A Short History of the SCERP

An Oral Cancer Survivor’s Story

Reporting Child Abuse/Disclosure of Records
IN THIS ISSUE

President's Message................................................................. 3
Registrar's Message................................................................. 4
CDHO Council Highlights.......................................................... 6
A Short History of the SCERP...................................................... 8
Accessibility Guidelines for Dental Hygienists........................................... 10
First Defence in Oral Health: Oral Cancer.................................................... 12
An Oral Cancer Survivor's Story......................................................... 15
Guidelines for Restorative Dental Hygiene................................................. 17
Investigation Issues: What happens if I practise dental hygiene after my certificate of registration is suspended?................................. 18
With a Common Voice: Quality Assurance Programs............................. 19
Quality Assurance: QA Program Under Review........................................... 22
Quality Assurance: What Do Your Clients Say?........................................... 23
Practice Advice: Orthodontic Procedures.................................................. 26
Setting the Record Straight – What to Expect for 2012................................... 28
CDHO's Response to Online “Petition Against CDHO's Professional Portfolio” ................................................................. 30
Conflict of Interest for CDHO Representatives Providing Dental Hygiene Courses, Educational or Mentoring Activities.................................. 31
Reporting Child Abuse/Disclosure of Records............................................ 32
Registration: Letter of Apology.......................................................... 33
Results of the 2012 Renewal Experience Survey........................................ 34
Registrants Update ........................................................................... 35

CDHO STAFF

Registrar/Chief Administrative Officer
Fran Richardson x 229 frichardson@cdho.org

Deputy Registrar
Evelyn Waters x 228 ewaters@cdho.org

Associate Registrar
Lisa Taylor x 239 ltaylor@cdho.org

Executive Assistant
Jane Cain x 226 jcain@cdho.org

Practice Advisor/Patient Relations Liaison
Robert Farnia 373 rfarinaccia@cdho.org

Quality Assurance Administrator/Practice Advisor
Jane Keir x 235 jkeir@cdho.org

Quality Assurance Coordinator
Kate Sutherland x 241 ksutherland@cdho.org

ICRC Investigations Coordinator
Preeya Singh x 242 pssingh@cdho.org

Administrative Assistant, Investigations
Ayanna Vaughan x 240 avauhain@cdho.org

Registration Coordinator
Marita Dias x 243 mdias@cdho.org

Registration Coordinator/Reception
Terri-Lynn MacCartney x 0 or x 231 tmacartney@cdho.org

Director of Administration
Mary Catalfo x 227 mcatalfo@cdho.org

Information Technology Manager
Tom Amsden x 232 tamsden@cdho.org

Project Coordinator
Denise Lalande x 230 dlalande@cdho.org

Reception
Vivian Ford x 0 or x 221 vford@cdho.org

Non-Council

Cathleen Blair (RDH)
Romaine Hesketh (RDH)
Shelli Jeffs (RDH)
Audrey Kenny (RDH)
Gail Marion (RDH)
Heather Murray (RDH)

RDH = Registered Dental Hygienist
PM = Public Member

MILESTONES

CDHO COUNCIL

Heather Blondin District 7 (RDH)
Michele Carrick District 1 (RDH)
Nicole Chalifoux District 5 (RDH)
Michael "Mike" Connor Barrie (PM)
Eliot Feldman Toronto (PM)
Linda Jamieson District 2 (RDH)
Julia Johnson Orillia (PM)
Shori Katyal Toronto (PM)
Samuel Laldin Kingston (PM)
Derrick McLennon Scarborough (PM)
Inga McNamara District 2 (RDH)
Janet Munn District 6 (RDH)
Laura Myers Academic (RDH)
Lucy Pavao District 4 (RDH)
Tote Quizzan Scarborough (PM)
Catherine Ranson Academic (RDH)
Salam Rifai Mississauga (PM)
Charles Ross London (PM)
Ben Shayan Richmond Hill (PM)
Shirley Silverman District 4 (RDH)
Ilga St. Onge District 8 (RDH)
Jennifer Turner District 3 (RDH)
Anne Venton Toronto (PM)

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.

Editor-in-Chief: Fran Richardson Design: CDHO/Denise Lalande
© College of Dental Hygienists of Ontario, 2012. Material published in Milestones may be reprinted without permission, provided that credit is given to the publication and to the College of Dental Hygienists of Ontario.

Publications Mail Agreement No. 40026784. Return undeliverable Canadian addresses to:
College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, ON M4W 1A9
Phone: 416-961-6234 Toll Free: 1-800-268-2346 Fax: 416-961-6028 admin@cdho.org
As the new President of the College of Dental Hygienists of Ontario, I would like to take this opportunity to introduce myself. I am a public member appointed in October of 2010 by the Lieutenant Governor of Ontario.

Now retired, I completed a career as a senior police officer with the Ontario Provincial Police (OPP) as well as working in management positions within the Animal Welfare and Protection sector. My last position was as a part-time instructor at Seneca College. I currently reside in Barrie with my wife Barbara and our cat Lisa. I have two sons both with the OPP and a daughter who is employed with the Ministry of Tourism of British Columbia.

One of the reasons I became involved with the Council was because I felt I could bring some of my training and experience working in a regulated profession and the non-profit environment to help me be a productive member of this regulatory body. Since becoming involved, I have found everyone I have met to be nothing but professional. This includes members of Council, staff of the College and members of the dental hygiene profession. I have been very impressed with their level of dedication and commitment. It is apparent that everyone involved with the College is working to ensure the best possible service is provided to the people of Ontario and I am proud to be part of this.

This year is going to bring many challenges and opportunities for all of us.

- We are in a fiscal climate where we are being challenged to work in the most effective and efficient manner possible.
- The continuing evolvement of the professional model of the dental hygienist brings challenges and issues which have to be addressed in a timely and satisfactory manner.

Most important, is that the College has to continue to assess its activities to ensure that it is fulfilling the role mandated by the Regulated Health Professions Act, 1991.

To help address some of these issues, the Council held a workshop on January 26, 2012 to review our current strategic plan and develop an action plan for the coming year. It was a very meaningful and productive session in which Council Members, Non-Council Members and members of Administration participated. At the end of the day, the group came up with the following priorities:

1. Ensure the smooth transition for the new Registrar.
2. Improve relationships with all stakeholders, as well as improving communications and collaboration with registrants, other professional groups and the public.
4. Promote accountability on the part of the registrants.
5. Improve access to oral health care, including self-autonomy of the dental hygienist within the health care system.
6. Investigate new technology which can be used to advance the goals of the College.

...continued on page 5
When I first came to the College in January 1995, there were about 5000 registrants and 5 members of the administrative staff. Today, the CDHO has over 12,000 registrants and 17 staff. Change on many fronts! Looking back over the years, I can honestly say that it has been “quite a ride” from a situation where only three provinces had self-regulation to a system that now has eight with two pending (NL and PEI). While the College was definitely established in January 1995 when I arrived, there was still a lot to do, and as a collective, we did it!

The role of a regulator is not meant to be popular. The regulator is the conscience of the profession and the protector of the public interest. While most members of the profession understand this concept, it has been my experience that some registrants need someone to blame when, in their eyes, the world does not turn as it should and the College is an easy target. This brings to mind an incident that occurred many years ago when an experienced Registrar from another College was departing due to a spousal relocation. When a member of her Council asked what she would bequeath to her successor, she replied, “a bullet proof vest.” It wasn’t that her life had been physically threatened but that she felt herself a target for every concern experienced by registrants, members of Council or the professional associations. Fortunately, I can say that those thoughts have been few and far between for me, but they have occurred.

I have worked with eight very different presidents, and will with a ninth until the end of April. Each one has brought something unique to the College, and usually those specific traits came at the right time for the issue at hand. The President/Registrar connection needs to be one of mutual respect, understanding how the roles complement each other but are distinctly different. It is just as important for the Registrar to refrain from interfering in Council decisions as it is for the President to refrain from delving into operational functions. Both situations can result in unnecessary tensions and a dysfunctional College.

Over the years, I have been blessed with the opportunity to work with many talented individuals, both internally at the College and externally with consultants and representatives of other organizations. To say that I have learned something from each and every one of them would be an understatement. No one lives or works in a vacuum, there is always a strong support system involved in any successful organization.

A great deal has occurred over the last seventeen and a half years! There have been some successes with some yet to come. The College weathered its first discipline case against scorn heaped upon it from outside. The ‘order’ issue was finally resolved after fourteen years, so that Ontarians can now access preventive oral health care in new ways. The proliferation of dental hygiene programs in the private career college sector created new challenges, especially when some of those programs did not meet the standards for accreditation by CDAC. Hopefully that issue has also been resolved. The Ontario public is still denied access to the full scope of dental hygiene practice available in other Canadian jurisdictions. But this too will pass. Preventive health initiatives are too important for the control of spiraling health care costs to permit self-interest lobby groups to keep a strangle-hold on the oral health care system.

.../continued on page 5
President’s Message cont’d

The year 2012 is shaping up to be a very busy, but exciting year, for all of us. It has always been my experience that in times of change you cannot do enough to communicate with the people most affected. This is especially true when those involved are working throughout all parts of this vast province. Consequently, I am very happy that Council has made communication a major priority. Initiatives such as “Setting the Record Straight” will continue and hopefully be expanded.

Finally, I would be remiss if I did not thank Fran Richardson for all her hard work throughout her long career as Registrar. She is a true pioneer having steered the College through many difficult hurdles to get it to where it is today, a truly self-regulated professional body made up of highly trained and dedicated people. Thank you Fran and good luck in the future. It has been a pleasure working with you.

CDHO

Registrar’s Message cont’d

So are there hopes for the future? Absolutely! The CDHO will continue to grow under new leadership and with new innovations. The public is, and will be, well served by this College. There is increased communication amongst the members of the Federation of Dental Hygiene Regulatory Authorities and amongst the regulators within Ontario. However, the College is hampered in truly fulfilling its mandate by the inability to regulate the practice of dental hygiene in a manner commensurate with 21st century health care objectives and by the government’s inability to facilitate change to outmoded and stagnant legislation in a timely manner.

The next ten years will be exciting. I wish the new Registrar success, perseverance and knowledge that she or he is part of something special – the opportunity to make a difference!

Riding quietly off into the sunset is not my style. So while I am retiring from the Registrar position, I am not retiring from the profession. But as many of you know, I have another life, one that is of great interest to me and one in which I can work with others in a slightly different way. Registrars should always have other interests – it keeps them sane! CDHO

Announcing the Fran Richardson Leadership Development Bursary

On April 30, 2012 Fran Richardson will retire from her position as Registrar of the CDHO. During her 17.5 years with the CDHO, Fran has been unwavering in her commitment to achieving effective regulation of the practice of dental hygiene in Ontario. Much has occurred in these years with implementation of the new Regulated Health Professions Act, 1991 and the Dental Hygiene Act, 1991, to the acceptance of self-initiation of “scaling teeth and root planing, including curetting surrounding tissue” by dental hygienists; none of which would have been accomplished without Fran’s strong leadership.

In recognition of Fran’s work for, and on behalf of the CDHO, Council has created a bursary in her name. The Fran Richardson Leadership Development Bursary will honour Fran’s passion for dental hygiene by providing an annual financial award to support aspiring leaders within our profession. More details about the bursary will be announced in the next Milestones.

“Many of us who have held leadership positions in dental hygiene are now approaching retirement. Looking back on why we became involved, it usually had to do with a more senior dental hygienist who inspired us or an instructor who nourished the leadership potential within us. However, while many dental hygienists may have the desire to take on more of a leadership role, they may believe that they do not yet have the skills.

When Council offered to establish a bursary in my name, I was thrilled – here was an opportunity to assist potential leaders in reaching their goals. I hope that the awarding of this bursary will assist dental hygienists to hone their skills as future leaders; perhaps one of them may eventually become a CDHO President or Registrar.”

– Fran Richardson
JANUARY 27, 2012

As per the CDHO Bylaws, the Registrar chaired the first part of the meeting. Ms. Richardson noted that this would be her last meeting and stated a number of accomplishments made by the College during her tenure. She wished her successor well and noted that CDHO is well poised with excellent Administrative staff and a dedicated Council to meet whatever challenges lie ahead. She welcomed the new members of Council, introduced the guests and thanked outgoing President Linda Jamieson for her leadership over the past three years.

The Registrar then conducted the elections for the Executive Committee.

President – Mike Connor, Public Member, Barrie
Vice President – Heather Blondin, District 7, Sudbury
Professional Members – Linda Jamieson, District 2, Orillia
Laura Myers, Academic, Ottawa
Public Member – Anne Venton, Toronto

The President, Mr. Mike Connor then assumed the Chair and the meeting progressed.

The Registrar provided the Administrative Report noting that as of January 13, 2012 the number of registrants was as follows:

General Certificate of Registration ...........................................10,729
Inactive Certificate of Registration ...........................................838
Specialty Certificate of Registration ...........................................517

Total .......................................................................................12,084

Currently authorized to self-initiate ...........................................3,877

As of January 24th, nearly 300 dental hygienists had yet to renew their certificates for 2012. Second notices had been sent. Updates were provided on the changes to the Knowledge Network and CDHO’s participation in the CDHA National List of Service Codes for dental hygienists.

The Executive Committee updated Council on the progress of three pending regulations: 1) Prescribing, Dispensing, Compounding, Using and Selling of Drugs is at the MOHLTC for processing; 2) Conflict of Interest has been signed and sealed but not yet published; and 3) the amended Registration regulation has been signed and sealed but not yet published. Amendments to Bylaw No. 4 were approved for circulation and comment. Conflict of Interest for CDHO Representatives received approval and is posted on the CDHO web site.

The Chair of the Registration Committee reported that 68 candidates participated in the clinical evaluations in November 2011, of which 43 were successful. The CDHO Guidelines for Restorative Dental Hygiene was approved and is posted on the CDHO web site.

