Do’s and Don’ts in Advertising

TECHNOLOGY UPDATE
COMMON PITFALLS TO AVOID IN PORTFOLIO SUBMISSIONS
President’s Message
5 Registrar’s Message
6 Council Highlights
8 CDHO News
10 Technology Update
11 Community Connections for Those in Need of Financial Help with Oral Care Cost
12 Profile of an Independent RDH Practitioner
13 Dental Hygienists and the Fabrication of Oral Appliances
14 The Do’s and Don’ts of Advertising
15 Myths and Facts
16 Quality Assurance: Common Pitfalls in Portfolio Submissions
18 Dental Hygienists and Hypertension
19 The Definition of Treatment Time and the Use of the ODA Suggested Fee Guide
20 Discipline Decisions
22 Registrant Changes

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Heather Blondin – District 7 (RDH)
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Caroline Lotz – Academic (RDH)
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EDITOR’S NOTE: At the May meeting of the CDHO Council, there was considerable discussion about the fact that a professional organization with competing interests bad provided a pharmaceutical company with incorrect information regarding the practice of dental hygiene in Ontario. Consequently, members of the public have been denied specific interventions that would assist in the reduction of periodontal disease.

At CDHO’s May Council meeting we were privileged to have as our guest speaker Beth Ann Kenny, Coordinator of the Federation of Health Regulatory Colleges of Ontario (FHRCO). Ms. Kenny reminded Council of the responsibilities of all colleges, including the CDHO, under the Regulated Health Professions Act, 1991. One of these responsibilities is to promote interprofessional collaboration with other health profession regulatory colleges. Interprofessional collaboration has become a strong focus within health care as it is believed that collaboration among professionals will result in improved quality of health care and better health care outcomes. For this to happen, collaboration needs to occur between organizations and also amongst individual professionals.

CDHO supports interprofessional collaboration. At an organizational level CDHO participates with other regulatory colleges as a member of FHRCO to promote best practices in regulation and health policy. CDHO has also set an expectation of collaboration in dental hygienist practice by introducing standards for intraprofessional and interprofessional collaboration in our new Standards of Practice, which come into effect January 2012.

Rebecca Gajda suggests that the term collaboration has become a catch-all to signify just about any type of interorganizational or interprofessional relationship. She goes on to say that while collaboration has the capacity to empower and connect fragmented systems, most practitioners are not sure what collaboration looks like or feels like. The Canadian Interprofessional Health Collaborative states that interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with practitioners, clients/families, and communities to enable optimal health outcomes. Characteristics of these relationships are trust, respect, shared decision-making and having a clear understanding of the unique role each professional plays in the provision of health care services. To be effective, the participating professionals must have the ability to deal with conflicting viewpoints in a positive and productive manner.

Teresa Hogue, in her article “Community Based Collaboration – Wellness Multiplied”, presents collaboration on a continuum of five levels beginning with communication and progressing through cooperation, coordination, coalition and finally at the highest level, collaboration. Hogue suggests that the amount of collaboration required is dependent on the context or issues of interest and so it is important to determine what level of collaboration is needed to be successful.

Cooperation is defined as “a process where parties with similar interests plan together, negotiate mutual roles, and share resources to achieve joint goals but they maintain their separate identities”.

.../President’s Message

I suggest that much of what we do at CDHO and most dental hygiene practices function at this level of collaboration. An example of this is our recent meetings with the Ontario Dental Hygienists’ Association where both Executive Committees are defining our relationship and identifying common issues that require cooperation. When we consider the employment model that is most common for dental hygienists, it is based on cooperation between themselves and their employer/dentist.

The highest level of collaboration is defined by Hogue as “a process through which parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible”. Imagine what could be accomplished if this level of collaboration could be realized! Unfortunately, collaboration at even the basic level is impossible when professionals or organizations put their needs ahead of the clients. Such is the case with the situation CDHO is currently facing – namely, the refusal by Johnson & Johnson Services, Inc. to sell the product Arestin® to independent practicing dental hygienists. [Editor’s note: The rights to Arestin® have been sold to OraPharma, which is also refusing to sell the product directly to dental hygienists.] Withholding the product when its use is clearly in the scope of dental hygiene practice can only result in reduced oral health outcomes for individuals who could benefit from this service.

Collaboration is an expectation of all health care professionals and CDHO supports actions that are truly collaborative. We must, however, avoid falling into the trap of calling everything collaboration. Determining the level of collaboration needed for a particular issue will help keep the focus on realistic outcomes and allow for effective utilization of time and resources. We need to seek out partners who demonstrate a willingness to collaborate and display the characteristics necessary for effective interprofessional relationships. Registrants also need a clear understanding of collaboration so they can address this within their practice setting and meet the CDHO Standards of Practice. For dental hygienists practicing in a traditional employee-employer relationship, it may be unrealistic to expect the highest level of collaboration. However, our clients should be able to experience strong cooperation and coordination of services.

Collaboration is not an event, it is a journey; at times a difficult journey, but the results are worth it. Let’s bring collaboration into every dental hygiene practice.

CDHO ON THE ROAD:
SETTING THE RECORD STRAIGHT
PRESENTATIONS

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarborough</td>
<td>Saturday, September 10</td>
<td>9:00 - 11:00 am</td>
<td>Centennial College Residence, 940 Progress Avenue, Scarborough</td>
</tr>
<tr>
<td>Windsor</td>
<td>Monday, September 19</td>
<td>7:00 - 9:00 pm</td>
<td>Fogolar Furlan, 1800 North Service Road (E.C. Row), Windsor</td>
</tr>
<tr>
<td>London</td>
<td>Tuesday September 20</td>
<td>7:00 - 9:00 pm</td>
<td>Four Points by Sheraton, 1150 Wellington Road S., London</td>
</tr>
<tr>
<td>North Bay</td>
<td>Wednesday October 5</td>
<td>7:00 - 9:00 pm</td>
<td>Best Western Hotel &amp; Conference Centre, 700 Lakeshore Drive North Bay</td>
</tr>
<tr>
<td>Sudbury</td>
<td>Thursday October 6</td>
<td>7:00 - 9:00 pm</td>
<td>Cambrian College, The Koski Centre, 1400 Barrydowne Road, Sudbury</td>
</tr>
<tr>
<td>Oakville</td>
<td>Monday October 17</td>
<td>7:00 pm - 9:00 pm</td>
<td>Oakville Conference &amp; Banquet Centre, 2515 Wyecroft Road, Oakville</td>
</tr>
<tr>
<td>Welland</td>
<td>Saturday November 5</td>
<td>9:00 - 11:00 am</td>
<td>Niagara College (Welland Campus), Allied Health Institute - Auditorium, 300 Woodlawn Road (Corner of Woodlawn Road &amp; 1st Avenue), Welland</td>
</tr>
<tr>
<td>Webinar</td>
<td>November 2011 (Date TBD)</td>
<td></td>
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</tbody>
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To Register

**Dental Hygienists:** Send an email with your name, registration number, date and location of presentation you would like to attend to savemeaseat@cdho.org.

**Dental Hygiene Students:** Send an email with your name, school, date and location of presentation you would like to attend to savemeaseat@cdho.org.

Registration closes one week prior to each presentation.
When the profession was first created, dental hygiene was all about serving the public – initially working with children in the schools to reduce dental disease. As time progressed, dental hygienists added private dental offices and educational institutions to their sphere of practice opportunities. Self-regulation and self-initiation were finally granted by the government and dental hygienists now work with the public in senior’s residences, long-term care facilities, nursing homes and private homes based on individual client needs.

