Milestones
A PUBLICATION OF THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
CDHO.ORG

It’s Renewal Time
2011 Annual Certificate of Registration Renewal

CDHO’s Public Education Program:
Gaining Public Awareness

Standard: Use of Electronic Information    HPARB Decision    QA & the Professional Portfolio
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Carol Barr Overholt – District 3 (RDH)
Heather Blondin – District 7 (RDH)
Kathleen Feres Patry – District 6 (RDH)
Diane Greenwood – District 1 (RDH)
Linda Jamieson – Academic (RDH)
Nancy Kitchen – District 5 (RDH)
Caroline Lotz – Academic (RDH)
Inga McNamara – District 2 (RDH)
Lucy Pavao – District 4 (RDH)
Shirley Silverman – District 4 (RDH)
Ilga St. Onge – District 8 (RDH)

Michael Connor – Barrie (PM)
Julia Johnson – Orillia (PM)
Shori Kataly – Toronto (PM)
Samuel Laidin – Kingston (PM)
Derrick McLennan – Scarborough (PM)
Tate Quigan – Scarborough (PM)
Salam Rifai – Mississauga (PM)
Charles Ross – London (PM)
Ben Shayan – Richmond Hill (PM)
Anne Venton – Toronto (PM)

RDH - Registered Dental Hygienist
PM - Public Member

Non-Council

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Audrey Kenny (RDH)
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Deborah Winick (RDH)

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**Access Key Professional Resources in a Flash!**

*A new convenient, way for you to easily access up-to-date professional resources.*

This month, the CDHO will begin sending this handy USB flash drive to every registrant in Ontario.

Called the *Registrants’ Resource*, this flash drive contains an electronic version of the *Registrant’s Handbook* as well as all relevant information and resources that you need to practice as a registered dental hygienist in Ontario.

A special feature of this USB stick is that it will automatically update all contained information against the CDHO’s online resources whenever you plug it into a computer with an Internet connection.

*If you have not received your USB flash drive by mid-December, please contact Vivian Ford at 416-961-6234 x 221.*
Editor’s Note: Following is the address given to Council by the President on October 22, 2010.

Welcome Council Members, Administrative Staff, and Guests:

This is the last Council meeting of 2010. As I considered my message for today, it seemed appropriate that this message should reflect on the activities of the CDHO during the past year.

Everything that the College of Dental Hygienists of Ontario does is directed toward fulfilling the mandate for regulatory authorities as set out in the Regulated Health Professions Act, 1991. Each College has a duty to work in collaboration with the Minister of Health and Long-Term Care to ensure that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health care professionals.

As the regulatory body for dental hygiene, the CDHO requires all registrants to participate in a Quality Assurance Program. The CDHO expects that all registrants will regularly reflect on their practice and take necessary steps to ensure that they continually provide the best possible standard of care. Some registrants may find these expectations challenging but the CDHO can expect no less.

Continuous quality improvement is not just for registrants. Organizational self-reflection is part of the CDHO’s culture. By using an annual process of planning, monitoring and evaluation, the CDHO can measure its success as an organization and determine if it is satisfying its mandate.

In January 2010, Council established a number of goals for this year. We initiated several projects and activities to address these goals. These projects included, to name just a few: 1) updating the Registrants’ Handbook, which will be made available shortly; 2) launching the online Jurisprudence Module that all registrants can use to refresh their knowledge regarding regulations and ethics; 3) implementing Phase 1 of the Public Education Program (the research shows that over the past year, the Program has lead to increased awareness of oral health, the role of dental hygienists and the CDHO); 4) introducing dental hygienists to the principles of Sensitive Practice through a new handbook and workshops; 5) developing new standards of practice that will be circulated for feedback before the end of the year; and 6) working with the Ministry of Training, Colleges and Universities to ensure only accredited dental hygiene educational programs exist in Ontario.

I am confident that the CDHO is fulfilling its obligation to serve and protect the public of Ontario.

In October, Council reviewed the outcomes of these projects. It was determined that these projects are consistent with our responsibilities as the regulatory authority for Dental Hygiene and will remain a focus for 2011. However, new goals are also necessary. The cycle will begin again in January 2011 when we will set the goals for the upcoming year.
I am confident that the CDHO is fulfilling its obligation to serve and protect the public of Ontario. However, registrants should not just take my word for this. Consider the available evidence that documents our ongoing commitment to safe and accessible quality dental hygiene services. Evidence can be found in Milestones, the annual reports to the Minister of Health & Long-Term Care and the soon-to-be-released audit report from the Office of the Fairness Commissioner. These are all available on the CDHO’s website.

Public Council meetings provide additional opportunities for stakeholders to see how the CDHO fulfills its statutory responsibilities. Committees report on their activities and important regulatory decisions are made. Council meetings occur three times a year. In 2011, the dates are January 28, May 27 and October 28. Consider attending a meeting so you can see CDHO “in action”.

The CDHO also serves the public by supporting its registrants. The College has practice advisors to provide advice to dental hygienists. Practice standards and guidelines have been developed and are available to assist registrants in making practice decisions. Our website hosts many valuable resources for registrants and the public. And, we are just a phone call or a mouse click away.

The best way for the College of Dental Hygienists of Ontario to fulfill its mandate is to ensure that registrants are well informed. The next time you have a question, don’t hesitate to call on us.

Thank You.

Find the clinical information you need!

Recent additions to the advisories include:

- Anemia
- Gastroesophageal Reflux Disease
- HIV AIDS
- Leukemia
- Lymphoma
- Menopause
- Nutritional Disorders
- Oral Cancer
- Polycythemia
- Pregnancy
- Sjogren Syndrome
- Sleep Apnea
- Viral Hepatitis

Not finding the medical advisory you need?
Let Lisa Taylor know at ltaylor@cdho.org and help us grow the Knowledge Network!

Find the clinical information you need at:
www.cdho.org/QAKnowledgeNetwork.htm
**Registrar’s Message**

**Fran Richardson, RDH, BScD, MEd, MTS**
Registrar

Why have a designation?

In the not too distant future, CDHO registrants who are approved by the College will be permitted to prescribe, dispense, compound and sell drugs according to regulations developed by the CDHO and approved by the government.

Currently, dental hygienists may use drugs for therapeutic client treatment within the course of their dental hygiene practice. This has not changed since the Dental Hygiene Act was proclaimed in 1991. However, there seems to be some concern within other health care sectors that dental hygienists may be overstepping their bounds by using such drugs within their practices. Interestingly enough, this concern was not raised until after September 2007 when the DHA was amended to permit authorized dental hygienists to practice outside of a dental office.

Dental hygienists, as well as other health care providers in this province, are governed by the Regulated Health Professions Act, 1991 (RHPA), the Personal Health Information Protection Act (PHIPA), and as a number of relevant acts and regulations. Whenever these umbrella acts are modified, all health professionals can be affected. In the case of the amendments to the RHPA, a number of the RHPA Colleges received the ability to make regulations permitting their registrants to prescribe to, dispense to, compound for and or sell drugs to their clients. This has provided an opportunity for many of the RHPA Colleges to collaborate on developing related regulations and standards. Naturally, the working group that is developing these standards for all colleges is being lead by members of the Ontario College of Pharmacists who are sharing their expertise with other colleges to facilitate a process that leverages the experiences of those who already have prescribing rights and the pharmacists that fill the prescriptions.