The Chair of the Inquiries, Complaints and Reports Committee (ICRC) noted in her report that the Committee had recently completed their investigation into 7 matters and is currently investigating 40 matters.
Council was updated on the activity progress of the Quality Assurance Committee. A calibration session for assessors was held on January 18th in anticipation of the 1200 portfolios expected in by January 31, 2012. Selection letters have been sent to all registrants who graduated prior to 2006 inviting them to participate in the peer process by submitting their portfolios by January 31, 2013.

The Chair of the Patient Relations Committee provided updates on the CDHO Public Education Program, the Accessibility for Ontarians with Disabilities Act and the success of the “Setting the Record Straight” presentations.

Linda Jamieson, immediate past-president presented plaques to out-going members of Council Caroline Lotz and Cathleen Blair.

Lisa Taylor was presented with the 2011 Peacock Award for the 2011 Public Awareness and Public Education Program “The Mouth Tells Your Health’s Story”. The CG Peacock Award is an acknowledgement of leadership and excellence in championing a bold, creative and impactful strategic communications initiative focused on making a difference to the targeted audience.
Vince Lombardi, the legendary football coach, once said: “The quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.”

The Specified Continuing Education or Remediation Program (SCERP) concept is a major component of the Regulated Health Professions Act’s (RHPA) push towards excellence.

But first, a history lesson: In the early 1970s health regulators acted on the understanding that if a registrant engaged in professional misconduct, discipline was the only option. In 1975 the forerunner of the RHPA, the Health Disciplines Act introduced an option for Complaints Committees besides referral to discipline or dismissal: to “take such other action it considers appropriate in the circumstances”. Shortly thereafter the Ontario Divisional Court urged Complaints Committees to exercise this new mandate. In Re Matheson and College of Nurses of Ontario (1979), 107 D.L.R. (3d) 430 (Ont. Div. Ct.), the Court encouraged Complaints Committees to consider other options:

[the Committee] might consider taking a more active part in supervising conduct that may fall short of professional misconduct or incompetence. The complaints committee may well have powers other than the dismissal of the complaint and other than referring the matter to the Discipline Committee. It should consider being more flexible in its approach to its function. It seems to us that the purpose of the creation of the complaints committee is to perform as a kind of screening agency. Its power to refer should be used only sparingly, where it feels a serious case is involved.

Since then, there has been an evolution towards using educational initiatives, such as providing a caution or negotiating an undertaking, in cases where the concerns are less serious. In 1993 the RHPA gave the Complaints Committee the power to compel a registrant to attend in person for a verbal caution. Then over the last decade a number of non-health professions (e.g., real estate regulators) gave screening committees the power to require a member to undergo continuing education. This culminated in the 2009 amendments to the RHPA authorizing the renamed screening committee (the Inquiries, Complaints, and Reports Committee – ICRC) to direct a registrant to undergo a SCERP. This option was an alternative to referring registrants to the Quality Assurance Committee. At the same time the RHPA gave the Quality Assurance Committee (QAC) the authority to direct registrants to undergo a SCERP in non-complaints cases.

This history demonstrates that SCERPs are part of the evolution of health profession regulation toward alternatives to discipline. A SCERP is intended to provide a remedial alternative to address concerns in an educational and rehabilitative manner. Instead of doing nothing or initiating a formal legal fault-finding process, Colleges can try to address the root cause of dissatisfied clients or concerned employers or colleagues. Attempting to prevent the occurrence of future problems or issues is more productive and rehabilitative than imposing a punishment for a long-past event. A SCERP is considered a quality improvement mechanism (or an alternative to a formal referral to the quality assurance program).
The name, SCERP, describes its intent and nature:

- **Specified** requires that the program be directed at a particular concern. Also, the program should not be open ended.

- **Continuing Education** indicates that it is to be educational in nature. This is in contrast to disciplinary orders that usually have a deterrent effect. There is professional pride, not shame, in participating in continuing education.

- **Remediation** implies that it need not be a didactic academic educational program. The program can employ more flexible tools such as mentoring, job shadowing, co-treating, supervised practice and other forms of adult professional learning.

- **Program** suggests that it have some structure, possibly including feedback and evaluation.

All of the words in the name of the SCERP add to its meaning.

In my experience to date, most SCERPs involve continuing education courses in areas where they are available, mentorship with a respected colleague; or occasionally reflective self-study (e.g., research and write a paper on the application of the principles of informed consent in your practice context).

Ordering a SCERP does not involve a finding of wrongdoing. Indeed, the ICRC is legally prohibited from making findings of professional misconduct. Even the QAC only needs to determine that the assessment of the registrant’s practice is “unsatisfactory” to direct a SCERP. While there must be concerns in a particular area upon which to base a SCERP (they are not imposed arbitrarily), it is not necessary to determine that the registrant is “at fault”. It may well be that a SCERP will simply assist a registrant in avoiding issues from developing into problems through enhanced knowledge, skill and judgment.

Once ordered by a committee (i.e., the ICRC or the QAC), completion of the SCERP is mandatory. However, to be effective, the registrant should be a willing (if perhaps not always enthusiastic) participant. An ordering committee would be well advised to consider using tools that will be accepted by the registrant.

SCERPs will become an increasingly significant way for the College to address concerns in a no-fault, non-disciplinary and constructive manner.

**Editor’s Note:** This article was originally published in *CASLPO TODAY* Summer 2011 and has been slightly modified for *Milestones*. The CDHO is grateful to Mr. Steinecke and to the College of Audiologists and Speech-language Pathologists of Ontario (www.caslpo.com) for their permission to print this informative article.

---

...A Short History of the SCERP
In 2005 the government of Ontario passed the *Accessibility for Ontarians with Disabilities Act* (AODA). The purpose of this Act is to remove barriers and make services accessible for people with disabilities. Under the AODA, the province of Ontario will implement five accessibility standards: customer service, employment, information and communications, transportation, and built environment. The Customer Service Standard under the AODA is now in force and requires that all organizations in Ontario providing goods and/or services and have one or more employees be in compliance. The deadline for private and non-profit organizations to comply was January 1, 2012.

What is the AODA definition of the term disability?

When we think of disabilities, we tend to think of people in wheelchairs and physical disabilities – disabilities that are visible and apparent. But disabilities can also be non-visible. It is not always easy to tell who has a disability. The definition includes disabilities of different severity, and disabilities the effects of which may come and go.¹

The definition of disability under the AODA is the same as the definition of disability in the Ontario Human Rights Code.

According to the Ontario Human Rights Code “disability” means

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

(b) a condition of mental impairment or a developmental disability,

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.²

As primary oral health care providers, dental hygienists provide a variety of services in a variety of settings, for the purpose of improving the oral health of the client and the public. Regardless of the practice setting, dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities and promote safety, respect, and support for all persons within the practice setting.³

---


How can you provide an accessible “environment”?

To help registrants comply with the Customer Service Standard, the CDHO in conjunction with People Access, a division of Excellence Canada, have designed guidelines that will aid dental hygienists in designing and implementing an accessibility plan. As part of these guidelines, many tips and suggestions are offered to help dental hygienists provide accessible dental hygiene care and improved interactions with clients who have various disabilities. While a dental hygienist who is an employee of a setting may not be the primary person to ensure that the accessibility standard is being met, it is within the best interest of that dental hygienist and the public, that the dental hygienist play an active role in helping that setting meet the accessibility standard requirements. The guidelines can be found on the CDHO website at the following link http://www.cdho.org/Reference/English/accessibility.pdf, and they also appear on the registrants USB stick.

Many associations such as the Learning Disabilities Association of Ontario, the Ontario Association of the Deaf, and the Canadian National Institute for the Blind (CNIB), to name a few, are great resources and can help you determine how you can best accommodate people with particular disabilities. As well, we can all learn from one another’s experiences so if you have an experience accommodating a client with a disability, we encourage you to share your information with your colleagues to help make Ontario more accessible to everyone.

It is important to note that it is the provincial government, and not the CDHO that is responsible for monitoring and enforcing compliance with these regulations and legislation.

For more information on the Accessibility for Ontarians with Disabilities Act, 2005, please visit http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_070429_e.htm or http://www.ontario.ca/AccessON

As well, Excellence Canada has designed a Fill-in-the-Blanks Guide for health care providers which includes a useful set of questions and answers at the beginning that may help you better understand the scope and intent of the AODA and the accessible customer service standard. You can access it at http://www.accessibilityconsultants.ca/CDHO

---

According to Health Canada, oral cancer is the 13th most common cancer of the 23 reported cancers. And according to the National Cancer Institute (NCI), head and neck cancers account for approximately 3 to 5 percent of all cancers in the United States. The five-year survival rate for oral cancer is 63 percent compared to the survival rates of cervical cancer (75 percent), melanoma cancers (89 percent), and prostate cancer (95 percent).

Dental hygienists know the most common site for oral cancer in North America is the tongue and that squamous cell carcinoma, which occurs in the lining of the oral cavity, is the most common cancer of the oral cavity. However, there are other types of cancers found in the oral cavity that dental hygienists must be alert for when doing an oral cancer screening. These include cancers of the salivary glands such as mucoepidermoid carcinoma and adenoid cystic carcinoma, sarcomas (tumours arising from bone, cartilage, fat, fibrous tissue or muscle), and melanomas.

Although well publicized, tobacco and alcohol use remain the major risk factors for most cancers of the head and neck, including the oral cavity. Use of tobacco (cigarette smoking and use of smokeless tobacco) and alcohol in combination significantly increases this risk.

Immigrants from Southeast Asia who habitually chew paan (betel quid) have shown a higher incidence of oral cancer. Also, consumption of mate, a tea-like beverage habitually consumed by South Americans, has been associated with an increased risk of cancers of the mouth, throat, esophagus, thyroid, and larynx.

Recently in Canada the number of cases of head and neck cancers in young, otherwise healthy people has been reported on the rise. These are young, non-smokers and non-drinkers that develop cancers of the tonsil and base of the tongue. This growing phenomena is being attributed to the presence of human papillomavirus (HPV) in the mouth. Research indicates that the strains HPV-16 and HPV-18 are strongly linked with oral cancer.

<table>
<thead>
<tr>
<th>Risk factors for oral cancer by location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral cavity</strong></td>
</tr>
<tr>
<td>Sun exposure (lip); possibly human papillomavirus (HPV) infection.</td>
</tr>
<tr>
<td><strong>Salivary glands</strong></td>
</tr>
<tr>
<td>Radiation to the head and neck. This exposure can come from diagnostic X-rays or from radiation therapy for cancerous or noncancerous conditions.</td>
</tr>
<tr>
<td><strong>Paranasal sinuses and nasal cavity</strong></td>
</tr>
<tr>
<td>Certain industrial exposures, such as wood or nickel dust inhalation. Tobacco and alcohol use may play less of a role in this type of cancer.</td>
</tr>
<tr>
<td><strong>Nasopharynx</strong></td>
</tr>
<tr>
<td>Asian, particularly Chinese, ancestry, Epstein-Barr infection, occupational exposure to wood dust, and consumption of certain preservatives or salted foods.</td>
</tr>
<tr>
<td><strong>Oropharynx</strong></td>
</tr>
<tr>
<td>Poor oral hygiene. HPV infection and the use of mouthwash that has a high alcohol content are possible, but not proven, risk factors.</td>
</tr>
<tr>
<td><strong>Hypopharynx</strong></td>
</tr>
<tr>
<td>Plummer-Vinson (Paterson-Kelly) syndrome, a rare disorder that results from iron and other nutritional deficiencies. This syndrome is characterized by severe anemia and leads to difficulty swallowing due to webs of tissue that grow across the upper part of the esophagus.</td>
</tr>
<tr>
<td><strong>Larynx</strong></td>
</tr>
<tr>
<td>Exposure to airborne particles of asbestos, especially in the workplace.</td>
</tr>
</tbody>
</table>
Your role

As the oral care professional clients usually see first, dental hygienists are educated to know the early signs and symptoms of oral cancer. Essentially, dental hygienists are a first defence in the detection and recognition of changes in the oral environment. As such, dental hygienists need to remain current in the knowledge base necessary to recognize early pathology, and be competent in the proper screening procedures to identify the signs and symptoms of oral cancer.

An oral cancer screening as part of a routine dental hygiene appointment includes, taking a medical history that inquires about previous malignancies, involves a lifestyle risk assessment, a systematic visual examination of all the soft tissues of the mouth, including manual extension of the tongue to examine its base, a bimanual palpation of the floor of the mouth, a digital examination of the borders of the tongue, and the lymph nodes surrounding the oral cavity and in the neck. Screening aids, including lights, dyes, and other techniques can be used as an adjunct to a visual and tactile investigation. Persistent abnormalities need to be identified and sent for referral and biopsy. Any sore, discoloration, induration, prominent tissue, irritation, hoarseness, which does not resolve within a two-week period should be considered suspect and worthy of further examination or referral.

There is no single cause of cancer but some factors appear to increase the risk of developing it. With prevention being key, dental hygienists play an important role in identifying lifestyle choices that increase the risk of developing cancer. One of the most obvious examples is tobacco use. Dental hygienists play a key role in educating clients about the damage tobacco use does to the oral cavity and body. Additionally, dental hygienists can offer tobacco cessation programs and recommend products that may help their clients break the habit.

For clients already diagnosed and being treated for oral cancer, once again dental hygienists play a key role in educating them about the oral risks associated with their condition. You can recommend dental hygiene interventions, self-care regimes and products that help your clients cope with the side effects of cancer treatments and decrease their susceptibility to opportunistic oral diseases.

In treating clients who are undergoing radiation or chemotherapy, dental hygienists should be alert to and discuss as appropriate, the timing of dental hygiene interventions, and the oral implications of radiation and chemotherapy treatments. Postponing invasive dental hygiene procedures and radiographs until discussed with the client’s oncologist is advised. Depending on the urgency of the dental hygiene intervention planned, prophylactic antibiotics may be required and prescribed by the physician.