From a regulatory perspective, the public is what matters. The CDHO has the mandate to regulate the practice of dental hygiene in this province in the public interest, not in the interest of the dental hygienist and not in the interest of a potential or current employer.

Working with, and for, the public has always been at the forefront of dental hygiene practice. As the CDHO continues to move forward with its public education plan, the public is viewed as a partner in this important endeavour. As part of this commitment, the College’s web site has a section for the public, but more importantly, the CDHO has made a promise to the people of Ontario. This promise was recently communicated in an insert that was published in the Toronto Star newspaper and is available on the front page of the CDHO web site www.cdho.org.

What the CDHO has promised is that there is a partnership between the College and the public, between the individual dental hygienist and the public, as well as between the individual client and the dental hygienist. Preventive health care is not something that is done to a member of the public but rather something that is achieved collaboratively between that person and the health care practitioner. More prevention means less disease – be it systemic or local, and less disease will hopefully mean less resources poured into the health care system.

However, this partnership is a difficult one. There are “other forces in the universe” that are disrespectful of the clients’ right to be a full partner in their preventive oral health care decisions. A full partnership does not mean dependency on the health care professional as it may for the patient in the hospital who is there for a life-saving intervention. Dental hygienists work on the other side of the spectrum, dedicated to the prevention of disease, not fixing disease that has already occurred. The College attempts to work in the same manner – providing resources in a type of partnership (through guidelines and standards) with its registrants to assist them in utilizing their skills and knowledge to the best of their ability, but always in the public interest.

The CDHO and by extension, the dental hygienists of this province, relate to the public in a partnership context. Isn’t that the “grown-up” way to work together?
Council Highlights
May 27, 2011

Linda Jamieson, President, opened the meeting by addressing the true meaning of collaboration and how the public benefits from the work of the College.

Executive Committee
The President presented the Executive Report at which time the Auditor presented the 2010 audited financial statements. Following the acceptance of the auditors’ report and the departure of the auditors, Council moved to reappoint Soberman LLP as auditors for 2011. In addition, Ms. Jamieson informed Members of Council that there had been on-going correspondence with a pharmaceutical company that refused to sell specific products to dental hygienists who did not practice in conjunction with a dentist despite the fact that dental hygienists are legally permitted to use drugs in their practice. Apparently the company in question had received incorrect information from organized dentistry. This issue is still on-going.

Council accepted changes to Bylaw No. 4 Sections 7.3, 16.7(2) and 3.1.2. The first two sections mentioned had been circulated to registrants and stakeholders for the requisite 60 day period. Section 3.1.2 will add one additional elected Council Member to Electoral District 2. In addition, Council also approved the proposed regulation on Prescribing, Dispensing, Compounding, Using and Selling of Drugs for submission to the Ministry of Ontario Health and Long-Term Care for processing. Council also agreed to add tetracycline, its salts and derivatives to Schedule I of the proposed regulation.

Inquiries, Complaints and Reports Committee
The Chair of the Inquiries, Complaints and Reports Committee (ICRC) reported that Panels had concluded investigations into 14 matters; one was referred to the Discipline Committee. The ICRC is currently investigating 37 cases. The Health Professions Appeal and Review Board (HPARB) confirmed two previous decisions of the Panels that were disputed. There are five matters pending before HPARB.

Patient Relations Committee
The Chair of the Patient Relations Committee informed the Members of Council that the “Setting the Record Straight” presentations have been well received with 1,728 registrants attending in six cities. Seven more presentations are planned for the fall of 2011 plus a webinar in November.

Quality Assurance Committee
Council was informed that the Quality Assurance Committee (QAC) made 10 referrals to the ICRC for non-compliance with the program. In addition, the QAC is sending out Welcome to the Profession letters to all new registrants. The letter is to promote quality practice and awareness of CDHO resources.

Registration Committee
The Registration Committee reported that they had approved the sending of a survey to all registrants with a
specialty certificate in order to determine what restorative procedures were currently being performed in anticipation of developing guidelines for restorative dental hygiene practice. Also, the 2010 Fair Registration Practices Report required by the Office of the Fairness Commissioner has been posted on the CDHO web site.

Administration Report

Fran Richardson, Registrar/CAO noted the following registration statistics: general 10,722, specialty (restorative) 528, inactive 828, for a total of 12,078. She also stated that of the 12,000 registrants, 3,508 or 25% are currently authorized to self-initiate. There have been a number of personnel changes with the addition of an Investigations Coordinator (Stephen Ahad) and a Registration Coordinator (Marita Dias). The Registrar highlighted a number of the activities undertaken by members of Administration.

Guest Speaker


Next Council Meeting:
October 28, 2011

To attend, please call Jane Cain at 416-961-6234 x 226 or 1-800-268-2346, or email jcain@cdho.org. Seating is limited.
Direct Billing for Dental Hygiene Services

The CDHO has been asked a number of questions regarding the billing of services when the dental hygienist has her/his own practice or when a dental hygienist is working with another dental hygienist in a dental hygiene practice. The following policy has been adopted to guide those situations.

Dental hygienists who bill directly for their services may bill a third-party payer under the dental hygiene practice name provided that:

- The claim form contains the name and CDHO registration number of the dental hygienist who performed the service(s);
- The claim form contains a description of the service(s) provided in terms suitable to the third-party payer; and
- A standard claim form or the claim form specifically requested by the payer is used.

While the CDHO is not involved in the setting of fees nor the production of a fee guide, the College is regularly contacted by registrants, members of the public and third-party payers (usually insurance companies) regarding the authenticity of a claim or the registration self-initiation status of the dental hygienist submitting the claim. Please note that some third-party payers, like some government programs, do not accept claims from companies. Therefore, the dental hygienist must submit the claim under her or his own name.

How to Make a Submission to CDHO

From time to time, the College will send out requests to registrants asking for their comments on a proposed piece of legislation, regulation, standard of practice or bylaws. The Ministry of Health and Long-Term Care (MOHLTC) mandates that all proposed regulations be circulated to registrants and interested stakeholders for at least 60 days. The CDHO also posts the draft regulations, etc. on the CDHO web site at www.cdho.org.

The College is really looking for your feedback and/or your questions!

Submissions may be made by e-mail, fax or letter to the contact information noted on the bottom of the notice. The comments can be long, short, complex or very simple. A few words indicating that you do or do not agree with the proposed item is often enough. If a registrant finds that the item is unclear, the College can make clarifying changes prior to submission to MOHLTC.

Registrants are encouraged to contact the College with any concerns arising out of the notice. All of the comments are taken into consideration before Council approves the final draft that goes to the Ministry.

When the College sends in the proposed regulation to the Ministry, the CDHO is required to inform the Ministry of the number and type of comments received. Therefore, each person’s input is very important. All comments are gratefully received.

There are also other submissions requested of registrants. These may be related to Quality Assurance, a complaint or information requested by the Registrar. In these cases a simple e-mail or letter is sufficient. Registrants should answer the requests in the letter completely and objectively and with clear language as these submissions usually are reviewed by Committees of the College that include public members (appointed by the government to the CDHO) who may not be familiar with certain terminology or dental hygiene concepts.

Dental Hygiene Programs Update

The CDHO has worked with the Ministry of Training, Colleges and Universities (MTCU) to facilitate a fair and equitable dental hygiene educational process in Ontario. Due to a decision made by the dental hygiene regulators across the country, all Canadian dental hygiene programs have implemented or are in the process of implementing the National Competencies into their curricula.
In addition, MTCU has stated that all programs must be accredited by the Commission on Dental Accreditation of Canada (CDAC) by December 2013. Currently, in Ontario:

- There are 20 CDAC accredited programs in Ontario including 12 Colleges of Applied Arts and Technologies and eight Private Career Colleges (PCC);
- There are eight non-accredited PCCs still operating;
- Ten programs have been discontinued;
- At least three of the non-accredited have indicated they will close.