The RDH is no longer just a designation, it is now an obligation!

With so many new prescribers coming onto the scene, it will be important for the dispensing pharmacist to identify both the name and professional designation of every health professional who writes each prescription.

And, while every affected College will be developing standards and guidelines, one of the key new requirements will be for the prescriber to use their professional designation. In the case of our profession, that means RDH, or, for dental hygienists currently registered in the specialty category, RRDH. (The DHA proscribes that dental hygienists registered with the CDHO may use the title “Registered Dental Hygienist” or any such variation (i.e., RRDH).

Remember, an RDH placed after your name is a clear recognition that you are a regulated health care professional accountable to the public through an RHPA College. The RDH is no longer just a designation, it is now an obligation!

While our colleagues in Alberta have had the opportunity to successfully complete a course that will permit them to prescribe more drugs than will be permitted in Ontario,
(only Chlorhexidine salts and Fluoride salts at this time), the educational course that will be developed for Ontario dental hygienists will be no less rigorous.

Unfortunately, due to misinformation and a lack of consultation with the appropriate parties at the time, HPRAC did not recommend that dental hygienists in this province be able to inject local anesthesia or prescribe antibiotics under the authority of the CDHO. The sad thing about this is that legislation changes take forever and do not keep up with the times, so it is easy for a detractor to derail an important initiative, touting that it is for the “safety of the public” when it really isn’t!

So, why should you, as a regulated dental hygienist, use RDH on your nametag or include it whenever you sign a clinical chart, write professional correspondence or articles, or whenever you advocate on behalf of the public?

The reasons are many: you earned the right to use this designation; the public has a right to know that, as a health care provider, you are regulated; it shows interprofessional collaboration whenever you work with other health professionals in a clinic or office; it demonstrates your respect for the profession and the public for which you are deemed to be accountable; and finally you will need to include RDH whenever you write a prescription.

So, wear your CDHO pin proudly and explain to your clients who you are and let them know that you are a regulated health care practitioner—an RDH responsible to them through the College of Dental Hygienists of Ontario.

### Setting the Record Straight

**Rumour:** I will be targeted for a portfolio review if I call the CDHO.

**Fact:** The CDHO office does not have call display. QA portfolio selection is conducted by random selection by district. In addition, some selections arise from referrals initiated either from the orders of the Registrar or the Inquiries, Complaints and Reports Committee.

**Rumour:** There are a minimum number of hours that I must practise to maintain my registration.

**Fact:** There is no minimum number of practice hours required in Ontario. However, if a dental hygienist has been away from practice for more than three years, she or he will be required to successfully complete a refresher course.

**Rumour:** The CDHO is being unrealistic in prohibiting dental hygienists from treating their spouses or sexual partners.

**Fact:** This prohibition has always been listed in the RHPA. However, this issue recently underwent a court challenge and the court ruled, confirming that spouses were included in the sexual abuse provision of the RHPA. All professions regulated under the RHPA are affected.

**Rumour:** Council Members and Non-Council Members have access to all registration and quality assurance information on all registrants.

**Fact:** Council and Non-Council members only have access to information pertaining to decisions for which they are responsible. In addition, all Council and staff at CDHO is required to sign a confidentiality agreement and is bound by the confidentiality provisions of the RHPA.

**Rumour:** The CDHO expects high ethical standards from dental hygienists and has advised them to consider the client’s interests above their own when faced with an ethical dilemma involving their employer.

**Fact:** This “rumour” is a fact! The CDHO does advise registrants to consider their responsibilities to the client first and to their employer second. Being a regulated health care practitioner does come with obligations!
Council Highlights
October 22, 2010

Linda Jamieson, President, opened the meeting by discussing the mandate of the College and the progress Council had made towards fulfilling its 2010 goals.

Executive Committee

The President provided the Executive Committee report in which she indicated that a standard has been developed on the protection of personal health information when using electronic technology. An advisory and standard are available on the CDHO website.

The 2011 budget was provided and approved. The Executive Committee presented a draft regulation on Prescribing, Dispensing, Compounding, Using and Selling of Drugs to Council for Second Reading that will be circulated to stakeholders for comment. This is in response to the new authorized act as per Bill 179.

Dates for Council Meetings in 2011 were set at January 28, May 27 and October 28.

Registration Committee

The Registration Committee provided information about a panel that had met to hear three appeals arising from the clinical evaluations. All three appeals were denied.

In addition, the Health Professions and Review Board conducted a two-day hearing for an applicant who had been unsuccessful on four attempts at the clinical evaluation (four being the maximum number of times set out in the regulations). The applicant requested an opportunity for a fifth attempt. The next clinical evaluations are scheduled for November 27 and 28, 2010.

Registration statistics as of September 30, 2010: General certificate 10,652; Inactive certificate 527; Specialty certificate 737 and authorized to self-initiate 3,104.

Quality Assurance Program

Nancy Kitchen, Chair of the Quality Assurance Committee, stated that, of the 198 professional portfolios requested in 2010, 106 have met the assessment guidelines, 53 are still in the assessment process and 39 are participating in directed/remediation activities. Two referrals were made to the ICRC for non-compliance with the QAP. In addition the QAC directed the Registrar to impose terms, limits and conditions on two registrants’ Certificates of Registration. The draft Standards of Practice based on the Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists, January 2010 were approved for distribution and comment.

Inquiries, Complaints and Reports Committee

The ICRC reported that they had concluded 10 cases and were currently investigating 19 cases that comprise seven formal complaints, five referrals from the Quality Assurance Committee for non-compliance with the College and seven Registrar-initiated matters.

Discipline Committee

Shirley Silverman, Chair of the Discipline Committee reported that an orientation, which included a mock hearing, had taken place and that feedback was positive. A Discipline Hearing is scheduled for November 16, 2010.

Patient Relations Committee

Diane Greenwood, Chair, Patient Relations Committee advised Council that the Sexual Abuse Prevention Plan has been updated. As well, the CDHO’s Public Education
Program and its public awareness messages are having a positive effect. Research has indicated that Ontarians are now more aware of the role of the College.

The Committee asked Council for approval to proceed with the next components of the Public Education Program. Council unanimously approved the request.

**Administrative Report**

The Registrar provided Council with an update on administrative issues. Ledia Kurti joined the College in August as Administrative Assistant in Quality Assurance. Elaine Powell left the College at the end of September and the College actively advertised for the Practice Advisor position within the dental hygiene community. As well, Varinder Singh recently left the CDHO. The Registrar outlined the new administrative structure that is required as a result of an increased number of registrants and an increased demand on resources from outside influences. Consequently, a change to Bylaw No. 4, Section 12.1 was required to amend signing authorities for the College.

[Update: The College is pleased to welcome Robert Farinaccia, RDH, B.Sc. to the position of Practice Advisor/ Patient Relations Liaison.]

**Presentations**

Dr. Gordon Atherley made a presentation to Council: “A Framework for Developing Clinical Information Practice Guidelines”. As well, Manuela Di Re, Health Law Legal Counsel, Office of the Privacy Commissioner of Ontario spoke about “Protecting Privacy on a Mobile Device”.