Besides scheduling routine visits to see you for regular oral cancer screening, it is important that your clients be empowered to take responsibility to self-check and be aware of changes in their mouths. When these changes occur, they need to be brought to the attention of a qualified dental or medical professional for examination. Dental hygienists can teach clients to self-examine for a lump or sore that does not heal, a sore throat that does not go away, difficulty swallowing, and a change or hoarseness in the voice that lasts over two weeks.

.../continued on page 14
In sum, dental hygienists play a vital role in the early detection of oral cancers. By keeping your knowledge base current, making oral cancer screening a routine practice, and educating clients to look for and report changes in the oral environment, you are a first defense in the detection and early treatment of oral cancers.

**To learn more about oral cancer:**

- Advisory on Chemotherapy: [http://www.cdho.org/Advisories/CDHO_Advisory_Chemotherapy.pdf](http://www.cdho.org/Advisories/CDHO_Advisory_Chemotherapy.pdf)
- Advisory on Radiation Therapy: [http://www.cdho.org/Advisories/CDHO_Advisory_Radiation_Therapy.pdf](http://www.cdho.org/Advisories/CDHO_Advisory_Radiation_Therapy.pdf)
- Oral Cancer Pictures: [http://oralcancerfoundation.org/dental/slide_show.htm](http://oralcancerfoundation.org/dental/slide_show.htm)
- Oral Cancer Screening Video: [http://www.dentalce.umn.edu/OralCancerVideo/home.html](http://www.dentalce.umn.edu/OralCancerVideo/home.html)
- Ontario Dental Hygienists Association: [http://www.odha.on.ca/PDFs/Meyer-PracticeGuidelinesforTobaccoCessation-LectureHandout.pdf](http://www.odha.on.ca/PDFs/Meyer-PracticeGuidelinesforTobaccoCessation-LectureHandout.pdf)

**Courses for dental hygienists:**

- Tobacco Cessation: [http://www.cdha.ca/AM/Template.cfm?Section=Tobacco_Cessation&Template=/CM/HTMLDisplay.cfm&ContentID=10591](http://www.cdha.ca/AM/Template.cfm?Section=Tobacco_Cessation&Template=/CM/HTMLDisplay.cfm&ContentID=10591)
- Clinical Oral Pathology for the Dental Hygienist: [http://odha.scholarlab.ca/](http://odha.scholarlab.ca/)
- Oral Cancer Awareness 4 Life Saving Minutes: [http://www.cdha.ca/AM/Template.cfm?Section=Oral_Cancer_Awareness_4_Life_Saving_Minutes_&Template=/CM/HTMLDisplay.cfm&ContentID=8793](http://www.cdha.ca/AM/Template.cfm?Section=Oral_Cancer_Awareness_4_Life_Saving_Minutes_&Template=/CM/HTMLDisplay.cfm&ContentID=8793)

**Resources for clients:**

Imagine my disbelief. While attending a medical appointment with my husband for a consult with a head and neck specialist, I was told within minutes that he was 99.9% sure I had HPV-P16, a viral form of oral cancer. I remember asking, “as in the HPV that I have vaccinated my daughters for?”

For several months I had been seeing my family doctor with what appeared to be issues with my tonsils. After having an ultrasound and X-ray, I was referred to an Ear, Nose, and Throat Specialist (ENT). The process was taking too long so I followed my instinct and requested a consult with an ENT out of our area. After a CT scan it showed nothing more than an irregular tonsil with a swollen lymph node. This I knew as my lymph node was getting larger every week. A small needle biopsy showed no cancer cells so was referred to Princess Margaret to see the specialist where I would most likely require surgery. Six business days later I was in the office of the specialist listening to what nobody wants to hear, I had Cancer. My husband and I just sat there in shock, trying to absorb what the doctors were saying. I would have to endure six to seven weeks of radiation followed by three sets of chemo. They said I was young and healthy; all would be well; this is not a cancer based on a history of smoking and drinking; the prognosis is very good. Still in shock at forty-five, I have lived a very active healthy lifestyle as a Recreation Therapist and fitness instructor for over twenty years.

Work was out of the question for six months. This meant income was also out of the question, except for a small amount of EI for a short period of time. Thank goodness my husband has a good job with health benefits. The only reason I have ever been in a hospital was to deliver three healthy babies from three healthy pregnancies. Thank goodness my cousin who is in the dental field assured me that “if I were to get any oral cancer, this is the one.” Those words rung in my ear for almost a week as I waited for a pathology report. I saw a Specialist who based his diagnosis by merely looking in my mouth. It turned out he was correct. I never imagined the situation I was experiencing was oral cancer because I do not fit the typical at-risk profile. Ironically, I postponed my regular oral care visit as I was lead to believe I had some sort of infection. I wonder now if detection could have been made sooner had I kept my appointment.

I met with the Radiologist and his team and they clearly outlined what I would be up against over the next several months. I had to undergo thirty-five treatments of radiation, five days a week for seven weeks with chemo throughout. I was fortunate that I would not lose my hair, however, the hair under the line of radiation would fall out and regrow. I was told to expect to be off work for at least six months. Recovery takes awhile because a feeding tube would need to be inserted as eating became difficult due to the radiation doing its work. My esophagus would swell up, decreasing saliva production while thickening what saliva there was. It took about three weeks for the radiation team to get all the nitty gritty underway which involved CT scans; MRIs; and a lot of behind-the-scenes work. As I waited, the lymph node on my neck got larger, literally the size of a golf ball. It was the only sign there was anything wrong aside from the feeling that I had a kernel of corn stuck at the back of my throat. I had suffered this feeling for several months.

Knowing I had a very treatable form of cancer kept my spirits high and my outlook nothing but positive. I was mentally and emotionally prepared to face the fight, which started on the day of my 20th wedding anniversary.

.../continued on page 16
I was given the gift of life that day from my very supportive and loving husband. I received an overwhelming outpour of support from my friends and family who took on roles of whatever I needed. Within days I had a list of twenty drivers; offers of meals; errands and more. I knew not only myself, but my husband and three beautiful girls would be taken care of. I cannot imagine how different our situation would have been if this were not the case.

Once treatment started I was downtown daily. It took fourty minutes with no traffic, one and a half hours with. This became my routine for seven weeks. It should have felt like a lifetime but in reality it became my full-time job and really flew by. By week three to four, eating became very difficult. I had to rely on my feeding tube. I had four to five feeds a day which took one and a half hours each. Soaking my neck occurred four times a day where the radiation was burning the hell out of my golf ball. This was gone within about two weeks, but after eight weeks the skin is still repairing. Having to nap to fight the fatigue from radiation coupled with the daily travel left me little time to spend with my children.

My husband had to take on many new roles, all the while working full time and taking care of me. It took its toll on him but our daily countdown on our kitchen chalkboard became the means to an end. It has been tough not only on my husband but on the children as well. I was not readily on hand to help with homework as talking was difficult, nor was I able to attend various school events and teacher conferences, outings or quick trips to the mall. Preparation for Christmas was put into the hands of my family and friends. Thank goodness for the age of on-line shopping. Missing my daughter’s big music concert was a disappointment not only for myself, but for her as well. I had to reassure her that by missing this year to get well, I was ensuring my presence for many more special events in her lifetime.

The conclusion of treatment does not mean everything goes back to normal. There is the lengthy recovery process and while it is such a relief not to have to travel downtown every day, I still have to endure many weeks of the feeding tube to allow the sores in my mouth to repair themselves. Retraining myself to chew and swallow with the muscles that have been affected in my throat will be a tremendous challenge. My strength needs to build up as I have not been able to perform any form of exercise in three months. I have no energy so how can I burn those calories that take me so many hours a day to consume through a small feeding tube? This comes from someone who worked out six days a week, and helped encourage others to exercise and live a healthy lifestyle. Time heals and muscle has a memory. This I know will all come back. This bump in the road has put me on a slow detour that will lead me back to health. I must listen to and understand my body, and take it one day at a time.

I cannot wait until I can sink my teeth into a really good juicy hamburger! But more than anything, I cannot wait until I get back into my full role of mother to my three wonderful girls and supportive partner to my husband. I also feel the importance of letting people know how important it is to talk to their family doctors about the HPV vaccine. It is not just for girls. If we have a vaccine out there that could protect the future population from having to go through what I have experienced, there is no better reason to get it done! [CDHO]
In conjunction with the CDHO Standards of Practice, dental hygienists who are registered with the CDHO in the specialty category and are involved in providing restorations of a permanent nature as per Section 4 of the Dental Hygiene Act, 1991, are required to consider the following according to the dental hygiene process of care model. Restorations of a permanent nature include, but are not limited to, fabrication of provisional restorations and permanent direct restorations, bonding and/or cementing of indirect restorations, and torquing of implants.

Assessment
Taking into consideration the nature of the restorative procedure to be performed, assess the conditions of both hard and soft surrounding tissues, the occlusion, the expected outcomes of the proposed treatment, and the limitations in providing the desired outcomes.

Discuss with the client the outcomes and expectations of the final restoration including difficulties and limitations, if any, and future considerations.

Planning
Ensure client safety by verifying that the equipment, materials and instruments which s/he is to use are in good working order, are used appropriately and meet Health Canada approval.

Work collaboratively with the dentist and the client to determine the appropriate dental materials and planned procedures to be implemented.

Implementation
- Use isolation techniques appropriate to the restorative procedure and client safety.
- Select materials appropriate to the restorative procedure, client needs and client safety.
- Use only materials for which there are no medical contraindications.
- Use only materials, equipment and restorative techniques with which the dental hygienist is competent to use and follow manufacturers’ directions.
- Provide instructions for the maintenance of the restoration and the surrounding gingival tissues.

Evaluation
- Evaluate the integrity and functionality of the restorative procedure.
- Adjust the occlusion, if indicated.
- Refer noted gingival concerns including restorative irritants unrelated to the current restoration, to the appropriate oral health care professional.

January 2012
What happens if I practise dental hygiene after my certificate of registration is suspended?

Evelyn Waters, BA, HDipEd

Deputy Registrar

A list of dental hygienists who have had their registration suspended, revoked or reinstated is published in the *Milestones* on an ongoing basis. In this issue, you will find a list of those registrants who have recently been suspended for non-payment of their 2012 certificate of registration fee. Once a certificate has been suspended and/or revoked or if a dental hygienist chooses to resign or take an inactive certificate of registration, it is illegal for her/him to practise dental hygiene. The issue of practising dental hygiene when not authorized to do so is considered very seriously by the Inquiries, Complaints and Reports Committee (ICRC). It is also likely that malpractice insurance does not cover a person during the time period when s/he was practising when it was not legal for them to do so.

If it comes to the attention of the College that a registrant who has been suspended for non-payment of fees is practising as a dental hygienist in Ontario within 30 days of the change of their registration status, that registrant will be asked to submit an explanation as to why this situation arose and to sign an Undertaking with the CDHO acknowledging their responsibilities and agreeing to take appropriate remediation. However, if the registrant has practised for more than 30 days after her/his suspension and/or it is a second offence and/or the registrant is unwilling to sign the Undertaking and/or the registrant has continued to practise illegally even after the matter has been brought to her/his attention, the matter would be referred directly to the Inquiries, Complaints and Reports Committee (ICRC) for appropriate action up to and including a referral to the Discipline Committee of the College to hold a hearing. The Discipline Committee has the power to suspend or revoke a registrant’s certificate of registration. If the person is practising, but no longer registered with the College (i.e., s/he has resigned or had her/his certificate of registration revoked), the College may take legal action in the court system to stop the illegal practice.

Over the years, registrants, who have practised while suspended, have submitted numerous reasons for this situation, e.g., they moved, they did not receive their renewal notice, and/or they thought they had renewed when they paid their membership with the Ontario Dental Hygienists’ Association (ODHA) and/or the Canadian Dental Hygienists Association (CDHA). The ICRC has not considered these as acceptable excuses. It is the responsibility of registrants to ensure that their contact information is up to date and that they are appropriately registered. Contact information can be updated online at [www.cdho.org](http://www.cdho.org).

Registrants must ensure that their registration status is active while practising dental hygiene. If you have resigned from the CDHO or your certificate of registration is inactive, suspended or revoked and you are considering returning to dental hygiene practice, contact the CDHO as soon as possible for information on how to reinstate your certificate.
Quality Assurance Programs

The Legislation

The Regulated Health Professions Act (1991) (RHPA): Chapter 18, Sections 80 – 83 outlines that all colleges must have a quality assurance program. The regulations regarding that program must be approved by the government and the program must include a professional development component, a practice assessment and a method for the college to monitor compliance. Among the RHPA colleges there are a variety of programs but all must be approved by the Ministry of Health and Long-Term Care.

Program designs are based on the founding philosophy that the overwhelming majority of health care practitioners are competent and continually upgrade their skills and knowledge.

.../continued on next page
**College of Dental Hygienists of Ontario**

CDHO’s Quality Assurance Program (QAP) is based on the registrant’s self-evaluation against the CDHO’s published standards of practice and a peer review of the registrant’s portfolios. Dental hygienists:

1. develop goals related to their specific area of practice,
2. determine learning strategies to meet those goals,
3. implement those strategies, and
4. describe how the implementation affected their dental hygiene practice.

The Quality Assurance Committee (QAC) sets the criteria for selection and may randomly request that a specific number of registrants submit their professional portfolios in any given year.

Peer assessors review the portfolios and contact the registrant by telephone for clarification if necessary. If further clarification is required, an on-site practice review may occur. CDHO suggests that the registrant notify the employer, if any, that the on-site review is to occur. The assessor tries to arrange a convenient time when s/he will randomly select charts of clients treated by the registrant. Copies, if possible, will be made. If copy facilities are unavailable, the assessor will provide a receipt for the originals, have them copied and return the originals to the office within a reasonable time. The registrant is responsible for the cost incurred in copying the records. In addition, the registrant’s work environment is assessed as noted in the Practice Assessment Tool available in the QA section at [www.cdho.org](http://www.cdho.org).