Why has the CDHO been so involved with MTCU regarding the non-accredited programs?

- Concern for the health and safety of the clients being treated in the schools.
- Evidence from the clinical competency evaluations that some program graduates were not at the entry-to-practice level.
- Evidence from the National Dental Hygiene Certification Board (NDHCB) that some graduates were taking multiple attempts to obtain an NDHCB certificate.
- Repeated failure by some programs to obtain accreditation status.
- Concerns expressed by failing students.

The College will continue to work closely with MTCU to resolve these issues.

Medical Emergency Kits

It is a standard of practice for dental hygienists to be able to ensure the provision of aid in medical emergency situations. Dental hygienists can administer drugs orally, by injection or by inhalation even though it is not within their scope of practice, in accordance with the Regulated Health Professions Act, 1991, in emergency situations only.

Dental hygienists have a professional obligation to ensure the safety of clients in their care. This obligation is not dependent on the presence of another health professional within the facility in which the dental hygienist practices. In other words, if an employer does not have an emergency protocol or an up-to-date emergency kit, it is the responsibility of the dental hygienist to ensure that both are available for clients in her/his care. The same standards of care for clinical services exist in private practice, in public health and educational facilities.

Drug kits typically contain Epinephrine 1:1000 (epi-pen) Diphenhydramine, Salbutamol (inhaler), Nitro-glycerine (sublingual spray), ASA tablets, fruit juice or glucose and a portable oxygen unit.
The 2011 renewal season has been very successful from a technological point of view – over 95% of registrants renewed online and 75% of registrants provided the CDHO with their email addresses. As well, having the Registrants’ Handbook available on a memory stick has been very well received. Being notified by email whenever the Registrants’ Resource USB stick needs to be updated or whenever new information is available on the website has allowed registrants to keep current with the College.

The benefits of increasing the College’s use of technology to communicate with registrants are many: immediate; efficient; cost-effective and environmentally friendly. Overall, CDHO registrants have been very receptive to new or existing technology.

A Choice of Mail or Email
CDHO will continue to send all communication to registrants by regular mail until the end of this year. In 2012 renewal registrants will be asked for their preference of receiving information by email or regular mail. If you have indicated that your preference is to receive information by email only, then you will no longer receive paper mail. You will also be given the option of receiving Milestones in paper format or as a notice by email with a link to the publication on the website. As of 2013, regular mail will be sent only to those registrants who indicate this preference.

CDHO.ORG Update
If you have visited the CDHO website recently you may have noticed that the College is now on Facebook. The Facebook link on our website takes you right to our page where we post upcoming events and other information that if you don’t have email or don’t visit our website frequently, you will not know about.

New Initiatives
Other efficiencies that we are working on include:

• An online application process for new registrants, self-initiation, clinical competency and more.

• A webinar of “Setting the Record Straight” will be coming this fall. This will allow registrants across the province to participate in a live presentation online. And if you can’t participate on the day of the webinar, it will be archived on www.cdho.org and you will be able to view it at your leisure.

• Your 2012 renewal receipt will be sent to you by email instead of by regular mail.

• A number of on-line surveys are planned and you will be able to share your thoughts and comments. Your voice is important!

• If you haven’t yet given the College your email address, CDHO staff members Kate Sutherland and Vivian Ford will be telephoning you over the next few months. Or, send your email address now to ksutherland@cdho.org.

Is there anything else you would like to see improved related to technology? Let us know by sending an email to mcatalfo@cdho.org.

Visit our all new site:
www.cdho.org

The College website has been redesigned from the ground up to help you better navigate our site and access the information you need:

• A front-page news feature so you can quickly stay up to date;

• Improved navigation menus that enable fast and efficient browsing;

• A search engine to help find what you are looking for; and

• Hot buttons for the most accessed areas like the Knowledge Network, and much more!
## Community Connections for Those in Need of Financial Help with Oral Care Cost

The Government agencies listed below offer programs that help eligible children and adults in Ontario access oral health care. Questions about your eligibility should be directed to the agency that provides the program that you feel may best describe your situation.

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Who May Be Eligible</th>
<th>Services Provided</th>
<th>Refer Clients To</th>
</tr>
</thead>
</table>
| **Healthy Smiles Ontario** | Kids 17 and under may be eligible if:  
- They are residents of Ontario;  
- They are members of a household with an Adjusted Family Net Income of $20,000 per year or below;  
- They do not have access to any form of dental coverage (including other government-funded programs, like Ontario Works). | The Healthy Smiles Ontario program covers regular visits to a registered dental care provider, such as a dentist or dental hygienist, to establish and maintain good oral health. It covers a full range of preventive and early treatment dental services including check-ups, cleaning, fillings, x-rays, scaling and more. | www.health.gov.on.ca/en/public/programs/dental/  
To apply for the program, clients must complete and submit an application form to their local Public Health Unit (PHU). If they qualify for the Program, the PHU will issue them a Client Card that has a unique client identifier and “Card Expiration Date.”  
**ServiceOntario INFOline** at 1-866-532-3161  
TTY: 1-800-387-5559; in Toronto, TTY: 416-327-4282. Hours: 8:30 a.m. - 5:00 p.m. |
| **Children In Need Of Treatment (CINOT)** | The Children In Need Of Treatment (CINOT) program provides basic dental care to children and youth 17 years of age and younger, who have identified dental conditions requiring urgent care. Children and youth are eligible for this program if they have no dental insurance and the parent/guardian has signed a written declaration that the cost of the necessary dental treatment would result in financial hardship. | Basic dental and dental hygiene services. | www.mhp.gov.on.ca/en/healthy-communities/dental/default.aspx  
To arrange a screening to determine if you or your child is eligible, please contact your local Public Health Unit. Contact information can be found in the blue pages of the telephone directory and at:  
www.health.gov.on.ca/english/public/contact/phi/phuloc_mn.html |
| **Ontario Works (OW)** | To be eligible for Ontario Works, clients must:  
- Be over 16 years of age, live in Ontario; need money right away to help pay for food and shelter; and be willing to take part in activities that will help them find a job. | Basic dental/dental hygiene services | www.mcss.gov.on.ca/en/mcss/programs/social/ow/  
Contact the Ontario Works office or First Nations office in your community. |
| **Ontario Disability Support Program (ODSP)** | The Ontario Disability Support Program helps people with disabilities who are in financial need pay for living expenses, like food and housing. A person who qualifies for Ontario Disability Support Program Income Support may be able to get coverage for:  
- Basic dental services; and  
- Additional services if their disability, prescribed medications or prescribed treatment affects their oral health.  
Eligible family members include:  
- Spouse; and  
- Children under 18 years of age.  
Children over 18 years of age may be able to get dental coverage through Ontario Works discretionary benefits. | Basic dental and dental hygiene services | www.mcss.gov.on.ca/en/mcss/programs/social/odsp/  
For more information contact your regional offices. Complete listing of regional offices can be found at: www.mcss.gov.on.ca/en/mcss/programs/social/odsp/contacts/index.aspx |
| **Assistance for Children with Severe Disabilities (ACSD)** | Assistance for Children with Severe Disabilities (ACSD) is a direct funding program that assists low and moderate income families caring for a child with a severe disability, under the age of 18, living at home. | Coverage includes services such as oral exams, x-rays, fillings and extractions. | www.children.gov.on.ca/htdocs/English/topics/specialneeds/disabilities/index.aspx  
First Nations and Inuit Health: Health Canada Emerald Plaza 1547 Merivale Road 3rd Floor, Postal Locator 6103a Nepean, Ontario K1A OL3  
Dental Inquiries: 613-952-0102 or 1-888-283-8865. |
| **Non-Insured Health Benefits (NIHB)** | The NIHB Program provides eligible First Nations and Inuit with a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs or other publicly funded programs. | The dental component of the NIHB Program covers dental services, including: diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral surgery, orthodontic and adjunctive services. | www.hc-sc.gc.ca/fniah-spnia/nihb-sna/benefit-prestation/dent/index-eng.php  
First Nations and Inuit Health: Health Canada  
Emerald Plaza 1547 Merivale Road 3rd Floor, Postal Locator 6103a Nepean, Ontario K1A OL3  
Dental Inquiries: 613-952-0102 or 1-888-283-8865. |
Margaret Detlor is the owner of Bluewater Dental Hygiene Services in Kincardine, Ontario, which focuses on providing care in long-term care (LTC) facilities in Huron, Bruce and Grey Counties. Margaret, a 1988 graduate from George Brown College, is a former president of the Ontario Dental Hygienists’ Association (ODHA).