**Outgoing Council Members**

Linda Jamieson thanked Diane Greenwood, Nancy Kitchen and Kathleen Feres Patry for their time on Council and their dedication to the public. She then presented them each with a plaque on behalf of the College.

**Election Update**

Candidates in all three districts (where members retired) were acclaimed.

New Council members are:
- District #1 - Michele Carrick, Owen Sound
- District #5 - Cathleen Blair, Brighton
- District #6 - Janet Munn, Ottawa

**Next Council Meeting:** January 28, 2011

To attend, please call Jane Cain at 416-961-6234 x 226 or 1-800-268-2346, or email jcain@cdho.org. Seating is limited.
New Practice Standard

Please review the new advisory on the Clinical Information Practice Standard for Dental Hygiene in the What’s New Section of the CDHO website.

CDHO Registrants top 12,000!

On November 9, 2010, the College exceeded the 12,000 registrants mark.

Have Questions about Dental Regulations?

Mr. Irwin Fefergrad, RCDSO Registrar invites CDHO registrants to call or e-mail him whenever they have a question, concern or query regarding regulations pertaining to the governance of dentists in Ontario. Mr. Fefergrad can be reached at 416-934-5625 or at ifefergrad@rcdso.org.

It is not the instrument, but what you do with it!

The CDHO is aware that there is still some confusion over whether or not dental hygienists may use certain instruments in their practices.

As has been stated before in Milestones, this issue is based on what procedure is done and whether or not the dental hygienist is competent in providing the treatment or using the particular instrument. A dental hygienist may use a laser for debridement or a high speed handpiece to remove cement or bonding material, provided that they are competent to do so, there are no contraindications and the procedure is in the best interest of the client.

The College is regularly developing new practice guidelines as well as reviewing and updating previous guidelines. Please check the CDHO website (www.cdho.org) frequently for current information.

Have You Given Us Your Email?

Registrants are reminded to submit a copy of their e-mail addresses to the College. Please indicate if you wish your contact information to be your home or your business e-mail.

CDHO in Scotland at the IFDH Symposium

Both Lisa Taylor and Fran Richardson presented posters at the 18th International Symposium on Dental Hygiene July 2010 in Glasgow, Scotland. Ms. Taylor presented on the Knowledge Network and Ms. Richardson’s poster was “Regulation, Politics and the Public Interest in Dental Hygiene”.

In addition, Dr. Candice Schachter presented the research paper “Adult Survivors of Sexual Abuse are often our Clients: Fine-tuning Dental Hygiene Care using Research Based Guidelines”. This presentation was co-authored by Professor Laura MacDonald from the University of Manitoba and Fran Richardson from the CDHO.

2009 Annual Report

The CDHO Annual Report is now online: www.cdho.org/Publications/AnnualReports/AnnualReport09.pdf

Yes, I Prefer CDHO Correspondence by Email

The CDHO has added the option for you to indicate whether you would like to receive College correspondence by email. Simply select either the email associated with your residence address or your primary business address. (only one can be selected).
**Important HPARB Decision for the CDHO**

The Health Professions Appeal and Review Board (HPARB) upheld the decision of the CDHO Registration Committee to deny registration to an applicant who was unsuccessful on four attempts of the clinical competency evaluation.

A graduate of a non-accredited dental hygiene program in Ontario was unsuccessful on her fourth attempt at the CDHO clinical competency evaluation. The Registrar informed the applicant that, according to the regulations, she would now be required to complete another dental hygiene diploma (acceptable to the Registration Committee) prior to an application for registration.

She subsequently appealed to the CDHO Registration Committee to permit her to make a fifth attempt. The Registration Committee denied the appeal and she subsequently appealed to HPARB.

In June 2010, HPARB conducted a two-day hearing at which representatives of the CDHO and the applicant appeared. Testimony was heard from both sides. On November 3, 2010, HPARB released its decision upholding the decision of the Registration Committee.

This was the second appeal to HPARB by an applicant from a non-accredited dental hygiene program in Ontario who had proved unsuccessful four times on the CDHO clinical competency evaluation.

The complete decision can be found at www.canlii.org/en/on/onhparb/doc/2010/2010canlii63569/2010canlii63569.html.

**Investigation into Illegal Dental Hygiene Practice**

In early 2010, the College received information that Kathryn (also known as Kat) Powell, a graduate of an accredited dental hygiene program in Ontario, was practising dental hygiene in Hamilton but was not registered with the CDHO.

A subsequent investigation by the CDHO revealed that Kathryn Powell had successfully obtained an NDHCB Certificate but did not apply for registration as a dental hygienist. Ms. Powell worked as a full-time dental hygienist in Hamilton from March 12, 2009 until April 12, 2010.

Following the investigation, the Registrar communicated with Kathryn Powell regarding the illegality of a person practising dental hygiene in Ontario when that person was not registered with the CDHO.

Ms. Powell did not respond to the Registrar’s correspondence and did not request a registration package.

On October 28, 2010 The Honourable Mr. Justice W. L. Whalen of the Ontario Superior Court of Justice ordered Kathryn Powell to comply with sections 4 and 9 of the Dental Hygiene Act, 1991 and section 27 of the Regulated Health Professions Act, 1991 and, in particular, that Kathryn Powell refrain from:

a. Using the title “dental hygienist” or a variation or abbreviation or equivalent in another language unless she is registered with and a member of the College of Dental Hygienists of Ontario,

b. Holding herself out as a person who is qualified to practise in Ontario as a dental hygienist or in a specialty of dental hygiene unless she is registered with and a member of the College of Dental Hygienists of Ontario, and

c. Performing controlled acts including scaling teeth or root planing unless she is registered and a member of the College of Dental Hygienists of Ontario.

The court ordered Kathryn Powell to pay the CDHO the costs of the application fixed in the amount of $10,000.
The CHCAA (www.chcaa.org) is a national association dedicated to the education, prevention and exposure of issues related to health care fraud. Members of CHCAA are insurance carriers, regulatory bodies, police services, investigators both private and government and service providers. Participants at the conference came from all over the country with speakers from Canada, United States and the United Kingdom.

The primary message delivered at the conference was that health care fraud is pervasive and ranges from very small to very large amounts. While fraud is committed by very few individuals, fraud affects all of us through increased premiums, decreased benefits, decreased services, and protracted wait times due to fewer providers. Fraud can take many forms, including creative billing practices, inadequate or unnecessary treatment, charging for services not performed, code shopping and billable procedures being performed by unqualified personnel.

What can the public do to assist in the prevention of health care fraud?

• Ensure that you understand the reason for any procedure to be performed.
• Know who your health care provider is and his or her qualifications.
• Review your health care bills and statements for accuracy and ask questions if you are unsure of details.
• Discuss possible discrepancies with the provider as there may be a logical explanation.
• Report suspected fraud to the appropriate regulatory body or to www.chcaa.org.

Remember: There is no justification for fraud!

When it comes to dental hygiene care, areas that may be of concern for possible fraud can be classified under several headings:

Creative Billing

• Billing for a non-fee guide item that is billed under another code, usually another scaling unit
• Billing for resins when sealants done
• Billing an exam code when the dentist does not see the client for diagnosis
• Charging all clients for “root planing”
• Charging for the use of the instrument used rather than the procedure conducted
• Adding extra “scaling” units because government programs pay less for a specific procedure

Inappropriate Consultant or Employer Recommendations

• “One size” does not fit all—individualized care is a must
• Billing for “chair time” rather than procedures as per the fee code used
• “Selling” of unnecessary procedures
• Putting production over client care
• Fluoride treatments for all (not based on the individual assessment)
• Full mouth polishing for all (ignoring scientific evidence)

(Continued at right)
What does the CDHO expect dental hygienists to do to prevent fraud?