The registrant is provided with the assessor’s report and may choose to make a submission to the QAC who review both the assessor’s report and the registrant’s submission. The registrant is informed of the results and any follow up that is required.

The outcome of the quality assurance assessment is between the QAC and the registrant, respecting the confidentiality afforded in the RHPA.

CDHO has conducted surveys of registrants with respect to the QA process, the total quality improvement process and has conducted two major surveys of registrants to determine practice commonalities in Ontario. There may be additional surveys in the future.

---

**Royal College of Dental Surgeons of Ontario**

RCDSO’s Quality Assurance Program was designed to meet four key goals:

1. It is meaningful to dentists.
2. It is nurturing and non-punitive.
3. It does not involve office visits.
4. It encourages continuous learning and practice improvement.

The two major elements of the program are:

- **Continuing Education** – Each dentist is required to collect a total of 90 CE points over a three-year period. These 90 points are to come from three categories: core courses (15 pts), approved sponsored courses (45 pts), and other courses (30 pts).

- **Self-Assessment** – Every five years, each dentist will self-assess to evaluate and assess their practice, knowledge, skills and judgement in specific competency areas.

The Practice Enhancement Tool (PET) is a computer based self-assessment program that gives dentists an opportunity to evaluate and assess their practice, knowledge, skills and judgement based on peer-derived standards. Outside resources may be used to answer the questions based on core competencies. PET is accessible to all RCDSO members on the RCDSO website at [www.rcdso.org](http://www.rcdso.org). Over a five-year period, all RCDSO members will complete the assessment.

The multiple choice and case studies were developed in conjunction with the National Dental Examining Board (NDEB).

A Practice Enhancement Consultant, a dentist at RCDSO, is available to support dentists through this process. The consultant may assist members in interpreting the results of the self-assessment tool and locating professional development courses/activities.

Each RCDSO member will have secure access to his/her own e-Portfolio through the RCDSO website. This allows for personal tracking of educational activities and the monitoring of the 90-point requirement.

Members are to complete a section on the registration renewal form self-declaring compliance with the QA Program requirements.
FREQUENTLY ASKED QUESTIONS

Q  Does the College of Dental Hygienists of Ontario (CDHO) have the authority to perform an in-office audit in a dental office?

The Regulated Health Professions Act (RHPA) 1991: Chapter 18, Sections 82(2)(3) gives the authority to the Quality Assurance Assessors to enter and inspect the premise(s) where the dental hygienist works and inspect the records relating to the dental hygienist’s care of patients/clients. Both RDOSO and ODA confirm the obligation for the employer to cooperate with assessors.

Q  How do you know that the assessor has been authorized by the CDHO to undertake an in-office audit?

Assessors are provided with a letter indicating that they have been appointed to conduct an on-site practice assessment of the dental hygienist under section 20 of Ontario Regulation 167/11 with the purpose being to gather sufficient information so that the Quality Assurance Committee can evaluate the dental hygienist’s knowledge, skills, judgement and attitudes. This letter may be viewed by the practice owner upon request.

Q  Generally, how much time does it take to complete a CDHO in-office audit?

On average, the audit of the work environment takes approximately an hour. The assessor will select approximately 20 charts of patients/clients for whom the registrant has provided treatment. As per the RHPA, the complete chart is required. The copying of client records takes 3 to 4 hours depending on the equipment available. Electronic records greatly reduce this time. Not having an in-house copier for use by the assessor prolongs the time required for the audit.

Q  Will the CDHO assessor ask or need to speak to the owner or other staff in the practice?

There is generally no need for the assessor to speak with the owner or other staff in the practice. An assessor will let the dental hygienist know if an interview with a colleague will be needed and will make arrangements with them in advance of the visit.

Q  Are there limits on what the CDHO assessor is authorized to examine with respect to the office practice, equipment, policies and/or practices?

Regulated Health Professions Act (RHPA) 1991: Chapter 18, Sections 82(1) gives the authority to the Quality Assurance Assessors to inspect any records relating to the dental hygienist’s care of patients/clients.

Q  What happens to any records or reports that are duplicated obtained during the in-office audit?

The CDHO’s Quality Assurance Program has been in effect for many years. However, the RCDSO’s formal program has just begun. Therefore, updates may be provided in future publications. Questions regarding the Quality Assurance Programs may be directed to either College at the links below.

www.rcdso.org/contact_us.html  www.cdho.org/contact.asp
In May 2011, the College’s quality assurance regulation was amended allowing for more flexibility in the program’s design. The revised regulation provides the framework for the QA Committee’s continuous evaluation of the Quality Assurance (QA) Program. To start, the Committee reviewed the QA Program’s mission, vision, values and objectives. By November, the Committee had developed new mission and vision statements.

**Mission:** To fulfill the CDHO’s legislative obligation to the public of Ontario and the Ministry of Health and Long-Term Care by facilitating dental hygienists as they measure and improve their level of performance and competence based on a quality improvement process of self-reflection consistent with the CDHO Standards of Practice, by-laws and regulations.

**Vision:** That the QA Program is embraced by dental hygienists who, as self-regulated professionals, value learning as they monitor, assess and improve their level of competence as primary providers of oral preventative health care to the public of Ontario. A successful QA Program:

- allows dental hygienists to position themselves as integral members of the inter-professional health care team
- is fair, consistent and transparent
- provides constructive feedback to assist registrants in improving their practice
- continually reviews its process with an aim to evaluate the effectiveness of the QA Program.

The Committee identified accountability, autonomy, critical thinking, transparency, fair and ethical practice, and confidentiality as the key values underlying the QA Program. They also identified the key stakeholders to be the public of Ontario, the Ontario government and registrants of the College. With this in mind, the Committee’s objectives are to continue to have a quality assurance program in place that conforms to legislation and allows:

- the government to have confidence in the College, Committee, QA Program and profession
- the public to have confidence in the care they receive, and that trust be based on dental hygienists participating in the QA Program
- registrants to say they are satisfied with the process and feedback they receive.

Researching and comparing quality assurance programs for dental hygienists in other jurisdictions and for health professions in Ontario is an on-going project of the Committee. Interestingly, there were more similarities than differences. Most regulators make public the requirements of their quality assurance programs and registrants who are interested in knowing how dental hygienists in other provinces and health professionals in Ontario participate in quality assurance programs only have to visit their websites to do so.

The next step in the process is stakeholder consultation. In the Fall of 2011, Ipsos Reid conducted a public opinion poll aimed at Ontarians who had consulted a dental hygienist sometime in the last two years. The objective was to find out how satisfied they were in the care they received and seek their opinions about the continuing competency of health professionals and specifically dental hygienists. The results of this poll are published on pages 23 to 25 of this issue. There is strong public support for a QA Program that monitors the continuing education and practice of health professionals.

In 2012, the Committee plans to survey registrants for feedback on the current QA Program and test ideas on how the program could improve. The survey will be multi-layered, conducted through email and through the 2012 “Setting the Record Straight” presentations. It is hoped that all registrants will participate in both surveys. While the Committee is mandated to follow legislative requirements, it strives to include profession interests as long as they are entirely consistent with serving and protecting the public.
The Quality Assurance Committee continuously reviews and evaluates the QA Program to ensure that it always fulfills the regulatory obligations of the College. Committee members review the goals and objectives of the program, current literature regarding trends and evidence-based research in continuing education, as well as programs utilized by other regulatory agencies. As part of its evaluation, the Committee determined that a review of their most important stakeholders’ views regarding the continuing competency of dental hygienists was warranted.

In the Fall of 2011, the CDHO commissioned Ipsos Reid, a recognized leader in public opinion polling and market research, to conduct a poll assessing the public of Ontario’s awareness and attitudes towards dental hygienists and the dental hygiene profession. One of the specific objectives of this poll was to assess public attitudes towards ongoing professional education among dental hygienists and across other health care professionals. A total of 817 randomly-selected members of the public were interviewed and with such a robust sample, the survey results are considered representative of the population of Ontario and accurate to within +/- 3.5 points 19 times out of 20. In order to participate, members of the public must have been treated by a dental hygienist within the past 24 months.

The following summarizes the questions and public opinion results pertaining to continuing education and competence:

**Question:** Thinking about people who are employed as medical and dental professionals, how important is it that they undertake ongoing training and education in their field? How important is it that dental hygienists undertake ongoing training and education in their field?

Your clients’ response:

<table>
<thead>
<tr>
<th></th>
<th>Medical and Dental Professionals</th>
<th>Dental Hygienists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>93%</td>
<td>77%</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>Not at all important</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Not very important</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
There is widespread agreement that medical and dental professionals in general and dental hygienists specifically should participate in ongoing training and education. Ontarians, by and large, do not distinguish among specific professions in their need to participate in training. They think all health care professionals should do so. Without exception, all of those surveyed (100%) indicated it is important that medical and dental professionals carry out additional training. When asked specifically about dental hygienists, 99% of respondents indicated it is important for them to undertake training and education.

**Question:** Thinking about other people who work as health care professionals in Ontario, which of the following health care professionals do you think should participate in ongoing training and education?

Your clients’ response:

<table>
<thead>
<tr>
<th>Health Care Professional</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>96%</td>
</tr>
<tr>
<td>Dentists</td>
<td>94%</td>
</tr>
<tr>
<td>Nurses</td>
<td>94%</td>
</tr>
<tr>
<td>Paramedics</td>
<td>93%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>92%</td>
</tr>
<tr>
<td>Optometrists</td>
<td>90%</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>90%</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>83%</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>78%</td>
</tr>
<tr>
<td>1% None of these</td>
<td></td>
</tr>
</tbody>
</table>

Results show that Ontarians do not distinguish substantially on which members of the medical and dental professions should participate in ongoing training.

**Question:** To the best of your knowledge, are dental hygienists currently required to undertake ongoing training and education in their field?

Your clients’ response:

Attitudes are essentially split on whether dental hygienists are required to undertake ongoing training and education. Fifty-seven percent of Ontarians believe there is a requirement to undertake ongoing training, 43% believe there is no such requirement.

**Question:** All dental hygienists in Ontario are required to maintain a Professional Portfolio by participating and completing ongoing training and educational activities designed to ensure their continued competence in the field. The number of hours of training per year can vary. In other provinces, dental hygienists are required to complete between 15 and 25 hours of education and training a year. How many hours of education and training should be required for dental hygienists in Ontario per year?

Your clients’ response:

Provided with the information that dental hygienists are required to undertake ongoing training and education, two thirds of Ontarians say 16 to 30 hours per year of training should be completed. The average figure is 49 hours, while the median is 25 hours.
**Question:** If you knew that your dental hygienist was not completing any ongoing training and education, would you be more or less inclined to be a patient/client of this dental hygienist?

Your clients’ response:

While awareness of dental hygienists’ training requirements is split, there is little doubt of the impact training has on a client’s decision to use a particular hygienist. As the table shows, a sizeable majority of Ontarians (81%) would be less inclined to visit a specific dental hygienist if s/he were not undertaking any ongoing training and education. Seventeen percent of respondents indicated the lack of ongoing training would have no impact on their decision to use a specific hygienist. While awareness of the requirement for ongoing training is mixed, a sizeable majority of Ontarians indicate they would be much less inclined to be the client of a dental hygienist who did not undertake ongoing training and education.

**Question:** Every year, at least 10% of the dental hygienists in Ontario are randomly selected for an audit. These audits are undertaken by the College of Dental Hygienists of Ontario (CDHO). The audits assess whether the dental hygienist is undertaking educational activities and examines the overall care a dental hygienist provides for his or her patients/clients. How important is it that dental hygienists in Ontario are regularly audited by their professional regulatory body?

Your clients’ response:

There is substantial (almost unanimous) support for the notion that regular CDHO-backed audits need to be carried out among dental hygienists. At present, nearly all Ontarians (97%) say that regular audits by the CDHO of its registrants are important. Similarly, there is almost unanimous support (99%) for dentists submitting to audits by their professional association.

The Committee was pleased to note that overall, Ontarians expressed very high levels of satisfaction with the care they receive from their dental hygienist and indicated that they feel that dental hygienists are very important members of their oral health care team. This is supported by the statistics kept from the Quality Assurance Program. From the inception of the CDHO’s program in 1999 until January 1, 2012, 4975 professional portfolios have been reviewed. Of these, an impressive 99.3% of dental hygienists who have had their portfolios audited have successfully demonstrated their continuing competency and commitment to the public of Ontario! As the Quality Assurance Committee continues with its review and evaluation of the program, registrants can expect to be asked for their input regarding improving and building upon the current program.
More and more registered dental hygienists in Ontario are becoming involved with orthodontic procedures as part of their daily practice. The College receives many calls from dental hygienists inquiring about what is or is not within a dental hygienist’s scope of practice when dealing with orthodontic procedures. I would like to address a few of the most recurring questions in hope that this will provide some guidance to dental hygienists already providing or wishing to provide orthodontic services. When a dental hygienist is in doubt as to whether an orthodontic procedure falls within their scope of practice, they are always welcome to call the College practice advisors for clarification.

According to Section 4 and 5 of the Dental Hygiene Act:

Authorized acts:

4. In the course of engaging in the practice of dental hygiene, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Scaling teeth and root planing including curetting surrounding tissue.

2. Orthodontic and restorative procedures.

3. Prescribing, dispensing, compounding or selling a drug designated in the regulations. 1991, c. 22, s. 4; 2009, c. 26, s. 4 (1).

Additional requirements for authorized acts:

Same

(2) A member shall not perform a procedure under the authority of paragraph 2 of section 4 unless the procedure is ordered by a member of the Royal College of Dental Surgeons of Ontario. 2007, c. 10, Sched. B, s. 4 (1).

What does the above legislation mean? What is required to perform an orthodontic procedure?