**Why did you choose to apply for self-initiation?**

I had heard of the need for dental hygiene in long-term care and thought it might be a good fit for me. However, after eight years of practice I realize that LTC can be really challenging and it’s certainly not for the faint of heart!

**What do you think you have done in your practice that most impacts your clients?**

Teaching the staff in LTC facilities how important oral care is to overall health. The clients that need my help the most, those with moderate periodontal disease, can be brought around and managed with dental hygiene care.

**Collaboration in the oral health care team is important to client health. How do you think collaboration has changed over the years?**

Collaboration is very important in LTC. I work with a wide range of health care professionals to co-ordinate care for each resident. I love it when a plan comes together and all scheduled care happens in a timely manner!

**How would you define professionalism?**

Working to the best of your ability with the clients’ needs front and centre and continually providing excellent care throughout your entire career. View the profession as more than just your job.

**What do you do for professional learning?**

I do a lot of reading on specific diseases that my clients have and how these diseases can impact on oral health. I am also the current chair for the ODHA’s LTC Committee where we research issues regarding LTC.

**What do you like best about being in independent practice?**

I am my own timekeeper! No rushing. Just good, client-centric dental hygiene care.

The public can now choose where and when they will receive dental hygiene services. This client-centered system allows dental hygiene services to make their way into less serviced areas, addressing a need that has been long recognized by the CDHO. This page features RDHs who have taken dental hygiene practices into less traditional settings.
Dental Hygienists and the Fabrication of Oral Appliances

The College has been receiving inquiries regarding the taking of impressions for appliances used to treat bruxism. The treatment of bruxism is not within the scope of practice of dental hygiene in Ontario as the fitting and dispensing of anti-bruxism devices constitutes a controlled act. The relevant wording from the Regulated Health Professions Act, 1991 is as follows:

**Controlled acts**

(2) A “controlled act” is any one of the following done with respect to an individual:….

11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

While a dental hygienist may take an impression for an anti-bruxism appliance, the fitting of such an appliance must be done by a dentist as there are implications for the occlusion and the tempromandibular joints.

However, the taking of impressions and fitting of protective mouthguards for sports use and the taking of impressions and fitting for whitening trays, are not controlled acts and may be performed by dental hygienists who are competent to do so following the CDHO Standards of Practice. Dental hygienists who practice with a dentist, for example in an orthodontic office, may be involved in the fitting and dispensing of appliances in conjunction with the dentist.

Visit our all new site: www.cdho.org

Have you reviewed your Professional Portfolio lately?

Quality Assurance is an ongoing process. Each year 10% of dental hygienists in Ontario are randomly selected for a portfolio review.

**Remember to update your learning plan on a continual basis.**

Visit cdho.org/qa+resources.asp to find resources, forms and a step-by-step tutorial for creating your Professional Portfolio.
Since the introduction of self-initiation in September 2007, dental hygienists have had an increase in practice options, allowing the public to have better access to preventive oral care. These different practice options have also allowed dental hygienists the opportunity to advertise their services. The *Oxford Advanced Learner’s Dictionary* defines the word advertising as “telling the public about a product or a service in order to encourage people to buy or to use it.” Nowadays, there are many mediums which an individual may use to tell the public about their particular product or service. However, one must keep in mind that registrants of a health profession, under the *Regulated Health Professions Act, 1991*, must advertise in accordance with their College’s advertising regulations and guidelines. Often times, a dental hygienist will work for a company/corporation that will advertise on their behalf. It is very important to understand that even in this situation the dental hygienist is responsible for ensuring the College advertising regulations are followed.

### Notifying Registrants

Recently, the CDHO has received an increasing number of calls raising issues with dental hygienists’ websites, pamphlets and newspaper advertisements. Previously when these issues were brought to our attention, if not filed as a formal complaint, the CDHO practice advisors were giving courtesy calls to the dental hygienists whose advertisements were of concern to notify them of the issues. However, due to the overwhelming amount of calls it has become impossible to give courtesy calls any longer. Concerns raised respecting advertisements which contravene the regulations will be dealt with by the Inquiries, Complaints and Reports department.

With that being said, registrants are urged to consult the CDHO advertising, professional misconduct and proposed conflict of interest regulations prior to publishing any materials. As well, the CDHO practice advisors can offer advice on the interpretation of these regulations. Registrants are also welcome to forward a copy of their advertisements to the practice advisors to review content for advice prior to publishing. The CDHO will not approve an advertisement, but will alert you to areas which may pose problems or concerns.

### Common Issues

Below is a list of some of the most common issues found in registrants’ advertisements:

- Stating things that are false or misleading. The CDHO does not approve or endorse any service (e.g., stating that one’s services are CDHO approved).

- Stating things that because of their nature, cannot be verified (e.g., the use of subjective words like “gentle” and “affordable” can be problematic). What you perceive to be gentle or affordable may not be perceived as gentle or affordable by someone else.

- Having a testimonial by a client or former client or by a friend or relative of a client or former client (e.g., “My dental hygienist Mary is so gentle that I never feel any pain during my cleaning. I would highly recommend her services.”). Testimonials are contrary to the advertising regulation.

- Demeaning another profession (e.g., asking “Why see a dentist when you can see a dental hygienist?”).

- Implying your services, products, or equipment are better than another dental hygienist’s (e.g., stating that one offers advanced sterilizing equipment or one offers superior whitening techniques).

- Holding yourself out be something they are not (i.e., not within their scope of practice) (e.g., stating that you offer weight loss counseling as part of your dental hygiene treatment).
• Using the terms “New Client Exam” or “Oral Assessment” as these terms may imply that a dental diagnosis will take place instead of a dental hygiene diagnosis. It is preferable to use the terms New Client Dental Hygiene Exam or Oral Dental Hygiene Assessment. That way clients will not be misled.

• Advertising with a name different than the one you are registered with (e.g., you are registered with the College as Jane Smith but using Jane Doe, your former surname, on your advertisements).

• Having distasteful terms in advertisements that may affect the credibility of dental hygiene services (e.g., Foxy Roxy’s Dental Hygiene Services).

