CDHO Announces Independent Review

2014 Registration Renewal

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In the last three years as a member of Council I have had the pleasure to meet many very dedicated and professional dental hygienists. One of these people is Anthea Chang who attended our October 25th Council meeting to receive the Fran Richardson Leadership Development Award. This award was instituted by Council last year as a way to remember the years of leadership provided by Fran Richardson, who we all know, was our long-serving former Registrar who retired in May 2012. The award was crafted to recognize dental hygienists who are passionate about the dental hygiene profession, demonstrated through community involvement, ongoing professional development, and activities which lead to the improvement of the quality of dental hygiene provided to the people of Ontario. Anthea was selected as the first recipient of this ongoing award. In reviewing her accomplishments in the Ottawa area, that included presentations on oral health to various groups, managing a clinic setting, preparing newsletters and many other very commendable activities, it is very clear that she was an excellent recipient of this award. Listening to her give her presentation to Council reinforced to me that the dental hygiene profession has many very bright and committed individuals.

This year is quickly coming to an end and we have just completed our last Council meeting for 2013. In looking back, it is again very obvious that this has been a busy year for the College and its various committees and next year is shaping up to be even busier. We are still dealing with a number of existing issues and have even added a few new ones. We are still working with the Ministry of Health and Long-Term Care in the review of HARP Act and the College’s drug regulation and are hoping for some concrete movement in these areas. A number of new issues have come to the attention of the College and are currently under review. These include the use of social media and the implications for the College and registrants and myofunctional therapy. The College recently instituted the Peer Mentorship Program and from early feedback, it appears to be an unqualified success. In the Quality Assurance area, Council approved the expenditures for a series of presentations throughout Ontario that will provide information on the Quality Assurance Program including the preparation of portfolios. These presentations will be similar to the recent “Setting the Record Straight” sessions and I think they will be very beneficial to registrants and, in addition, will provide the College with valuable feedback. Council also approved the development of an Online Portal which hopefully will help registrants submit their professional portfolios to the College more effectively when they are requested to do so.

The ICRC and Discipline Committees saw an increase in their workloads this year and all indications are that 2014 is shaping up to be even busier. Unfortunately, the College is having to deal with more enquiries and complaints from the public and some of these complaints have led to more discipline hearings than we have had in the past.

Finally, I want to comment on the Independent Review of Oral Health Services in Ontario. This is an exciting initiative and when completed, we expect to have a better idea about the state of oral health in the province and what the role of CDHO should be now and in the future. For the first time we will have a baseline of factual information that we can use to enhance the delivery of oral health services to the people of Ontario. I am looking forward as a member of Council to reading the results of this review.

I would like to take this opportunity to wish everyone a Happy Holiday Season.
In previous editions of *Milestones* I have spoken to the College’s legislative mandate under the *Regulated Health Professions Act, 1991* (*RHPA*). Indeed in the May 2013 edition of *Milestones*, I spoke at some length about the duty of the College as it is outlined in the legislation. You may recall that I spoke about the traditional duty of the College with respect to monitoring and regulating the behaviour of individual registrants in their role as service providers. The College manages a number of activities that attend to this duty, e.g., Quality Assurance, Discipline and Fitness to Practise to name a few. I also spoke, however, to another duty outlined in the *RHPA*, i.e., the duty to work with the Minister to ensure access to care for the people of Ontario. This is not a traditional role for a regulatory college in Ontario but the legislation is clear and it invites action from the College.

Since I arrived at the College as Registrar in June 2012, I have observed a few things and I highlight a few of them below.

- The bridge between good oral health and good overall health, while well documented, is not particularly well constructed. Acute health care issues tend to crowd out the importance of oral health issues.

- In the acute health care world, the public face is that of the physician, the hospital and the nurse. Despite the existence of another twenty regulated health professionals who also deliver service, the average consumer of health care services is generally not as well informed about the value and the benefit that the other twenty health professionals can provide – and I submit that this is to the detriment of the people of Ontario. So it goes in the oral health world. There are four different regulated oral health professions in Ontario: dental hygiene, dental technology, dentistry and denturism. The public face of oral health, however, tends to be the dentist and there is an implicit assumption that dentistry speaks for all four professions in matters related to the oral health for the people of Ontario.

- There are several sectors of Ontario’s society who are reputedly not getting the access to oral health services that they might expect. These sectors include for example,
  - Rural and/or remote communities
  - First Nations communities
  - The long-term care sector
  - New Canadians, and
  - The working poor.

- Oral health seems to be characterized as an employee benefit or a nice thing to have instead of an essential health service.

When I consider these observations and I replay them against the College’s statutory mandate, I cannot help but think that the College is not meeting its obligation by remaining silent.

At its October 2013 meeting, Council took a bold step towards fulfilling the obligation that I have referenced above. Under the direction of Council, the College has commissioned an independent review of oral health services in Ontario under the leadership of Barry Monaghan. Barry has an outstanding track record in senior level health issues in Ontario and is an ideal candidate to consider the state of affairs in oral health for the province. He and his team will:

- Execute a broad array of stakeholder engagement activities,
Conduct public consultations,

Scan the environment to identify the drivers in the fiscal and policy environment for oral health services in Ontario, and

Undertake a number of reviews including the:
- oral health legislative and regulatory environment,
- literature as it applies to oral health services, and
- leading practices for oral health in other jurisdictions.

The culminating outcome of this activity will be a final report with an array of recommendations for the oral health sector.

There is no doubt that this is not the typical or traditional role for a regulatory college in Ontario but it is critical to understand that the review has not been commissioned for the benefit of the dental hygiene profession. Rather, the review has been commissioned to serve as a public policy anchor that can serve as a guide for the development of public policy in the oral health world for the benefit of the people of Ontario. Accordingly, the College’s role needs to be clearly understood. While CDHO is the sole sponsor of this review, it will not steer the outcome of the final report. Certainly the College will be an active participant in the review but only as an equal partner among the other oral health stakeholders.

As I have previously noted in Milestones, regulatory colleges most certainly have a role to play in the shaping of public policy. While that role is somewhat different from the one they have traditionally played – certainly that is the case for CDHO – the independent review of oral health services in Ontario represents a necessary change.

The College Takes Former Registrant to Court for Illegal Practice

Upon investigation, the College determined that a former registrant continued to practise at her long-time practice location in Kanata, Ontario after she was suspended from the College as of February 22, 2011 and after resigning her certificate of registration with the College on May 7, 2012. It was discovered that she used the title ‘dental hygienist’, held herself out as a dental hygienist and performed controlled acts. The CDHO takes the issue of illegal practice very seriously and sought a court order to prevent further occurrence.

