



MILESTONES

Resource for Dental Hygienists in Ontario

MARCH 2009

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College of Dental
Hygienists of Ontario

•
L'Ordre des hygiénistes
dentaires de l'Ontario

CDHO Knowledge Network

**Support in making
point-of-care decisions easier,
faster and more accurate.**



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THE CDHO LAUNCHES A NEW PRACTICE TOOL FOR DENTAL HYGIENISTS



MISSION STATEMENT

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

ÉNONCÉ DE MISSION

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.

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WE'D LIKE TO INTRODUCE...

► TWO NEW NON-COUNCIL MEMBERS



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Committees



Lucy Pavao,
(Toronto)
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PRESIDENT'S MESSAGE

Linda Jamieson

care delivery and the education of health care professionals; including dental hygienists. Governments and the public are expecting health care providers to work more collaboratively; to use evidence to support practice decisions; to use new technology competently and appropriately; and to manage the needs of more diverse and aging populations. These trends must be reflected in dental hygiene education. In addition, dental hygiene students must know how to practise in non-traditional settings and manage the business side of dental hygiene.

On January 30, 2009, I was honoured to be elected as President of the CDHO. I want to thank Council for its confidence in my ability to fulfill this role and I look forward to an exciting year. Before I go any further, I want to thank our outgoing President, Cathie Mazal-Kuula, for all her work on behalf of Council and the CDHO and her continuous commitment to quality, accessible dental hygiene care in Ontario.

For my first President's message, I have chosen to comment on an area of particular interest – the relationship between dental hygiene practice and dental hygiene education. On more than one occasion throughout my career I have heard the phrase "that's not what happens in the *real world*". I have heard this phrase expressed by both students and practising dental hygienists. The mandate of the CDHO is to regulate dental hygiene practice in the interest of overall health and safety of the public of Ontario. Through its regulations and standards of practice, the CDHO articulates what needs to happen in the *real world* of dental hygiene practice. Graduates of dental hygiene programs must be fully prepared to enter this world and assume all the responsibilities associated with being a self-regulated health care professional. Students don't complete their education and then become professionals—they must learn to be professionals during their education.

Changes to regulations and standards will directly influence what is taught in dental hygiene programs and changing educational standards will directly influence practice standards. Many trends are affecting health

The CDHO has shown its leadership in the area of dental hygiene education by supporting the development of a common set of standards for dental hygiene education. Over the past 2 years, dental hygiene educators, regulators, Canadian Dental Hygienists Association (CDHA), Commission on Dental Accreditation (CDAC) and the National Dental Hygiene Certification Board (NDHCB) have worked diligently to create a national document, the *National Competencies for Entry to Practice for Dental Hygienists in Canada* to articulate the knowledge, skills, judgment and attitudes required of graduates of dental hygiene programs. Once this document receives final approval, accreditation standards and the National certification exam will be revised to incorporate these competencies. The CDHO will also need to determine how to reflect these competencies in our standards of practice, which in turn will influence changes in Ontario dental hygiene programs.

The CDHO has also been involved in clarifying its expectations of educators. Council has just reviewed the first draft of Standards of Practice for Educators. This will now go through the normal consultation process. In addition, the CDHO facilitated a meeting of all dental hygiene programs in May 2008 to encourage dialogue around common issues. This was well received and there are plans to hold another meeting in Spring 2009.

The CDHO is also concerned about the number of new dental hygiene programs within the province. I know dental hygienists are worried about how increasing dental hygienist numbers will impact employment opportunities. These are real concerns. However, it is not within the

mandate of the CDHO to control dental hygiene numbers. Any concerns related to this should be directed to the Ontario Dental Hygienists' Association (ODHA). The CDHO's concerns focus on the number of non-accredited programs in the Province. Graduates of non-accredited programs must complete the CDHO Clinical Exam. The high failure rate for these exams suggests deficiencies within the programs that need to be addressed. The CDHO has raised their concerns with the Ministry of Training, Colleges and Universities. This has resulted in a moratorium on approving new programs until these issues are addressed. In addition, the CDHO is proposing changes to the Registration Regulations that will emphasize the importance of accreditation.

The CDHO will continue to work with educators in Ontario to ensure that our education programs reflect the "real world" of dental hygiene practice. Our education is the foundation of our profession. As we continue our work, I encourage each of you to take an active interest in dental hygiene education. How can you do this? Start by providing complete information to young people who are considering a career in dental hygiene. Don't just talk to them about the technical side of practice but also explain the responsibilities and obligations involved with being self-regulated. Encourage them to check out dental hygiene programs they are interested in. Suggest they ask three very important questions: Is the program fully accredited? What is the success rate of graduates on the National Dental Hygiene Certification Exam? How does the program prepare me to become a professional? I also encourage you to support new registrants as they make the transition from school to practice. Don't ask them to leave behind what they have learned in school. Take the time to share your experiences but also to listen to what they have to offer.

Thank you for this opportunity to share my thoughts. I am looking forward to working with Council and staff of the CDHO on these issues and many more.

The purpose of education is to create, in a person the ability to look at the world for himself, to make his own decisions. James Baldwin



MESSAGE FROM THE REGISTRAR Fran Richardson

LABOUR MOBILITY AND OTHER GOVERNMENT AGENDAS

There are currently a number of government initiatives that are keeping the Colleges busy in addition to their on-going mandate to act in the public interest. The following is a brief overview to assist CDHO registrants in keeping up to date.

Agreement on Internal Trade (AIT)

Labour mobility for regulated personnel will become a reality on August 1, 2009 as per the agreement between the Provincial/Territory/Federal Premiers. This agreement concerns more than the health professions but does impact the regulated health colleges in a significant way. The intent is that anyone who is registered/licensed with a health regulatory body in Canada can move to another province/territory without having to undergo any more testing. Once the person is registered, the provincial/territorial quality assurance requirements may then be required. In dental hygiene, the major concern has been about those jurisdictions that do not require a National Dental Hygiene Certification Board (NDHCB) certificate and/or do not require graduates from non-accredited schools to take a clinical competency evaluation. The CDHO and other like organizations have made it clear to the government that this College needs to be assured that these transferring people are competent to practise in Ontario. Other *RHPA* Colleges have also had similar discussions with the Ontario Ministry of Health and Long-Term Care (MHLTC). At this point, we can only wait and see.

HPRAC Report: Critical Links and Supporting Patient Care

On February 2, 2009 HPRAC released its report on Interprofessional Collaboration and on a New Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions. The Health Professions Regulatory Advisory Council (HPRAC) has advised the Minister of Health and Long-Term Care that a new oversight body should be created to assist Colleges in achieving their mandates of interprofessional collaboration. This is collaboration at the College

level, as we all know that professional collaboration already occurs at the clinical level. The intent is that Colleges should work together to solve issues of mutual concern regarding client care. While the CDHO certainly supports this philosophy, it is also true that true collaboration cannot be mandated. If the Minister accepts HPRAC's recommendations in this area, all of the Colleges can look forward to an increase in meetings and reporting mechanisms. In addition, the College is responding to HPRAC's comments regarding the use of drugs (fluoride, CHX) during client care by dental hygienists.

Office of the Fairness Commissioner

Each *RHPA* College will receive an audit of its registration practices and an evaluation over the next two years by the Office of the Fairness Commissioner (OFC). The OFC is mandated to review the registration practices for fairness and transparency of process. The audit is detailed and time consuming, but it also assists the Colleges in reviewing their internal processes and making the necessary amendments. The primary focus of the OFC is internationally educated health care professionals and their access to Ontario's regulatory system.

Health System Improvements Act, 2007 (HSIA)

Dental hygienists in Ontario were pleased when *HSIA* incorporated the amendment to the *Dental Hygiene Act, 1991* which permitted self-initiation of their authorized act of "scaling teeth and root planing, including curetting surrounding tissue". However, *HSIA* also incorporated a significant number of amendments to the *RHPA* that come into force on June 4, 2009. This has meant changes to the

Colleges' bylaws, their websites, and their committee structures. All of this takes time and consultation with registrants.

Welcoming of New Colleges

HSIA also created the provision for a number of new colleges to be formed under the RHPA and HPRAC will soon be consulting on the request made by the Ontario Dental Assistants Association for regulation. The CDHO was once a "new" College and will do

whatever we can to assist our colleagues in setting up and developing the regulations required to effectively govern their respective professions.

The world is changing and that includes the world of health regulation. Nothing is as it was, and nothing will stay the same. Registrants who have any questions regarding the initiatives noted above are encouraged to contact the Registrar directly at registrar@cdho.org

CANADIAN PROGRAM OF RESEARCH ON ETHICS IN A PANDEMIC

While developing preparedness and response plans, influenza pandemic planners are often faced with a wide range of challenging legal, social, and ethical issues. These include questions such as deciding how limited resources should be allocated; identifying the obligations of health care providers (HCPs) and the reciprocal obligations of the healthcare system to HCPs; and identifying how information should be communicated to the public.

Grounding these challenging preparedness and response issues in the values and belief systems of Canadians will help to inform important, and often difficult, policy decisions. A new online tool, the Canadian Program of Research on Ethics in a Pandemic (CanPREP) Collaboratory, is designed to support pandemic planners as they face these pressing ethical questions.

The CanPREP Collaboratory is led by the Joint Centre for Bioethics at the University of Toronto and funded by the Canadian Institutes of Health Research. It is an online community designed for anyone with an interest in pandemic planning from both governmental and non-governmental sectors. Participation will provide users with access to a wide range of tools focused on building capacity around ethics in public health, opportunities to participate in online forums with a wide range of stakeholders, and a unique chance to share perspectives on ethical pandemic decision making frameworks.

To sign up or learn more about the CanPREP Collaboratory, visit www.canprep.ca.





CONNECTING MEDICAL KNOWLEDGE TO CLIENT CARE: A NEW PRACTICE TOOL FOR DENTAL HYGIENISTS

► By Lisa Taylor, Practice Advisor, Quality Assurance Administrator

Knowledge is of two kinds. We know a subject ourselves, or we know where we can find information on it.
– Samuel Johnson, quoted in Boswell's Life of Johnson

On February 2, 2009 the CDHO launched The Knowledge Network and took a historic step in providing dental hygienists, other health professionals and the general public with access to a tool developed by the College, to assist dental hygienists weave scientific medical knowledge into point-of-care decisions.

Shifting attitudes towards knowledge management and transmission are evident in today's society. The old paradigm believed that the best way to transmit knowledge from its source was to load scientific information into the human mind and expect those minds to hold that information until the time that it was required for use. It placed a lot of faith in an unaided mind and the enduring relevance of knowledge. The new and widely accepted paradigm acknowledges the limitations of the human mind, the overload of information available and the rapid rate in which scientific knowledge becomes obsolete.