Inform Your Peer
What if a dental hygienist notices that another dental hygienist’s advertising may be contrary to the College’s advertising regulations? Like anyone else, the registrant always has the option to file a formal complaint with the College. The complaints process is readily available on the CDHO website. However, it has been the practice advisors’ experiences that inappropriate advertising has been, for the most part, unintentional and a courtesy call is usually appreciated. A call to your peers to give her/him a professional “heads up” and suggest that she/he contact one of the College’s practice advisors who can help them interpret the advertising regulation would be a welcomed and professional courtesy.

Myths and Facts
As with many areas of life, rumours abound. Here are a few related to the activities of the CDHO, followed by the correct information.

Myth: Dental hygienists in administrative roles need to be extremely careful in keeping the professional balance between the dental hygienist and her/his employer, the dentist.

Fact: The CDHO does not have any regulations specific to employment. However, no matter the practice setting, dental hygienists are regulated health care professionals under the Regulated Health Professions Act, 1991 and Dental Hygiene Act, 1991.

Dental hygienists are responsible for adhering to CDHO Standards and Guidelines.

Myth: Dental hygienists who disagree with the CDHO will be automatically targeted for a Quality Assurance audit or have their “license” revoked.

Fact: Dental hygienists who disagree with CDHO policies have an avenue for making their views known. There are elections for Council each year and registrants in the district are encouraged to put their name forward. Being on Council is a way to participate in the governance process. No registrant is “automatically targeted for a QA audit” nor is a “license” automatically revoked. [Note: There are no “licenses” in Ontario, but certificates of registration.]

Myth: Spore testing of sterilization equipment is optional.

Fact: The monitoring of sterilization equipment is a CDHO standard of practice and dental hygienists are responsible for ensuring that the equipment used to sterilize their instruments is working according to manufactures’ instructions. No office would like to have a sign that reads: “Caution, the instruments we use may not be sterile!”
Recent “Setting the Record Straight” presentations and telephone calls to the Quality Assurance (QA) staff at the CDHO have shown that dental hygienists in the province are seeking further guidance from the College and would like to see more information regarding what is required in their portfolio submissions. The following deficiencies are those most commonly identified by the QA Assessors during portfolio reviews:

- **Incomplete or inaccurate information.** This includes the recording of an incorrect registration number, incomplete contact information, failure to record Cardiopulmonary Resuscitation (CPR) certification expiry date or having an expired CPR certificate, and leaving blank spaces in forms. Also, many registrants do not complete the typical day for all current practices as required for all practices listed on Portfolio Form 3A.

- **Handwritten submissions.** The QA Committee requires that all portfolio submissions be typed or word-processed. Assessors do not receive the original portfolio submission and handwritten submissions are difficult to read when scanned into the assessor’s electronic file.

- **Old forms, no forms, missing forms.** Registrants must use the portfolio forms provided and ensure that all forms are fully completed. Forms should not be modified. If a form is not applicable, it should be included with a notation as to why it is not being completed.

- **Assumptions that the assessors know what you do or that everyone does it so there is no need to write it.** For example, some registrants have written “Standard Precautions” under the infection control procedure description or “Following Record Keeping Guidelines” on Form 4A. A full description of what infection control procedures are performed and what is recorded in regard to each client is required.

- **Goals on Form 6 not clear or not related to dental hygiene.** Goals should be established with an aim to improving your dental hygiene practice and the outcomes for your clients. A well-written goal contains an action word (verb) such as “investigating”, “researching” or “evaluating” and is specific enough that it can be completed within the year.

- **Statements indicating that you are not practicing within your scope of practice.** It is important that you do not set goals to perform procedures or make recommendations for procedures or client education that are not within your scope of practice. For example, making recommendations for clients to use herbal remedies or providing nutritional counselling for clients whose medical conditions require the specialized treatment provided by dieticians are not within the scope of practice of dental hygienists in Ontario.

- **Number of goals on Form 6 are not equal to the number of Form 7’s submitted.** Each goal must have a corresponding Form 7. For example, if you had set two goals for 2009, three for 2010 and four for 2011, you should be submitting a total of nine completed Form 7’s.

- **No connection between learning and your dental hygiene practice or no indication that learning has taken place or that goals have been achieved.** In reporting on your activities sufficient information must be provided in the three relevant sections at the bottom of your Form 7’s. The assessor must be able to see what information or skills have been gained, what you want to apply to your practice and whether or not your goal improved your practice and the outcomes for your clients. This does not necessarily mean that you have implemented something new into your practice. For example, if you had made it a goal to investigate a new treatment but determined that sufficient evidence did not exist to show that it was effective, you may have
chosen not to implement it into your practice.

If your goal had read “Investigating procedure ‘X’” to determine suitability for implementation for clients, you would still record your goal as being met but would need to explain why you had decided not to implement the procedure.

- **No bibliography or time spent on self-initiated learning:** websites, journals, textbooks, videos, audiotapes or seminars. A full bibliography of each activity must be included so that a determination can be made that reliable sources of information are being used. The assessors also require that you record how much time was spent on each activity to determine if you are meeting the guidelines for continuing competency.

- **Not following or are unaware of Continuing Competency Guidelines.** New guidelines came into effect in January 2010. It is imperative that you regularly read and review communications from the CDHO including *Milestones* and postings on our website to ensure that you are following the most up-to-date requirements.

- **Selecting inappropriate Continuous Quality Improvement activities.** A list of acceptable activities has been available since the release of the guidelines in January 2010. You may be considering an activity that is not listed in the guidelines and are unsure if the activity will be acceptable to use on your portfolio. If you are unsure, please call the College to help you in determining the acceptability of the activity you are considering.

There are many resources available to assist registrants in the completion of their professional portfolio:

- The QA section of www.cdho.org contains valuable information to assist in preparing a portfolio submission that will meet the assessment guidelines used by the assessors;

- Past and current issues of *Milestones* regularly contain articles regarding specific aspects and requirements of the QA Program; and,

- QA staff and Practice Advisors are available by phone and email to answer and discuss your QA-related questions.

Have you visited the Knowledge Network lately?

**New Advisories**

- Angina (Angina Pectoris)
- Disorders of the Adrenal Gland
- Disorders of the Pituitary Gland
- Myocardial Infarction and Cardiac Arrest

**Revised Advisories**

- Celiac Disease
- Chrohn’s Disease
- Hyperthyroidism
- Hypothyroidism
- Liver Disease
- Ulcerative Colitis

Find the clinical information you need at: www.cdho.org/QAKnowledgeNetwork.htm.
Hypertension heightens risks for heart disease and stroke, the leading causes of death in Canada. Hypertension creates for dental hygienists—and all health care professionals—public, professional¹ and clinical expectations. Especially because hypertension is so often asymptomatic.

Hypertension can be so severe that it creates an emergency requiring a 911 call. The expectations are that dental hygienists will quickly recognize, understand and react appropriately.

Hypertension may be indicated by blood pressure (BP) readings alone, or by BP readings in conjunction with a medical or medications history suggestive of hypertension’s complications, comorbidities and associated conditions. These include organ damage, diabetes mellitus and chronic kidney disease. The expectations are that prior to implementing procedures dental hygienists will discuss with the client the need to consult the client’s physician or nurse practitioner.

The complications, comorbidities and associated conditions may create clinical contraindications to oral health care procedures. Then the professional or legal expectations are that prior to implementing procedures dental hygienists will obtain advice from their clients’ physicians or other health care professionals.

Hypotension, the opposite of hypertension, and postural hypotension are suggested by the medical, oral health and medications history. The expectations are that dental hygienists will take steps to monitor BP, to prevent shock or injury to the client in the event of dizziness or loss of consciousness and, if clinically indicated, to consult with the client’s physician or nurse practitioner.