On May 29, 2013, The Honourable Justice Low, Ontario Superior Court of Justice, ordered that Ms. Lisa Ann Campbell-Rousselle (also known as Lisa Campbell-Rousselle, and Lisa Rousselle) 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 Lisa Ann Campbell-Rousselle refrain:

a) from using the title “dental hygienist” or a variation or abbreviation or equivalent in another language;

b) from holding herself out as a person who is qualified to practise in Ontario as a dental hygienist or in a specialty of dental hygiene; and

c) from performing any controlled acts including scaling teeth or root planing.

The court ordered that Lisa Ann Campbell-Rousselle pay costs to the College of $12,000.
Mr. Mike Connor, President of Council, called the meeting to order in Toronto, Ontario. Mr. Connor officially welcomed Angela Moore to a Council meeting as the Associate Registrar.

Mr. Brad Sinclair, Registrar, presented a brief administrative report that provided an update on a number of items including:

- National Standardized Clinical Examination Project
  - CDHO continues to work with regulatory officials in Alberta and British Columbia in the development of a national clinical exam.

- Two Cases of Illegal Practice
  - CDHO is currently investigating two cases of illegal practice. Details on these cases remain confidential until such time as the investigations go before the courts.

- Knowledge Network
  - Work continues with the Knowledge Network fact sheets. Details on these facts can be accessed through the College’s website.

- A Recent Interview of CDHO’s Registrar on Family Caregivers Unite, and
  - Dr. Gordon Atherley is a family physician and the host of an Internet radio program entitled Family Caregivers Unite. On October 8, 2013 Dr. Atherley interviewed Mr. Brad Sinclair on the issue of dental hygiene in the long-term care sector.

- Peer Mentorship Program
  - Following from the new standard of practice re: authorization to self-initiate care, CDHO has developed a program for registrants who seek mentor dental hygienists. The program has been very successful to date. Details can be found on the College’s website.

Ms. Michele Carrick, Chair of the Quality Assurance Committee, presented a series of items for Council’s approval related to the Quality Assurance Program:

i) The development of an on-line portal for Quality Assurance Portfolios,
ii) A budget allocation re: off-site Presentations to Registrants on the Quality Assurance Program in 2014, and
iii) Approval for completion of the Total Quality Improvement Survey in 2014.

On behalf of Executive Committee, Mr. Connor, President of Council, presented an issue assessment and sought Council’s approval for an Independent Review of Oral Health Services in Ontario.

On behalf of Executive Committee, Mr. Connor, President of Council, presented the 2014 CDHO budget for Council’s approval. The budget has been developed such that registrants will enjoy another year without an increase in their fees.

Anthea Chang, RDH, receiving the Fran Richardson Leadership Development Award from former CDHO Registrar, Fran Richardson.
Ms. Heidi Linton, President of the Ontario Dental Hygienists’ Association congratulated Council on 20 years of self-regulation and presented Mr. Mike Connor with a commemorative gavel representing leadership and achievement.

New Associate Registrar

The College is pleased to welcome Angela Moore in the position of Associate Registrar. Angela brings nearly 25 years of experience in the health care field both as a practitioner and more recently in health care regulation. Prior to joining the CDHO she was Executive Director and previously Chair of the regulatory board for Naturopathic Doctors in Ontario. In addition to her work in regulation, Angela has more than 20 years of clinical experience as a naturopathic doctor in private practice in Toronto. As part of the Senior Management team at the CDHO, Angela assumes responsibility for the Registration and the Investigations and Hearings departments of the College. She is known for her interpersonal and communication skills and believes in fostering a climate of mutual respect and collaboration. Angela has her Executive Certificate in Conflict Management from the University of Windsor Law School. She can be reached at amoore@cdho.org or by telephone, 416-961-6234, extension 264 (toll free, 1-800-268-2346).
The new standard to apply for authorization to self-initiate came into effect August 1, 2013. The most significant change was the addition of the category of conditional authorization that allows registrants to self-initiate the controlled acts as long as they are in a mentorship contract that has been accepted by the CDHO.

This new standard eliminates barriers that were identified, including the inability to meet the work experience requirement and the inability to get an order from a dentist in non-traditional practices and long-term care facilities.

The College designed the Peer Mentorship Program to eliminate these barriers. Peer mentorship is a symbiotic relationship where both participants grow professionally. Mentees can seek out CDHO Peer Mentors to establish a Mentorship Contract. This relationship will provide the mentees with support from an experienced registered dental hygienist as they share daily events in the hectic life of clinical practice.

Mentors are recognized for inspiring the professional growth of another colleague in a truly altruistic fashion. The relationship fosters fresh ideas and stimulating dialogue in the search for coping mechanisms to handle the high stress of caring for the public.

Mentees have the advantage of the support and guidance from an experienced dental hygienist. As the relationship develops, shared experiences will lead to deeper understanding and learning as well as exposure to new ideas. An informed second opinion can lead to confidence which encourages critical thinking.

To become a mentor with the CDHO Peer Mentorship Program, a registered dental hygienist must be accepted by the College. They must be in good standing, in clinical practice for a minimum of five (5) years and currently practising as such, and be authorized to self-initiate for at least two (2) years. Professional experience is required to mentor a colleague.

Once accepted by the College, potential mentors are granted access to the online course and workbook. At their own pace, they work through the online modules and workbook. This will take approximately 15 hours. Once they have completed this part of the program, they attend a full-day workshop. We are offering this workshop throughout Ontario as the numbers dictate. This free professional development course and face-to-face workshop have been designed by the College to prepare dental hygienists to mentor other dental hygienists who are working in clinical practice to meet the requirements for authorization to self-initiate care.

The Peer Mentorship Program is collaborative and is rooted in the principles and practices of adult learning. The mentor and mentee work together to achieve specific, mutually defined goals that focus on developing the mentee’s skills, abilities, knowledge and thinking.

Much like the television show where famous vocalists fine tune talented protégées into accomplished performers, today’s mentors recognize that both the mentor and the mentee have something to bring into the relationship. By working together for a common purpose, both have something to gain that broadens their perspectives. In this role, the mentor is a facilitator who creates and maintains a supportive climate that promotes the conditions necessary for learning to take place. If you have ever watched this particular show, you will know that often, these mentors will remark on someone’s unique sound or way of doing something. They do not ask them to change and become like them, but rather, acknowledge what they bring to the table and work with them to develop their potential. Mentoring in this paradigm is not about creating clones of oneself.

"Taken from: CDHO Peer Mentorship Course – Module 1"
Once a mentor has completed the educational and training requirements, they are identified as Peer Mentors and can be found using the ‘Find a Registered Dental Hygienist’ search function on the website. Mentees can search by name, address or city. It is up to the mentee to make the initial contact with a mentor. It may be worthwhile for a mentee to seek out a mentor who is currently practising in the same type of setting. It is important that a mentor and mentee establish common ground and a sense of comfort with the relationship prior to committing to the Mentorship contract.