The legislation above simply means that in order to perform an orthodontic procedure, a client-specific order from a member of the Royal College of Dental Surgeons of Ontario is required. The CDHO considers the dentist’s orthodontic treatment plan as evidence of the client-specific order when dealing with orthodontic procedures.

Can the dental hygienist provide orthodontic procedures if the dentist is not in the office?

Supervision is not a requirement for dental hygienists under the legislation. However, to perform any orthodontic procedure requires obtaining a client-specific order that describes the procedure to be delivered. It is up to the discretion of the dentist to determine the level of supervision that the orthodontic procedure requires.
If a client presents with a broken wire to be repaired/replaced but the dentist is not in the office, can the dental hygienist repair/replace the broken wire?

The answer to this question is yes, if as part of the treatment plan the dentist has indicated and documented that broken wires are to be repaired or replaced anytime throughout the course of treatment. If this is the case, then the dental hygienist may repair or replace broken wires as noted. If no notation is made in the treatment plan to repair or replace any broken wires, then legally the dental hygienist is not permitted to do so. If the client presents with a broken wire and a dentist is in the office, the dental hygienist can obtain a client-specific order at that time from a dentist, if there was no previous indication to repair or replace broken wires in the client record. It may be wise to ask the dentist to include a notation for repairing/replacing broken wires in the initial treatment plan, so that if the above situation ever arises, a client-specific order was already obtained.

Can a dental hygienist perform interproximal reduction? What about using finishing strips?

A dental hygienist is not permitted to perform interproximal reduction under any circumstance since this involves the removal of tooth structure. Using finishing strips would once again involve removing tooth structure (even if on a microscopic level) and is therefore not permitted.

Can a dental hygienist use a high-speed hand piece to remove orthodontic cement?

As long as a dental hygienist is competent in using the instrument and is careful not to remove tooth structure, then a dental hygienist may choose to use a high-speed hand piece to remove orthodontic cement.

Can a dental hygienist place the resin attachments involved with Invisalign treatment, on the surfaces of the teeth required?

Since Invisalign treatment is becoming more popular, dental hygienists are being asked to be more involved in the treatment procedures. As long as the dental hygienist is competent, then the placement of composite resins for orthodontic attachment purposes is permitted if it is documented as part of the treatment plan (i.e., there is a client-specific order to do it). However, using composite resin for permanent restorative procedures is only reserved for dental hygienists who have a restorative specialty certificate.

Can a dental hygienist offer Invisalign treatment to his/her clients without involving a dentist?

No. Invisalign treatment and appliances can only be provided with a client-specific order from a member of the Royal College of Dental Surgeons of Ontario.

Since dental hygienists see clients every few weeks in orthodontic practices (sometimes multiple times in a week), does the medical history need to be updated every time? Does informed consent need to be obtained at every appointment even though there was consent obtained for the initial treatment plan?

A dental hygienist is responsible for ensuring that the medical history of clients they are treating is accurate and up to date. Therefore, the medical history needs to be verified at each and every appointment, even if the client is seen on consecutive days.

Similarly, it is a requirement to obtain and record informed consent in the client record every visit the client has with the dental hygienist, regardless of whether there was already consent to the initial treatment.

Does a dental hygienist require a specialty certificate in orthodontics to perform orthodontic procedures?

There is no specialty certificate required for performing orthodontic duties. However, in the interest of your clients, it may be prudent to take an orthodontic refresher or beginner course if you are considering entering into an orthodontic practice or performing orthodontic duties. The only expectations on the part of the CDHO are that the dental hygienist is competent and has a client-specific order before performing any orthodontic procedures. The only specialty certificate required in Ontario for dental hygienists is for performing restorative procedures.
In 2011 the CDHO sent out its practice advisors to 13 different cities across Ontario in an effort to try and dispel some of the myths that were circulating amongst dental hygienists as well as give registrants a chance to meet the practice advisors. The initiative proved to be very successful as 2974 dental hygienists and 200 dental hygiene students gathered in various cities to participate in the live interactive presentations. As well, a live interactive webinar broadcasted to over 1000 participants took place in November (a recorded version is now available to view at http://cdho.scholarlab.com/settingtherecordstraight/). We received many comments from the evaluations that registrants filled out online after attending one of the presentations. The feedback was very much appreciated as this information is being used to help design the “Setting the Record Straight” presentation for 2012.

The presentation was absolutely amazing. My colleague and I took several pages of notes and plan to hold a meeting with our DDS to present our findings. I feel that the presentation helped to clear up some questions and also helped to re-energize my career goals. I do, however, feel that the audience got out of hand. I felt so badly for the presenters. I felt like I was watching Jerry Springer. I hope that this incident won’t stop the CDHO from holding presentations in the future. Thank you!

For 2012 we have scheduled presentations in 12 cities. In choosing the cities to visit, some different factors were taken into consideration such as the number of registrants in a given district, the dental hygiene schools in the district, and where we projected attendance to be highest. Unfortunately, Ontario is extremely large and visiting every city is not possible. We apologize if we were not able to schedule a visit to your city or area this year. To accommodate for this, we will be producing an interactive webinar version once again towards the end of the year.

New Content for 2012

The myths we will address will come from common practice advice calls that we receive, suggestions from the evaluations, and some questions that we were not able to address (due to time restrictions) submitted during the live webinar in 2011. Some areas that will be touched upon are Quality Assurance, Recordkeeping, Sexual Abuse Prevention, Use of Orders, and Scope of Practice.

The presentation was excellent and the use of key pads was a nice way to hold interest. I particularly liked the fact that questions and answers were kept to the end thus moving the presentation right along and not losing momentum. Good job by all.

What to Expect

The presentations will be free of charge (some venues may charge fees for parking) and are only open to dental hygienists and dental hygiene students. The presentation runs for about two hours. Approximately 80 to 90 minutes are allotted for the interactive presentation and 30 minutes for a question-and-answer period. We ask that attendees hold all questions until the end as it keeps the presentation running smoothly and on track, which is consistent with what the majority of registrants preferred. A five-minute break is usually allotted before the question-and-answer period so that anyone wishing to leave has an opportunity to do so while still having seen the entire presentation and not causing any disruption to others. You may wish and are welcome to take notes during the presentation, although a recorded webinar (which you will have the ability to pause) will be available at the end of the year if you
would like to take notes at your own leisure. The presentation will be interactive using key pad technology. It is very important that you try to arrive on time as arriving late may not allow you to get a key pad and fully participate. Giving key pads out to attendees that have not heard the instructions on how to use them may alter or skew data when voting. Remember, we are not only trying to bust myths but the group data collected and presented to you in aggregate is also used to help us understand what issues or what areas we need to address in the future.

I think we should have presentations like this on a regular basis... yearly... or every 2 years... this is the first presentation of its kind that I have been to since I graduated 26 years ago. I feel better informed.

The presentation is a valid Continuing Quality Improvement (CQI) activity for your portfolio. Certificates of attendance are not required for portfolios and will not be given out.

I would like to thank everyone who attended one of the presentations last year and hope that anyone who was unable to attend will have an opportunity this year when we visit your city. I truly enjoyed meeting and speaking to each and every one of you and look forward to seeing you this coming year.

More new information is needed...most of what was covered was common knowledge/already practiced... perhaps it was a necessary review for some ...but our office felt it was just a review.

Throughout this article are samples of the 500+ comments that we received on the presentations that we thought we would share.

If you are interested in attending one of the presentations, it is very important that you register. To register, send an e-mail with your name, registration number, the date and city of presentation you would like to attend to savemeaseat@cdho.org. Anyone not registered may not be accommodated due to space limitations. Registration closes 1 week prior to the presentation date.

For our Spring and Fall 2012 “Setting the Record Straight” sessions, please see our back cover.
CDHO’s Response to Online “Petition Against CDHO’s Professional Portfolio”

The CDHO is, of course, aware of the Petition promoted by a few dental hygienists promoting opposition to the College’s Quality Assurance Program. It is regrettable that this Petition and some of the comments it is generating from both within and outside of the profession will reflect very negatively on the professionalism of dental hygiene and of individual dental hygienists. Happily, the petitioners who are actually dental hygienists constitute a small fraction of the profession.

The CDHO acknowledges that our QA Program may well be more exacting and may well hold us to higher standards than other Colleges’ QA programs. That should be a point of pride and distinction for dental hygienists and should provide comfort and security to our clients, rather than grounds for criticism. Many other Colleges are in the process of upgrading their QA programs. All Colleges recognize that an effective QA program is a key responsibility that professions take on in return for the privilege of professional self-governance.

Quality assurance is a centerpiece of Ontario’s system of self-governance for health care professions. The Regulated Health Professions Act (RHPA) makes QA programs mandatory. A College’s QA regulation must be reviewed by the Ministry of Health and Long-Term Care and approved by Cabinet. Our program is overseen by the QA Committee comprised of our peers in dental hygiene practice and members of the public. The only continuous function given to the Health Professions Regulatory Advisory Council (HPRAC) is to advise the Minister concerning all the Colleges’ QA programs. In 2006, HPRAC made a number of recommendations to the Minister to improve Colleges’ QA programs. Those recommendations were included in Bill 171 that was passed by the Ontario Legislature in 2007. The CDHO has endeavoured to comply fully with both the spirit and the letter of our legislative requirements and continuously reviews and evaluates the QA Program to ensure that it always fulfills the regulatory obligations of the College. That review has always included our most important stakeholders and will continue to do so.

For the CDHO, QA is not a punitive program. It is designed to help dental hygienists be the very best we can be by encouraging us to develop goals relevant to our specific practices, strategies to achieve those goals and self-assessment and peer review to determine whether success has been fully achieved and if not, provide assistance in doing so.

The CDHO isn’t going to ask that registrants don’t participate in the Petition. For those who are thinking of signing the Petition, we do ask that you first confirm the accuracy of the information it contains and consider whether doing so is good for the image of dental hygiene and is in the best interests of your profession and the clients you serve.

Should you have any questions about the College’s QA Program, contact Jane Keir at jkeir@cdho.org, or, 416-961-6234 / 1-800-268-2346 (extension 235).
Conflict of Interest for CDHO Representatives Providing Dental Hygiene Courses, Educational or Mentoring Activities

This policy applies to members of Council, CDHO committees, working groups and taskforces and to those registrants who act as Quality Assurance Assessors or Clinical Competency Evaluators (“CDHO representatives”).

There are two major concerns about College of Dental Hygienists of Ontario (CDHO) representatives providing educational or mentoring activities in dental hygiene. First, where the activity is part of the regulatory requirement (e.g., a direction from a CDHO Committee, to fulfill an undertaking given to the CDHO, preparation for a quality assurance assessment) a perception is created that the CDHO representative is using her or his position for personal benefit. Second, any statement made by the CDHO representative will generally be interpreted as representing the CDHO’s position or views, even if this is not the case.

CDHO representatives must not provide educational or mentoring activities in dental hygiene where the activity is part of the regulatory requirement, except as approved to do so by the CDHO. This does not apply to educators teaching dental hygiene students in their capacity as employees of their educational college/institution.

CDHO representatives must at all times be aware that registrants attending courses provided by such persons may perceive that those courses are endorsed by the College. Therefore, any CDHO representative providing educational or mentoring activities that are not part of a regulatory activity must always declare that they are not doing so on behalf of the CDHO.

In addition, educational or mentoring activities that are part of a CDHO regulatory activity are not to be given by CDHO representatives for one year following the end of their term, except as approved to do so by the CDHO.

CDHO representatives may accept invitations to speak to local dental hygiene societies or participate in professional continuing competency activities with colleagues. However, they must adhere to agreed-upon statements, positions and policies endorsed by the CDHO and remuneration other than a small thank you gift should not be accepted. Only CDHO Practice Advisors/staff may speak on issues related to Standards of Practice, quality assurance requirements and other regulatory matters.

CDHO representatives should use professional judgment and caution when considering invitations to speak at dental hygiene gatherings. For example, it would not be prudent for a Quality Assurance Assessor to conduct a portfolio course, or for a Clinical Competency Evaluator to conduct a clinical evaluation preparatory course.

This policy is effective April 2, 2012.
Previous articles in Milestones (August 1998 and Winter 2003) outlined the obligations of dental hygienists to report suspected child abuse to the local Children’s Aid Society (CAS). As noted in the referenced articles, if a dental hygienist has reasonable grounds to suspect that a child is in need of protection, she or he must make the report personally. Dental neglect can be considered to fit under three (3) areas of neglect: physical, safety and emotional. While most cases of suspected dental neglect will be observed via screenings as part of a public health program, all dental hygienists, regardless of practice settings, should be aware of the duty to provide records if requested by a representative of the Children’s Aid Society.

There are provisions in both the Personal Health Information Protection Act (PHIPA) and the Child and Family Services Act (CFSA) that are relevant to the provision of records. The most relevant provision is PHIPA 43(1)(e) which allows a dental hygienist to disclose information to the Children’s Aid Society without the child’s consent even if the child is capable, so long as it is for the CAS to perform its statutory functions. Section 43 is the same section that permits dental hygienists to give information to the CDHO without client consent. Therefore, the issue of the capacity of the child, or contradictory instructions given by the child or the parent, is irrelevant. However, the dental hygienists need to satisfy themselves that the CAS is asking for the information in order to fulfill its statutory purposes.

**Personal Health Information Protection Act (PHIPA)**

**Disclosures related to this or other Acts**

**43. (1)** A health information custodian may disclose personal health information about an individual,…

(e) to the Public Guardian and Trustee, the Children’s Lawyer, a children’s aid society representative, a Residential Placement Advisory Committee established under subsection 34 (2) of the Child and Family Services Act or a designated custodian under section 162.1 of that Act so that they can carry out their statutory functions;

Please note that the above provision is discretionary (i.e., the dental hygienist can refuse) to provide the records. However, if the dental hygienist has any concerns at all about the welfare of the child in question, the dental hygienist may freely give the information.