Expectations increasingly include dental hygienists’ participation in Canada’s efforts to combat hypertension and its grave consequences for Canadians and for the Canadian health care system.

¹ See the CDHO Advisory Hypertension available on the CDHO Knowledge Network

The efforts are led by Hypertension Canada², formed by Blood Pressure Canada, Canadian Hypertension Society and Canadian Hypertension Education Program (CHEP). CHEP’s 2011 Recommendations for the Management of Hypertension says that all Canadian adults need to have blood pressure assessed at all appropriate clinical visits. Visits with dental hygienists provide an appropriate clinical opportunity for their participation in combating hypertension.

Instruments for measuring BP have undergone a technical revolution. Automated office BP measurement (AOBP) is now recognized as the most accurate and highest quality measurement method for the offices of all front-line health care professionals. AOBP includes automated validation of BP readings according to recommended procedures. AOBP enables generation of BP-data printout to travel with the client to the ER, family physician or nurse practitioner.

And AOBP brings to dental hygienists the instrument they need to fulfill public, professional and clinical expectations, and to fully participate as health care professionals in Canada’s efforts to combat hypertension and its consequences.

² Hypertension Canada, http://www.hypertension.ca/

RDH Expertise for RDHs

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor, call or email, 416-961-6234 or 1-800-268-2346 to reach:

Robert Farinaccia, RDH, x 237, rfarinaccia@cdho.org
Jane Keir, RDH, x 235, jkeir@cdho.org
The Ontario Dental Association (ODA) and the College of Dental Hygienists of Ontario (CDHO) are often asked for advice and direction from dentists and dental hygienists about the definition of treatment time and how the dental hygienist would record this time in the patient’s chart, what-ODA procedure codes would be used for treatment and the suggested fees for treatment (billing).

**What is the definition of treatment time?**
Treatment time is not just “instrument on tooth time”. Treatment time includes the time spent reviewing the chart to prepare oneself for the procedure. Also included is the time spent administering a local anaesthetic when required, performing the procedure, providing post operative instructions to the patient (when required) and recording the treatment notes in the chart. Examples of time spent that would not be included in treatment time would be the breakdown, disinfection and set up of the operatory, as well as administrative functions such as billing and reappointing the patient. Time spent measuring and recording periodontal findings would not be included in scaling/root planing. That time would be considered to be part of the dentist’s examination & diagnosis time, whether dentist performs the examination & diagnosis at that appointment or at a subsequent appointment.

**Do dental hygienists need to record the start and stop time for all patient appointments?**
The CDHO advises dental hygienists that the record keeping regulation states that “for each intervention, the amount of time the member spent providing dental hygiene care” must be recorded. Compliance with this provision requires that the dental hygienist record the time spent providing services that are based upon units of time; specifically, the time spent scaling and root planing, polishing and/or desensitizing must be recorded. Best practice is to record the number of minutes providing each of these services. Recording only as units may be confusing particularly, when the office books in 10 minute units but uses procedure codes which are always based on 15 minute units. It is acceptable to also write the number of units in addition to the minutes spent providing these services although this is not a requirement of the regulation.

**How are “per unit of time” procedure codes to be used and how are the fees to be billed to the patient determined?**
The Ontario Dental Association publishes The ODA Suggested Fee Guide for General Practitioners© and is the ultimate authority on the use of the Guide. It is intended to serve only as a reference for the dentist to enable development of a structure of fees which is fair and reasonable to the patient and to the dentist. The suggested fees are not obligatory and each dentist is expected to determine independently the fees which will be charged for the services performed. The Guide is issued merely for professional information purposes, without any intention or expectation whatsoever that a dentist will adopt the suggested fees.

While the suggested fees are not obligatory, the use of correct procedure codes is and this means that the dentist must use the code that describes the actual service performed and that code must be the code that appears in the most current edition of the Guide. In the case of “per unit of time” procedures such as scaling and root planing, the code used must reflect the amount of time spent providing the service. Time is measured in fifteen minute units. If a procedure takes a partial unit of time, the procedure code which corresponds to the “half unit of time” should be used. Where a “half unit of time” code does not exist, the code which corresponds to the next higher unit of time may be used and the dentist may adjust his/her usual and customary fee and bill the patient for the actual time.

ODA member dentists and their employees who have questions about the use of the Guide should contact the ODA Practice Advisory Services Department.

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**Separating Fact from Fiction:**

**The Definition of Treatment Time and the use of The ODA Suggested Fee Guide**

**A Joint Message from the ODA and the CDHO**

The Ontario Dental Association (ODA) and the College of Dental Hygienists of Ontario (CDHO) are often asked for advice and direction from dentists and dental hygienists about the definition of treatment time and how the dental hygienist would record this time in the patient’s chart, what-ODA procedure codes would be used for treatment and the suggested fees for treatment (billing).
In a hearing held on May 06, 2011, a Panel of the Discipline Committee found Ms. Sarah Clifford guilty of professional misconduct in that she received a benefit from the practice of dental hygiene while suspended, failed to pay money owing to the College, failed to reply appropriately or within 30 days to an inquiry by the College, failed to comply with an order or direction of a Panel of a Committee of the College, contravened the Dental Hygiene Act, 1991 (DHA), the Regulated Health Professions Act, 1991 (RHPA) or the regulations thereunder, acted disgracefully, dishonourably or unprofessionally, and engaged in conduct that was unbecoming a dental hygienist.

Allegations

The Notice of Hearing contained the following specified allegations against Sarah Clifford:

1. Sarah Elizabeth Clifford was a duly registered dental hygienist.
2. Ms. Clifford first became registered with the College of Dental Hygienists of Ontario in or about 2003.
3. On or about August 21, 2009, Ms. Clifford was found guilty of professional misconduct by a Panel of the Discipline Committee of the College.
4. The conduct which formed the basis for the finding of professional misconduct against Ms. Clifford was practising while suspended and failing to respond appropriately and in a timely manner to the College.
5. The penalty that Ms. Clifford received included a reprimand, a suspension of three months, with one month suspended if she complied with the remainder of the Order. Terms, conditions and limitations were also imposed requiring Ms. Clifford to complete an Ethics and Jurisprudence course within six months of the date the Discipline Panel’s order became final and to respond appropriately and within 30 days to written enquiries of the College. Costs of $2,000 were ordered payable by Ms. Clifford to the College to be paid within 12 months after the completion of the initial two month suspension.
6. It was alleged that Ms. Clifford had not complied with the Order of the Discipline Committee in that she did not complete an Ethics and Jurisprudence Course within the time period set out in the Discipline Panel’s Order, she did not respond within 30 days to written inquiries of the College on numerous occasions and she did not pay the costs owing to the College.
7. It was further alleged that Ms. Clifford’s certificate of registration was suspended for non-payment of fees on or about February 16, 2010.
8. It was further alleged that Ms. Clifford practised dental hygiene in or about February 2010 and/or in or about April 2010, despite her certificate of registration being suspended.
9. It was alleged that Ms. Clifford was ungovernable.
10. It was alleged that the conduct described above constitutes professional misconduct pursuant to paragraph 38 (receiving a benefit from the practice of dental hygiene while suspended); and/or paragraph 41 (failing to pay money owing to the College); and/or paragraph 43 (failing to reply appropriately or within 30 days to an inquiry by the College); and/or paragraph 45 (failing to comply with an order or direction of a panel of a Committee of the College); and/or paragraph 47 (contravening the Act, the RHPA or the regulations thereunder, specifically practising while suspended, contrary to subsection 13(2) of the Health Professions Procedural Code, being Schedule 2 to the RHPA and section 9 of the DHA); and/or paragraph 52 (disgraceful, dishonorable or unprofessional conduct); and/or paragraph 53 (conduct unbecoming a dental hygienist) of section 15 of Ontario Regulation 218/94, as amended to Ontario Regulation 382/08, under the DHA.