Healthcare practitioners can not expect to practise effectively if they rely on the old paradigm. Computer-based technology has been developed to support the new paradigm and allow practitioners to efficiently retrieve current, evidence-based information in a useable form to improve their capacity for decision making. While technology of this kind is not a substitute for the practitioner's decision making, it can be utilized to empower human judgment.

In 2008, CDHO Council determined that a computer-based information infrastructure, if available to dental hygienists, would aid them in making more efficient and effective oral care decisions for and with their clients. A search of current medical models, most designed with physicians in mind, did not provide an adequate link between medical knowledge and oral conditions. It became apparent that a tool would need to be developed to address the needs of dental hygienists. Going forward with this project became a priority for the College. The project, that would eventually be named the Knowledge Network, addresses the interest of the overall health and safety of the public of Ontario, supports dental hygienists in point-of-care decisions and treatment planning, and follows through on a promise made to George Smitherman, former Minister of Health and Long-Term Care, that the College would support dental hygienists with their decisions to self-initiate their authorized act.

The Process

The initial phase of the Knowledge Network project began with a needs-based assessment of CDHO registrants and consultation with knowledge management expertise. The College contracted Greyhead Associates as our medical information service specialist and software was developed to meet the needs of the College.

The CDHO met with a number of dental hygienists from varying practice settings to formulate a vision of what the knowledge instrument should look like if it were to meet the needs of practising dental hygienists. A number of reoccurring themes soon became evident. Dental hygienists talked about having a relevant medical information library that contained current medical research that would be available via the Internet. They also described the difficulty they have disseminating all the information that resulted from a "Google" search and asked for summaries of key medical information in a format that could be reviewed quickly. They liked the idea that if they could access the information through the CDHO, they could feel confident that the information was trustworthy. Those consulted also mentioned the value they placed on having drug information available within the same site.

The consultation has been on-going and, with the help of a group of dedicated dental hygienists who acted as advisors, testers, and evaluators, we produced the Knowledge Network as it is today. When a dental hygienist consults the Knowledge Network, s/he connects with current information on medical challenges, relevant legislation to dental hygiene practice, and medical and pharmaceutical advisories. The Knowledge Network provides public assurance that dental hygienists are able to take into account all relevant medical knowledge and integrate it into client care.

Interprofessional Collaboration

The creation of the Knowledge Network is a good example of, and continues to be a good avenue for interprofessional collaboration. It should be noted that the medical expertise used in the advisories was also a collaborative effort. The CDHO is grateful to Dr Gordon Atherley, and the physicians, pharmacists, registered nurses, societies and associations specific to medical conditions who participated in our consultation process.

The CDHO invites all health professionals to use the Knowledge Network and encourages them to consult with dental hygienists in matters concerning oral healthcare. The College hopes the Knowledge Network will provide an on-going platform for inter-professional collaboration.

The CDHO is proud to have created the instrument that connects the mouth with the rest of the body in a way in which no other has done before. Each medical advisory contained within the network provides up-to-date information on medical challenges many of our clients present with. Currently, twenty-three advisories are in place and plans for an additional one hundred advisories to be completed by 2010 are underway.



Lisa Taylor and Dr. Gordon Atherley presenting the CDHO Knowledge Network to the Council.

THE KNOWLEDGE NETWORK'S 23 ADVISORIES

- Asthma
- Celiac Disease
- Chemotherapy
- Chronic Obstructive Pulmonary Disease
- Crohn's Disease
- Cystic Fibrosis
- Diabetes
- Diverticulosis and Diverticulitis
- Drug or Alcohol Dependency
- Hemophilia, VWD and Other Bleeding Disorder
- Immunosuppression
- Infective Endocarditis and Associated Conditions
- Irritable Bowel Syndrome
- Joint Replacement
- Juvenile Arthritis
- Kidney Disease and Kidney Failure
- Liver Disease
- Lupus
- Radiation Therapy
- Rheumatoid Arthritis
- Sickle Cell Disease
- Tuberculosis, Latent or Active
- Ulcerative Colitis

COVER STORY (CONTINUED)

Empowering Clients

The CDHO has always been an advocate for client involvement in decisions about their oral care. As primary decision makers, clients have no way of knowing the size, accuracy and currency of the reservoir of knowledge that their health providers have. Providing client access to the CDHO advisories will facilitate the client in understanding their medical/oral challenges and promote dialogue necessary in the determination of the dental hygiene treatment plan. Using the advisories as a client education tool helps dental hygienists be more confident that informed consent has been established and elevates client confidence.

In sum, this information infrastructure was created primarily to provide current evidence-based medical research to dental hygienists in a well-organized and effective format so that they can apply relevant medical knowledge to client care. But, this new tool is not limited in usefulness to dental hygienists alone. It is a resource that can be used as a reference by their clients and other health professionals, and for that reason, the CDHO has provided open access for 2009. The public benefits when a system is in place that efficiently connects those who produce and archive medical knowledge to those that need the proper application of that knowledge.

To access the Knowledge Network, visit the CDHO website at www.cdho.org. The Knowledge Network is found under the tab **Practice Guidelines & Resources**. Select **The Knowledge Network Login** from the scroll down menu.

Grateful Acknowledgement to the Knowledge Network Collaborative Group

Joanne Alary, Teresa Barczynski, Kristin Brown, Katharine Cashman, Jo-anne Crisp, Laura Dempster, Margaret Detlor, Heather Garro, Bonnie Jeffrey, Tamara Krievens, Paula Lange, Brenda Leggett, Paula Malcomson, Catherine Ranson, Sheryl Sasseville, Marguerite Simons, Shauna Taylor, Joyce Wimmer.

CLINICAL EVALUATION: A MUST FOR GRADUATES OF NON-ACCREDITED DENTAL HYGIENE PROGRAMS

The College has received a number of queries regarding the proliferation of non-accredited dental hygiene programs opening up within the Province. While many registrants have commented on the potential abundance or over-supply of practitioners, this is not an issue within the mandate of the CDHO.

The College of Dental Hygienists of Ontario's (CDHO) mandate is to regulate the profession and thus protect the public. One way in which this is accomplished is by ensuring that the College's registration regulations and practices are such that new registrants are competent at the entry-to-practice level. This is a two step process. All applicants must first successfully complete the examination administered by the National Dental Hygiene Certification Board (NDHCB). Graduates from schools accredited by either the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA) may be registered without further evaluation provided the rest of their application contains all of the necessary documents as per the CDHO website at www.cdho.org/registration. Secondly, graduates from schools not accredited by either the CDAC or ADA/CODA must then undergo a clinical evaluation.

The clinical evaluation, administered by the College, determines the clinical competency of the applicant. The benchmark is at the entry-to-practice level. When an applicant graduates from an accredited school, the CDHO is confident that the elements are in place to produce a competent, safe practitioner at the entry level. The CDHO has no such evidence from non-accredited programs. Thus, the College evaluates each individual applicant on his/her ability to safely and competently provide dental hygiene care to a client with specified criteria. If the applicant is successful in the clinical evaluation, then the application process continues; if not, the clinical evaluation must be repeated. A maximum of four attempts are permitted. The candidate is required to take an upgrading course prior to the fourth attempt.

The clinical evaluation consists of a number of elements—the most important being client selection. The CDHO provides a detailed description of the criteria required for an acceptable client—unfortunately, this is often where the candidates make their biggest mistakes; they do not follow the published directions and/or they do not bring back-up clients. The evaluators are all experienced clinicians, well versed in evaluating new graduates. If the candidate presents with a client who is either too difficult or too easy, the candidate is unable to demonstrate his/her skills effectively and efficiently.

Each candidate receives a debridement assignment and 2 1/2 hours in which to assess, implement and evaluate his/her work. At the midpoint the evaluators ask the candidates if, in their estimation, they will be able to complete their assignments. If not, the evaluators may choose to reduce the assignment. When the allotted time is over, the candidate leaves, and two evaluators independently evaluate the client. Often the Chief Evaluator, who is in charge of the process on-site, will also evaluate the client as a calibration activity. The results are compiled and extensive paperwork is then completed for each candidate. The evaluators note debridement completed, calculus remaining, tissue integrity, infection control, client management and instrument technique. Unsuccessful candidates receive a detailed feedback form with their letter from the CDHO.

The process has been refined over the past couple of years, but the paperwork has increased. Unsuccessful candidates have the option of appealing the results, but only on process, not on content. An appeal panel is drawn from the CDHO Registration Committee. Following the appeal, the panel may:

1. Determine that no irregularities occurred and dismiss the appeal
2. Determine that there were irregularities of process and grant a re-taking of the evaluation without further payment
3. Determine that the irregularities were of such a nature that the candidate may be re-evaluated without additional payment or the evaluation counting as one of the four attempts allowed

However, the **panel may not overturn the results** and state that the candidate was indeed successful. The appellant will always have to re-sit the clinical evaluation.

Some dental hygiene programs have had positive results. These schools often go on to achieve accreditation. Other schools have had disappointing results. These results indicate that some schools may be graduating students who were not ready, or did not ensure that their students had optimal clinical experiences while in school. The CDHO is very concerned about the repeated poor performance of candidates from some identifiable programs. Recognizing that eligibility to sit the clinical evaluation is dependent on successful completion of the NDHCB exam, the CDHO is aware that only a proportion of graduates from non-accredited schools actually attend the clinical evaluations and that only a proportion of these are successful. Putting these elements together indicates that there are definitely dental hygiene programs that need to re-evaluate their entrance requirements, curricula and clinical components.

Over the past few years, the number of new dental hygiene graduates from non-accredited schools has risen considerably. Coupled with the fact that, on average, there is an approximate 1/3 failure rate on the clinical evaluations, means that the College is testing and re-testing

a large number of candidates at each session. The process is both onerous and labour intensive. Yet, the evaluators are caring, dedicated and committed to ensuring that the candidates are ready for registration and the privilege to present themselves to the public as registered dental hygienists.

The CDHO does not have jurisdiction over the dental hygiene programs offered in Ontario—only the Ministry of Training, College and Universities (MTCU) may control the number of programs. The CDHO is rarely consulted when a new program is in the planning stage. However, the CDHO, CDAC and the NDHCB have provided information to the Ministry regarding the outcomes of their respective evaluations and all three organizations are concerned with the less than optimal results.

For the accreditation status of a particular school, visit the CDAC website at: www.cdac.cda-adc.ca. For statistics related to the NDHCB refer to www.ndhcb.ca. For clinical evaluation results, visit the CDHO website at www.cdho.org.