Some other provisions under that Act that are also helpful in some circumstances are as follows:

**Persons who may consent**

**23. (1)** If this Act or any other Act refers to a consent required of an individual to a collection, use or disclosure by a health information custodian of personal health information about the individual, a person described in one of the following paragraphs may give, withhold or withdraw the consent:

1. If the individual is capable of consenting to the collection, use or disclosure of the information,
   a. the individual, or
   b. if the individual is at least 16 years of age, any person who is capable of consenting, whom the individual has authorized in writing to act on his or her behalf and who, if a natural person, is at least 16 years of age.

2. If the individual is a child who is less than 16 years of age, a parent of the child or a children’s aid society representative or other person who is lawfully entitled to give or refuse consent in the place of the parent unless the information relates to,
   a. treatment within the meaning of the Health Care Consent Act, 1996, about which the child has made a decision on his or her own in accordance with that Act, or
   b. counselling in which the child has participated on his or her own under the Child and Family Services Act.

**Incapable individual: persons who may consent**

**26. (1)** If an individual is determined to be incapable of consenting to the collection, use or disclosure of personal health information by a health information custodian, a person described in one of the following paragraphs may, on the individual’s behalf and in the place of the individual, give, withhold or withdraw the consent:

.../continued on next page
1. The individual’s guardian of the person or guardian of property, if the consent relates to the guardian’s authority to make a decision on behalf of the individual.

2. The individual’s attorney for personal care or attorney for property, if the consent relates to the attorney’s authority to make a decision on behalf of the individual.

3. The individual’s representative appointed by the Board under section 27, if the representative has authority to give the consent.

4. The individual’s spouse or partner.

5. A child or parent of the individual, or a children’s aid society representative or other person who is lawfully entitled to give or refuse consent in the place of the parent. This paragraph does not include a parent who has only a right of access to the individual. If a children’s aid society representative or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent.

6. A parent of the individual with only a right of access to the individual.

7. A brother or sister of the individual.

8. Any other relative of the individual. 2004, c. 3, Sched. A, s. 26 (1).

A less useful provision under the Child and Family Services Act is as follows:

**Society wards – medical treatment and marriage**

**Society ward: consent to medical treatment**

62. (1) Where a child is made a society ward under paragraph 2 of subsection 57 (1), the society may consent to and authorize medical treatment for the child where a parent’s consent would otherwise be required, unless the court orders that the parent shall retain any right that he or she may have to give or refuse consent to medical treatment for the child.

**Bottom line:** If a representative of the Children’s Aid Society requests records for a specific child, you are able to provide those records; document to whom you provided the records and when.

---

**LETTER OF APOLOGY**

In reviewing the submission by Ms. Cindy Doucette respecting the issue of practising illegally and not renewing her registration, the Registration Committee Panel asked Ms. Doucette to sign an *Undertaking*, prior to her application being processed, requiring her to write a letter of apology to the College acceptable to the Registrar that is to be published, with her name, in this edition of the College publication *Milestones*.

514 Skead Rd.
Garson ON P3L 1M7

January 11, 2012

College of Dental Hygienists of Ontario
69 Bloor St. E. Suite 300,
Toronto ON M4W 1A9

Dear colleagues and administrators:

The purpose of this letter is to convey to the College of Dental Hygienists of Ontario, my sincere apologies for any inconvenience and loss of trust caused by my serious oversight.

As I stated in my earlier letter, the only excuses I can offer for not complying is my recent changes in address and my preoccupation with new business endeavors.

I appreciate the opportunity to reinstate my good standing with the CDHO.

Please be assured that what happened is not typical of my conduct.

Nothing is more important to me than regaining the trust of my colleagues and administrators.

Sincerely,

Cindy Doucette
Results of the 2012 Renewal Experience Survey

Mary A. Catalfo
CAE, Director, Administration

This year, when you completed your 2012 registration renewal online, you were invited to participate in a survey of the renewal experience. Ten percent of Registrants responded to the survey.

The results of the survey are being added to other information we are gathering to develop a new information technology strategy. This strategy includes an overhaul of our technology and how we use it to collect, store and disseminate information in conducting the business of the College.

We are encouraged by the respondents who presented a positive profile in terms of using technology in general and in communicating with the CDHO:

- 89% use the internet to send and receive emails, surf for information, book travel, purchase items or pay bills;
- 73% of respondents said it took less than 10 minutes to complete the renewal;
- 74% said it was beneficial to receive the reminders and prefer to receive these reminders by email;
- 90% had no trouble understanding why they had to answer the questions that were asked; and
- 51% prefer to receive an electronic notice to renew.

And, we heard you loud and clear where we need to make improvements:

- Although 65% confirmed that the instructions to log in were easy to follow, 35% did not find them to be so easy;
- 39% indicated that instructions to print the receipt were not that easy to follow;
- 28% had to log out and then back in again mostly to update contact information;
- Although 65% indicated that it was clear that the wallet certificates were no longer being issued, 35% did not agree with this;
- 30% of the comments made related to experiencing challenges with text overlapping and obtaining and/or resetting passwords.

What’s next…?

- We are investigating new software solutions to improve the online renewal experience so that it is more user-friendly regardless of your level of experience in using computers and/or what software or hardware you use;
- For the 2013 renewal, you will receive a postcard by regular mail directing you to renew online as well as a notice by email with a link directly to the renewal section on our web site;
- Reminders will be sent by email;
- Wallet Certificates will be provided electronically to allow registrants to print them if that is a preference; and
- On completing the online renewal, you will receive an automatic confirmation by email that the renewal was successful.

Our efforts are intended to improve our processes to make them more efficient and user-friendly and, at the same time, maintain registration fees where they have been for more than 10 years.

Your feedback is important and is used in making decisions to enhance how we communicate with registrants. If you wish to offer any feedback related to the above, please do not hesitate to contact me at 416-961-6234, ext. 227 or by email at mcatalfo@cdho.org.
New Registrants
November 12, 2011 to February 26, 2012

Acheson, Rosemary 015653
Agua Flores, Aylin 015610
Al Rayes, Bushra 015584
Alonzì, Stephanie 015566
Alouis, Alexandra 015513
Arkison, Danielle 015503
Assanovich, Alena 015659
Atkins, Julie 015572
Atri, Wafaa 015620
Augusto, Joseph 015569
Azami, Mo 015542
Bahadoor, Candice 015599
Bande Bahman, Asal 015634
Baxendale, Katrissa 015570
Beaudoin, Ashley 015637
Beehoo, Allison 015505
Benner, Andrew John Douglas 015529
Blandon, Leidy 015562
Bono, Jennifer 015555
Boros, John 015524
Bourassa, Nathalie 015593
Bowers, Laura 015609
Brar, Sunan 015619
Breton, Sara 015554
Calidonna, Josey 015642
Cameron, April 015551
Campbell, Diana 015575
Campbell, Natalie 015499
Carnegie, Doreen 015556
Carpenter, Tessa 015521
Casillo Merodio, Luis Javier 015668
Cavaliju, Elena 015618
Chhina, Achal 015641
Chohan, Jazz 015649
Givarelli, Laura 015615
Clark, Lindsay 015635
Comrie, Brooke 015657
Couture, Kelly 015527
Cowan, Jennifer 015579
DaSilva, Denise 015602
De Souza, Jennifer 015660
Deku, Elkem 015506
Del Rosario, Ruben Antonio 015525
Dhah, Mandeepe 015600
Dominguez Mejia, Maria 015553
Donato, Sheena 015613
Duffin, Rachel 015523
Elliott, Meredith 015616
Enriquez, Jonaria 015590
Esquel, Christine 015644
Frahmand, Manija 015586
Fraser, Meaghan 015520
Frolova, Olena 015560
Gawlay, Nikki 015562
Ghaly, Mai 015594
Gidda, Simran 015658
Gil Guio, Diana 015583
Graham, Dana 015652
Graham, Tiffany 015662
Gresham, Remy 015548
Haiduk, Natalia 015526
Hamid, Anika 015526
Harper, Andrea 015533
Henwood, Jennifer 015591
Hutchinson, Meghan 015596
Hyuhn Dang, Sabrina 015582
Irving-Wreggitt, Kayla 015621
Jacobovitch, Honey Jay 015598
Jay, Marisa 015539
Kaka, Pooja 015552
Khalid, Tazeen 015515
Khosla, Gulshan 015550
Kudar, Salah 015538
Kirton, Meagan 015627
Knot, Kateley 015538
Laird, Madeleine 015564
Lamont, Colleen 015629
Laporte, Vanessa 015656
Larocque, Jenne 015585
Lee, Anthony 015563
Legault, Jessica 015560
Lemmond, Laura 015517
Leon, Primerose 015661
Lichty, Tonya 015581
Lucas, Jeffrey 015609
Lykos, Cynthia 015574
Ma, Howard 015595
MacDonald, Tara 015605
MacLachlan, Chantel 015516
Major, Kelsey 015545
Marshall, Colleen 015541
Martins, Lisa 015611
McCarthy, Rachel 015537
McCrystal, Breanne 015510
McLaughlin, Jenni-Lynne 015633
Mejia de Alvarez, Lourdes 015608
Miller, Crista 015580
Moir, Kellie 015571
Nezvorov, Alexei 015628
Nguyen, Han 015577
Niro, Theresa 015631
Orue, Stefania 015657
Palacio, Sofia 015614
Parase, Christiana 015511
Parker, Hope 015512
Parker, Tanya 015576
Patel, Bilal 015508
Patel, Kajalben 015535
Peralta, Charlie 015635
Persaud, Darshanie 015603
Pilotte, Laura 015543
Pinkney, Sandra 015557
Popovic, Lijiana 015592
Porter, Elizabeth 015651
Post, Colette 015534
Prong, Natasha 015639
Pruner, Kelly 015654
Rana, Maria 015565
Randhawa, Savira 015530
Renwick, Amanda 015622
Robb, Hannah 015549
Rodriguez, Patricia 015507
Romero de Alba, Alicia 015606
Rose, Dawn 015578
Roy, Mona 015587
Saini, Mandeppe 015500
Salic, Leanne 015544
Sanders, Jessica 015514
Sanford, Blaise 015532
Saqib, Urooj 015626
Sawula, Kayla Dawn 015607
Scribner, Jessica 015640
Shahrai, Azam 015558
Shamash, Ashley 015546
Sharp, Shannon 015547
Simon, Josee 015531
Smith, Carly 015502
Smithson, Kari 015501
Snoddon, Angie 015536
Sommerfeld, Amanda 015573
Standel, Amanda 015589
Strong, Alicka 015646
Subnair, Ashley 015597
Sztako, Jennifer 015528
Talaga, Sarah 015518
Tesoro, Ronellyn 015645
Tew, Michelle 015532
Thayalasingham, Kishanthy 015601
Todd, Teegan Louise 015519
Tsarova, Andriana 015604
Tschirhart, Miranda 015504
Varghese, Biny 015648
Vasheshani Farahani, Shirin 015543
Wainwright, Julia 015623
Wan, Vicki 015588
Watson, Lisa 015522
Whitfield, Kendall 015625
Wilson, Lianne 015559
Winfield, Heather 015636
Yamigan, Lucy 015561
Ycas, Kristina 015617
Zhu, Helen 015630
Zuluaga Velez, Isabel 015655
Authorized for Self-Initiation
November 12, 2011 to February 26, 2012

Abeyesundera, Natasha 011532
Accoumeh, Tagreed 011789
Akhanv-Fournai, Manijeh 010459
Ansell, Audrey 001241
Antonelli, Angela 005893
Arjmand, Reza 012889
Arsineault, Rebecca Anne 006372
Atia, Christine 012557
Avadalla, Nagwa 012455
Awram, Vicki 007360
Barr, Sheila 013474
Bayne, Margo 001551
Bazzi, Rana 013068
Beam, Sarah 010344
Beck, Stephanie 009679
Bedard-Robitaille, Josee C 004605
Belanger, Julie Marie-Eve 008034
Benvenuti, Amy 010436
Birch, Victoria Ann 003477
Birs, Erin 013075
Blackburn, Sheniza 008579
Blais, Rachelle 010826
Blakely, Katie 012725
Buccardi, Lidia 005952
Bono, Jennifer 015555
Bordignon, Maria 008854
Borthwick, Karyn Leigh 002999
Bouvier, Carole 006032
Brophy, Erin 011927
Brown, Lesley Nicole 007457
Bruno, Tracie 009759
Caceres Aguilar, Carol 010321
Campbell, Patricia 002220
Campbell, Tanya Nicole 008478
Carlson, Christina Rae 011253
Carroll, Dianne 002371
Cavers, Angela 012271
Cha, Ping 009244
Champoux, Cathy Christine 004106
Chen, Jinghua 012322
Chorley, Denyse L 000924
Chudzik, Agata 009459
Chung, Lesley 011136
Churilov, Margo Yoolander 001233
Craig, Terry 003924
Crichlow, Anita 004273
Cvetkovic, Sonja 012926
Darvill, Charlynnne 005957
Dawson, Sandra 006203
De Giorgio, Monica 011654