- The CDHO believes that it is the responsibility of the dental hygienist to ensure that what she or he records is accurate and complete.
- The dental hygienist is NOT responsible for recording the ODA Fee Codes.
- The dental hygienist is responsible for addressing any instances where she or he is aware of inconsistencies in charting and or billing.

For these cases, the CDHO advises dental hygienists to alert the owner or employer, alert the client, and or alert the third-party payer re: over billing.

*Remember: sometimes an error is just a mistake and is easily corrected.*

Any questions or concerns can be reported to the Canadian Health Care Anti-Fraud Association at www.chcaa.org or 416-593-2633 or 1-866-962-4222.

For contact information for insurance carriers and other CHCAA members: www.chcaa.org/members.php?page=membercontact.

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Notice to Registrants without a Primary Business Address

The CDHO recently implemented the Ministry of Health and Long-Term Care’s Business Practice Settings requirement.

The “practice setting” is only associated with business addresses. Therefore, if a business address is not supplied by the dental hygienist, their residence address is used to create a *Primary Business Address* with the practice setting set to “Other”.

**Updating your address(s)**

Please note that the Public Register (‘Find a Dental Hygienist’) on the CDHO website only displays your business address(s). Therefore, if your *Primary Business Address* is the same as your residence address and you change or revise your residence address, you must also update your primary business address at the same time.

Note: The “Address Change” feature on the site allows you to change all addresses. However, the Public Register only lists your business address (with exception of the non-practising registrants).

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Submitting a Professional Portfolio in January?

Remember that portfolios are due by January 31, 2011:

- Submissions can be made as typed or electronic versions only
- Email to qualityassurance@cdho.org or mail to 69 Bloor St. E, Suite 300 Toronto, ON M4W 1A9
- Form(s) 4 reflect current practice as of January 2011
- Forms 6 & 7 should be present for 2008, 2009, and 2010
- Don’t forget to sign the Professional Portfolio Review form

An assessor may contact you in February or March to discuss your portfolio.
As you know, the College launched its Public Education Program (PEP) at the beginning of the year. Starting in mid-January, we ran our public information radio ad (along with printed newspaper ads) in six Ontario communities for five weeks. We carried out a second run of the public messaging for an additional five weeks this past May in the same communities (London, Sudbury, Thunder Bay, Ottawa, Barrie and Toronto).

Soon after, in June, we commissioned our second Ipsos Reid Ontario public survey\(^1\) to measure the progress we have made in building awareness on the three key messages of our education program, namely:

1. Oral health comprises more than just teeth and gum care and is key to a person’s overall health
2. The dental hygienist is the expert for preventive oral health care, and
3. The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

The results\(^2\) of our second public survey show that our public education efforts are clearly connecting with Ontarians. The research shows us that we have, in Ontarians, a public that is receptive to messages about oral health and the additional roles in the RDH’s professional scope. Indeed, the results are particularly strong given the modest radio and print budgets allocated by the CDHO. But, more needs to be done.

As the College continues its public and stakeholder education and awareness outreach, we will repeat this poll at regular intervals (every 12-18 months) to measure our progress in increasing overall public awareness about oral health, the dental hygienist’s scope of practice and the College’s role as regulator.

Following are highlights from the Summer poll presented with the original public awareness levels that were measured in June 2009.

### Advances in Overall Public Awareness

We are pleased to report that the PEP is connecting well with Ontarians and is having a measurable impact on increasing public awareness on key oral health and CDHO topics.

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\(^1\) The 2009 Ipsos Reid Ontario Omnibus Survey (n=800, June 2009) was conducted to establish a baseline of current public awareness levels of oral health, the role of the dental hygienist and awareness of the CDHO and its mandate.

\(^2\) Interpreting the results:
- 2 to 0%: Monitor on next survey. May indicate downward shift.
- + 1, +2% Change: Good but also within range of “no change”. More reliable if particular question continues to gain in next poll. Nonetheless, having many questions with +1-2% change can also indicate strong, overall positive trend.
- +3, +4% Change: Very good, indicates real movement in public awareness.
- +5 or more % Change: Great. More than would be expected for a program that has run just twice to date.
The public is gaining appreciation for the importance of their RDH asking them a variety of health-related questions in addition to traditional oral health questions. For example, 4% more Ontarians (70% in 2009 versus 74% in 2010) believe it is very important to provide information about their general health to their dental hygienist and 76% now believe it is very important for the dental hygienist to ask about medications they are taking.

Table 3b shows inconsistent public appreciation of the full spectrum of services that RDHs provide. While most Ontarians know it is very important for their dental hygienist to clean their teeth (85%), point out areas of concern in teeth and gums (84%) and assess the condition of their teeth (79%) and gums (81%), nearly 20% fewer believe it is very important for the RDH to treat their gums (65%).

Going forward, a key goal of the PEP will be to help more Ontarians understand how their oral health care needs are best met through regular preventive care from an RDH—alongside the necessary oral care that they need to receive from their other regulated oral health professionals.

**Care Provided by an RDH**

As you can see in the results presented in Tables 3a, b and c, we have seen good gains in public appreciation levels for the broad range of professional care that a dental hygienist can provide.

*Unprompted questions seek awareness without influence, whereas prompted questions include the topic at hand, e.g., unprompted: “Who regulates RDHs?”, prompted: “Does the CDHO regulate RDHs?”
A key goal of the PEP messaging is to build public appreciation for the RDH’s regulated status and the vital role RDHs have in their oral health. As we move closer to this goal, we expect the public to be more receptive to the continuum of care beyond traditional “teeth cleaning” that is provided by the RDH; such as discussing good nutrition (currently 45% see it is very important), gum massaging techniques (34%) and taking x-rays (52%) as seen in Table 3c.

Table 3c: “It is VERY IMPORTANT for my dental hygienist to...”

The RDH as Health Care Professional

Table 4a shows that the public consistently understands their dental hygienist is a professional with post-secondary education (93% in 2010, 92% in 2009) and is an important member of the oral health team (97% in 2009, 2010).

Yet, while we are seeing gains in the number of Ontarians who know dental hygienists are regulated health professionals (up 4% to 88% in 2010), only about a third of Ontarians (37% in 2010, 34% in 2009) accurately know that the dental hygienists work autonomously in dental offices. While the PEP appears to have helped increase awareness, too many Ontarians wrongly believe the dentist must check the dental hygienist’s work (71% in 2010, 75% in 2009) (Table 4b).

Table 4b: “It is TRUE that the dentist must check the work of the dental hygienist”

Table 5a shows that the public is clearly hearing one of the key messages of the radio ad, namely that “See(ing) your dental hygienist regularly” is necessary to take care of one’s “teeth and gums”. Now, 7% or approximately 800,000 more Ontarians strongly agree that this is important (69% in 2010 from 62% in 2009). Furthermore, about half of all respondents strongly agree that it is important for the dental hygienist to advise them on how often they should be treated by a dental hygienist (51% in 2010 from 46% in 2009) (Table 5b).