Registrants, and more importantly the public, can be assured that the CDHO registration process is solid and that anyone who becomes registered with the College has been judged to be at the entry-to-practice level. In addition, all registrants are required to participate in the CDHO Quality Assurance process; and members of the public have an avenue of accountability through the College's complaints process. Checks and balances abound!

What would be the ideal situation? The CDHO would like to see all dental hygiene programs in Ontario achieve accreditation status. In fact the CDHO has introduced an amendment to the registration regulation that would require graduation from an accredited school if that school was in Ontario. This is not an issue of quantity, but one of quality. With the increased number of practice choices for dental hygienists now available throughout the country, it is important that all dental hygiene regulatory authorities emphasize the quality of their registrants rather than the quantity available. People who are concerned with the increased numbers of practitioners should contact their professional associations and/or the Ministry responsible.

What is the CDHO doing? Everything possible!

Mission Statement / Énoncé de mission

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.

RECORDS, OWNERSHIP AND PUTTING THE CLIENT FIRST

► By Richard Steinecke



With any legislative change there are going to be “growing pains.” Now that Ontarians have increased access to preventive oral health care through mobile or on-site dental hygiene practices the issue of ownership of both the practice and the records has come to the fore.

“Ownership” of the practice has some regulatory restrictions. First of all, a corporation cannot “practise” dental hygiene unless it has a certificate of authorization. A certificate of authorization is only available if all of the shareholders are dental hygienists. At most, business corporations can provide administrative support to the dental hygienist in his or her practice. Secondly, the CDHO proposed conflict of interest regulations, while still under review, likely will continue to impose some restrictions on dental hygienists working with unregistered persons.

Record keeping is governed by two separate sets of rules. The first are those of the CDHO. The second are in the *Personal Health Information Protection Act (PHIPA)*.

- The CDHO deals with such things as the content of the records, regulatory access to them and the minimum retention periods. The CDHO contemplates non-dental hygienists owning the records so long as the record keeping expectations are met. While traditionally the non-dental hygiene owners of the records have been dentists, there is nothing in the CDHO rules prohibiting others from owning the records.
- *PHIPA* deals with the privacy aspects of the records, including the collection, use and disclosure of personal health information. *PHIPA* contemplates unregistered persons being the health information custodian of records. For example, the owner of a multi-disciplinary health clinic could be the health information custodian.

A key issue then becomes who is the designated custodian of the records. To a large extent that is a matter of negotiation between the two parties. However, there really should be an explicit discussion

and resolution of the issue so that there is no misunderstanding later on. If the dental hygienist is not going to be the custodian, he or she has to be certain that the unregistered person assumes the *PHIPA* responsibility for the records. In addition the dental hygienist has to ensure that the unregistered person will honour the CDHO requirements including providing the dental hygienist with access to the records after the dental hygienist leaves, that the unregistered person provides the CDHO with access to the records, that continuity of client care is not compromised, and that the records are retained for the minimum retention period as stated in the CDHO standards and regulations.

If a dental hygienist has been in the employ of another *RHPA* practitioner, has participated in the use of shared records, and then leaves the practice to practise elsewhere, clients have the right to request that copies of their records be sent to the dental hygienist’s new location. If the previous employer was a dentist the *RCDSO* is clear about the transfer and release of records (www.rcdso.org).

While there have been some concerns expressed about the proprietary nature of records, the bottom line is that the client has the right to choose the health professional of their choice and to have access to any records regarding their own health care. Therefore, dental hygienists when entering an employment arrangement may not sign an agreement with that employer that negates the client’s rights. Any potential employer who makes such a request does not truly understand the *Regulated Health Professions Act, 1991* and the safeguards there under.

When entering into any business relationship, be it ownership, employment or contract, the most important thing to remember in the health care field is that client care and client rights are the most important element. To consider anything else is less than professional!

The College thanks Richard Steinecke, CDHO legal counsel, for his contribution to this article.

SIGNIFICANT CHANGES ARE COMING TO THE REGULATED HEALTH PROFESSIONS ACT

Part 1 of 3 – Mandatory Reports

You can judge your age by the amount of pain you feel when you come in contact with a new idea.
– Pearl S. Buck

The *Regulated Health Professions Act, 1991* ("the RHPA"), which is the legislation that governs Ontario's health regulatory Colleges is about to change significantly. These changes, which come into effect on June 4, 2009, will impact almost every area of the College's operations. Although many of these changes relate to College processes, a significant number of the revisions will have a direct impact on members. The purpose of this series of articles is to highlight some of the biggest areas of change and to explain the specific impact those revisions will have on members.

The majority of the legislative changes touch upon one of the following three subject areas: (i) mandatory reports; (ii) the register; and (iii) the Inquiries, Complaints and Reports Committee ("the ICRC"). A separate article will deal with each topic.

Mandatory Reports – Current Requirements

Members must report certain information to the College. Under the current RHPA, members and facility operators are required to advise the Registrar of the appropriate College when they have reasonable grounds to believe that a member has sexually abused a patient. For example, if a patient reports to a member during the course of an assessment or treatment that their former practitioner touched them sexually or "made a pass" at the patient, the member must report this information to the Registrar of the College of the other practitioner. The report must be in writing and contain the pertinent details. However, the name of the patient cannot be revealed unless the patient agrees in writing to this disclosure.

Similarly, employers, partners or associates are required to advise the appropriate College Registrar when they terminate the employment or association with a health professional for reasons of professional misconduct, incompetence or incapacity. For example, if a member terminates the partnership with a colleague because the colleague has stolen something from a patient, the member must report the colleague's behaviour to his or her partner's Registrar. Again the report must be in writing. In this case, so long as the conduct did not involve sexual abuse, the reporting member can, and probably should, include the name of the affected patient in the report even without the patient's consent.

Mandatory Reports – New Requirements

The existing mandatory reporting requirements will remain in place. However, as of June 4, 2009, the reporting obligations for members and facility operators are significantly expanded.

Members

Members of all health regulatory Colleges will be required to advise their own College, in writing, if they have been found guilty of an offence. An offence is a finding by a court (administrative tribunal findings do not count) of a breach of something labelled as an offence in a statute. Typically an offence is punishable by a fine or jail; however, the report must be made even if the court imposes a conditional or an absolute discharge. The best known offences are breaches of the *Criminal Code of Canada* or of federal drug legislation. However, there are a number of provincial offences as well (e.g., failing to report a child in need of protection contrary to the *Child and Family Services Act*).

The intent of this self-reporting requirement is that all offences will be reported to the College and then that College will sort out which offences are worthy of further inquiry. If the finding raises no apparent concerns (e.g., a traffic offence that does not involve dishonesty or impairment), the College will simply file the report. If the finding raises concerns relevant to the member's suitability to practise the profession (e.g., a criminal conviction for fraud), the College will investigate the matter to determine if some regulatory action should be taken (e.g., remediation, discipline). Thus, members should not "self-select" which offences they believe are relevant or worthy of a report; that determination is supposed to be made by the College.

In addition, members will also be required to file a report with their own College if there has been a finding of professional negligence or malpractice made against them by a court. These findings occur in civil proceedings or law suits. For example, a finding of professional negligence by a court that a member fell below the accepted standard of practice of the profession and thereby harmed a patient has to be reported. The College may inquire into these findings where appropriate. However, unlike offences, in all cases the College must post the court finding in the public register.

These new provisions are a self-reporting obligation only. Other practitioners do not have to make a report if they become aware of a finding made against someone else (although in some circumstances a member may conclude that he or she has an ethical obligation to notify the College of a serious court finding).

These obligations are not retroactive. Thus, there will be no duty to report findings made by a court before June 4, 2009 (unless the College had already asked the member to provide this information in the past under its by-laws).

Facility Operators

In addition to the existing requirement to report sexual abuse, facility operators will now also be required to report to the appropriate College Registrar any reasonable grounds to believe that a member practising at the facility is incompetent or incapacitated. This new reporting obligation is in addition to the existing "termination" reports. Thus if the registered health practitioner is not fired or otherwise terminated, but is just put on restrictions or sent for treatment or remediation, a mandatory report must still be made.

The *Regulated Health Professions Act* does not define the word "facility". However, given the public interest purpose behind this amendment, it likely is intended to capture any physical premises where registered health care practitioners practise.

In order for facility operators to fully understand and appreciate the obligation that this new reporting requirement creates, however, they will need to have a clear understanding of how "incompetence" and "incapacity" are defined by the RHPA. Incompetence refers to a significant demonstration of a lack of knowledge, skill or judgment

towards a patient.¹ Incapacity generally refers to mental or substance abuse illness that impairs the practitioner's judgment.²

Reading the existing termination mandatory reporting obligation and the new facility mandatory reporting obligation together, the following points emerge:

1. If the association with the registered health practitioner is terminated, the terminating member must report the matter in all cases (including for professional misconduct, not just for incompetence or incapacity).
2. If the association is not terminated, professional misconduct itself does not have to be reported. Just incompetence and incapacity have to be reported.
3. If the association is not terminated, the member does not have to make a report, even for incompetence or incapacity, unless the member operates the facility where the other registered health practitioner works.

Members and facility operators need to be aware of these new mandatory reporting requirements.

¹As of June 4, 2009, "incompetence" is defined in the *Health Professions Procedural Code* as follows:

52. (1) A panel shall find a member to be incompetent if the member's professional care of a patient displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted.

²As of 2007, "incapacity" is defined in the *Health Professions Procedural Code* as follows:

"incapacitated" means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise....



QUALITY ASSURANCE



QUALITY ASSURANCE PROGRAM UPDATE

MEET THE 2009 QUALITY ASSURANCE COMMITTEE



Julia Johnson,
Public Member



Nancy Kitchen,
Professional Member
District No. 5



Cathie Mazal-Kuula,
Professional Member
District No. 7



Heather Murray,
Professional Member
Non-Council



Tote Quizan,
Public Member



Sue Raynak,
Academic Member



Varinder Singh,
Professional Member
Non-Council

Following the January 2009 council meeting the Executive Committee appointed the members of the Quality Assurance Committee. The Quality Assurance Committee is the driving force behind the Quality Assurance Program and is responsible for monitoring the safe effective practice of dental hygiene and the

continuing competence of dental hygienists in Ontario. The Committee is made up of: two public members, Julia Johnson and Tote Quizan; three professional members, Nancy Kitchen, Cathie Mazal-Kuula, and Susan Raynak; and two professional non-council members, Heather Murray and Varinder Singh.