Di Massa, Natalie 011221
DiBiagio, Catherine 013654
Dragan, Laura 008331
Dunnett, Angela 005503
Dvocona, Vladimira 011720
Emberley, Katie 012340
Evans, Tanya L 007542
Fai, Femalak 009028
Farrell, Linda Marie 003431
Fedorkov, Grace 011978
Filippovic, Joanne 011448
Fine, Naomi 001014
Flewelling, Lisa 009839
Frankland, Jocelynn 013480
Fung, James 008983
Gagnon, Kimberly Ann 004103
Gaj, Kristina 005436
Garcia, Sofia Araceli 012841
Gervais, Mireille 010301
Goff, Andrea 012462
Gomez, Gladys Judith 013032
Grover, Reena 004866
Guam, Rong Jun 011463
Guilleminette, Lise 007562
Haggh, Kelly 006341
Hajhahsemi, Mona 011882
Hamilton, Christine Eva 001541
Hammell, Karen Ann 002045
Hammersley, Trevor 009792
Hanson, Jacqueline 004465
Haveman, Geraldine Joy 009083
Hayes, Catherine Anne 012089
Herechuk, Linda 002029
Hillen, Karina 012583
Hodgins, Carollynn Jean 003136
Hoeg, Kirsi 010912
Hui, Floresace 007044
Hurst, Jocelynn 012618
Hussain, Narian 006631
Ianiro, Lori 004495
Ignjatovic, Michelle 012543
Iskander, Bassem John 010814
Jarrett, Nancy 007468
Jayne, Jennifer 002857
Jazayeri, Sogol 013758
Jean, Brigitte L 004610
Jensen, Lena 012458
Johnson, Cherie 010083
Johnston, Joelle 006164
Jones, Lee-Ann 004784
Jorion, Teresa Christine 008238
Jovanovic, Milena 010534
Karassavidis, Olga 008711
Kaur, Diljeet 012461
Kennedy, Tracey Lynn 007163
Khodor, Rad N 008156
Klerkx, Monika 002774
Knight Platek, Vanessa 012130
Kobak, Taryn 011249
Koshiva, Donna 013407
Kristo, Carly 011248
Labelle, Alice Laurette 001584
Lavallee-Stoddart, Marianne 002136
Lavigne-Butcher, Brenda 004395
Le, Emily (Mien) 012999
Leenders, Brandi 007371
Levesque, Amanda 010927
Lindley, Valerie 011555
Liu, Jenny 012730
Logan, Sarah 011216
Lucket, Deborah Laura 001482
Macesowiezic, Bozena 008340
Manchester, Judith Gwen 001866
Marquez, Christie 014003
Marshall, Sarah 012720
Martins, Sara J 010563
Mc Cann, Julie Ann 008858
McConkey, Allison 009422
Mc Conkey, Patricia Ann 006849
McGhaghan, Jennifer 012038
McIntyre, Carine 013242
McKenzie, Tanya Leanne 006953
McLaren, Jacqueline 004615
McWhirter, Erin 013527
Melling, Ksenija 001421
Mel, Florbelta Costa 009557
Merchant, Shireen 011049
Mohammad Boghaie, Sakineh 011180
Montpetit, Nicole A 003665
Morettuzo, Linda 008719
Nantais, Jodi-Lynn 001829
Natalizio, Susan 010204
O‘Connor, Sharon Susan 009782
O‘Leary, Kimberly 010444
Ostakhova, Oxana 007643
Paradis Noel, Lise Marie 005330
Pardo, Sarah 012059
Parolin, Vicki 004710
Peters, Lindsay 011182
Pickett, Donna 000710
Piddwinski, Nancy Anne 003035
Pinder, Kelsey Yvonne 014580
Pomerleau, Lucie 010349
Popieniuk, Monica 012566
Porto-Swinarski, Debra 011668
Potaczala, Joanna 001398
Protegore, Kerrina 004048
Proulx, Angela 004046
Purdie, Lindsey 011797
Racette, Natalie 013192
Ransom, Linda 005840
Razavi, Roza 007963
Reed, Rita 006302
Robertson, Leann 010391
Robertson, Lisa 004077
Rodriguez, Patricia 015507
Rudenko, Iryna 011106
Rupinen-Pollock, Joanne Angela 007773
Rybski, Brenda 009847
Salgo, Nicole 012662
Samcevic, Suzana 007528
Santos, Mira Lyn 013492
Savory, Camille 013750
Scarlett, Jessica Anne 011231
Sedman, Rhonda Rae 007075
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams, Kathleen Alice</td>
<td>002792</td>
</tr>
<tr>
<td>Astrum, M Elizabeth</td>
<td>002802</td>
</tr>
<tr>
<td>Babin, Diane</td>
<td>010446</td>
</tr>
<tr>
<td>Bafaro, Susan</td>
<td>003224</td>
</tr>
<tr>
<td>Baker, Caren Barbara</td>
<td>003306</td>
</tr>
<tr>
<td>Baksa, Michele</td>
<td>002548</td>
</tr>
<tr>
<td>Barber, Jason</td>
<td>013223</td>
</tr>
<tr>
<td>Barlow, Catherine M</td>
<td>001830</td>
</tr>
<tr>
<td>Barsony, Lisa Dianne</td>
<td>004589</td>
</tr>
<tr>
<td>Beach, Margaret-Ann N</td>
<td>004762</td>
</tr>
<tr>
<td>Beatty, Jessica</td>
<td>015093</td>
</tr>
<tr>
<td>Beaufus, Elise</td>
<td>007261</td>
</tr>
<tr>
<td>Bedi, Rosy Pawanpreet</td>
<td>015377</td>
</tr>
<tr>
<td>Behnke, Dorothy Ann</td>
<td>002231</td>
</tr>
<tr>
<td>Beland, Linda Denise</td>
<td>002129</td>
</tr>
<tr>
<td>Belfiore, Lisa Pia</td>
<td>007273</td>
</tr>
<tr>
<td>Berry, Laurel Aileen</td>
<td>003615</td>
</tr>
<tr>
<td>Bieler, Audrey Theresa</td>
<td>002688</td>
</tr>
<tr>
<td>Bloom, Aviea</td>
<td>010552</td>
</tr>
<tr>
<td>Born, Susan Ruth</td>
<td>007740</td>
</tr>
<tr>
<td>Bowes, Donna Lynn</td>
<td>001942</td>
</tr>
<tr>
<td>Brainard, Jennifer Susan</td>
<td>007921</td>
</tr>
<tr>
<td>Brazeau, Heather Ann</td>
<td>002576</td>
</tr>
<tr>
<td>Brown, Casey</td>
<td>011370</td>
</tr>
<tr>
<td>Browne, Lori</td>
<td>013974</td>
</tr>
<tr>
<td>Burley, Karen Elizabeth</td>
<td>013565</td>
</tr>
<tr>
<td>Calixte, Medghine</td>
<td>014699</td>
</tr>
<tr>
<td>Cameron, Shadi Lee</td>
<td>010036</td>
</tr>
<tr>
<td>Campbell, Diane</td>
<td>006640</td>
</tr>
<tr>
<td>Carr, Diane Debra</td>
<td>005228</td>
</tr>
<tr>
<td>Chatterton, Andrea Christine</td>
<td>006138</td>
</tr>
<tr>
<td>Chouquet, Lyne</td>
<td>004943</td>
</tr>
<tr>
<td>Clark, Brenna</td>
<td>012233</td>
</tr>
<tr>
<td>Clark, Cynthia Joyce</td>
<td>001035</td>
</tr>
<tr>
<td>Clark, Rebecca Lynn</td>
<td>010959</td>
</tr>
<tr>
<td>Clarke, Laura</td>
<td>013568</td>
</tr>
<tr>
<td>Clarke, Susan Rose</td>
<td>006962</td>
</tr>
<tr>
<td>Clarke, Wendy Susan</td>
<td>009887</td>
</tr>
<tr>
<td>Conroy, Suzan</td>
<td>003635</td>
</tr>
<tr>
<td>Crocke, Stephanie Anne</td>
<td>006402</td>
</tr>
<tr>
<td>Crowder, Janet Elizabeth</td>
<td>004188</td>
</tr>
<tr>
<td>Cruickshank, Lucy</td>
<td>009834</td>
</tr>
<tr>
<td>Crusch, Janice</td>
<td>001836</td>
</tr>
<tr>
<td>Daigle, Karine Lynn</td>
<td>014761</td>
</tr>
<tr>
<td>Daniels, Debbie</td>
<td>001165</td>
</tr>
<tr>
<td>Degan, Joan Mary</td>
<td>009111</td>
</tr>
<tr>
<td>Dempsey, Darlene Denise</td>
<td>007304</td>
</tr>
<tr>
<td>Dennis, Sandra Louise</td>
<td>013665</td>
</tr>
<tr>
<td>Desanti, Elizabeth Joy</td>
<td>006653</td>
</tr>
<tr>
<td>Desjardins, Helene</td>
<td>003415</td>
</tr>
<tr>
<td>Desjardins, Lyne Rollande</td>
<td>005548</td>
</tr>
<tr>
<td>Dhesi, Raj</td>
<td>012972</td>
</tr>
<tr>
<td>Dick, Lyndsay</td>
<td>008889</td>
</tr>
<tr>
<td>Do, Kathy</td>
<td>015540</td>
</tr>
<tr>
<td>Doiron, Gisele Aline</td>
<td>004750</td>
</tr>
<tr>
<td>Dos Santos, Marlene</td>
<td>013806</td>
</tr>
<tr>
<td>Doyon, Chantale Gracia</td>
<td>007262</td>
</tr>
<tr>
<td>Dozois, Lindsay Elaine</td>
<td>009792</td>
</tr>
<tr>
<td>Drader, Shelley Diane</td>
<td>003894</td>
</tr>
</tbody>
</table>

**Resigned**

**November 11, 2011 to February 26, 2012**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drummond, Jenilyn Anne</td>
<td>011043</td>
</tr>
<tr>
<td>Dueck, Angela</td>
<td>014067</td>
</tr>
<tr>
<td>Dugay, Joisy</td>
<td>014070</td>
</tr>
<tr>
<td>Dumouchel, Sandra Diane</td>
<td>005381</td>
</tr>
<tr>
<td>Enriquez, Patricia May</td>
<td>009670</td>
</tr>
<tr>
<td>Evans, Jody Sandra</td>
<td>005093</td>
</tr>
<tr>
<td>Faragalla, Fadi William Ishak</td>
<td>011553</td>
</tr>
<tr>
<td>Fatima, Aber</td>
<td>009474</td>
</tr>
<tr>
<td>Fellegi, Eva Ilona</td>
<td>009991</td>
</tr>
<tr>
<td>Ferguson, Rosanna</td>
<td>007753</td>
</tr>
<tr>
<td>Fiacco-Agogino, Angie</td>
<td>004430</td>
</tr>
<tr>
<td>Fidanowski, Boban</td>
<td>011901</td>
</tr>
<tr>
<td>Fielding, Jessica Frances</td>
<td>011027</td>
</tr>
<tr>
<td>Finn, Michele Andre</td>
<td>001500</td>
</tr>
<tr>
<td>Frates, Lisa Maria</td>
<td>005718</td>
</tr>
<tr>
<td>Friedman, Barbara Suzanne</td>
<td>004356</td>
</tr>
<tr>
<td>Froehlich, Katelyn</td>
<td>014567</td>
</tr>
<tr>
<td>Furnivall, Rachel</td>
<td>013816</td>
</tr>
<tr>
<td>Gajjar, Upendrakumar</td>
<td>015284</td>
</tr>
<tr>
<td>Gault, Shannon Jennifer</td>
<td>011679</td>
</tr>
<tr>
<td>Gill, Bev</td>
<td>015409</td>
</tr>
<tr>
<td>Gill, Lorrie</td>
<td>010314</td>
</tr>
<tr>
<td>Gordon, Stephanie L</td>
<td>007771</td>
</tr>
<tr>
<td>Gradson, Dean Anthony</td>
<td>005099</td>
</tr>
<tr>
<td>Graham, Trudi Lynn</td>
<td>009527</td>
</tr>
<tr>
<td>Graine, Melanie Louise</td>
<td>013562</td>
</tr>
<tr>
<td>Gravel, Rachael Olivia</td>
<td>009672</td>
</tr>
<tr>
<td>Greene, Melanie Suzie</td>
<td>009578</td>
</tr>
<tr>
<td>Groff, Audrey Joyce</td>
<td>001365</td>
</tr>
<tr>
<td>Grossi, Nelia</td>
<td>003536</td>
</tr>
<tr>
<td>Guerrero, Pina</td>
<td>002619</td>
</tr>
<tr>
<td>Guyon-Curran, Andrea</td>
<td>005854</td>
</tr>
<tr>
<td>Ha, Amy</td>
<td>014745</td>
</tr>
<tr>
<td>Hache, Marie Joanne</td>
<td>007987</td>
</tr>
<tr>
<td>Hanley, Theresa Lynn</td>
<td>006155</td>
</tr>
<tr>
<td>Harbord-Harbord, Alana</td>
<td>010304</td>
</tr>
<tr>
<td>Hauber, Gillian Marie Heath</td>
<td>008219</td>
</tr>
<tr>
<td>Hayden, Christine Katherine</td>
<td>005252</td>
</tr>
<tr>
<td>Heikop, Jocelyn</td>
<td>013340</td>
</tr>
<tr>
<td>Hewton, Lori Ann</td>
<td>004360</td>
</tr>
<tr>
<td>Holland, Kelly-Ann</td>
<td>011246</td>
</tr>
<tr>
<td>Holt, Lynne Marie</td>
<td>004086</td>
</tr>
<tr>
<td>Hysen, Cynthia</td>
<td>001637</td>
</tr>
<tr>
<td>Jackson, Miriam</td>
<td>006607</td>
</tr>
<tr>
<td>Jacobsen, Stephanie Marie</td>
<td>010860</td>
</tr>
<tr>
<td>Jaworski, Pamela Jean</td>
<td>001286</td>
</tr>
<tr>
<td>Jenkins, Lindsay Elizabeth</td>
<td>008569</td>
</tr>
<tr>
<td>Johnson, Laura Louise</td>
<td>003172</td>
</tr>
<tr>
<td>Johnson, Melody Michelle</td>
<td>007180</td>
</tr>
<tr>
<td>Junikiewicz, Wojietch</td>
<td>012269</td>
</tr>
<tr>
<td>Karam, Hyam</td>
<td>011013</td>
</tr>
<tr>
<td>Kendrick, Melissa</td>
<td>013994</td>
</tr>
<tr>
<td>Kennedy, Carolyn Jean</td>
<td>003353</td>
</tr>
<tr>
<td>Kent, Isobel</td>
<td>005594</td>
</tr>
<tr>
<td>Kim, Rose</td>
<td>010904</td>
</tr>
<tr>
<td>King, Joan</td>
<td>003058</td>
</tr>
<tr>
<td>Kochovskiy, Tiffany</td>
<td>013408</td>
</tr>
<tr>
<td>Kowal, Melanie Leslie</td>
<td>005900</td>
</tr>
<tr>
<td>Kropka, Belmira</td>
<td>005020</td>
</tr>
<tr>
<td>Kuzmicz, Bojena</td>
<td>002063</td>
</tr>
<tr>
<td>La Monaca, Luana</td>
<td>007447</td>
</tr>
<tr>
<td>Lafferty, Jackie</td>
<td>015401</td>
</tr>
<tr>
<td>Lahti, Candace Anne</td>
<td>001652</td>
</tr>
</tbody>
</table>