The next workshop will be held in Hamilton on November 2, 2013. Plans are being finalized for workshops in the New Year in Ottawa, Toronto and possibly Sudbury. If you are interested in joining this group of enthusiastic and passionate dental hygienists, please contact Cathy Goldberg at cgoldberg@cdho.org.

The “Mentoring Excellence” workshop pilot was held at the College on August 24, 2013. Brad Sinclair was on hand to congratulate the first registrants on meeting the requirements to be a CDHO Peer Mentor.

On September 21, 2013, an additional 18 registrants completed the course and workshop.

Mentors may use the hours spent on training and mentoring as CQI goal-related activities for their professional portfolios.
I felt it was important to address the issue of treating spouses once again and let registrants know what has happened with regards to the legislation since last year.

In June 2011, the Minister of Health and Long-Term Care, Honourable Deb Matthews, asked the Health Professions Regulatory Advisory Council (HPRAC) to advise on the issue of mandatory revocation provisions and the treatment of spouses by health care professionals.

On June 1, 2012, HPRAC submitted its report to the Minister of Health and Long-Term Care. In its report, HPRAC advised that consideration should be given to alternatives to the sexual abuse offence, strictly as it relates to the treatment of a spouse. HPRAC recommended that the definition of sexual abuse in the Regulated Health Professions Act, 1991 (RHPA) be amended to exclude consensual sexual relations within a spousal relationship. HPRAC also advised that colleges who wish to continue to prohibit their members from treating their spouse, should make profession-specific changes to their professional misconduct regulations and/or standards of practice to enforce such practice.

In its report, HPRAC advised that consideration should be given to alternatives to the sexual abuse offence, strictly as it relates to the treatment of a spouse.

On May 15, 2013 Bill 70 (a private member’s bill), the Regulated Health Professions Amendment Act (Spousal Exception), 2013 was presented to the Legislative Assembly of Ontario and carried forward. The bill proposed that Section 1 of Schedule 2 (Health Professions Procedural Code) to the Regulated Health Professions Act, 1991 be amended by adding the following subsections:

**Exception, spouses**

(5) If the Council has made a regulation under clause 95 (1) (0.a), conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of “sexual abuse” in subsection (3) do not constitute sexual abuse if,

(a) the patient is the member's spouse; and

(b) the member is not engaged in the practice of the profession at the time the conduct, behaviour or remark occurs.
The bill received Royal Assent on November 6, 2013.

What does this mean and how is this relevant now for dental hygienists?

The amendment to the Act allows colleges to decide whether or not they will allow the treatment of spouses and provides a definition of who meets the spousal criteria. Colleges will need to have a regulation in place if they intend to permit the treatment of spouses. The process for the development of a regulation is a lengthy one and will involve stakeholder consultation and government approval of the proposed regulation. The CDHO Council has not made the decision whether or not they will development a regulation allowing dental hygienists to treat their spouses. Nothing has changed for CDHO registrants — the treatment of spouses is still not allowed. The CDHO will keep its registrants informed on this issue by updating the College website and through Milestones and the monthly e-Briefs.

If you have any questions regarding the treatment of spouses and/or the CDHO’s Sexual Abuse Prevention Plan, you are welcome to contact me at rfarinaccia@cdho.org.

Resources

2. Ibid.
3. Ibid.

Did you know that the registration period is from January 1st to December 31st each year?

Online Renewals for 2014 will be available by early November 2013 and processed online only – no paper forms will be accepted. As part of the communication process, renewal notices will be sent out at the same time by regular mail or by email, depending on the registrant’s preferred method of correspondence.

See back cover for more details.
The Children’s Aid Society (CAS), also known as Family and Children’s Services (F&CS), was established under the authority of the Child and Family Services Act, 1990. It is a non-profit organization that provides care and support with programs and services that meet the needs of children and their families in their local community. The Act mandates that every individual who suspects child abuse must report their suspicions of neglect and/or abuse to CAS. They must do it themselves personally and not assign this task to anyone else. This does not only apply to professionals and officials, this applies to any individual who suspects abuse.

Children in need of protection are defined in the Child and Family Services Act as a child who is or who appears to be suffering from abuse and/or neglect. Section 72 (1) of the Act identifies these children.

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s,
   i. failure to adequately care for, provide for, supervise or protect the child, or
   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person’s,
   i. failure to adequately care for, provide for, supervise or protect the child, or
   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.

3. The child has been sexually molested or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
There are signs in the oral cavity that the registered dental hygienist can identify. These include infection, hemorrhage, trauma, hemorrhage associated with trauma or accident, open carious lesions into the dentin and pathology. A child telling you that they are in pain is also an urgent condition that needs to be addressed.

If you have concerns about a child you must contact the local CAS without delay. Calls are answered 24 hours a day, 7 days a week. There may be occasions when people are hesitant to call. Maybe they worry about the consequences of the call if their concerns turn out not to be legitimate. Perhaps they are afraid of putting a family in the system unnecessarily. And possibly they worry about the repercussions for them personally if their identity is revealed. These are all valid considerations but uppermost in your mind should be the fact that you are that child’s advocate and at this point, maybe their only voice. If it is a suspected case of dental neglect, this could lead to getting the child the care they need. Dental neglect may be an isolated incident or the conduit that reveals other forms of neglect. Regardless of the outcome, the child will get the help they need.

Once the call is made, the first person you will speak to is an intake worker. They are individuals who have special training so that they know how to listen to people and how to ask the appropriate questions. You do not need to be certain that a child needs help – you only need to have reasonable grounds. It is up to the intake worker to determine the level of risk that the child is in. They will decide the urgency of the situation and the appropriate action in response to the information provided. If the child is in immediate danger, then a social worker may be assigned at once. If it is determined that a child is not at risk or in danger, then the protection worker will determine the kind of support necessary. It is not up to you to determine whether there is neglect or abuse. The CAS will investigate your suspicions.

Once you have made your report to CAS, you have an ongoing duty to report child abuse and/or neglect. If there are additional reasonable grounds to suspect that a child needs protection, then you must make a further report to CAS. For example, if you see a child a year after your initial report, and there are urgent conditions in the oral cavity that need attention, it is up to you to call CAS again and make an additional report.

If you are working in your professional capacity and suspect abuse or neglect but fail to report, you may be liable for a fine upon conviction. You will be protected against civil action for making a report as long as your report is not motivated by malice and is with reasonable grounds.

Reference
MILESTONES

November 2013

MEMORANDUM

Announcement from Council re:
Independent Review of Oral Health Services in Ontario

On Friday October 25, 2013 Council for the College of Dental Hygienists of Ontario (CDHO) unanimously passed a motion authorizing the Registrar to proceed with the implementation of an Independent Review of Oral Health Services in Ontario. While the College is sponsoring the Independent Review, it has signaled officially that it will not manage or control the final report. The College will most certainly participate in the review and will also encourage participation from all of Ontario’s oral health stakeholders, but its role as a participant will not overlap with its role as sponsor.