QUALITY ASSURANCE (CONTINUED)

2009 Professional Portfolio/Practice Review

Five per cent of dental hygienists holding general or specialty certificates of registration have received letters requesting submission of their professional portfolios. A second selection will occur in April and an additional five percent will be selected for review. The portfolio review asks dental hygienists to report on their current practice and their learning goals and activities for the previous year. Quality Assurance assessors are asked to review the portfolios and determine first, if the description of the typical day contains enough information to determine that the CDHO standards of practice, code of ethics, regulations and guidelines are being followed and second, if the report on learning goals and activities contains sufficient information to demonstrate that goals and learning activities were relevant to the dental hygienist's practice, were of sufficient quality and contributed to the dental hygienist's on-going competency. If the portfolio does not contain enough information to determine that the assessment criteria are met, the Committee will assign an assessor to conduct an on-site review of the dental hygienist's practice. As with your record keeping in practice, if you have not recorded information about your practice in your professional portfolio, it is assumed that you are not doing it. The only way the Quality Assurance Committee can then assure that your practice conforms to the CDHO standards is to have the assessor collect evidence at your place of practice. Information collected is reviewed by the seven members of the Quality Assurance Committee.

Remediation Courses

As a result of the assessment process, the Quality Assurance Committee may direct registrants to take specific courses to address deficiencies in their practice or portfolio. It is the opinion of the Committee that dental hygienists who are found to fall below CDHO standards do so because they lack knowledge, not because of intended professional misconduct.

The Quality Assurance Program has a list of educators who have developed remediation and refresher courses that meet criteria set by the College. The majority of these courses can be completed through distance education. The cost of remediation is the responsibility of the registrant. All remediation programs have specific time limits for completion and registrants are advised to start their courses early to allow themselves enough time to meet the deadline for completion.

Non-Compliance

Failing to comply with a direction from the Quality Assurance Committee will result in a referral to the Registrar who may bring the matter to the Executive Committee for appropriate action, which could include a referral to the Discipline Committee. The Discipline Committee has the power to suspend or revoke a registrant's certificate of registration.

Not submitting a professional portfolio when requested and not completing a course or remediation program as directed by the Quality Assurance Committee are examples of professional misconduct in accordance with Ontario Regulation 218/94, Part V, (professional misconduct) made under the *Dental Hygiene Act*, section 15 (42). Compliance with the Quality Assurance Program is mandatory for all registrants. Only resignation from the College will end your immediate obligation to the QA Program. Please refer to the following discipline decisions: Baker; Ginn; Martin; Pepper; Ringrose; and Wisniewski available at http://www.cdho.org/Investigation_DisciplineHearings.htm

Inactive Certificates of Registration

From time to time dental hygienists who are not planning to practise dental hygiene in Ontario may choose to select an inactive category of registration. Inactive registration is typically selected by those who plan on practising in Ontario in the future. These registrants are not included in the random selection for the professional/portfolio practice review but must maintain a professional portfolio and remain competent for their planned return to practice. Registrants who have been inactive for three consecutive years, who have not been practising in another jurisdiction are required to take a CDHO-approved refresher course before returning to a general or specialty certificate. Dental hygienists who go inactive while participating in a Quality Assurance review or a remediation program are not exempted from the QA program requirements. Only a resignation from the College ends the immediate obligation.

Professional Portfolio Workshops and Courses

There are a number of portfolio courses available in the continuing education marketplace and course style and content focus vary. The CDHO does not provide portfolio courses but is willing to offer guidance to course developers. When selecting a portfolio course it is important to select one that has a focus on self-assessment, developing learning goals, selecting quality learning activities and writing the report on learning. This seems to be the section of the portfolio that some dental hygienists struggle with the most. There have been a number of articles in recent issues of *Milestones* aimed at educating you on the expectations of the Quality Assurance Committee. The course you select should include information contained in these articles and should refer to the Professional Portfolio Guide developed by the CDHO. There is also a portfolio tutorial available on the CDHO website that many have found helpful. If you feel you require a personalized portfolio course, there are instructors willing to provide one-on-one instruction. Please contact Denise Lalonde [dlalonde@cdho.org] for more information. Course fees vary by instructor and course duration. The CDHO does not set course fees.

FAQ

1. I am not working as a dental hygienist, do I still need a portfolio?

Yes. If you are registered with this College you must have a professional portfolio. If you maintain a general or specialty certificate of registration you are included in the selection for the Peer Review.

2. I am not working as a dental hygienist but have a general certificate of registration, do I need to do continuing education?

Yes. You have the same obligations for continuing your competency level as working dental hygienists. You are expected to make learning goals that will prepare you for when you return to practice. You will record your learning in your portfolio.

3. I was on maternity leave last year do I have to submit my portfolio?

If you held a general or specialty certificate of registration last year you are part of the selection process and therefore must submit your professional portfolio if requested, and demonstrate that you have participated in continuing quality assurance activities.

4. I am an RDH holding a general certificate with the College, but am close to retirement. Can I be exempt from the Quality Assurance Program?

No. All registrants holding a general or specialty certificate of registration must comply with the Quality Assurance Program without exception.

5. I work as a temp, how do I complete my typical day?

You will have to assess what a typical day is for you. What services do you typically provide? What is your role in your client's process of care? What infection control protocols do you ensure for all clients? What are you recording in your client record?

6. What kind of learning activities will the Quality Assurance Committee accept?

The Committee accepts a wide range of learning activities such as seminars, journal reading, video tapes, professional activities/research, peer discussions, mentorships, etc. There is the expectation that all learning will be based on current dental hygiene research and theory, and will be relevant to your dental hygiene practice. This will need to be documented and demonstrated in your professional portfolio. You must show the Committee that you are remaining competent through continuous learning that relates to your practice.

New Portfolio Forms

The professional portfolio forms and corresponding portfolio guide have been revised to include forms that provide a better opportunity for dental hygienists who are educators to report on their practice. Additionally, minor adjustments have been made to the portfolio forms including a change in formatting and the request for the expiry date of CPR certification. The revised forms and guide are available on the CDHO website. All registrants asked to submit professional portfolios in 2010 will be required to use the revised forms. Registrants wishing to use the revised forms in 2009 submissions have the option to do so.