Table 5a: “To properly take care of my teeth and gums, I must…” (Strongly Agree)

Table 5b: “It is important for the dental hygienist to discuss how often you should see a dental hygienist for care” (Strongly Agree)
**Awareness of the CDHO**

With the exception of a couple of Ontario’s health colleges (i.e., CPSO, CNO), the public has little awareness for regulated health colleges and an even lower understanding of the colleges’ mandate as regulators to protect the public.

While 52% of the survey’s respondents indicated a **prompted awareness** (see footnote page 15) of the CDHO through the question “Have you heard of the CDHO”, their responses to the CDHO’s actual role remain low (Table 6a). Currently, 24% of all Ontarians appear to know that the College regulates dental hygienists (i.e., 47% of the 51% of Ontarians who said they have heard of the CDHO) (Table 6b).

**Table 6a: “Have you heard of the CDHO?” (prompted)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>44</th>
<th>52</th>
</tr>
</thead>
</table>

**Legend:**
- 2009
- 2010

**Table 6b: “What is the role of the CDHO?” (unprompted, may include more than one answer from each respondent)**

<table>
<thead>
<tr>
<th>Train dental hygienists/teaching</th>
<th>Regulate the profession/set standards</th>
<th>Supervise/oversee DHs/keep them up to date</th>
<th>Certify/License the dental hygienist</th>
<th>Handle complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>42</td>
<td>14</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>41</td>
<td>47</td>
<td>16</td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>

**Conclusion**

Ontarian’s have a good understanding of oral health, but many more need to learn about how their oral health care needs are best addressed by regular care from an RDH—alongside the necessary oral care they should be receiving from other regulated oral health professionals.

Indeed, it is important for the public to gain appreciation that RDHs are regulated health care professionals—with the same standards and expectations as all other health care professionals—who work as independent professionals, whether it be in a dental office, a clinic, out in the community or in independent dental hygiene practices.

**Table 6c: “Who do you call if you have questions or concerns about the care you receive from a dental hygienist?” (unprompted, may include more than one answer from each respondent)**

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Dental association</th>
<th>Dental office</th>
<th>MOHLTC</th>
<th>Doctor</th>
<th>College of dental hygienists</th>
<th>Dental hygienist</th>
<th>College of Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>64</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
In 1991, the *Regulated Health Professions Act (RHPA)* came into effect. At present the *RHPA* governs the activities of the 26 regulated health professions in Ontario (see Table 1). In addition to Quality Assurance, the *Act* provides direction for the Colleges in many areas including but not limited to Complaints, Discipline, Patient Relations and Registration. Compliance with the *Act* is mandatory for all health colleges in Ontario.

Under section 80 of the *RHPA*, every College’s Council must develop a quality assurance regulation that describes their prescribed program. It further states that these programs must include: “continuing education or professional development designed to promote continuing competence and continuing quality improvement among the members”. They must also “address changes in practice environments, and incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues”. The Colleges must ensure that their regulations include “self, peer and practice assessments” and “a mechanism for the College to monitor members’ participation in, and compliance with the quality assurance program.” The Colleges must ensure that their regulations include “self, peer and practice assessments” and “a mechanism for the College to monitor members’ participation in, and compliance with the quality assurance program.” The CDHO regulation has been approved by the Ministry of Health and Long-Term Care and can be found at [http://cdho.org/LegislationAndByLaws/QAGeneral.pdf](http://cdho.org/LegislationAndByLaws/QAGeneral.pdf).

All regulatory colleges were mandated to develop a program to address the needs of their registrants. Each profession is distinct and the means by which a College assesses its members necessarily reflects the unique characteristics of their profession. The expectation is that registrants will maintain their practices according to accepted Standards of Practice for their profession.

### The Professional Portfolio

The CDHO developed the current quality assurance program based on the assumption that dental hygienists are competent healthcare professionals capable of self-assessing their practice and developing goals that will improve their competence. The professional portfolio provides the ideal opportunity for dental hygienists to meet this goal.

The CDHO further determined that, in order to achieve a representative sample, a random selection would be used to request portfolio submissions from its registrants. Currently, 10% of dental hygienists in the province are selected yearly. Registrants whose portfolios reveal deficiencies in their practice that are not clarified during a telephone interview with an assessor are required to undergo an onsite practice review. The Quality Assurance Committee will consider each report on an individual basis and will recommend individualized specified continuing education or remediation programs as required.

### The Professional Portfolio

A review of the other health colleges revealed that many have adopted quality assurance programs that also use a portfolio to assess their registrants’ practices. Registrants of the College of Physiotherapists and of the College of Chiropractors must develop a professional portfolio that is reviewed when they are randomly selected to participate in a peer practice review. The College of Physicians and Surgeons requires that their registrants undergo mandatory on-site peer assessment based on either random selection or by age selection (age 70 and every five years thereafter). Their goal for 2010 is to complete 1700 assessments.

These programs differ from the CDHO program in that the majority of dental hygienists who undergo a practice review have previously had deficiencies identified in their practice through their portfolio assessment. The CDHO is proud to say that for the past 10 years more than 95% of all dental hygienists in Ontario who have undergone a portfolio review have successfully demonstrated that their practice was up to standards. They have further
demonstrated that they have participated in quality improvement activities designed to maintain their currency and competency.

Other Colleges have developed programs that differ drastically from the portfolio-based programs described above. The Ontario College of Pharmacists administers a two-part program. The first component requires 20% of all pharmacists to complete a self-assessment tool and to notify the College upon completion. The second component requires roughly 240 registrants to participate in a six-hour assessment that includes a written module to test clinical knowledge and that incorporates a practice-based simulated client encounter that is assessed. Registrants randomly selected to participate in this assessment must attend at the Colleges offices in Toronto where it is administered four times per year.

**CDHO QA Program Aims to Support Dental Hygienists**

The goal of our QA program is not to punish but rather to provide remediation and guidance to dental hygienists whose practices are not up to standards. From time to time, the CDHO will hear statements that have been made regarding the QA program that are not based in fact. Registrants are encouraged to contact a member of the QA staff directly rather than seeking information from peers or other organizations.

**Table 1. Professions regulated under the RHPA in Ontario**

- Audiologists and Speech-Language Pathologists
- Chiropodists
- Dental Hygienists
- Dental Surgeons
- Dental Technologists
- Denturists
- Dieticians
- Homeopaths
- Kinesiologists
- Massage Therapists
- Optometrists
- Pharmacists
- Practitioners of Traditional Chinese Medicine
- Psychologists
- Psychotherapists and Registered Mental Health Therapists
- Physicians and Surgeons
- Physiotherapists
- Respiratory Therapists
- Medical Laboratory Technologists
- Medical Radiation Technologists
- Midwives
- Naturopaths
- Nurses
- Occupational Therapists
- Opticians
- Practitioners of Traditional Chinese Medicine
- Physicians and Surgeons
- Psychotherapists and Registered Mental Health Therapists
- Respiratory Therapists

**CDHO ON THE ROAD**

**Ottawa, Thursday January 20, 2011**

7:00 p.m. - 9:00 p.m.