The College has authorized this Independent Review in keeping with its legislative obligation under the Regulated Health Professions Act (RHPA). RHPA defines the duties of the College in two areas:

i) It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals; and

ii) In carrying out its objects, the College has a duty to serve and protect the public interest.

The College engages in a range of activities that focus on the second duty, ‘serving and protecting the public interest’, for example, Quality Assurance, Investigations, Complaints and Reports, Discipline and Fitness to Practise. Regarding the first duty, ‘ensuring access to qualified, skilled and competent professionals’ the College has commissioned the Independent Review to help document the status of oral health in Ontario and to determine whether or not the people of Ontario have appropriate access to these services as the RHPA obliges.

The review will be conducted under the leadership of Mr. Barry Monaghan who has a stellar career in a range of executive leadership positions in Ontario’s health care system. Mr. Monaghan has served as the CEO for several hospitals and as CEO for the Toronto Central Local Health Integration Network. He has also been a board member and chair for a variety of provincial organizations and has led multiple third-party reviews of hospitals and CCACs. This experience and an innate skill to ‘get the job done’ combine to make Mr. Monaghan an ideal candidate to lead the review.

Oral health stakeholders can expect to hear from Mr. Monaghan and/or members of his team later in November 2013. He is targeting delivery of his final report to Council in May 2014. At that time, the report will enter the public domain as a reference tool available to all parties.

For more information, please contact the office of the Registrar at 416-961-6234 x 229 or via e-mail at bsinclair@cdho.org.
Update on 2012 and 2013 Portfolio Assessments

In January 2012, letters were sent to 1659 registrants requesting their portfolio submission by January 31, 2013. Of the 1659 portfolios requested, 1523 registrants have completed their assessment and have met the assessment guidelines. This includes registrants who have resigned from the College and those who have been deferred to the next assessment period. There are 49 registrants still in the assessment process. This includes registrants who have additional information to submit to the Committee, those who are awaiting a second assessment and those who have received time extensions for submissions. The remaining 87 registrants are participating in directed learning or remediation to address identified deficiencies in their portfolios.

Of those registrants with deficiencies found in their portfolio, the most common included:

- Insufficient time spent on continuing quality improvement activities (63%)
- Activities listed as unacceptable in the Continuing Competency Guidelines (59%)
- No explanation of how learning benefitted clients (19%)
- Missing forms/information (22%)
- Expired CPR (11%)

Figure 1 compares the deficiencies found in 2013 to those found in 2012.
The current requirement that registrants maintain a professional portfolio has been in place since the inception of the program with the first portfolio submissions taking place in 1999. Since that time, amendments to the program and forms have been made as suggested by program findings and evaluations.

A significant finding from the current program evaluation and of great concern to the Committee was the fact that many registrants reported difficulty with completing the portfolio forms in their current format. Registrants reported that they were spending a significant amount of time creating and maintaining their portfolio (in addition to time spent completing Continuing Quality Improvement [CQI] activities). Formatting, copying pages and computer-related issues were commonly reported and College staff often received phone calls or emails about these same issues. The Committee would like to simplify this process and see registrants spending less time on the actual physical manipulation of forms.

There are currently on the market, several “portfolio” systems that have been developed for the quality assurance programs for other regulatory bodies in Ontario. Added features of these systems can include individualization to meet program requirements and may include add-ins such as video links, prompting for users and comparing a registrant’s progress to the program requirements. These systems also have the additional capability of suggesting activities based on a registrant’s self-assessment. If desired, they can also make recommendations to registrants about areas or topics for CQI activities related to their self-assessment.

In order to address difficulties identified with the current system, the Quality Assurance Committee recommended to the Council that the College research and implement an online portfolio system with a third-party provider. The Committee envisions an online system that is compatible with the College database, one that contains a secure login area for registrants and that permits the transfer of information when a registrant is ready to make their submission to the assessor. Council has approved the budget related to the online portal.
Quality Assurance Presentations to Registrants

In 2011 and 2012, the Quality Assurance Committee held several strategic planning sessions to initiate a full evaluation of the Quality Assurance Program. During these meetings, the Committee developed the following Vision Statement for the Quality Assurance Program:

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 will:

- Allow dental hygienists to position themselves as integral members of the inter-professional health care team.
- Be fair, consistent and transparent.
- Provide constructive feedback to assist registrants in improving their practice.
- Continually review its process with an aim to evaluate the effectiveness of the QA Program.

In order to achieve their vision of the program, the Quality Assurance Committee feels strongly that it is vitally important to regularly communicate with registrants regarding the program. Communication currently occurs by way of Milestones articles, the College website, e-briefs and with program staff.

Following the Setting the Record Straight presentations that took place in 2011 and 2012, registrants were surveyed and many registrants commented about their desire for the College to do similar presentations regarding the Quality Assurance Program. As a result of these presentations, many registrants are feeling more comfortable contacting the College about quality assurance matters. It was also evident from the many comments received from the registrant survey completed in December 2012, that there is a desire for contact with the College as well as a need to further dispel myths about the program within the dental hygiene community. Many registrants specifically asked for face-to-face time with the College regarding their quality assurance requirements.

The Quality Assurance Committee feels strongly that registrants would benefit from live presentations in each district to discuss modifications to the program to take place in 2014. Council has approved the budget related to the district presentations. Watch Milestones and your CDHO E-Brief for upcoming presentation dates and locations in your district. CDHO
Total Quality Improvement Survey, 2014

In 1995, under the auspices of the Quality Assurance Committee, a study, Dental Hygiene Practice in Ontario, 1995, was conducted by PMJ Consultants to provide direction for the design and development of the Quality Assurance Program and to establish a baseline practice profile for comparison with future periodic surveys. In 2002 and 2008, in keeping with the Quality Assurance Regulation, the Quality Assurance Committee undertook further Total Quality Improvement (TQI) surveys to collect and analyze information about the nature and quality of dental hygiene practice in Ontario.

Typically, findings from these surveys have been used to benchmark dental hygiene practice, prepare standards, guidelines and advisory notices to the profession, to facilitate quality improvement for the practice of dental hygiene and to adjust the Quality Assurance Program as required. Although periodic completion of a TQI survey is no longer required under the regulation, the Quality Assurance Committee believes that the information gained through the completion of the surveys provides valuable information that will help to inform future decisions and will be conducting a survey in the spring.

Council has approved the budget related to the 2014 Total Quality Improvement Survey. Watch for further information in upcoming Milestones and in your CDHO E-Brief.

2014 Portfolio Submission

Registrants who are required to submit their portfolios in January of 2014 are reminded that we will start accepting submissions on January 1, 2014.