New Registrants – October 29, 2008 to March 4, 2009

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Abdullah, Hivee,	012753	Fiorilli, Stefanie,	012733	Madejski, Victoria,	012603	Salgo, Nicole,	012662
Afshar, Adya,	012606	Fisher, Sur Lee,	012782	Marcotte, Abby,	012656	Sandoval, Rosa Amelia,	012812
Afzaly, Manizcha,	012668	Francia, Eden,	012740	Marshall, Sarah,	012720	Scheerhoorn, Shannon Lee,	012707
Albom, Barbara,	012772	Frenza, Angela Mary Lou,	012839	Mazzocato, Lisa Anne,	012639	Sea, Josephine,	012634
Aldridge, Diana Marie,	012705	Frieburger, Carla Marie,	012601	McIntosh, Petula R,	012771	Sebalj, Heather Francine,	012708
Aro, Nerydelle,	012712	Friesen, Christianne,	012787	McIntyre, Denise,	012700	Shashidhar, Mamta,	012814
Balske, Megan Brianne,	012653	Froman, Kourtney,	012826	McKay, Jessie,	012594	Shaykevich, Avigail Irina,	012810
Barker, Tiffany Anne,	012815	Gadhvi, Nishita,	012703	McKenzie, Lisa Lorraine,	012673	Shetty, Amala,	012798
Barkho, Ramta,	012626	Galaz, Christopher,	012694	McKinley, Margo Ellen,	012830	Shi, Christine,	012599
Bastien, Kimberley,	012727	Giraldo, Ana Beatriz,	012799	McLeod, Steph,	012632	Siddiqui, Farah,	012822
Bayani, Erum,	012597	Gmajnicki, Jasna,	012593	Mellikov, Kendra Anne,	012755	Simard, Lois,	012779
Beattie, Launa,	012824	Godek, Katarzyna,	012717	Meng, Margaret,	012664	Smith, Carling Annie Rae,	012677
Beekmans, Meghan,	012660	Good, Alicia Christine,	012651	Mesina, Marrie Ann Josephine,	012752	Smith, Danielle,	012756
Belovari, Margaret,	012622	Gourevich, Nina,	012790	Molinari, Monica Laura,	012769	Smith, Hilary Elizabeth,	012648
Bennett, Michelle Lynn,	012758	Grewal, Gurpreet,	012627	Mora Alvarez, Nancy Janeth,	012809	Smith, Natalie,	012797
Beram, Rose,	012612	Grewal, Jagdip,	012729	Morley, Marnie,	012829	Snell, Christie Leigh,	012719
Bi, Qinghua,	012706	Grewal, Kuldeep,	012773	Mrowietz, Erica Marie,	012633	Sobhe Bidari, Naghmeah,	012718
Biela, Anna Maria,	012643	Grover, Kiranpreet,	012723	Murakhovska, Alla,	012637	Soobram, Sarah,	012645
Bisson, Jenna,	012721	Guyatt, Danielle,	012788	Murakhovska, Valerie,	012621	Spadafora, Jennifer,	012608
Blakely, Katie,	012725	Hall, Margot,	012735	Murphy, Ronda,	012710	Spence, Meaghan,	012764
Bonanni, Lorena,	012630	Harris, Jennifer Holly,	012834	Nemes, Renata,	012801	Steadman, Erin Elizabeth,	012600
Branch, Whitney,	012624	Hashemian, Mahsa,	012744	Nguyen, Hanh Thi Ngoc,	012646	Steele, Tanya Zeta,	012765
Bruzzo, Lidia,	012754	Hiller, Leslie Ann,	012596	Nicholson, Brenda,	012692	Stewart, Kelly Nicole,	012640
Burse, Andrea Jeanne,	012670	Hirani, Anar,	012625	Nitsopoulos, Lisa Sylvia Teresa,	012833	Stuart, Kristen Louise,	012641
Caburao, Iris Nerissa,	012675	Hoar, Erin,	012715	Nowak, Agnes,	012693	Tam, Catherine,	012780
Cameron, Michael Donald,	012690	Hosseini, Gloria,	012766	Oakes, Courtney Kristin,	012687	Tamburini-Martinez, Lucia,	012702
Cao, Li Hua,	012674	Hurst, Jocelyn,	012618	Olaivar, Aimee Terris,	012679	Tarkovsky, Ilana,	012745
Cardieri, Liana Assuncao Oliveira,	012724	Ilieva, Irina Anguelova,	012611	Oshana, Rua,	012817	Taylor, Shannon Leah,	012644
Carter, Bethany Marion,	012605	Ioannou, Maria,	012816	Pachneris, Marianthee,	012649	Tharby, Becky,	012775
Carvajal, Martha Patricia,	012751	Ireland, Andrea Rebecca,	012835	Paczkowski, Meggie,	012638	Theodore, Tracy,	012742
Catt, Jennifer Eileen Floy,	012598	Jacob, Mary P,	012795	Palladini, Tanya Dawn,	012704	Thomas, Helen,	012665
Causevic, Jasmina,	012647	Jagaciak, Ewa Marta Krystyna,	012738	Parial, Lesley,	012689	Tracey, Joanne Louise,	012774
Chen, Szu-Ju Tiffany,	012716	James, Sarah,	012791	Patel, Anuradha Ankit,	012807	Tran-Bennett, Rosie Tu-Van,	012743
Churchill, Lindsay Elizabeth,	012698	Jeffs, Shelli Marie,	012777	Patel, Avaniiben,	012828	Tucciarocoo, Sabrina Tania,	012695
Claringbold, Joanne Helen,	012770	Jia, Dongmei,	012820	Patel, Smita,	012805	Tuinman, Bernadette,	012696
Clark, Kristen,	012760	Jiang, Hong,	012784	Pearce, Stephanie,	012838	Umali, Florence,	012786
Comeau, Denise,	012650	Johal, Navpreet Kaur,	012776	Penney, Jenna-Lee,	012785	Valizadeh, Raheleh,	012669
Comeau, Patricia Lynn,	012658	Johnston, Allison M,	012628	Perez, Ana Mercedes,	012672	Vassilieva, Larisa,	012762
Commission, Mallory Joni Kasia,	012778	Johnston, Ashley Margaret,	012654	Petrovski, Christie,	012666	Vazir, Swati,	012736
Cook, Stacey-Lee,	012737	Jones, Sarah Melissa,	012631	Pinheiro, Tracy,	012781	Vieira, Carla,	012655
Cowie, Brenda Joy,	012684	Jorge, Sandra,	012636	Pister, Batsheva,	012825	Vinette, Zeynep,	012823
Cummings, Ashley,	012746	Jorgji, Edlira,	012796	Pittman, Candice Elizabeth,	012818	Volpe, Andrea,	012663
Dalisay, Allison,	012629	Kamosi, Nada Jafar,	012678	Polic, Tanya,	012836	Voth, Annette,	012604
Danyal, Neveen,	012726	Kang, Hyojin,	012827	Popko, Rachel Lee,	012819	Waite, Laurel,	012709
Darling, Ellie,	012792	Kansal, Manisha,	012613	Popowicz, Katarzyna,	012713	Wallace, Kristina Breanne,	012602
De Lorenzi, Candice,	012682	Kaushal, Poonam,	012747	Power, Kathleen Ellen,	012686	Walsh, Sara Lacey,	012615
De Melo, Peggy,	012607	Ko, Hae Jung Deedee,	012837	Prajapati, Dimple,	012768	Warner, Brigitte,	012635
DeAssis-Soares, Myrna Rebecah F,	012806	Koutlemanis, Patricia,	012821	Prilepskaia, Ekaterina,	012761	Wasserman, Elbe,	012652
Deng, Hui,	012808	Kovtanuka, Aleksandra,	012681	Quenneville, Leann Marie,	012734	Watts, Lindsay,	012609
Dennill, Kim,	012697	Kulendran, Vijaya,	012614	Ralph, Katie,	012832	Wellington, Ann-Marie,	012767
Desovic, Rose,	012616	Lacelle, Jennifer Barbara Mary,	012699	Ramalheira, Tanya Andrea Moreira,	012811	Wheeler, Courtney,	012750
Dhillon, Mandy,	012680	Lake, Jennifer,	012676	Randhawa, Hartirath,	012813	Willett, Melanie,	012659
Di Maurizio, Lisa,	012783	Lau, Carol,	012617	Redden, Jessica,	012739	Winter, Lara,	012763
Di Rosa, Gena Kay,	012757	Li, Andrea,	012592	Renshaw, Lindsay Marie,	012749	Wong, Wendy Wing-Man,	012671
Dmitrieva, Marina,	012789	Lisowski, Izabela Sylwia,	012610	Richard, Tasha,	012642	Xu, Chen Yan,	012728
Doll, Michelle Lynne,	012620	Liu, Xiao Qiu,	012730	Rodriguez, Emily,	012691	Yim, Andrea Pui-Yen,	012804
Dort, Jasmin,	012800	Long, Jessica Marie,	012748	Rojas, Jacqueline,	012667	Youhanna, Miriam,	012793
Dos Santos, Shantel,	012831	Lopez, Grace,	012591	Romeo, Angela,	012661	Zhang, Lifu (Jennifer),	012731
Easson, April,	012803	Loukas, Stella,	012619	Rowe, Kirstin,	012722	Zhang, Ludan,	012701
Fakhouri, Silvia,	012714	Ltaif, Gaby,	012759	Ryczko, Rachel,	012688	Zhukas, Sylvia,	012802
Farmand, Nakissa,	012595	MacDonald, Trinda,	012711	Sadikovic, Tanja,	012794		
Faust, Erica,	012623	Mackie, Karen Lee,	012683	Sakr, Yusr,	012685		
Feliksik, Anna,	012732	Madej, Pola,	012657	Saleem, Sameera,	012741		

STATUS UPDATE

Authorized for Self-Initiation – October 29, 2008 to March 4, 2009

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Aguiar, Jennifer A,	007758	Estrada, Lisa Michelle,	003868	Kuzmowich, Jennifer Lynne,	008899	Razack, Manpreet,	007184
Akhtar, Saima,	010730	Feinberg, Peta Susan,	001617	Lacroix, Andree,	003368	Read, Anna Marie E,	001259
Alexander, Lisanne Theresa,	008098	Fragomeni, Dara,	008725	Laferriere, Josee Denise,	007694	Rebelo, Aida,	006640
Alexopoulos, Anna Maria,	009273	Franzone, Angela,	008622	Lapish, Sara Ann,	008044	Restrepo Correa, Beatriz Amparo,	010400
Alfano, Adele,	004187	Frenette-Ranger, Doris Eliette,	004032	Ledgister, Althea Esther,	009252	Robertson, Teresa Leigh,	006866
Allain, Corinne Catherine,	008225	Frey, Sherry Ann,	002445	Lindsay, Nicole,	010286	Roque, Denise,	007297
Allarie-Crete, Catheline M A,	003199	Friedman, Rena Susan,	003312	Ling, Heather Dawn,	007506	Rose, Marcia,	006568
Alloway, Christie Lynn,	005221	Fuh, Fanny-Lynn Fuay-Fang,	006704	Littlejohn, Shirley Louise,	003762	Rovet, Andrea Faith,	002829
Almeida, Fernanda Maria,	003051	Gade, Michele,	004198	LiVecchi, Joanna Elizabeth,	009923	Salvatori-Kaufman, Susan A L,	004404
Ambrose, Linda Teresa,	001439	Gallinger, Patricia Mary,	000954	Lombardo, Toni,	010471	Sands, Corinna,	006306
Anderson, Lesma Junetta,	005884	Ganotisi, Rose Mylene,	010175	Lopena, Celia,	010375	Santilli, Maria,	002658
Armitage, Stacey Lynn,	006497	Garro, Heather Jean,	007017	Lotufo, Adele Laila,	009613	Saric, Agatha Anna,	009821
Arseneau, Ani,	010078	Gauthier, Suzanne Laurette,	006852	Lovegrove, Jennifer Jean,	010218	Saroka, Helen Barbara,	001930
Astrom, M Elizabeth,	002802	Geier, Jane Elizabeth,	002244	Lunney, Patricia Joyce,	001512	Sawyer, Tammy L J,	006787
Atta, Elham,	010759	Genovese, Linda Anne,	008509	Makarec, Darka,	003223	Schalle, Petra Anna,	005113
Ayala, Christine Lynn,	005881	Gibson, Jenny Elizabeth,	009418	Maloney, Wendy Joy,	001331	Scott, Mary Georgiou,	004483
Babich, Nancy,	006499	Gil, Lis,	010167	Martin, Melanie Sharon,	004996	Seymour, Helene Lise,	002452
Ballaro, Donna Christine,	005146	Gillanders, Lisa Joan,	002830	Martins, Gina Marie,	006052	Shantz, Catherine Mary,	001847
Barry, Peter Abdoulaye,	005981	Gontier, Neli Marie,	005096	Massad, Max Junior,	007839	Shoalts, Ellen Jessica,	005008
Beaulac, Marie Noelle,	009300	Gonzalez, Adriana,	007985	Matheson, Susan Darlene,	002156	Simon, Kerry,	005372
Behroozneia, Babak,	009744	Gorgiev, Atina,	009412	McAllister, Kelly Lynn,	006910	Simone, Lisa Elizabeth,	008663
Beland, Linda Denise,	002129	Gorman, Marianna,	010390	McArthur, Margaret Jill,	004818	Simpson, Diana,	008137
Belchior, Jane Helen,	002463	Goyal, Shelley,	010205	McGrail Sinclair, Cheryl Ann,	007130	Siviero, Mary Lou,	007687
Bennett, Mary,	003917	Graham, Janice Ellen,	009836	McKeown, Allison Breanne,	009380	Smith, Lydia Ruth,	009250
Bentley, Karen Yvonne,	007142	Gyoker, Taylor,	010394	McRae, Erin,	008449	Speiran, Cheryl,	003243
Bevilacqua, Erin Michelle,	010454	Haines, Andrea Dale,	008404	Megarry, Cecilia Teresa,	004510	Srigley, Megan Rachel,	008436
Bhuller, Navina,	007389	Hamelin, Shelly Jane E,	002057	Memme, Rosemary,	004997	Steele, Patricia Anne,	001746
Bibeau, Tracy L,	005848	Harford, Jennifer Ellen,	006053	Michener, Evelyn Paula,	001265	Stramenga, Francesca,	005888
Bloom, Charron Beatrice,	004137	Hargreaves, Karen Lynn,	002021	Mifsud, Andrea,	004191	Sweetman-Shore, Lee Ann,	007886
Blundon, Arlene Marie,	009565	Harrison, Ida,	002679	Moorcroft, Sarah Diane,	009284	Taylor, Brandi Leigh,	009374
Boguslavsky, Irina Irit,	009868	Hawkins, Erin Christine,	010474	Morgan, Lorraine Dale,	003141	Taylor, Brenda,	004748
Bohle, Jennifer Lynn,	010072	Hillier, Karen Lucille,	001894	Muccioli, Natalie Maria,	009862	Therrien, Mélanie A,	007973
Bondar, Giovanna Carroccia,	005134	Hillmer, Jennifer Lee,	007125	Murphy, Aileen Carrie,	003240	Thomas, Sharon Jean,	003426
Braun, Margaret Lynn,	000483	Ho, Wan-Yu Virginea,	007177	Murphy, Sara L,	007239	Timuik, Helene Beatrice,	001202
Bugeja, Cheri Ann,	007081	Hogan, Ann Dee,	001504	Murray, Troula,	002288	Turcotte, Jillian Leagh,	010100
Bunnett, Pamela Frances,	003019	Holgate, Tracy Lynn,	002786	Nadeau, Lisa Mary G,	004655	Turton, Rosemarie,	001522
Busch, Valerie Lynn,	005501	Ignea, Mirela,	010173	Nael, Lorna Jean,	005516	Van Houwelingen, Emily Sarah,	009397
Bush, Julie,	008595	Infusini-Hill, Roxanne V,	002854	Napolitano, Charlene Ruth,	005279	VanAlstine, Sheryl Mary,	002335
Cabeceiras, Mary,	006456	Islam, Saadia Naz,	006874	Nathoo, Shelina,	004668	Velocci, Karen Margaret,	004862
Cardinal, Kim Sylvie,	006914	Jakovcic, Renata Mira,	007501	Nestico, Francesca,	010777	Virgulti, Nancy,	008604
Carnicelli, Sandra,	008601	James, Laurie Anne,	003252	Neves, Denise Maria Sarraf,	010229	Walcott, Jessie Joanne,	003947
Carragher-Miller, Lesley Dale,	006529	Jefferies, Joanne Delphine,	003348	Nghiem, Le Hoa,	009142	Walden, Jill Catherine,	001545
Casey, Angela,	004295	Jefferson, Lynda Ann,	002338	Nicolas, Margarita,	010160	Waxman, Jodie Rebecca,	007801
Cauch, Debra Ann,	001151	Johnston, Sharon,	004573	O'Connor, Lisa,	003869	Weekes, Catherine B A,	006073
Cellitti, Domenica Mimma,	009191	Kandasamy, Fayroon,	011651	O'Grady, Lindsay Ann,	009196	Weinberg, Sandra Elaine,	000769
Chartrand, Susan Elizabeth,	001156	Katsoulis, Debbie,	007536	O'Reilly, Kimberly Isabelle,	006941	Weiss, Carolyn Lee,	010403
Cheema, Daljit,	007182	Kenney, Juliette Angela,	006777	Ouellette, Nicole Danielle,	009948	Whitelaw, Heather Blair,	001347
Clarke, Laura Ellen,	003227	Kerenyi, Krisztina,	005539	Palmer, Deborah Lynn,	001404	Wignall-French, Kristen,	006144
Collyer, Sara Anne,	009312	Kherani, Sikin,	008850	Palozzi, Sandra Antonella,	003564	Williams, Cheryl-Ann A,	005687
Craig, Lynn Diane,	003457	Kiers, Tricia,	005937	Parete, Nancy,	007667	Willms, Patricia Marie,	003739
Crozier, Deborah E,	008472	Killins, Georgina,	008993	Patitucci, Maria,	006094	Wilson, Carla Susanne,	009603
Dawidow, Julia,	008067	Kim, Julia,	010646	Pietrelli-Beaudoin, Cristina A,	004905	Winger, Tricia Denise,	009730
de Jourdan, Jennifer Lynn,	010404	Kimel, Susan Barbara,	003538	Pirani, Narmeen,	004653	Wong, Pauline,	008377
Demers, Linda Elizabeth,	008265	Kinsman-Ludlow, Carolyn I,	002206	Pirvulescu, Doina Cristina,	008266	Worona, Mary,	010650
Dierckens, Sharron Anne,	004078	Kiryati, Nufar,	009133	Plante Faucher, Brigitte Irene,	007336	Wypych, Irmina,	008662
Dion, Amy Lorelle,	008653	Kleinberg, Heather Sari,	010361	Pollari, Elaina,	008667	Zanetti, Elena,	003487
Dunmore, Linda Joan,	001845	Kopylenko, Viktoria,	007046	Popovic, Susy,	008630	Zhang, Jing Lei,	010743
Dziuba, Ann Marie,	008724	Kostopoulos, Kelly Kalliopi,	006565	Porfilio, Lisa Marie,	009996	Zhou, Jing,	010731
Eddie-Martin, Lisa Lee,	010119	Kottmeier, Margaret Ellen,	003685	Post, Nancy Lynn,	009092	Zuccarini, Tania Patricia,	008474
Egan, Michele Elana,	006902	Koussa, Dina G H,	010123	Prior, Denise,	008558		
Elfner, Julia Ruth,	006455	Kraft, Glona Quimpo,	007717	Queen, Tanya-Lee,	003488		
Elgie, Nancy Dianne,	001823	Kuehl, Peggy Anne,	002946	Racelis, Eloisa,	010242		
Engel, Rebecca Elizabeth,	010307	Kuipers, Brenda-Mae,	003522	Ramirez Dulay, Rachel,	005693		