**Reinstated**

**November 12, 2011 to February 26, 2012**

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook, Valerie Ann</td>
<td>003818</td>
</tr>
<tr>
<td>Doucette, Cindy</td>
<td>007557</td>
</tr>
<tr>
<td>Miller, Jenoy</td>
<td>011722</td>
</tr>
<tr>
<td>Pister, Batcheva</td>
<td>012825</td>
</tr>
<tr>
<td>Reid, Kara</td>
<td>013299</td>
</tr>
<tr>
<td>Renaud, Janic</td>
<td>010581</td>
</tr>
<tr>
<td>Schiavone, Rosetta</td>
<td>011389</td>
</tr>
<tr>
<td>Schottlander, Sara</td>
<td>010630</td>
</tr>
<tr>
<td>Sidhu, Satwant Kaur</td>
<td>012040</td>
</tr>
<tr>
<td>Sidorchuk, Laura</td>
<td>004164</td>
</tr>
<tr>
<td>Wells-Scott, Nicola</td>
<td>006503</td>
</tr>
<tr>
<td>Wygengans, Amy</td>
<td>013125</td>
</tr>
</tbody>
</table>
March 2012
Milestones

Pinto, Viviana 011876
Pink, Laura S 006131
Piette, Louise 002997
Pink, Laura S 006131
Pinto, Catherine Rina 001077
Pinto, Viviana 011876
Platt, Samantha 012196
Poll, Sarah 014760
Postma, April Diane 010334
Poulin, Josee 011245
Probert, Nicole 012112
Proulx, Andre 001650
Pura, Brandy Annette 014849
Quinn, Charlene Anne 000452
Raghoonandan, Pamela 011426
Ramsay-Radlein, Lorna Patricia 005655
Ranger, Tara 013264
Rende, Patricia Ann 001680
Richards, Deborah Colleen 001935
Roberts, Janel Vanessa 015066
Rochefort, Danielle Liliane 003661
Rogers, Heather Jane 011741
Ross, Thelma 002511
Ruebusch-Leitch, Denise Ann 003147
Saab, Julieth Raquel 010102
Saik, Sama 011012
Sanchezova, Dayisel 012409
Schumacher, Erin Catherine 009392
Scopazzi, Cheryl Victoria 001360
Scott, Kimberley Anne 002267
Seale, Sarah Louise 003994
Serafio, Vince 014392
Seymour, Anne-Marie C T 002222
Simpson, Eileen 005889
Skitch, Kasten Caroline 011669
Smith, Adrienne 013797
So, Pam 013486
Stevens, Margaret Cheryl 003299
Stone, Ellen Rochelle 006660
Stubbs, Bonnie Joanne 006620
Suppa, Yvonne Margaret 006050
Sutherland, Tara Ashley 006841
Sylvestre, Kathryn Paula M 014590
Tam, Darlene Melody 002305
Taylor, Jennifer Lynn 012174
Tennent, Elizabeth E 001811
Thakkar, Daxa Pradhadbhai 011110
Timgren, Beverley Janice 001015
Timmerman, Adena Ruth 011770
Tod, Valerie Jean 005155
Tolentino, Lissel 014989
Tremblay, Janelle 010841
Usher, Monique Marie 009448
Vershuren, Linda Margaret 009448
Wakunick, Katie 009448
Watkins, Kathryn Anne 001872
Watling, Sara 001872
Wearing, Donna Louise 001321
Weir, Caroline Frances 005027
Wells, Julia Valeria 015285
West, Joyce Irene 019479
Wiebe, Kortny Marie 002896
Wild, Katelynn 003176
Wilkie-Craig, Darlene Patricia 002534
Wilson, Hailey 012134
Winston, April 010009
Wolfe, Lisa F 002451
Wolff-Greer, Libbey Louise 013498
Woodrow, Karen Jane 011663
Wright-Calvano, Robin 008284
Young, Katherine 006582
Young, Michelle Meghan 003093
Young, Michelle Meghan 002572
Ziolo, Elizabeth Julia 001405
Ziolo, Elizabeth Julia 001450

Markle, Rhonda Lynn 003258

In accordance with section 24 of the Regulated Health Professions Act (Code), the following registrants have been suspended or 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 restate her or 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.

Resigned While Under Investigation
Markle, Rhonda Lynn 003258
Suspended/Revoked/Resigned Registrants

Aarons, Camille Chandra 007935
Arthur, Nancy Elizabeth 005645
Azam, Sabeen Sania 014129
Baker, Nancy 010687
Baker, Snezana 004222
Baldwin, Patricia Anne 002218
Bartlett, Britney Marie 015191
Basra, Parminder 014958
Bastien, Caroline Angele 004101
Benjamin, Christine 004489
Bergh, Danielle Roxanne 014592
Berube, Sonia 015318
Bielec, Katarzyna A 012005
Biss, Karla Joy 012887
Broderick, Ashley 013869
Brown-Washington, Gillian 014344
Bruce, Kelly Rosanne 013350
Bullied, Christine Laura 013855
Buxcey, Carole 011071
Byrom, Brenda Irene 003616
Carcasole, Anita Connie 006409
Caron Steinauer, M Audrey 005197
Chin, Colin 014904
Clarke, Lisa Diane 007765
Crichton, Olivia Jane 014857
Cyr, Stephanie 012369
Dingman, Kim Danielle 001320
Dolbec, Denise 003658
Duffin, Susan Michelle 011380
Fairbairn, Melissa Susanne 006163
Ford, Chantal Lin Lee 013770
Gagne, Andree Suzanne 005622
Garneau, Melina 009760
Garofalo, Donna 014335
Gallagh, Natalie Isabella 014267
Gallia, Natalie Isabella 009258
Garvey, Rachel Ann 007511
Gauthier; Amanda Carmen 010037
Germain-Burn; Roxanne 005233
Gieling Carrier; Cindy Mary 006774
Girard, Kathyrene 014540
Hall, Charlotte 014836
Hall, Marney Jean 006442
Healey, Glenda Marie 010435
Herrera, Leslie 014822
Howden, Chelsey 014758
Igreda, Ledda 013568
Illeg, Jane Elizabeth 010637
Jacob, Suby 012894
Junnola, Christa Marja 013983
Ken; Crystal Denise 013346
King, Ashley Arden 013942
King, Jill Renee 010693
Kustra, Grace Rosemarie 014147
Laist, Karen 003904
Lalonde, Cheryl M 008083
Lambkin, Lawrence McNeil 011915
Larmant, Kelly 014892
Lauzon, Jeannine 015428
Lee, Jenny 014048
Lee, Melinda 015189
Legeny, Andrea 011889
Lemieux, Jean-Francois 003405
Lemieux-Jean-Francois 003405
Logan, Courtney Ida Joy 012853
Lyons, Denise B 008082
Mahon, Lindsay Lee 012136
Mammo, Nenweh Shmouil 014896
Masoom, Rubaab 014675
McFadden, Kelly Ann Marie 009362
McFarlane, Wendel Washington 008694
McGonigle, Shelley Ann 010714
McKenzie, Lisa Lorraine 012673
Menard, Nicole 014406
Mercier, Chartrand, Melanie 012511
Merza, Nada 010469
Miller, Jamie 011366
Miron, Chantal Leone 007285
Mohazab, Neda 009000
Moon, Justin 013838
Muhammad, Bibi Hajir 015414
Nelson, Annie 013692
Niemi, Tammy 005678
Njegov, Melanie 007637
O'Connor; Kate 005371
Olaya, Marcela 013291
O'Phee, Rita Maureen 005513
Oppers, Leagh 011556
Osobleh, Laila 014885
Ostrayzek, Eva Victoria 014177
Patel, Achal 014542
Patterson, Suzanne 006816
Philips, Melanie Victoria 013848
Pickles, Kyla 015490
Popoff, Nikita Marie 014801
Porter, Maryann 013106
Porto Goncalves, Humberto 013102
Povey, Christine Diane 010618
Proulx, Caitlin 013720
Provancher, Karine 012018
Psenicka, Helen 005416
Radojkovic, Carmen 011396
Ranjbar, Samira 014015
Read, Karen Theresa 014515
Regier, Rachelle 015121
Rice, Jason Albert 013508
Rouleau, Melanie 014706
Roy, Ashley Amber 009763
Roy, Rozin 014995
Sargeant, Wendy Grace 004366
Selvachandran, Brintha 015090
Semi, Kiran Kaur 011447
Silbernagel, Amanda 015399
Sullivan, Lois 014825
Syed, Amina 012906
Sztarrovski, Julie 014651
Thon, Norah 014841
Uppal, Parminder 013535
Wall, Kelsey Rachelle 012531
Weber, Kathryn Lynn 004260
Wheelan, Emily Judith 010682
Willoughby-Jamieson, Judy Lynn 005607
Wilson, Valerie Christine 007332
Wren, Tamara Leah 003439
Yanez, Roxana 009449
Yanez, Tania Francesca 014714
Zakrzejek, Alenka 006384

---

**2012 Revoked**

Agostino, Lynn-Marie 007019
Ahmed, Mohammed Fawad 012278
Alli, Natishaw B 011628
Arjoon, Lydia 010923
Bayona Alarcon, Javier Eduardo 011233
Bazama, Natalija 010460
Beaumont, Brianne Lisa 008131
B, Qinghua 012706
Blackbird, Kim Marlene 012114
Boyer, Julie Suzanne 008037
Burke, Daphne Marie 006506
Cecchin, Camille Renee 006618
Chambers, Mireille 008525
Dallas, Anastasia D 008322
Dort, Jasmin 012800
Duban-Huggins, Tracey Dianne 004846
Eldabaa, Heba 005717
Facciendi, Tracey E 004746
Fernandez Forero, Jose Luis 011753
Gerelus, Yull Duplan 013416
Goldhar, Leela F 007337
Hambrock, Rachel 010098
Hayes, Bobbi-Lynn L 002317
Hewitt, Heather Ashley 011064
Irwin, Rachel 008424
Kylander, Reily 008660

---

**2012 Deceased**

As of December 19, 2011

Gratix, Laurie Ann 005504

As of February 13, 2012

Winter, Diane Elizabeth 004535

---

To change your address, print a receipt for proof of payment of your 2012 Renewal Fee, or view your QA selection status, go to our website [www.cdho.org](http://www.cdho.org) and select Registration/Registrant Login.
Registration for the Spring Sessions Opens March 19, 2012

- Barrie – Tuesday, April 17, 2012 – 7:00 p.m. to 9:00 p.m.
  Georgian Theatre
  1 Georgian Drive, Barrie, Ontario L4M 3X9

- Oshawa – Monday, April 23, 2012 – 7:00 p.m. to 9:00 p.m.
  Octaviens Banquet & Conference Centre
  559 Bloor Street West, Oshawa, Ontario L1J 5Y6

- Ottawa – Wednesday, April 25, 2012 – 7:00 p.m. to 9:00 p.m.
  Carleton University – Kailash Mital Theatre
  1125 Colonel By Drive, Ottawa, Ontario K1S 5B6

- Belleville – Thursday, May 3, 2012 – 7:00 p.m. to 9:00 p.m.
  Ramada Belleville
  11 Bay Bridge Road, Belleville, Ontario K8P 3P6

- Thunder Bay – Saturday, May 26, 2012 – 9:00 a.m. to 11:00 a.m.
  Valhalla Inn
  1 Valhalla Inn Road, Thunder Bay, Ontario P7E 6J1

- Sault Ste. Marie – Monday, June 4, 2012 – 7:00 p.m. to 9:00 p.m.
  Algoma Water Tower Inn
  360 Great Northern Road, Sault Ste. Marie, Ontario P6B 4Z7

Registration for the Fall Sessions Opens August 13, 2012

- Sudbury – Thursday, September 13, 2012 – 7:00 p.m. to 9:00 p.m.
  Cambrian College – The Koski Centre
  1400 Barrydowne Road, Sudbury, Ontario P3A 3V8

- Windsor – Monday, September 17, 2012 – 7:00 p.m. to 9:00 p.m.
  Fogolar Furlan Windsor
  1800 North Service Road (E.C. Row), Windsor, Ontario N8W 1Y3

- London – Tuesday, September 18, 2012 – 7:00 p.m. to 9:00 p.m.
  Four Points by Sheraton London
  1150 Wellington Road South, London, Ontario N6E 1M3

- Toronto – Saturday, October 13, 2012 – 9:00 a.m. to 11:00 a.m.
  The Bloor/Hot Docs Cinema
  506 Bloor Street West, Toronto, Ontario M6S 1Y5

- Oakville – Monday, October 22, 2012 – 7:00 p.m. to 9:00 p.m.
  Oakville Conference & Banquet Centre
  2515 Wyecroft Road, Oakville, Ontario L6L 6P8

- Welland – Saturday, October 27, 2012 – 9:00 a.m. to 11:00 a.m.
  Niagara College (Welland Campus) Allied Health Institute Auditorium
  300 Woodlawn Road (Corner of Woodlawn Road and 1st Avenue)
  Welland, Ontario L3C 7L3

- Fees for parking may apply.