Sarah Clifford did not attend the hearing. Two affidavits of service were filed showing that Ms. Clifford was served with the Notice of Hearing duly informing her of the date, time and place of the hearing. After an appropriate waiting period, the Panel proceeded with the hearing in her absence. When a registrant refuses or fails to appear at a discipline hearing, when duly served, the Discipline Panel has the jurisdiction to proceed with the hearing in the absence of the registrant. A registrant cannot avoid the discipline process by a failure to respond to the Notice of
Hearing. Given Ms. Clifford’s failure to attend upon the hearing, the Panel entered a plea on her behalf of “not guilty” to the allegations of professional misconduct in the Notice of Hearing.

The College filed Ms. Clifford’s 2010 reinstatement application form and a Book of Documents and called a witness to support the allegations in the Notice of Hearing. The Panel considered the documentary evidence and oral testimony and found that the allegations of fact set out in the Notice of Hearing were supported by the information contained in the Book of Documents and the testimony of the witness, which was accepted by the Panel. The Panel found that Ms. Clifford failed to co-operate with the College as required under the Regulations. She did not respond to written or telephone communications from the College and did not comply with the prior Order of the Discipline Committee.

**Penalty**

The Panel made the following Order on penalty and costs:

1. Ms. Clifford’s certificate of registration shall be revoked immediately.

2. Ms. Clifford shall pay to the College the amount of $5,000 in costs, payable in 12 equal monthly installments of $416.66, commencing on the first day of each month, within 30 days of the Discipline Panel’s order becoming final, or within such other period as may be agreed upon by Ms. Clifford and the College.

The Panel considered that the penalty it imposed appropriately addressed the principles to be taken into account in assessing penalty, which include public protection, general deterrence and specific deterrence.

The revocation Order was appropriate given the seriousness of the misconduct and the Committee’s finding of ungovernability. The public must be protected against ungovernable registrants.

By way of general deterrence, the seriousness of the penalty communicates to the profession that such misconduct would not be tolerated. By way of specific deterrence, it told the registrant that the College would punish acts in disregard of the College’s public protection mandate.

The Panel wanted to send a strong message that compliance with the regulatory body, the orders of discipline committees, and the regulatory requirements for dental hygienists, was fundamental to the practice of dental hygiene. The obligation to maintain a current certificate of registration and not to practice without one is one of many regulations that are in place to ensure that the public receives safe and effective dental hygiene care. Ms. Clifford’s continued practice as a dental hygienist after suspension of her certificate of registration demonstrated a serious disregard for the laws that govern the practice of dental hygienists.

Ms. Clifford’s failure to respond to the College in an appropriate and timely way and her non-compliance with a previous discipline committee order demonstrated a clear disregard by her for the College’s mandate to govern its registrants in the public interest.

The Panel considered the following aggravating factors in this case:

- Failure to respond to numerous communications from the College over an extended period;
- Disrespect for the legislative mandate of the College;
- Conduct that clearly indicates that the registrant is ungovernable;
- Failure to comply with a previous Discipline Committee’s order to complete an Ethics and Jurisprudence course and fully pay the costs owing to the College; and,
- Failure to respond to the Notice of Hearing and absence from the hearing.

The Panel considered the fact that this was Ms. Clifford’s second time before the Discipline Committee. The Panel was disappointed that the registrant had not learned from her first Discipline Committee decision. It did not appear that she has made any significant effort to improve her professional conduct and behaviour.

The Panel concluded by the proved misconduct that Ms. Clifford has forfeited her claim to a certificate of registration as a dental hygienist in Ontario. Revocation was the appropriate remedy in such circumstances.

Diane Young #005251

Another matter respecting Ms. Diane Young was scheduled to be heard on May 06, 2011. However, as Ms. Young had signed an Undertaking agreeing to resign from the College and never to re-apply, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.
Registrand Changes

New Registrants

March 5, 2011 to May 27, 2011

Ahmadi, Estoyar  014944
Ainslie, Katie  014856
Anand, Tricia  014964
Arendacz, Emilia  014894
Armitage, Crystal  014961
Asher, Poornam  014824
Ayoub, Martin  014881
Bacopoulos, Thespina  014791
Bahia, Pawan  014947
Ball, Erin Leigh  014807
Ballantyne, Alannah  014785
Banas, Victoria  014804
Basra, Parminder  014958
Bastkar, Tara  014798
Bautista, Angelica  014832
Beecroft, Amanda  014788
Bellemai, Suhila  014886
Belanger, France  014869
Bissonnette, Cherie  014837
Blackshaw, Kari  014884
Blazkowska, Agata  014937
Boudreau, Erin  014900
Boutros, Michel  008717
Bourne, Leah Susannah Alvenia 007640
Boucher, Diana  005753
Borabo, Rosana  011387
Borrelli, Beverly Louise  004068
Bolshin, Freda  000891
Beyerle, Laurie Doreen  001850
Baumgaertner, Rita Nancy 013461
Battiston, Ida Maria  003213
Baron, Debbie E  002567
Banner, Meghan  011818
Banfield, Laura  008628
Bajwa, Pawanpreet Kaur  011600
Aziz, Olivia   010270
Ashley, Sara   002018
Alexander, Stephanie Jean 005997
Affeldt, Colena Nicole 005997
Aguila, Cleotilde  011955
Acker, Amanda Lindsey  008286
Acosta, Donna Marie  010964
Aulfeldt, Colena Nicole  007967
Aggarwal, Sophia  010412
Agula, Cleodile  011955
Alexander, Stephanie Jean 005997
Andrew, Nicole C  009078
Ashley, Sara   002018
Aziz, Olivia   010270
Bajwa, Pawanpreet Kaur  011955
Banfield, Laura  008628
Banner, Meghan  011818
Baron, Debbie E  002567
Battiston, Ida Maria  003213
Baumgaertner, Rita Nancy 013461
Beyerle, Laurie Doreen  001850
Bolshin, Freda  000891
Balboa, Rosana  011387
Borelli, Beverly Louise  004068
Brown, Michael   002189
Boume, Leah Susannah Alvenia 007640
Boutros, Michel  008717

Authorized for Self-Initiation

March 5, 2011 to May 27, 2011

Abel, Francine  009971
Aboughatab, Mary  011546
Acker, Amanda Lindsey  008286
Acosta, Donna Marie  010964
Aulfeldt, Colena Nicole  007967
Aggarwal, Sophia  010412
Agula, Cleodile  011955
Alexander, Stephanie Jean 005997
Andrew, Nicole C  009078
Ashley, Sara   002018
Aziz, Olivia   010270
Bajwa, Pawanpreet Kaur  011955
Banfield, Laura  008628
Banner, Meghan  011818
Baron, Debbie E  002567
Battiston, Ida Maria  003213
Baumgaertner, Rita Nancy 013461
Beyerle, Laurie Doreen  001850
Bolshin, Freda  000891
Balboa, Rosana  011387
Borelli, Beverly Louise  004068
Brown, Michael   002189
Boume, Leah Susannah Alvenia 007640
Boutros, Michel  008717

