, Anita Marie</td>
<td>004447</td>
</tr>
<tr>
<td>Diskic, Michelle D</td>
<td>008292</td>
<td>Kelch, Lisa C</td>
<td>009492</td>
<td>Silzy, Carolyn Ellen</td>
<td>007064</td>
</tr>
<tr>
<td>Doddiba, Marsela</td>
<td>009496</td>
<td>Kordos, Anna Lorraine</td>
<td>009791</td>
<td>Spencer, Kimberley Anne</td>
<td>007025</td>
</tr>
<tr>
<td>Erfanian, Zohreh</td>
<td>009138</td>
<td>Martin, Cindy Angele</td>
<td>007557</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Suspended – as of May 31, 2006

<table>
<thead>
<tr>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baxter, Linda Louise</td>
<td>001665</td>
<td>Darveau, Marianne M</td>
<td>008047</td>
<td>Herres, Bernadette</td>
<td>008678</td>
</tr>
<tr>
<td>Bellehumeur, Kelley Anne</td>
<td>008376</td>
<td>Di Girolamo, Giuliana</td>
<td>002608</td>
<td>Johnson, Stevie</td>
<td>008820</td>
</tr>
<tr>
<td>Bentley, Sarah Elizabeth Lee Ann</td>
<td>008132</td>
<td>Dick, Lyndsay</td>
<td>008889</td>
<td>Jones, Courtney</td>
<td>009410</td>
</tr>
<tr>
<td>Burns, Katherine Ann</td>
<td>007653</td>
<td>Eldabaa, Heba</td>
<td>005717</td>
<td>Lee, Sylvie Marie</td>
<td>003854</td>
</tr>
<tr>
<td>Ciampini, Sandra</td>
<td>005768</td>
<td>Evans, Jody Sandra</td>
<td>005093</td>
<td>Lewis, Lori</td>
<td>003331</td>
</tr>
<tr>
<td>Crocker, Stephanie Anne</td>
<td>006402</td>
<td>Filippelli, Daniela</td>
<td>008185</td>
<td>Munroe, Chantel Mellisa</td>
<td>009938</td>
</tr>
<tr>
<td>Cvitak, Susan Katherine</td>
<td>004663</td>
<td>Foisy, Leona</td>
<td>005272</td>
<td>Pershad, Melissa Rhonda</td>
<td>009118</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Resignations – February 1, 2006 - May 31, 2006

<table>
<thead>
<tr>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
<th>Name</th>
<th>Reg ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afonso, Adelinda Marie</td>
<td>002805</td>
<td>Hawkins, Allison Marie</td>
<td>009367</td>
<td>Maharajh, Lisa Lynn</td>
<td>008572</td>
</tr>
<tr>
<td>Bisla, Sharanjit</td>
<td>008535</td>
<td>Julien, Lorilynn Michelle</td>
<td>008019</td>
<td>Mallette, Sarah Dawn</td>
<td>008590</td>
</tr>
<tr>
<td>Bouffard, Dianne</td>
<td>003831</td>
<td>Kinnear, Carole G S</td>
<td>000074</td>
<td>Matheson, Alicia</td>
<td>010010</td>
</tr>
<tr>
<td>Cooper, Patricia Elaine</td>
<td>000088</td>
<td>Kusano, Lily Yuriko</td>
<td>000159</td>
<td>Nazirova, Tatiana</td>
<td>007603</td>
</tr>
<tr>
<td>Eichenlaub, Lise</td>
<td>006406</td>
<td>MacInnis, Linda Lois</td>
<td>007636</td>
<td>Parkinson, Lucas Earl</td>
<td>009895</td>
</tr>
<tr>
<td>Filion, Pascale</td>
<td>009899</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COUNCIL MEETING HIGHLIGHTS,  
May 15, 2006

F. Richardson, Registrar reported that there were a total of 8,290 registrants as of April 12, 2006.

Council approved the 2005 financial statements and re-appointed the firm of Soberman, LLP as auditors for the fiscal year 2006.

An election was held for a position to the Executive Committee due to a term conclusion of a public member. Gordon Campbell was elected to the 2006 Executive Committee.

Council approved the following amendments, the proposed Amendment to Advertising Regulations and the proposed amendments to Regulation 70/06, Registration. Each of the proposed amendments will be forwarded to the Ministry of Health and Long Term Care.

The Registration Committee reported that a Panel had completed its review of an applicant whose courses of study was not directly in dental hygiene. The Panel determined that the combined courses were not equivalent to an accredited dental hygiene program and therefore the applicant would have to successfully complete an approved program of study in dental hygiene. It was further reported that the Committee reviewed and updated its policies and approved an equivalency process for assessing non-accredited restorative dental hygiene programs.

C. Ono reported that the Committee had reviewed the comments received from stakeholders respecting the proposed amendments to the registration regulations and agreed that the specialty category of Registration should be maintained.

The draft Conflict of Interest regulation was approved by Council and is included in this mailing of Milestones to registrants and stakeholders for review and comment.

Phase 2 of the Federation of Health Regulatory Colleges of Ontario (FHRCO) Public Education Strategy is currently underway with a series of ads scheduled to air on many major radio stations throughout the province from April 6 - 28 and again from May 15 - June 2, 2006. The goal of Phase 2 is to make the audience aware of the public mandate of the Ontario regulatory colleges and to raise awareness about the standards required to be a regulated health professional in Ontario.