E-mailing your professional portfolio:
- E-mail the professional portfolio to: qualityassurance@cdho.org
- You should receive confirmation by e-mail within three (3) business days.
- You can use your e-mail address in lieu of a signature, only if you are submitting your portfolio by e-mail.

Mailing your professional portfolio (by post):
- Please submit a photocopy of your professional portfolio, as the one you submit for the assessment will not be returned. Portfolios must be kept on file as per the QA’s policy and procedures handbook.
- Photocopies should be clean, clear and legible.
- Do not staple or bind the pages. If you wish, the pages may be paper-clipped.
- Mail the professional portfolio to:
  
  Quality Assurance
  College of Dental Hygienists of Ontario
  69 Bloor St. E, Suite 300
  Toronto, ON M4W 1A9
The College’s Sexual Abuse Prevention Plan

By Robert Farinaccia, RDH, BSc

The College of Dental Hygienists of Ontario (CDHO), much like every other College regulated under the Regulated Health Professions Act, 1991 (RHPA), is required to administer a Patients Relations Program. According to the RHPA, the Patient Relations Program must include measures for preventing or dealing with sexual abuse of clients.

The Patient Relations Committee of the College takes its responsibility of developing and implementing measures for preventing and/or dealing with sexual abuse very seriously. To address its mandate, the CDHO has developed a Sexual Abuse Prevention Plan that is updated annually. Sexual abuse/impropriety by dental hygienists while providing oral health care to the public is not tolerated under any circumstances.

The College’s Sexual Abuse Prevention Plan addresses the following areas:

1. **Educational Requirements for Students** — The College provides dental hygiene educational institutions with an Instructor’s Guide to the Prevention of Sexual Abuse of Clients to be incorporated into their Ethics and Jurisprudence course. As well, new applicants are required to successfully complete the online jurisprudence course and score 100% on the online examination which includes reference to the CDHO Sexual Abuse Prevention Plan and a registrant’s obligations under the RHPA.

2. **Guidelines for the Conduct of Registrants** — The College keeps registrants informed of their obligations to clients by having the Registrants’ Handbook available on the College website as well as on the data sticks that all registrants receive. The College also has documents available on its website titled Prevention of Sexual Abuse of Clients and Professional Boundaries for Dental Hygienists in Ontario. These two documents can be found by clicking the Professional Practice menu tab then selecting the Guidelines link. As well, articles are published annually in Milestones informing registrants about the provisions in the legislation regarding sexual abuse of clients.

3. **Training for College Administration** — Members of administration attend educational and information sessions which deal with the issue of sexual abuse. Recently, refresher training for staff designed to assist them in the initial dealings with persons who may have been sexually abused took place. Five members of administration attended the training session.

4. **Provision of Information to the Public** — Information respecting the role of the CDHO in general which includes information on sexual abuse prevention is available on the CDHO website. The College continues to participate in providing general information to the public by producing information pamphlets, distributing articles to local newspapers for publication, and by utilizing opportunities to work with other organizations involved in public education.

5. **Funding for Therapy and Counselling** — A fund has been established with sufficient money to supply a successful applicant with the necessary funds for therapy and counselling should there be a finding of sexual abuse by a registrant of the College. Under the Minister’s Regulation, the maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual outpatient psychotherapy with a psychiatrist on the day the person becomes eligible. Currently, this is deemed to be equal to approximately $16,080.

6. **Evaluation** — Evaluation of the plan includes incorporating questions into a survey circulated to registrants every five years to determine registrants’ awareness of the issue, their statutory obligations under the RHPA and their familiarity with the material covered in the training sessions.

...continued on next page
with the complaint process. Evaluation also includes incorporating questions into interactive presentations such as *Setting the Record Straight*. The College monitors the handling of sexual abuse complaints on an ongoing basis, and the Patient Relations Committee will recommend appropriate revisions to this program if necessary.

Under the *RHPA*, the definition of sexual abuse is very broad and includes any of the following conduct with respect to a client:

- Sexual intercourse or other forms of sexual relations,
- Touching of a sexual nature, or
- Behaviour or remarks of a sexual nature.
*“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

If a dental hygienist is aware of a health care professional that is treating a client and is involved in a sexual relationship with that client, then according to the *RHPA*, the dental hygienist is obligated to submit a mandatory report. A dental hygienist is required to report sexual abuse of a client by any regulated health care professional.

Dental hygienists are required to:

- Report information they obtain in the course of practising their profession.
- Report if they know the name of the practitioner who was involved in the alleged abuse.
- Obtain the client’s permission to include his or her name in the report and get written consent as an indication. If the client does not consent to include his or her name in the report, the dental hygienist is still required to submit a report but must not include the client’s name in the report. The fact that the dental hygienist tried to obtain consent but the client refused, should be included in the report as well.
- Submit a written report within 30 days to the Registrar of the appropriate College, or if there is reason to believe the abuse will continue or abuse of other clients will occur, the report must be submitted immediately.

Failing to report sexual abuse of patients/clients is an offence under the *RHPA* and has a punishable fine of up to $25,000 for a first offence and up to $50,000 for a second offence.

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**Quiz**

To test your knowledge of sexual abuse and your obligations as a regulated health professional under the *RHPA*, take the quiz below by indicating whether you believe each statement to be True or False. Answers and rationales can be found on the next page.

1. You hear another dental hygienist in your office tell a client a joke that has sexual content. This is considered sexual abuse under the *RHPA*.  
   - T  ❌ or F  ❌

2. You find out a dental hygienist in your office is treating his/her children. This is considered sexual abuse under the *RHPA*.  
   - T  ❌ or F  ❌

3. A fellow health care provider tells you that they are having a sexual relationship with one of their clients. This is considered sexual abuse under the *RHPA*.  
   - T  ❌ or F  ❌

4. Treating a spouse is OK if you obtain verbal informed consent to treatment and have your spouse sign a waiver.  
   - T  ❌ or F  ❌

5. Your client has disclosed to you that they have been sexually abused by one of their health care providers but will not give you the name of that health care provider. You must still make a mandatory report.  
   - T  ❌ or F  ❌

6. The mandatory penalty for a registrant found guilty of sexual abuse is revocation of one’s certificate of registration for a minimum of two years.  
   - T  ❌ or F  ❌

7. A dental hygienist wishing to date a client must end the client-clinician relationship first.  
   - T  ❌ or F  ❌

8. The *RHPA* provides legal protection to anyone who files a mandatory report in good faith.  
   - T  ❌ or F  ❌

9. A dental hygienist may be required to reimburse the College for the cost of therapy and counselling provided for the sexually abused client under the College’s Funding for Therapy policy.  
   - T  ❌ or F  ❌
**Answers and Rationales**

1. **True.** According to the RHPA’s definition of sexual abuse, telling a client a joke that has sexual content is considered sexual abuse. This definition could also include the dental hygienist laughing at a sexual joke told by a client in the presence of another client.