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 – on March 23, 2009

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Al-Khoja, Gheed,	011327	Ferreira, Diana,	011907	Lyons, Denise B,	000802	Rayner, Joanna Sandra M,	003626
Arsenov, Elena,	012081	Filice, Susy,	005744	MacNeil, Christina Marguerite F,	009444	Riley, Donna M,	007543
Barchard, Mary-Ann,	006126	Fulford, Margaret Ann,	007224	Mamika, Karim,	010671	Roulston, Lindsey Dawn,	008928
Bastien, Caroline Angele,	004101	Fulton, Stacey,	006826	Mayer, Karen Lisa,	003244	Saquian, Marion Angela,	011274
Birrell, Corinne Margaret,	003533	Gold, Sandy,	001395	McFarlane, Wendel Washington,	008694	Seymour, Sarah,	011464
Bloxam, Arleah,	010552	Graham, Andria,	011454	McIntosh, Melissa,	010475	Sheikh, Farah,	010233
Buchanan, Marla Wynne,	012236	Guindon, Jaclyn Andrea,	008308	Mercer, Robin Lynn,	008059	Simpson, Vicki,	012549
Bustos, Frederlyn F,	010679	Harvey, Leah Erin,	011273	Merchant, Shams,	011788	Singh, Gurjeet,	011055
Cameron, Kathleen Margaret,	010681	Honce, Alexis Amber,	010986	Miron, Chantal Leone,	007285	Smith, David Lucas,	008677
Campbell, Jonathan Bruce,	012012	Hopkins-Paget, Cheryl Anne,	001132	Montoya, Diane Elizabeth,	011565	Sparling, Brittany,	012266
Cecile, Danielle Christine,	011386	Horan, Jennifer Eryn,	009851	Moosie, Simone Elizabeth,	011443	Spencer, Roslyn,	011623
Chanthaboury, Rachel,	012315	Kosmadia, Rina,	011673	Murray, Jacqueline Ann,	007624	Stone, Amanda,	011678
Colledge, Corinne,	007832	Krantz, Susan Marie,	006373	Mwanga, Josiane,	011446	Taylor, Jennifer Lynn,	012174
Daher, Marianne,	012321	Lalani, Fahreen,	012392	Novak, Kimberley,	008264	Tripp, Jessica Anne Evelyn,	012162
Daigle, Alicia,	010722	Lauzon, Jeannine,	002881	Passafiume, Lorna Mary,	000148	Varuna, Tina Alicia,	011808
De Guzman, Aristotle,	010950	Ledis, Anna,	011395	Pavelic, Sondra Marie,	004053	Vieira, Lisa Pires,	008570
Elsdon, Brenda,	010195	Lee, Wanda Ann,	003761	Plumb, Ruth Chi-Chung,	007561	Winstanley, Cara Joanne,	008211
Enriquez, Patricia May,	009670	Liss, Elayna Mari,	003481	Rajan, Nadia,	011583	Zheng, Zhai En,	011916
Farley, Danielle Nicole,	012245	Luczak, Aleksandra,	010372	Ramsay, Amy,	011309		

Resignations – October 29, 2008 to March 4, 2009

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Abdul, Rahim,	010146	Elyas, Natalie,	012313	Malhotra, Surinder Kaur,	010214	Reznick, Rosalind Diana,	001928
Agnew, Leah,	010994	Emery, Theresa Lynn,	011096	Markovich, Rena,	010022	Rivard, Leah Marie,	011361
Albrecht, Lynette Lydia,	000504	Evans, Joan Margaret,	000279	Martin, Denise Marcia,	004157	Robitaille, Stacy,	005697
Albright, Jennifer Ann,	000996	Forrest, Amanda,	010884	Martin, Joan Taylor M,	003181	Ross-Mathers, Diane Valada,	000958
Allen, Melanie Jane,	000409	Gagnon-Roy, Denise Cecile,	003826	McGregor, Sian Louise,	007101	Rouse, Lynne Marie,	009503
Anderson, Debra Lynn,	002262	Girard, Sandra,	009498	McKibbin, Allison,	012221	Sauvageau-Leuchs, Johanne,	004315
Anderson, Sharon Dorothy,	000940	Hammond, Laurel Diane,	003693	McLachlan, Mary Helen,	000343	Schuknecht, Krista Lee,	007520
Applebaum, Teresa,	000423	Hurd, Nancy Ellen,	001939	McLaughlin, Marisa Arlene,	011471	Seed, Aileen,	001169
Auger, Brenda Ann,	009596	Hutchinson, Kate,	010690	Mendes, Leonilde,	009391	Semelhago, Tanya Amelia,	007260
Beeram, Rajeev,	011111	Jalil, Saad,	012213	Messina, Laurie,	011910	Smyth, Sandra Lynn,	006865
Belair, Stacy Ann,	011551	Kerr, Elizabeth Anne,	004262	Mickelson, Gail Edna,	000554	Stanleigh, Ilana,	003164
Benam, Mana F.,	011849	Killins, Tracy Lee,	007527	Morgan, Catharine Louise,	000872	Sterling, Ruth-Anne Grace,	004004
Berry, Linda Louise,	000212	Kirkpatrick, Nancy Anne,	002738	Mould, Kristin Leigh,	010395	Stevens, Lise Pierrette,	002314
Bhathena, Parivash,	009102	Kozoriz, Evelyn Nadine,	000484	Muirhead, Lori Ann,	003814	Sukardi, Sue,	010906
Boorsma, Lynn Marie,	002782	Kurzreiter, Joyce Ann,	010079	Mulhall, Katherine Ann,	001045	Suriyan, Yashoda,	011911
Bourne, Shelley Norma,	001180	Lajeunesse, Claudine,	006113	Murray, Ann Elizabeth,	010150	Tagliabracci, Laurie Anne,	001718
Brisley, Diane Cora,	000132	Landry, Stephanie,	011477	O'Donnell-Smith, Karen,	002114	Tenenbaum, Karen Brenda,	000809
Brunelle, Suzanne Rachelle,	001301	Larose, Laura,	012496	Oliver, Roberta Anne,	000470	Thompson, Larissa,	001205
Burt, Lina Suzanne,	011178	Lavoie, Jessica,	012250	O'Reilly, Melanie Lynn,	003808	Tremblay, Josée H,	007959
Cameron, Birdeena F E,	000468	Lee, Mary Lianne,	004216	Ostler, Theresa Lorna,	003085	Truchon, Nancy,	012135
Clark, Leslie Elizabeth,	000583	Lee, Patricia Shui-hing,	004304	Patrick, Carol,	003261	Turcotte, Katia,	010858
Clarke, James David,	009531	Lefebvre, Amanda Sarah,	009766	Peacock, Jayne E,	002216	Ven Huizen, Brandi Charlene,	007833
Collard, Paula Nadine L,	001211	Leff, Kathy Jaye,	002836	Pedersen, Carla,	007793	Waite, Andrea,	008608
Criscenzo, Angela,	007894	Li, Wenjing,	012424	Pinke, Laura,	012041	Waite, Trisha Gail,	008276
Dalliday, Ashley,	009398	Lowinger, Rachel,	009811	Piper, Ruth Marie,	012009	Walker, Lynda Ruth,	001968
de los Reyes, Melanie,	009209	Lui, Shuk-Yi,	005030	Postma, Alisha,	010498	Williams, Adrienne,	000625
Dermer, Patricia Ann,	000205	Maan, Harvinder,	010953	Puley, Tamsan TD,	010798	Williamson, Charlotte Page,	011038
Dobson, Deborah Anne,	003964	MacLean, Margaret Marie,	011404	Regimbal, Susan Elaine,	005973	Wilson, Mireille,	006922
Dubé, Alana Marie,	004823	Maggio, Marcia Patricia,	001873	Reid, Amanda Elizabeth,	010806	Wither, Jo-Ann Leslie,	002370
Dufour, Lisa Linda,	010108	Mairs, Tanya Lee,	009925	Reker, Dorothy Roberta,	000286	Young, Jennifer Mary,	000528