The Complaints Committee completed its investigation of three complaints and in one case the Committee determined that no further action be taken. Two other matters were referred to the Quality Assurance Committee for appropriate action. There are four complaints currently being investigated by the Committee.

The Executive Committee Part II reported that one registrant was referred to the Discipline Committee. There is one investigation ongoing.

A discipline hearing was held on November 21, 2005 and a summary of the decision and reasons is featured in this edition of Milestones.

The next meeting of Council is scheduled for Friday, October 13, 2006 at the Toronto Board of Trade, 77 Adelaide Street West, Toronto. All are welcome to attend. For further information please contact Jane Cain at (416) 961-6234 or outside the Toronto area at (1-800) 268-2346 ext. 226 or e-mail jane@cdho.org.
Practically Speaking is an educational tool designed to help dental hygienists gain a better understanding of how regulation affects the delivery of dental hygiene services in Ontario. This column offers general advice only. Registrants with specific questions should consult the Practice Advisor directly.

USE OF DRUGS IN AN EMERGENCY SITUATION

The “Use of Oxygen” by dental hygienists was discussed in the winter 2001 edition of Milestones. “Administering a substance by injection or inhalation” is a controlled act under the RHPA, 1991 as is “prescribing, dispensing, selling or compounding a drug.” Therefore, giving a drug to the client to him/herself or administering the drug directly to the client would both amount to dispensing.

Dental hygienists are not authorized to dispense drugs under the Dental Hygiene Act, 1991. Thus they need another legal authority to dispense it. One such source of authority is if the dental hygienist is facing an emergency situation. Another source of authority is if the dental hygienist has a delegation from a practitioner authorized to dispense drugs. Both physicians and dentists are permitted to prescribe or dispense drugs.

In a large clinic, educational facility or collective living center there is always the potential for emergencies to occur. The dental hygienist must be prepared. Where an emergency is occurring and it is reasonable to presume that they will continue to occur, the facility should establish a protocol to ensure that the event is handled appropriately. This could be by way of a standing order delegating the controlled act in certain circumstances. If no one will issue a standing order then the facility could still develop a policy to guide its staff/students in the wise response to an emergency if it should arise again.

For more information on use of drugs by dental hygienists in their course of practice refer to the spring 2000 and winter 2001 editions of Milestones.

CHILDREN IN NEED OF TREATMENT (CINOT): A MANDATORY HEALTH PROGRAM

Further to the notification in the March 2006 edition of Milestones, the Mandatory Health Programs and Services Guidelines, December 1997 published by the Ministry of Health and Long-Term Care (MOHLTC) #6 under Child Health (p. 33), “for CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.” Further on, in the same section #10 states that, “the board of health shall provide, or ensure the provision of, clinical services, on an annual basis...For the purposes of this document clinical preventive services are defined as topical fluoride application and fissure sealant(s).” The criteria for CINOT eligibility is clearly stated in the Schedule of Dental Services and Fees (Non-Dentist Providers) which can be downloaded from the government of Ontario web site at http://health.gov.on.ca/english/providers/pub/pubhealth/manprog/manprog.html.

The CINOT program was designed as an adjunct to other dental public health programs and is not an insurance plan, nor is it designed to provide ongoing care. The funding for CINOT is cost-shared between the province and the municipality in which the child resides. Due to these reasons, prior authorization for funding under CINOT is required from the health unit in the district in which the child resides. Contact information is included in the Schedule mentioned above.

The MOHLTC has recognized that dental hygienists, who have their own practices, may treat CINOT eligible children and bill the program directly. Registrants are reminded that often pre-authorization is required and that they should review the Schedule carefully if they choose to participate in the program.
ELECTION NOTICE

• Elections will be held in Districts No. 4 & 8 in fall 2006.
  More information to follow.

NEW LEGISLATION

The Ministry of Health and Long Term Care recently passed two pieces of legislation pertinent to dental hygiene. One is the grandparenting provision of the Mutual Recognition Agreement which will facilitate registration in Ontario for dental hygienists who were registered in another Canadian jurisdiction on or before January 01, 2004. The second piece of legislation passed was the CDHO regulation on Funding for Therapy and Counselling relating to persons who have been sexually abused by dental hygienists. Both of these documents are available on the CDHO website at www.cdho.org.

NOTICE to registrants that all request for application can take up to 10 BUSINESS DAYS to process.

WEB SITES TO VIEW

> A practical tool for health information custodians…The Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act can be downloaded from the Information and Privacy Commissioner/ Ontario (IPC) web-site: www.ipc.on.ca/docs/phipa_pia-e.pdf. Or, to request a copy, contact the IPC at (1-800) 387-0073 or (416) 326-3333 or by e-mail at publication@ipc.on.ca.

> This interesting report shows a link between pre-term birth and oral bacteria, in a woman without periodontal disease: www.sciencedaily.com/releases/2006/04/060405175108.htm.

The registrant is responsible for notifying the College of an address or name change within seven (7) days of that change.

Milestones is published periodically by the College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9
Telephone • 416 961-6234  Toll Free • 1 800 268-2346  Facsimile • 416 961-6028
Milestones is the official publication of the College of Dental Hygienists of Ontario.
Comments or Questions on issues relating to the dental hygiene profession are welcome.
© 2006 College of Dental Hygienists of Ontario.
This newsletter is copyrighted and may be copied or reproduced when full acknowledgement is given to the copyright holder.