2. **False.** Under the RHPA, no rule exists that constitutes treating family members (spouses excluded) as sexual abuse. However, the CDHO discourages the practice of dental hygienists treating family members as it can be viewed as a conflict of interest. Treating one’s own family may open the door to conflict if the treatment is not successful or if the family member is not compliant with treatment recommendations. As well, many third-party payers view this as a conflict of interest as they believe that treating a family member makes it difficult to treat that individual with true objectivity.

3. **True.** Under the RHPA, health care providers are prohibited from having sexual relationships with their patients/clients.

4. **False.** The definition of sexual abuse includes the treatment of spouses even if there was a pre-existing spousal relationship prior to dental hygiene treatment being performed. There is no room for interpretation. It is important to note that a client’s consent to treatment in these cases is irrelevant as it still amounts to sexual abuse as defined by the RHPA, and by this definition, sexual abuse can be consensual.

5. **False.** Health care providers are not required to file a mandatory report if they do not know the name of the alleged abuser.

6. **False.** According to the RHPA, the mandatory penalty for a registrant found guilty of sexual abuse is revocation of one's certificate of registration for a minimum of five (5) years.

7. **True.** If a dental hygienist is considering dating a client, they should first terminate the dental hygienist/client relationship. Arrangements should be made for another dental hygienist to treat the client. The dental hygienist should then wait an acceptable time before beginning to date the client. An appropriate time depends on the circumstances of each case and the College strongly urges registrants to err on the side of caution when determining the appropriate timeframe. Also, to avoid any potential issues that may arise in the future, the dental hygienist would be wise not to treat the client ever again (should their personal relationship not work out).

8. **True.** Under the RHPA, reporters are given legal protection from any retaliation by the registrant who is the subject of the report, provided that the report was made in good faith.

9. **True.** Under the College’s Funding for Therapy and Counselling policy, the College is entitled to recover funding from:

   i) reimbursement orders made by the Discipline Committee against a registrant found guilty of sexually abusing the patient/client;

   ii) a civil action against the registrant to recover funding paid out. **CDHO**


### Across

4. crystalline structure that results when tooth enamel has been exposed to fluoride (2 words)
8. process done on enamel surface in order to increase sealant retention (2 words)
11. public water supply has been adjusted to contain the optimal amount of fluoride to prevent tooth decay (2 words)
14. one role of RDH to protect client’s rights and well being
15. recalcified lesion resulting from the remineralization process (2 words)
17. this anatomical structure is larger in primary teeth than in permanent teeth (2 words)
18. abbreviation for government program for dental care for children under 18 with financial hardship and no access to dental insurance for emergency and essential dental care
20. has the common defining characteristics of control and/or violent behaviour
23. new decay occurring at the margin of existing restoration (2 words)
25. most frequently responsible for the congenital absence of teeth

### Down

1. teeth that do not fully erupt and remain embedded in bone or soft tissue
2. high levels of this organism is transmitted from mother and associated with early childhood caries (2 words)
3. single most common chronic childhood disease (2 words)
4. vehicle for bringing topical fluoride into contact with the tooth surface for an extended period of time until it wears away (2 words)
5. placed on incipient caries to try to stop the decay process (2 words)
6. help to keep the space for an adult tooth open (2 words)
7. the size difference between the deciduous posterior teeth and the permanent canine and first and second molar (2 words)
9. risk factor for dental caries if classified as deep (3 words)
10. the name for teeth visible in the infant’s mouth at birth
12. abbreviation for non-profit organization with mission to protect children and youth
13. tendency of the permanent molars to have an eruptive force toward the midline (2 words)
16. the process by which sealants harden by either self-curing or light curing
19. unmet dental need
21. this mandibular tooth is usually the first deciduous tooth to erupt (2 words)
22. key predictor of poor oral health
24. the rudimentary lobe of the maxillary first molar (3 words)
26. noncariogenic sweetener that enhances remineralization
27. phenomenon where osteoclastic cells destroy the root of the deciduous tooth
29. the curved alignment of the occlusal plane (3 words)
31. the art and science of teaching children
32. released by glass ionomer sealants to provide a limited cariostatic benefit to tooth
38. abbreviation for condition that may result from prolonged use of baby bottles filled with juice or milk
39. abbreviation for dental program funded by province for children under 18 who are from households with an adjusted family income under $20,000 with no other access to dental insurance

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**Did you know?**

Only those persons currently registered with the CDHO may use the title “dental hygienist” or any variety or translation of “dental hygienist”, including the initials RDH (Registered Dental Hygienist)?
Crossword Theme:
Knowledge and Treatment of Children’s Teeth

The answers to this Crossword Puzzle will be posted on the last page of our November 2013 online issue of Milestones at www.cdho.org
In 2013, the Inquiries, Complaints and Reports Committee (ICRC) received 51 referrals for investigation from the Quality Assurance Committee (QAC) regarding registrants who failed to submit their professional portfolio. The following Q&A is intended to address the common misconceptions and questions that were identified during the ICRC’s 2013 investigations.

I have been selected by the QAC to submit my professional portfolio; what is the deadline for submitting it?

For registrants who were selected in 2013 to submit their professional portfolio, the deadline for submission is January 31, 2014.

I did not submit my professional portfolio after being selected by the QAC; what happens now?

If a registrant fails to submit her/his professional portfolio by the January 31st deadline, the matter of non-compliance and/or non-response with the QAC is referred to the ICRC for investigation. Once the investigation is complete, the ICRC may direct that:

- A registrant appear before the ICRC to receive an oral caution, or to receive a written caution, that will remain on the registrant’s permanent file;

- A registrant complete a specified continuing education or remediation program;

- No further action be taken. (For example, this may be directed if a registrant complies with her/his outstanding requirements, and there are extenuating circumstances.); or

The QAC has referred me to the ICRC for non-compliance/non-response; do I still have to submit my portfolio?

A referral to the ICRC will not affect a registrant’s QA requirements. The ICRC will investigate the issue of non-compliance with and/or non-response to the QAC. The requirement to submit a professional portfolio remains an outstanding obligation until the portfolio is received. Should a registrant choose to resign after having been selected, a record of the outstanding obligations and referral to ICRC will become part of the permanent file and will be considered should she/he apply for registration in the future.

I have been referred to the ICRC for failing to submit my professional portfolio but I never received a letter from the College; how could this happen?

Once a registrant is selected, a letter from the QAC is mailed to the last known address. If there has been a change to their contact information, registrants are responsible for notifying the College within 14 days of the change. Registrants are also responsible for ensuring they are up to date with their professional obligations. Registrants can determine whether they have been selected to submit their professional portfolio by logging into the registrant portal through the College website www.cdho.org or by contacting the QA department of the College directly.
I spoke with the College about a different matter and no one mentioned anything about my professional portfolio; why didn’t they tell me?