STATUS UPDATE

Reinstated – October 29, 2008 to March 4, 2009

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Randall, Kathryn Margaret,	001592	Ryan, Mary Joanne,	008497	Weekes, Catherine B A,	006073		

2009 Revocations

Name	Reg ID	Name	Reg ID	Name	Reg ID	Name	Reg ID
Baker, Janice,	006691	Joosten, Rosemary,	003558	McIntyre Turner, Michelle Lorraine,	010422	Sinani, Ledia,	009696
Beadle, Cristy,	010636	Kauzlarick, Karen Patricia,	004175	McLean, Jillian April,	010265	Slocum-Smith, Susan Elizabeth,	001423
Boszormenyi, Theresa Mai,	009788	Keating, Janet Louise,	009768	Melideo, Anna Maria,	001164	Stahl, Brenda Susan,	001612
Burke, Tanya Alynne,	008995	Khattra, Ravinder Kaur,	010154	Ng, Nicola,	009488	Stockli, Anne-Marie,	007169
Crockett, Kacey,	009708	Knippel, Manon,	009992	Pinet, Kelly Anne,	006639	Whelan, Deborah Dawn,	001018
Cvetkovic, Violeta,	002719	Laframboise, Keri,	005256	Poon, Po King Virginia,	005490	Wilson, Sarah Jean,	008522
Fraser, Venetia Millicent,	007331	Lang, Rachel Laura,	010683	Renaud, Janic Suzanne,	010581	Zinegyi, Madelaine,	002474
Gilchrist, Nicole,	009376	Liu, Jeanette S,	007626	Schmiedendorf, Kimberly-Rose,	007152		
Gonsalves, Suzanne Casandra,	007821	McCall, Francesca L.,	009512	Sheppard-Serkeyn, Patricia Eileen,	009898		



REGISTRATION - MS. THERESA BANFIELD

A Panel of the Registration Committee reviewed a request for registration from Ms. Theresa Banfield, who had previously been registered as a dental hygienist in 1993.

Concerns had been brought to the attention of the CDHO that Ms. Banfield may have held herself out as a dental hygienist when she was not registered with the CDHO and offered herself as a dental hygiene instructor when not qualified to do so. An investigation into this matter substantiated the concerns. In cases such as these, the CDHO has the option of taking civil proceedings against a person holding themselves out as a dental hygienist when not authorized to do so. The Registration Committee agreed that it would not be necessary to take civil proceedings as Ms. Banfield signed an Undertaking in which she acknowledged her conduct and agreed:

1. to successfully complete, at her own expense, an educational course in Ethics and Jurisprudence, acceptable to the Registrar, within six months of being registered with the CDHO;
2. to reimburse the CDHO for a portion of its investigative and legal costs into her conduct in the amount of \$5000.00 in costs at the rate of \$200.00 per month;
3. to submit a signed written apology, acceptable to the Registrar, respecting this issue, which would be printed in *Milestones*, along with a summary of the investigation and its outcome including this undertaking; and
4. to cooperate with this matter being referred to the Quality Assurance Committee for whatever action it deems appropriate upon her being registered as a dental hygienist.

(Excerpt from Ms. Banfield's apology)

*Teri (Theresa) Banfield
Kingston, Ontario*

I am writing to apologize for holding myself out as a dental hygienist when not registered with the C.D.H.O. I also wish to sincerely apologize for not being candid with the C.D.H.O. and to indicate that I am more than happy to accept all direction and all suggestions that the members of the Committee or the CDHO has offered.

It really is a privilege to be part of a profession that holds itself to very high standards and has the same expectations of all its members. I am extremely grateful and appreciative to you for allowing me this second chance. I will treat it with the utmost respect and I will be certain to follow any direction you give me.

Sincerely,

TMBanfield

Teri (Theresa) Banfield

CALL FOR APPLICATIONS TO SERVE AS A NON-COUNCIL MEMBER OF THE COLLEGE

The College is currently accepting applications for future positions as non-Council members of the College. The criteria are as follows:

As per Bylaw No. 3, Section 5.6 and proposed Bylaw No. 4, Section 5.6:

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;
 - (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; and
 - (h) the member is not an employee of the College.

Please address your letter of interest, including a current resume, to the Registrar at registrar@cdho.org



SUMMARY OF DECISION & REASONS FOR DECISION - ROBYN SIDEY



In a hearing held on November 24, 2008, a Panel of the Discipline Committee found Ms. Robyn Sidey guilty of professional misconduct in that she failed to keep records as required and had acted disgracefully, dishonourably or unprofessionally.

An Agreed Statement of Facts and Joint Submission on Finding was filed with the Panel which included the facts that Ms. Sidey failed to keep appropriate records in that she failed to: document periodontal screening; document the actual time spent with clients and/or document dental hygiene treatment plans.

It was further agreed that Ms. Sidey: failed to document evidence that demonstrated the need for the amount and frequency of scaling/root planing provided to clients; altered a record of treatment created by another dental hygienist, including rewriting the particulars of a client visit and altering the number of units charged to that client from 3 units to 4 units of scaling; failed to meet her commitments to her clients in that she was frequently late for client appointments and would adjust the normal course of treatment in order to accommodate her desire for breaks and that she used inappropriate language with colleagues and threatened their employment if they refused to follow clinic protocols even if those protocols were inconsistent with

generally accepted standards of practice and professional expectations of the College of Dental Hygienists of Ontario.

The parties filed a joint submission with respect to an appropriate penalty and costs order to be made in this case. The Panel carefully considered the Statement of Agreed Facts, the Joint Submission on Penalty and Costs, the case law cited, and the oral submissions made and concluded that the proposed order met the needs of this case and the principles appropriate to setting the penalty. Accordingly, the Panel accepted the joint submission and made the following order:

1. Ms. Sidey shall be required to appear before the Discipline panel to be reprimanded, the fact of which shall be recorded on the register.
2. The Registrar shall be directed to suspend Ms. Sidey's certificate of registration for three (3) months, on a date to be set by the Registrar.
3. The Registrar shall be directed to impose a specified term, condition and limitation on the certificate of registration of Ms. Sidey requiring her to successfully complete, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Sidey's own expense, prior to returning to the active practice of dental hygiene. Ms. Sidey shall be required to notify the Registrar when she intends to return to active practice.
4. The Registrar shall be directed to impose a specified term, condition and limitation on the certificate of registration of Ms. Sidey requiring her to successfully complete, in the opinion of the Registrar, a record keeping course acceptable to the Registrar, at Ms. Sidey's own expense, prior to returning to the active practice of dental hygiene. Ms. Sidey shall be required to notify the Registrar when she intends to return to active practice.
5. The Registrar shall be directed to impose a specified term, condition and limitation on the certificate of registration of Ms. Sidey requiring her to cooperate with monitoring of her practice for a period of 12 months, with up to two monitoring visits, at Ms. Sidey's own expense, after returning to the active practice of dental hygiene. The twelve (12) month period of monitoring will begin no earlier than six (6) months after Ms. Sidey has returned to active practice. Ms. Sidey shall be required to notify the Registrar when she intends to return to active practice.
6. Ms. Sidey shall pay to the College the amount of \$15,000.00 in costs, to be fully paid within twenty-four (24) months from the date of the discipline hearing. The costs shall be paid in twenty-four (24) equal and consecutive monthly payments of \$625.00, starting on the 15th day of the first month after the discipline hearing. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Sidey shall be at liberty to increase the amount of her monthly payment, solely at her discretion. On the day of the hearing Ms. Sidey shall deliver post-dated cheques to the College for each of the payments specified above.

The Panel considered that the penalty order met the requirements of protection of the public and general and specific deterrence to the profession.

The order made as to penalty and costs reflected the seriousness of the repeated transgressions identified in this case. The wanton disregard for professional behaviour by Ms. Sidey is unacceptable and will not be tolerated. The behaviour demonstrated constituted serious misconduct, and fell below expectations of a regulated health professional.

The penalty rendered should serve as a reminder to all registrants of their responsibility not only to uphold the standards of the profession but also to support colleagues in doing the same. Furthermore, the penalty will provide assurance to the public in general that the regulatory College holds dental hygienists accountable for their actions. The monitoring of Ms. Sidey's practice provides a measure of public protection and the courses to be taken by Ms. Sidey serve a rehabilitative purpose.

In considering the matter of costs, the Panel took into account the significant time and resources incurred by the College in the investigation and prosecution of this case and determined that the costs should be borne to a substantial degree by the registrant.

The Panel was dismayed that the failure to keep appropriate records occurred over an extended period of time and involved many clients and was concerned that Ms. Sidey did not appear to comprehend the magnitude of her actions in failing to meet her obligations to the public, the dental hygiene profession, and herself. However, the Panel also took into account that this was Ms. Sidey's first discipline finding and that, by pleading guilty, witnesses were spared the need to testify and the College further time and resources.