St. Elias Centre

Register by January 13, 2011 at www.odhs.ca

**Presentation:** “Setting the Record Straight”

**Speaker:** Lisa Taylor

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. In order to protect the public, the College has a code of ethics, regulations and standards of practice that ensure that dental hygiene clients receive the care they deserve. The College recognizes that dental hygienists in Ontario are often challenged by the diversity and number of rules and expectations that apply to the practice of dental hygiene. In her role as practice advisor with the CDHO, Lisa was often surprised by the myths and rumours that circulate within the dental hygiene community about the College’s role and expectations.

This evening Lisa will draw upon her experiences as a practice advisor to assist you in understanding and applying the rules and expectations of your profession.

This will be one of many events on the same theme that will be delivered throughout the province in 2011. There is no charge for this event.

**Scheduled Presentations by Members of CDHO Administration**

A number of presentations are being scheduled for the coming months, please visit our site regularly for listings.
This past summer, the College mailed a special notice to all registrants, informing them of an Ontario Appeal Court decision1 that clarified the court’s position on the treatment of spouses by health care professionals.

While the College has always discouraged registrants from treating their spouses, this court decision has prompted the CDHO and other regulatory colleges to advise their respective registrants that it is now law that the treatment of spouses is no longer acceptable.

The court reaffirmed the long held belief that the foundations of a health care professional-to-client relationship is based on the principles of trust, respect, intimacy and power. Moreover, the court recognized that an imbalance of power is present in the health professional/client relationship even when it is not obvious, such as in the case of health care professionals and their spouses. Further to this, neither a pre-existing spousal relationship nor a consenting spouse/partner alters the definition of sexual abuse contained in the Regulated Health Professions Act (RHPA).

Section 1 of Schedule 2 to the RHPA defines sexual abuse as follows:

“(3) In this Code, “sexual abuse” of a patient by a member means,

(a) sexual intercourse or other forms of physical sexual relations between the member and the patient;

(b) touching, of a sexual nature, of the patient by the member; or

(c) behaviour or remarks of a sexual nature by the member towards the patient.

1 Ontario Court of Appeal decision in which the Court confirmed that the legislation did not include a spousal exemption. Leering v. College of Chiropractors of Ontario, 2010 ONCA 87 (CanLII) – 2010-02-02.

(4) For the purposes of subsection (3), “sexual nature” does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided.”

Consider how the power imbalance plays out in practice: dental hygienists are in a position of power because they have access to resources and knowledge that their clients need. Clients are therefore vulnerable when they come to see a dental hygienist.

For example, dental hygienists require clients to share personal health information prior to receiving care. As well, clients depend on the dental hygienist’s opinions about what constitutes the appropriateness of dental hygiene interventions and, therefore, they often defer to the dental hygienist, especially in unfamiliar situations where they have difficulty choosing the most appropriate treatment option. It therefore becomes the responsibility of all dental hygienists to be aware of this potential for power imbalance and to therefore maintain professional boundaries to protect themselves and their clients.

Dental hygienists must take care to acknowledge that, as health care professionals, they could be drawn into harmful and exploitative relationships by the ones they care greatly for.

Nonetheless, whether the power imbalance that favours the dental hygienist over her/his client/spouse is present or not, the Ontario Court of Appeal decision has brought an end to any uncertainty health professionals may have had about their professional obligation to maintain safe and clear boundaries between their professional and sexual relationships.

The dental hygienist is responsible for using her or his professional judgment to determine when a relationship with a client becomes unacceptable.
Even if the client initiates the intimate/personal contact, it is the responsibility of the professional dental hygienist to maintain proper boundaries. The definition of “sexual abuse” is very broad and, as discussed above, there is no spousal exemption.

**If You Intend to Date a Client**

If you intend to date a client, you should take the following steps:

- First, terminate your professional relationship with the client
- Make arrangements for another dental hygienist to take over the client’s treatment
- Clearly document the termination of the professional relationship in the client’s chart
- Wait the appropriate amount of time before dating the former client. (An appropriate time depends on the circumstances of each case. Dental hygienists are strongly urged to err on the side of caution.)

**Note:** Should a mandatory report, complaint or other information be brought to the attention of the College that a dental hygienist is treating her/his spouse or someone with whom the dental hygienist is also having a sexual relationship with, a referral to the Discipline Committee could result. The mandatory penalty for a finding of sexual abuse, even where the client is one’s spouse, is revocation of the dental hygienist’s Certificate of Registration for a minimum of five years.

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**Apology**

In a hearing held on February 20, 2009, a panel of the Discipline Committee found Ms. Emily Forbes guilty of professional misconduct. Part of the penalty included an apology from Ms. Forbes, which is published below.

*To the College of Dental Hygienists of Ontario:*

*This letter is to state my apology for the actions that I took when I falsified a document pertaining to my dental hygiene certificate of registration.*

*Due to certain circumstances, I clearly made an error in judgment when I falsified an insurance document to the Canadian Dental Hygienists’ Association and submitted it to the College of Dental Hygienists of Ontario in October 2006. I am extremely disappointed in myself as that is not what I want my character to reflect.*

*I accept all responsibility for my actions and the outcome that was determined by a Panel of the Discipline Committee.*

*Sincerely, Emily Forbes*
It’s Renewal Time
2011 Annual Certificate of Registration Renewal

Renewal Reminder!

• The deadline for renewing your Certificate of Registration is January 1, 2011.

• The 2011 renewal fee for a General or Specialty Certificate of Registration is $250 and the fee for an Inactive Certificate of Registration is $50.

• If you do not renew or do not advise the CDHO that you wish to resign, your Certificate of Registration will be suspended. You cannot practise dental hygiene once your certificate has been suspended.

Your Responsibility as an RDH in Ontario

• As a registered dental hygienist in the province of Ontario, you are responsible for renewing your Certificate of Registration by January 1 of each year—even if you fail to receive a notice.

• You must notify the CDHO within 14 days of any change of name, residential address and telephone number, or business address and telephone number. Your business address is the address that will be placed on the CDHO’s website in the Public Register section. Failing to include a separate business address means that the residential address and telephone number will be considered the business address and telephone number, and therefore becomes public knowledge.

• Remember, you must practise dental hygiene with the same name as the one you are registered with. Name changes require supporting documentation.

Online Renewal

In an effort to be environmentally friendly, the CDHO is encouraging you to renew online. Renewing online is secure, fast and convenient. Go to www.cdho.org to access “Online Renewal”.

1. Your login ID is your registration number and your password is your date of birth. Enter it in the format “YYYYMMDD”. For example: If your birthday is August 1, 1962 you will enter 19620801.

2. Complete the information sections.

3. Payment options:
   a. By credit card online: VISA or Mastercard only.
   b. By credit card by mail, fax or phone: After you complete the information section, you can choose the option of printing an invoice and filling in your credit card details, which you can mail or fax to the CDHO. You may also call us with your credit card details if that is your preference. However, you will be required to provide your invoice number prior to your information being taken over the phone.
   c. By cheque or money order: Print the invoice and mail it to our office with the cheque or money order.

Note: Your registration is not renewed until we receive payment. Your 2011 Certificate of Registration will be mailed to you within 10 business days of your completing the renewal process. You can also go on the CDHO website to “Find a dental hygienist” to find out if you are renewed for 2011.