When a registrant is selected to submit her/his professional portfolio, only the QA department at the College has access to this information. The QA process is confidential and the information is made available to the ICRC only if the registrant fails to comply with her/his obligations.

I am very busy with my practice and don’t have time to spend on a professional portfolio; why do I need to submit one anyway?

Maintaining a professional portfolio is part of the QA requirements for all registrants; it is not optional. One of the ways in which the College acts to protect the public is through the QA Program, which requires registrants to maintain and improve their level of competence in order to provide optimal care to the public.

I’m currently registered as Inactive and I’m not even practising; why do I have to submit my professional portfolio?

The QA requirements apply to all registrants of the College, regardless of the category of registration. As a regulated health care professional, every registered dental hygienist is expected to comply with her/his professional obligations.

I submitted my professional portfolio after being referred to the ICRC for non-compliance with my QA obligations; why do I still have to go through the ICRC process?

Once the QAC has referred a registrant to the ICRC, the referral must proceed and the ICRC must review each case for appropriate action. The College considers non-compliance with professional responsibilities a serious issue. If a registrant fails to submit her/his portfolio within the specified time frame, the issue of non-compliance is seen as separate from the requirement to maintain a portfolio and still needs to be addressed.

I have been experiencing medical/personal challenges; do I have to submit my professional portfolio right now?

Registrants who are experiencing unusual or unexpected personal or medical issues and believe they cannot submit their professional portfolio by the due date should contact the QA department prior to the deadline to discuss what options might be available. It is not acceptable to ignore one’s professional obligations.

The Knowledge Network
Find the clinical information you need at: www.cdho.org/QAKnowledgeNetwork.htm

View our Fact Sheets!
- Chicken Pox
- Crohn's Disease
- Head Lice
- Impetigo
- Measles
- Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)
- Mumps
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Rubella (German Measles)
- Shingles (Herpes Zoster)
- Strep Throat (Group A Strep)
- Tuberculosis (TB)
- Ulcerative Colitis
Ms. Norma Lowe Klein – 002150

Practice address: 1849 Yonge St., Suite 612, Toronto, ON M4S 1Y2

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Contravened or failed to maintain a standard of practice (paragraph 2).
– Failed to comply with an order or direction of a Committee or a panel of a Committee of the College (paragraph 45).
– Disgraceful, dishonourable, or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS

– As a result of an investigation, the ICRC rendered a decision dated November 21, 2011 that required Ms. Klein to successfully complete, at her own expense, a Specified Continuing Education and Remediation Program (SCERP) for a period of nine (9) months from the date of the decision. The SCERP required that Ms. Klein’s practice be monitored on a weekly basis for the first 30 days, but thereafter the Monitor appointed had the discretion to decide whether the monitoring was on a weekly, bi-weekly, or monthly basis.
– Ms. Klein’s counsel set out in a letter dated January 30, 2012 the objections Ms. Klein had to the SCERP.
– By letter dated February 2012, the Deputy Registrar advised counsel to Ms. Klein that if Ms. Klein did not comply with the SCERP, the matter would be referred to a panel of the ICRC for their consideration.
– Ms. Klein did not comply with the SCERP and the matter was referred to a panel of the ICRC.
– A referral to the Discipline Committee with allegations of professional misconduct was made on June 15, 2012.

DECISION

1. Findings
– The Panel accepted as true the facts above and found that
  Ms. Klein committed acts of professional misconduct pursuant to paragraph 45 and paragraph 52 under section 15 of the Ontario Regulation 36/12, under the Dental Hygiene Act, 1991.
– The College did not proceed with the allegations under paragraphs 2 and 53.

2. Penalty
– Reprimand.
– Suspension of certificate of registration for four (4) months, to be reduced by one (1) month upon successful completion of ethics and jurisprudence courses and sufficient [proof] of intention to begin SCERP.
– Successful completion of ethics and jurisprudence course approved by the College.
– Successful completion of SCERP within a nine (9) month timeframe as ordered by the ICRC on November 21, 2011.

3. Costs
– $14,500.00 to be paid by Ms. Klein to the College, to begin six (6) months after Ms. Klein returns to active practice.

4. Panel’s Reasoning
– The penalty imposed appropriately serves the purposes of public protection, general deterrence, specific deterrence, and rehabilitation of the registrant.
– The Panel wants to affirm that the discipline process will not be used to appeal or challenge orders made by the ICRC. There are mechanisms in place for a registrant to challenge an order; in this case, any challenge of the SCERP should have followed the appropriate channel, which would have been to apply for a judicial review if she thought she was being treated unfairly either in the process followed, or by the imposition of the SCERP.
– The Panel considered the following mitigating factors:
i. Ms. Klein pleaded guilty to the allegation of professional misconduct.

ii. Ms. Klein has cooperated with the College throughout the disciplinary process.

iii. This is Ms. Klein’s first appearance before a Discipline Panel, and there is no record of prior misconduct.

The Panel considered the following aggravating factors:

i. Ms. Klein chose not to challenge the ICRC order she disagreed with through a judicial review because she did not believe it would succeed. Instead, Ms. Klein attempted to use the discipline process to challenge the ICRC order through the back door. The Panel considers this a misuse of College resources.

ii. Ms. Klein argued she could not comply with the SCERP ordered by ICRC because of constraints imposed by her employer, implying that if she needed to make a choice she would work according to her employer’s expectations rather than compliance with the College’s orders.

iii. Ms. Klein suggested that incomplete records do not have any bearing on client safety and that none of the registrant’s clients have been harmed because of incomplete records, however, the Panel knows that incomplete records can pose a risk of harm to clients.

The Panel is of the view that the registrant does not know if any of her clients have been harmed because she is not completing and documenting according to current standards as required by the College.

The Panel considered the following factors in assessing the matter of costs:

i. Ms. Klein’s personal circumstances are financially challenging even if the Panel was not persuaded that the SCERP order could not be complied with by her.

ii. Ms. Klein will be unable to practise dental hygiene during her suspension.

iii. The amount of $14,500.00 is a fair balance between the amount of $29,000.00 asked for by counsel for the College and an amount based on a per diem approach to determining quantum.

iv. College resources are funded through registrants’ fees and the Panel is of the opinion that it would be unreasonable to expect registrants to assume the total cost of the proceedings given the finding and the inappropriate use of the discipline process. In the Panel’s opinion, Ms. Klein should be required to pay a portion of the expenses incurred by the College.

Ms. Tracy Law – 013364

Last known practice address: 20 Carluke Cres., #1201, North York, ON M2L 3J1

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Falsified a record relating to the member’s practice (paragraph 28).

– Signed or issued, in the member’s professional capacity, a document that the member knows or ought to have known contained a false or misleading statement (paragraph 30).