NOTE TO REGISTRANTS

The *Regulated Health Professions Act, 1991* requires the CDHO to have a current business address on file. If you have not done so, please provide your business address(es) to the College by e-mailing Vivian Ford at vford@cdho.org

USE OF TITLE

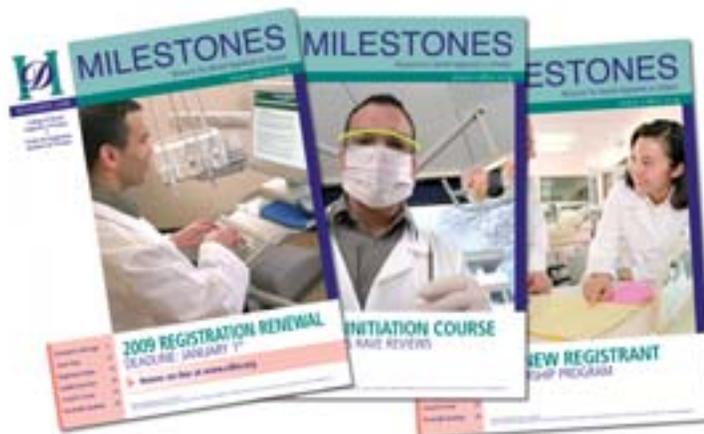
No one other than a dental hygienist registered with the College of Dental Hygienists of Ontario may call themselves a Registered Dental Hygienist, RDH or a Dental Hygienist or any variation or abbreviation or an equivalent in another language. The legal language for this can be found in Section 9 of the *Dental Hygiene Act, 1991*.

This also means that a person who has a diploma or degree in dental hygiene but is not currently registered with the College may use their academic credentials (e.g., Diploma in Dental Hygiene, BScDH, etc.) but may not use the title “Dental Hygienist” — that is restricted to CDHO registrants.

In addition, as the title “Dental Hygienist” is restricted, it is important that registrants use the full title and not just the term *hygienist* as there are many other occupations that include that word in their particular title.

A NOTE FROM THE EDITOR

The CDHO recently received an anonymous letter, ostensibly from a registrant, indicating displeasure with the College’s Quality Assurance Program. The author suggested that the CDHO devote a page in *Milestones* to Letters to the Editor. While the CDHO appreciates feedback related to the articles placed in *Milestones*, it is important for registrants to understand that the publication is to communicate regulatory matters and is not a forum for debate. The submission of an anonymous letter brings into question the author’s credibility and lack of professionalism. In fact, there is no way to verify that the author is indeed a registrant of this College. Self-regulation is a privilege and not a right; and regulation is about protecting the public.





PAIN MANAGEMENT EDUCATION UPDATE

The CDHO has a list of over 300 Registrants who have completed Pain Management Education. Have you completed a course in Local Anaesthetic and Pain Management?

If you would like to be included in the list, please send in a copy of your certificate in Local Anaesthesia, with your name address and telephone number to:

Jane Cain, Executive Assistant
69 Bloor St E, Suite 300
Toronto ON M4W 1A9
Fax: 416-961-6028



PRACTICALLY SPEAKING

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 Elaine Powell, Practice Advisor, at epowell@cdho.org.

CHILDREN'S AID SOCIETIES MANDATORY REPORTING REQUIREMENTS

Children's Aid Societies (CAS) protect children from abuse including neglect, promote their well-being within their families and communities, and provide a safe, nurturing place for children and youth to grow up. Most children receiving care from CAS have been referred. Professionals and citizens call CAS when they suspect abuse or neglect. Families call CAS when they have difficulties managing their children. In some circumstances, children call CAS when they are encountering problems at home.



Legislation requires that a person who has reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a Children's Aid Society and that people who work with children who suspect that a child is a victim of child abuse or neglect must report these suspicions to the CAS; failure to do so could subject the person to a fine.

The CAS can be contacted 24 hours-a-day, 7 days-a-week to report suspected abuse or neglect. A phone call to CAS will bring immediate help to a child at risk of abuse. It is not your responsibility to determine whether abuse or neglect has occurred. Each CAS is responsible for the investigation and the assessment of abuse and neglect of children and also the ultimate management of a case when a child is taken into care.

The duty to report applies to any child who is, or appears to be, under the age of 16 years. It also applies to children subject to a child protection order who are 16 and 17 years old. When you call your local CAS, you will speak to an intake worker who is specially trained to listen to your concerns and ask questions before deciding how urgent the situation is and what type of intervention is needed. If a child is in imminent danger, a social worker will respond immediately.

If the protection worker determines that the child is not in immediate danger or risk of harm, he/she will be able to assist the family by taking a customized approach designed to connect them with community resources.

Dental hygienists who suspect child abuse or neglect should contact their local CAS immediately. Please refer to the "Table of Common Mandatory Reporting Requirements by Dental Hygienists" in the CDHO Registrants Handbook, page 17.

COUNCIL'S CORNER

COUNCIL MEETING HIGHLIGHTS, January 30, 2009

As is the custom, the Registrar chaired the first part of the meeting and conducted the elections for members of the 2009 Executive Committee.

President:	Linda Jamieson	Academic Member
Vice-President:	Inga McNamara	District No. 2
Professional Member:	Ilga St. Onge	District No. 8
Public Member:	Samuel Laldin	Kingston
Public Member:	Derrick McLennon	Scarborough

During the Administrative Report, the Registrar provided the following statistical information regarding registrants as of January 15, 2009:

General Certificate of Registration	9,262
Specialty Certificate of Registration	471
Inactive Certificate of Registration	751
Total	10,484
Authorized to self-initiate	2,165

With respect to the Fall 2008 election results, the Registrar announced that the successful candidates were as follows: District No. 2 – Inga McNamara, District No. 3 – Carol Barr Overholt, District No. 7 – Cathie Mazal-Kuula, Academic – Linda Jamieson (Georgian College) and Sue Raynack (Confederation College).

Administration welcomed Jocelyn Bebamikawe as Administrative Assistant to the Deputy Registrar and updated Council on the progress of the office renovations.

Linda Jamieson, 2008 Vice-President, presented the Executive Report which included the financial statements ending December 31, 2008. On the recommendation of the Executive Committee, Council appointed Roula Anastasopoulos as Non-Council Member on the Registration/Discipline Committees to fulfill the final year of a three-year term left vacant by the resignation of Jennifer McLean. Ms. Jamieson introduced, at First Reading, a Standard of Practice *Delegation: Clinical Competency Preparatory Courses*. Council agreed to circulate the draft standard for registrant and stakeholder consultation.

Inga McNamara, 2008 Quality Assurance Committee Chair presented their report noting that the 2009 Professional Portfolio Practice Review selection would occur in January and May, 2009. The January letters have been sent. Ms. McNamara brought forward, for First Reading, Standards of Practice for Dental Hygiene Educators, and for Third Reading, *Proposed Amendments to Regulation 607/98 Quality Assurance*. Council approved the regulation and directed that it be forwarded to the MOHLTC for processing.

The 2008 Chair of the Regulations & Bylaws Committee, Kathleen Feres Patry brought forward Bylaw No. 4 for discussion and consideration. After

considerable discussion, Council decided to refer the matter back to the Committee for further consideration.

Sue Raynack, 2008 Chair of the Registration Committee informed Council that a Panel of the Registration Committee had handed down a decision with respect to an applicant whose course of study was not equivalent to a course of study in dental hygiene in North America. This was the second such decision following the applicant's appeal to HPARB. The applicant has appealed the second decision. In another case, the Committee reviewed the application of a former registrant who had held herself out as a dental hygienist and offered herself as a dental hygiene instructor when she was not qualified to do so. The applicant was registered upon condition that she sign an Undertaking with the College which included several conditions.

The Registration Committee apprised Council of a number of issues related to the non-accredited dental hygiene programs currently operating in Ontario. Results from the NDHCB examinations indicate that graduates of non-accredited programs are significantly below those of accredited programs. The CDHO administers clinical competency evaluations for graduates of non-accredited programs who have successfully completed the NDHCE. Representatives of the NDHCB, CDAC, ODHA and CDHO have been in constant contact with MTCU Private Career colleges Branch to devise an equitable solution.

At the request of the Registration Committee, the Registrar provided an explanation of the Agreement on Internal Trade (Labour Mobility) and how that would affect the movement of dental hygienists across the country.

Carol Bar Overholt, 2008 Chair of the Complaints Committee informed Council that the Committee had completed their investigation into two complaints and determined that no further action be taken. The Chair also reported that HPARB had upheld a 2006 decision that had been appealed. There are seven complaints outstanding.

The Chair of the 2008 Discipline Committee, Carole Ono reported that a hearing was held on November 24, 2008 respecting Ms. Robyn Sidey. A summary of the proceedings is included elsewhere in this publication. A discipline hearing is scheduled for February 20, 2009.

Dr. Gordon Atherley and Ms. Lisa Taylor provided an in-depth presentation on the Knowledge Network which was scheduled to launch on February 1, 2009.

COUNCIL MEETING DATES

2008 Council Meeting Dates:

May 29, 2009

October 30, 2009

The next meeting of Council is scheduled for **May 29, 2009** at The Badminton & Racquet Club of Toronto, 25 St. Clair Avenue West. 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 jcain@cdho.org.



Public Notice of Data Collection for the Allied Health Database Link

Please note that the notice of collection is up now at:

<http://www.healthforceontario.ca/WhatIsHF0/Initiatives/ahhrd.aspx>

Professional Portfolio Tutorial

http://www.cdho.org/QualityAssurance/QAPackage_En/PortfolioTutorial.pps

Tutoriel – Formulaire du portfolio professionnel

http://www.cdho.org/QualityAssurance/QAPackage_Fr/PortfolioTutorial_Fr.pps

REMINDER

All requests for a duplicate certificate of registration, tax receipt or a certificate of professional conduct (letter of good standing) must be in writing to the attention of Heather Boucher.

Requests can be faxed to 416-961-6028; e-mailed to hboucher@cdho.org or mailed to 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9.

PLEASE INCLUDE YOUR REGISTRATION NUMBER ON ALL CORRESPONDENCE.

FOR YOUR INFORMATION

The Self-Initiation course for dental hygienists is available online at the CDHA website. For more information or to register, please visit the CDHA website at www.cdha.ca. Direct all phone enquiries to the CDHA at 1-800-267-5235.

- Selection letters for the next portfolio review will be mailed at the end of April 2009.

Portfolio for this selection will be due by May 29, 2009.

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

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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.

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