22 Milestones  MARCH 2011
Bower, Kimberley A 007962
Boyle, Jaime 010341
Bradley, Janet Elaine 001688
Brahmand, Mahnaz 005477
Broomhead, Jocelyn Dyan 009913
Buczolits, Cheryl Grace 003304
Bupold, Claude 004307
Bukacz, Marie 006305
Budton, Helen Louise 011541
Calabia, Janet Sarah 011667
Carmalte, Stacey Leanne 006538
Chan, Claudia Wing Lam 010942
Channa, Maninder 012339
Channa, Rita 011870
Chauvin, Bernard 006500
Chonko, Alana 009685
Codmere, Nadine Renee 007941
Conway, Melanie Dawn 006049
Cor, Anna 012026
Corridore, Mary Louise 005111
Craig, Irene 003250
Crawford, Michael James 007597
 Cronin, Kimberly Ann 014812
Cumming, Krista-Lea 004560
Cundari, Mary Patricia 001869
Daigle, Melissa Linda 011376
Daoust, Dominique 010121
Davis, Erin Leanne 009256
De Lorezni, Candice 012682
Dixon, Kathryn Ann 006080
Dolinski, Kateyledy Marie 010635
Dominkovic, Ana 011213
Dosado, Jefryn 010401
Downey, Miranda Debra 011237
Drummie, Stephanie 009668
Edelstein, Leanne Fae 003560
Feauteux, Trina Barbara 002677
Folias, Freda Froso 008768
Frélick, Shannan Leigh 011004
Frenza, Angela Mary Lou 012859
Gainey, Mary Catherine 009612
Garabedian, Holly Ann 010006
Gauthier, Amanda Carmen 010037
Gerow, Nancy P 006521
Golubovic, Dragana 008297
Gomez, Vanessa 007482
Grant, Rosalyn Jean 002942
Greenberg, Roza Debra 005255
Greenough, Roza Debra 002125
Greenough, Melissa 010768
Gueye, Momar 008786
Hamilton, Jennifer 012227
Hamrell, Crystal Jean 012106
Hashemian, Mahsa 012744
Hay, Sara Jane 009453
Hetherington, Kimberley A 002086
Holmes, Vanessa Elizabeth 012916
Hotte, Kathy 011028
Hunter, Lyndsay Margaret 012208
Husar, Lisa 005847
Huang, Emily 011508
Innis, Leanne 008640
James, Kimberley Angela 009559
Jeffs, Sheli Marie 012777
Kalra, Navraj 010516
Kartuz, Merry 010629
Keller, Michelle Mary 002272
Kewal, Shelina 007178
Kirkpatrick, Jananne Elizabeth 011334
Kirou, Helen 010536
Kondor, Lilla Mar-Ann 011264
Kowellchuk, Heather 004798
Lamb, Mamie Lyn 007386
Lambkin, Lawrence McNeil 011915
Landon, Carol Dianne 001638
Lannigan, Rae-Anne 012023
Lapier, Nicole Ann 010437
Laoust, Marsha Lee 001646
LeBlanc, Madaline Marie 008433
Lemieux, Jenelle 010770
Li, Theresa Chen 006595
Lindmayer Hall, Kathy Julia 004362
Lindsay, Raquel 006120
Little, Sheri 003949
Loudadelis, Vivien 008917
Ly, Diana 012470
Malison, Martha Mary 005507
Manley, Jennifer 012500
Marleau, Mireille E 012055
Marshall, Mele J 003184
Mason, Meghan Elizabeth Sage 010779
Mazza, Lorraine Alice 001643
McEvoy, Ashley Elizabeth 011423
McLean, Tammy Jean 005538
McLachlan, Julie 012842
Melaragno, Filomena 007380
Mielcarek, Julia Michelle 010488
Monger, Erin Elizabeth 012231
Morin-Martel, Lise Alene 004538
Morris, Elaine H 001713
Mouchlan, Melissa 010735
Nagay, Hanary 007697
Nemeth, Mary Frances 007325
Newson, Judith Ann 011001
O’Connell, Christine Elizabeth 011162
Pandher, Taranjit 009663
Pataendaue, Judith 005547
Peresia, Nancy 010300
Peskett, Janice Adele 007898
Phan, Anh-Lan 011550
Pilkley, Sara Jane 002411
Pilon, Carolyn 012993
Pizzola, Jacqueline N 007604
Poli, Monika 002801
Portman, Heather 012059
Preece-Keith, Carolyn 003358
Preisig, Ale 009515
Prinsen, Arny 012907
Proud, April 009087
Proud, Cherie 009040
Pulcova, Nadia 014965
Quercia, Francesca 012881
Ralph, Andria 012584
Ramssarp, Kavita 011128
Redden, Jessica 012739
Redick, Barbara Lynn 006160
Resendes, Lucy 010891
Rivers, Caitlin Elizabeth 011605
Robege, Tammy 005625
Robert, Kristina Lyn 006587
Robert, Beth Louise 001416
Rochon, Melanie 006923
Rowe, Cheryl Anne 002513
Rush, Deborah 011958
Rynard, Holly 012963
Sacchetto, Connie-Kay Marie 006752
Sandhu, Armanbir Kaur 011743
Sawyer, Patricia Anne 009195
Sayal, Monica 010033
Schertzer, Cynthia Anne 002358
Shank, Emilie Yvette 011186
Silva, Christina Lyn 005820
Smith, David 012862
Soucy, Sonia Lynn 009016
Spada-McGill, Andrea Amey 005032
Sparagaro, Lena 012434
Stevens-Tellier, Pamela M 002831
Strongman, Susan Patricia 007032
Suciu, Rodica Margareta 010631
Sullivan, Lois 014825
Taylor, Wendy Joan 007983
Terry, Joanne Dale 006992
Tireo, Grace 011717
Trombley, Rachel Ashley 011541
Vallieres-Kytor, Jacqueline 004184
Vassilious, Eleni Lenna 006235
Veitch, Kim Lee Ann 002779
Vesco, Marifee 012080
Williams, Laura Jane 008192
Williamson, Elizabeth 006118
Wilson, Melanie Cora 003200
Wong, Myrtle 007566
Young, Ashley 009596
Zutis, Krista Lea 013980

Reinstated
March 5, 2011 to May 27, 2011

Balogh, Elissa 010754
Bradfield, Laura Jane Katherine 013700
Brodnik, Ashley 013589
Brown, Karen Carolyn 009479
Brujic, Caroline 008294
Cobbett, Noëlla O 005831
Cotler-Hawes, Margaret 013440
Farmand, Nakissa 012595
Gane-McDonald, Sarah 014175
Keating, Janet Louise 009768
Kitchkake, Kim 014424
Knoll, Laura 013485
Luskzak, Aleksandra 012072
Pollinger, Mary Elena 006959
Vermeul, Sheanneine Cyainye 014338

Resignations
March 5, 2011 to May 27, 2011

Broussseau, Francine L 003859
Crygatowicz, Irena 004114
Lavoe, Nicole Gabrielle 001869
Macnamera, Sabine 008923
Mancoon, Shaby 003054
McKay, Connie H 000480
Moore, Beth Ann 011462
Recine, Susan 004963
Shantz, Sharon Louise 001092
Shantz, Sidney 011939
Tartaro, Danielle 007834
Vaiman, Iman 005569
Vasithsh, Anjali 007971
Vural, Halide 013558

Deceased
August 10, 2010

Van Hamme-Blevins, Esther Lee 004351

registrant STATUS REPORT
Attention
All Dental Hygienists and Dental Hygiene Students

The CDHO Invites You to Attend
“Setting The Record Straight”

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