Prior to renewing online

Check your addresses
Please make sure your address is correct. To view and or correct your addresses that are on file with the CDHO, go to the “Registration” tab on our website and click on “Registrant Address Change”.

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You can also phone, e-mail or fax the CDHO with your information.

Has your name changed?
Documentation supporting your name change (e.g., copy of Marriage Certificate) must be submitted to the CDHO prior to you renewing online. This can be forwarded by mail, fax or an attachment to an e-mail.

Are you changing your category of registration?
If you are changing your category of Registration to a General or Specialty Certificate of Registration and have practised dental hygiene within the last three years within Ontario, you can renew online. However, if you have not practised or have practised in another jurisdiction, a separate application form, which can be obtained by calling the CDHO, must be submitted. You can change your status from a general/specialty certificate of registration to an inactive certificate of registration on-line by clicking on the ‘Renew as Inactive’ checkbox.

Not Renewing Online
If you do not wish to renew online, please call the CDHO and we will be pleased to forward an individualized renewal form to you.

Avoid the $100 Late Payment Fee
Renew early.
Don’t wait until the last minute to renew. Renew early. Failure to submit payment by the deadline can result in a suspension of your Certificate of Registration.

If you are mailing the renewal form, ensure the form is properly completed.
Renewal forms not properly completed will be returned for correction and if received after January 01, 2011 will be subject to the late payment fee.

Common mistakes include:
• Renewal form is incomplete and/or not signed
• Renewal form is not signed with the same name as the one you are registered with
• Payment is not enclosed with the renewal form or the credit card information is missing. If you are paying by cheque, you can post-date it up to January 1, 2011. Please include your registration number on the back of the cheque or money order and ensure that it is in Canadian funds

Renew... Online and on time!
• Renew your registration at www.cdho.org
• Simple, fast and always secure
• The deadline for renewal is January 1, 2011.

• Cheques are not filled out properly or credit card information is entered incorrectly. NSF/Returned Cheques are subject to a $25 administration fee. If the CDHO has not received the replacement payment by January 1, 2011 the late payment fee of $100 will also apply.

Are you Renewed?
Your 2011 Certificate of Registration wallet certificate is confirmation that you are renewed. You can also go to the Public Register section of the CDHO website “Find a Dental Hygienist” to see if you are renewed.

Resigning/Not Renewing
If you are not planning on renewing your Certificate of Registration, you should advise the CDHO. This can be done online. Go to www.cdho.org to access Online Renewal/Not Renewing. Alternatively, you can forward a letter advising the CDHO of your intention to resign by mail, fax or email to registration@cdho.org. Please note that resignations will be effective January 1, 2011.

Suspension for Non-payment of Fees
If you do not renew or do not advise the CDHO that you wish to resign, your certificate of registration will be suspended for non-payment of fees. You will be given 30 days notice of the CDHO’s intention to suspend your registration. You cannot practise dental hygiene once your certificate has been suspended.
Use of Electronic Information

Client Records: Obligations for Registrants

1. The College of Dental Hygienists of Ontario, pursuant to the Regulated Health Professions Act, 1991 is authorized to provide guidance to registrants as per the Objects of the College [3.(1) 1,4,5,8 &10].

2. The present document accompanies the CDHO Advisory: Clinical Information Practice Standard for Dental Hygiene and should be read as an introduction to it.

3. The dental hygienist, regardless of practice setting, must:
   a. Regard the privacy and security of client records as a principle fundamental to practice management
   b. Be in compliance with all relevant legal requirements.

4. CDHO holds that the collection, use and disclosure of personal health information is both an ethical and a legal matter. The ethical requirement is that the client should give consent prior to disclosure, with the understanding that his or her personal health information will not be disclosed outside of the circle of care without his or her express consent unless there is a law that permits or requires disclosure without consent.

5. Dental hygienists who create client records whether in electronic or paper format must consider and apply as appropriate any guidance provided from time to time by the Information and Privacy Commission of Ontario (www.ipc.on.ca).

6. With respect to electronic record management systems, dental hygienists must
   a. Choose systems capable of securely accessing and exporting clinical and financial records pertaining to individual clients;
   b. Understand that retention and disposal of electronic records is based on the same principles as those for paper records; and
   c. Obtain the express certification of the vendor that the system complies with the requirements of the Medical Device Regulations.

7. With respect to the creation and management of records, the CDHO’s requirements apply equally to electronic and paper records. Any electronic record system must be capable of producing copies of records in a format acceptable to the College.

8. Dental hygienists who are involved in the management of electronic records are required to:
   a. Protect the privacy of identifiable individuals by ensuring the protection of personal health information in all identifiable client records;
   b. Send and receive personal health information through appropriate physical and technical security measures, with the specific use of encryption recommended.

Dental hygienists are urged to promptly report any possible breach of the security of personal health information to the CDHO and to the IPC.

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1 www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.hml
2 RHPA, PHIPA, and other legislation identified by CDHO
4 www.cdho.org/LegislationAndByLaws/RecordsReg.pdf
Patient Privacy is in Your Hands.

As health care practitioners, many of you are accustomed to dealing with loss. You interact with people every day who have lost their health, lost a loved one, or perhaps simply lost hope. And you are experts at helping people work through and manage that sense of loss.

But what if you, yourself, were responsible for the loss of something that a patient may never get back: their privacy?

Earlier this year, a health care professional did something seemingly well-intentioned: she placed a USB key into her purse as she left the office, planning to do some work at home. As it happened, the files in question were the records of personal health information of 763 patients.

Her purse was stolen. And all the records – unencrypted and easily read by anyone – were lost. Lost, too, was the sense of privacy of those 763 patients.

Scenarios such as this have been played out countless times all across Ontario. Indeed, in recent years, the unencrypted health information of over 100,000 patients on laptops, USB keys and other mobile computing and storage devices has been lost or stolen. It’s a privacy problem of epic proportions, compromising some of the most sensitive and personal types of information possible. And it must stop.

The Personal Health Information Protection Act requires that you take reasonable steps to ensure that personal health information is protected against theft, loss, and unauthorized use and disclosure.

Mobile devices, such as laptops, PDAs, and USB keys, add a new layer of complexity to this task. The great advantage of these devices – portability – is also their greatest vulnerability, making them easily susceptible to loss and theft.

For that reason, personally identifiable health information should not be stored on any mobile devices unless it is absolutely necessary. And when it is, you can – and must – take steps to minimize the risks to privacy.
STOP.

Ask yourself: Do I really need to store any personal health information on this device?

THINK.

Consider the alternatives. For example, would de-identified or coded information serve the same purpose? Can you access the information remotely through a secure connection or virtual private network instead?

PROTECT.

If you must store personal health information on mobile devices it must be encrypted and protected with strong passwords. In addition, you must store the least amount of information possible, for the shortest amount of time.

For more information, access the following documents on the website of the Information and Privacy Commissioner of Ontario at www.ipc.on.ca.

- Fact Sheet - Encrypting Personal Health Information on Mobile Devices
- Fact Sheet - Health-Care Requirement for Strong Encryption
- Safeguarding Privacy In a Mobile Workplace
MEMORANDUM

To: CDHO Registrants and Other Stakeholders
From: Quality Assurance Committee
Date: November 2010
Subject: Amendments to the CDHO Dental Hygiene Standards of Practice

In January 2010, the Canadian Dental Hygienists Association released *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*, a collaborative project involving the major stakeholders responsible for the profession in Canada. This document defined a national perspective on the knowledge and abilities dental hygienists require to practice competently and responsibly.

In May 2010, the CDHO council adopted the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists* and the Quality Assurance Committee began a review of the current CDHO Dental Hygiene Standards of Practice to determine if, in their current form, they aligned with the national competencies and standards. As a result of this review, the Quality Assurance Committee has recommended to Council that the current dental hygiene standards of practice be amended.

The CDHO Council will consider adopting the amended standards of practice at the January 28, 2011 Council meeting. Before doing so, the Quality Assurance Committee and the CDHO Council have asked that the draft amendments to the CDHO Dental Hygiene Standards of Practice be circulated to registrants and other stakeholders. Since practice standards are intended to guide registrants in the care of their clients and in the practice of the profession, it is important that they are clearly articulated in a way that is easily understood.

**Please watch for the copy of the proposed amendments in your mail.** Your feedback will be considered prior to the January Council meeting.

Please direct any responses by December 15, 2010 to Lisa Taylor via e-mail at ltaylor@cdho.org, via FAX at 416-961-6028, or mailed directly to the office at 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9.

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1 Canadian Dental Hygienists Association (CDHA), Federation of Dental Hygiene Regulatory Authorities (FDHRA), Commission on Dental Accreditation of Canada (CDAC), National Dental Hygiene Certification Board (NDHCB) and dental hygiene educators.
Understanding the Differences Between
Acts, Regulations, Standards, Bylaws and Guidelines

Registrants often find it difficult to interpret some of the “legalese” associated with the legislation that governs their health care practice. There is a hierarchy within the system.

Therefore, it is important to understand how the system works. Hopefully this is a review for most CDHO registrants.

The hierarchy is as follows, working from the top down:
(a) Acts
(b) Regulations
(c) Standards
(d) Bylaws
(e) Guidelines

Following are definitions for each as listed on www.e-laws.gov.on.ca:

Act: A bill that is passed by the Legislative Assembly after its Third Reading and that receives Royal Assent, is enacted and becomes an Act, i.e., law. The terms “statute” and “Act” are interchangeable.

Legislation: This term encompasses both Acts enacted by the Legislature and regulations made by a person or body whose authority to make them is set out in an Act.

Proclamation: If an Act states that the Act or specified provisions of the Act come into force on different dates. By convention, proclamations are issued in accordance with an order made by the Lieutenant Governor in Council. Proclamations are published in The Ontario Gazette.

Regulation: A law that is made by a person or body whose authority to make the law is set out in an Act. Usually the authority is given to the Lieutenant Governor in Council. Sometimes the authority is given to a Minister of the Government or to another person or body.

Regulations are considered to be “delegated legislation” because the authority to make them is delegated from the Legislative Assembly. A regulation deals with topics related to the Act under which it is made; the purpose of a regulation is to provide details to give effect to the policy established by the Act. The process for amending a regulation is usually shorter than the process for amending an Act.

Royal Assent: When a bill is passed by the Legislative Assembly after Third Reading, the Lieutenant Governor, on behalf of the Queen, assents to the bill by signing it. The bill is thereby enacted and becomes an Act, i.e., law.

Statute: The terms “statute” and “Act” are interchangeable.

Bylaws are usually statements on how an organization is run—they delineate the business aspects of an organization.

Standards and Guidelines
The terms Standard and Guideline are not defined on e-laws.gov.on.ca.

And, while some Colleges use these words interchangeably; the CDHO does not:

Standard: The CDHO defines a standard as a process or procedure that must be followed.

Guideline: A guideline is a suggested way of doing something. Colleges often develop guidelines to assist registrants in their day-to-day practice. Guidelines are usually written in easy-to-understand language and do not have the same legal force as standards. As there may be more than one way to do something, a guideline, as the term is used by the CDHO, is a suggestion and not a requirement.

Advisory: An advisory is a method of providing information that may be helpful for the practitioner when she or he is making decisions about procedures or when devising a treatment plan for a client who presents with a specific medical condition.

While the CDHO is required to circulate changes to stakeholders for consultation on regulations, some bylaw changes (usually related to fees) and most Standards of Practice, the CDHO is not required to circulate guidelines. (Note: these are easily updated by using your “Registrants Resource” flash drive to collect updates from our site; See page 3 for details.)

Finally, if you have questions or concerns about the content of a standard or guideline please contact one of our Practice Advisors.
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Smith, Morgan Leigh 014021
Snow, Jody Lynn 014412
Sotter Solano, Emely Maria 014513
Spence, Jessica Helene Marie 014261
Spittal, Jane 014230
Stewart, Valerie Michele 014231
Stutino, Priscilla Anne-Marie 014397
Suarez Hernandez, Yanalis 014505
Sullivan, Shelly 014006
Sunnami, Sharyn 014354
Surani, Zaha 014328
Sylvester, Cynthia 014166
Taniedo, Fiona 014356
Tanzadeh, Arash 014531
Tarnovitchi, Ashley 014154
Tesanovic, Nela 014484
Théauault, Myriam 014496
Thomas, Lyndsay Margaret 014074
Thompson, Sandra 014019
Tiu, Felicia 014369
Tompkins, Cory 014272
Towns, Elana 014235
Tran, Phuong 014218
Tremblay, Kelly Ray-Anne 014131
Tsang, Sophia 014054
Tucker, Marion 014189
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Vajda, Beata 014350
Van Klink, Lisa Christine 014151
Vandenberg, Leanne Denise 014182
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Velez, Cindy 014429
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Vermeul, Sherianne Cainye 014338
Versteegh, Andrea 014088
Villegas, Angelica Maria 014126
Vilasos, Pamela Marie 014184
Vyas, Roocha 014201
Walczak, Nicole Andrea 014037
Walker, Katherine 014387
Wasserman, Tomlyn 014509
Watson, Sarah 014075
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Weeks, Alisha 014459
Wei, Mimi 014404
West, Kirstin 014521
Westman, Krystal 014391
Whalen, Kayla Marie 014008
Williams, Danielle Adene 014419
Williams, Tisann 014293
Wilson, Dana Marie 014101
Winter, Andrea 014005
Witteveen, Melissa Christina Lee 014032
Wong, Jacqueline 014357
Wright, Sara 014507
Xie, Hua 014489
Young, Katherine 014057
Yundt, Kristen Leanne 014144
Zaharova, Tatjana 014527
Zawislanski, Victoria 014450
Zeng, Minxia 014345
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Marnika, Karim 010671
O'Brien, Sandra Margaret 004218
Rienz, Carla 002252
Steel, Patricia Anne 001746
Wood, Joanna Marie 002343

Deceased
(as of October 15, 2010)
Dunleavy, Tom 012441

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Protecting your clients’ health and smiles!

An informed public will take active steps to improve their oral health through self-care and regular visits to their dental hygienist. We encourage you to reinforce these key messages of the Public Education Program with your clients:

- Oral health comprises more than just teeth and gum care, and is key to your overall health.
- Your dental hygienist is the expert for preventive oral health care.
- The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

We encourage you to visit and direct your clients to the new public information section of www.cdho.org.