– Submitted an account or charge for services that the member knows or ought to have known was false or misleading (paragraph 31).

– Counselling or assisted in the submission of false or misleading accounts or charges to clients or in respect of their care (paragraph 32).

– Engaged in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional (paragraph 52).

– Engaged in conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS

– Tracy Law was employed by Dr. M.K. in Scarborough, Ontario from 2009 to 2011.

– From September 2009 to August 2011, Ms. Law’s boyfriend/partner K.L. submitted 19 false online claims to Manulife for dental services purportedly provided to him and to Ms. Law by Dr. M.K. Manulife reimbursed K.L. for these claims in the total amount of $7,558.10.

– In addition, K.L. submitted additional false documentation to Manulife.

– Ms. Law provided information in support of two of the false claims to Manulife.

– She assisted K.L. by providing information in support of the two claims to Manulife referred to above.

– She provided K.L. with technical information, including tooth numbers, procedure codes and fees, which he used to file the claims.

...continued on next page
Did you know that research suggests at least 20 percent of adult women and between 5 to 10 percent of adult men have a history of childhood sexual abuse?

The Handbook on Sensitive Practice for Health Care Practitioners is a tool available to all registrants on the College’s website and registrant data stick that describes the principles of sensitive practice and offers useful guidelines and tips to enhance survivors’ sense of safety during health care encounters. It presents information that will help health care practitioners practise in a manner that is sensitive to the needs of adult survivors of childhood sexual abuse and other types of interpersonal violence.

In 2010, the authors of the handbook approached the College of Dental Hygienists of Ontario (CDHO) and the Patient Relations Committee with a request to review the information of the handbook in terms of providing oral health care services because the authors were interested in including relevant and up-to-date oral health care information. The College recognized the importance of sensitive practice because receiving oral health care can be difficult for many survivors of sexual abuse, and dental hygienists are likely to work with adult survivors, often unknowingly, on a regular basis. The Patient Relations Committee was particularly interested in

DECISION

1. Findings
   - The Panel accepted as accurate the facts above and found that Ms. Law committed acts of professional misconduct pursuant to the allegations under paragraphs 32, 52 and 53 of section 15 of Ontario Regulation 218/94, under the Dental Hygiene Act, 1991.
   - The College withdrew the allegations under paragraph 28, 30, and 31.

2. Penalty
   - Reprimand.
   - Suspension of certificate of registration for four (4) months (June 27 – October 2, 2013), with the option to suspend two (2) months if a fine of $750.00 is paid within 30 days of the Order.
   - Completion of professional/problem-based ethics course “The ProBE Program”.

3. Costs
   - $750.00 to the Minister of Finance within 30 days of the date of the Order.
   - Registrant to complete the course at own cost.
   - Costs awarded to the College in the amount of $2000.00.

4. Panel’s Reasoning
   - The penalty meets the purpose of specific deterrent to the registrant and a general deterrent to all other registrants, sending a clear message that a dental hygienist must act with integrity at all times when fulfilling their responsibilities.
   - The penalty in this case was consistent with prior decisions of the Discipline Committee.
   - The Panel also took into account a number of mitigating factors:
     i. Ms. Law acknowledged her misconduct early in the proceedings and, through her counsel, expressed remorse for her actions.
     ii. Ms. Law cooperated fully with the College and pleaded guilty to the allegation of professional misconduct, saving the College time and resources.
     iii. Ms. Law has no prior discipline record.
   - The penalty serves the purpose of rehabilitating the registrant.

CDHO
The Handbook on Sensitive Practice for Health Care Practitioners

By Robert Farinaccia, RDH, BSc

the handbook as it offered a sensitive and accessible way to inform registrants about the potentially difficult matter of providing care to adults who are survivors. Finally, the College believed that dental hygienists who were familiar with the principles of sensitive practice might help adult survivors of childhood sexual abuse feel less apprehensive when receiving oral health care. This would help to address an access to care issue that is often not considered.

The College encouraged dental hygiene educational institutions to include information from the handbook in their curriculums. In November 2010, a presentation by Candace Lou Schachter, one of the authors of the handbook, was conducted for educators at a joint Ontario Dental Hygienists’ Association and CDHO Educator’s Workshop to empower educators with information they could bring back to their curriculums in order to better prepare their students for dealing with adult survivors of childhood sexual abuse.

The handbook is valuable because it contains information for health care practitioners and students of all health disciplines who have no specialized training in mental health, psychiatry, or psychotherapy and have limited experience working with adult survivors of childhood sexual abuse. The handbook describes the principles of sensitive practice and offers guidelines to enhance survivors’ sense of safety during health care encounters, in the interest of maximizing the benefits of consultation and treatment. The ultimate goal of this handbook is to foster a sense of safety for clients. This handbook will allow the dental hygienist to support a client’s autonomy and right to participate in the decision-making processes while decreasing the likelihood of inadvertently re-traumatizing survivors.

Registrants should be aware that many of the dynamics of the dental hygienist-client relationship can mimic the dynamics of abuse. This is because not only is there a power imbalance, but some components of the process of care can create feelings of violation and lead to re-traumatization (e.g., proximity to client, touch, and/or issues of control). Examinations and procedures that health care providers might consider innocuous or routine can be distressing for survivors, because they may be reminiscent of the original trauma.

Are you prepared, as a regulated health care practitioner, to provide dental hygiene treatment for your clients who may be adult survivors of childhood sexual abuse and interpersonal violence in a manner that is sensitive to their needs without inadvertently re-traumatizing them?

References


5. Ibid.

6. Ibid.
New Registrants
June 1, 2013 to October 31, 2013

Abbasian-Amin, Negin 016723
Aboulhosn, Tania 016655
Ajodha, Diana 016661
Alonso Lopez, Zoi lenys 016608
Alves, Vanessa 016696
Amaro, Amanda Marie 016613
Amezquita Bermudez, Lina Maria 016695
Ammouni, Merreil 016717
Ashley, Jasmyn Louise 016617
Awon, Nalia Tabassum 016540
Baric, Shannon 016616
Barkans, Jay 016621
Barcic, Shannon 016616
Bent, Shannon Lee 016571
Berger, Leah Christine 016639
Birch, Jody Anne 016722
Bird, Amanda Ashley 016644
Boglis, Mary 016621
Bossert, Krystal Nicole 016604
Bruder, Kara May 016635
Cahill, Martha Lucy 016650
Calotescu, Loredana 016584
Capela, Melissa Rocha 016721
Castro, Maria Josefa 016737
Castro, Melani 016575
Cebic, Mirela 016716
Chahal, Amreen 016659
Chambers, Trudy-Ann 016699
Chiew, Karen 016566
Chorney, Jacqueline 016587
Chow, Ashley 016671
Cobo Escobar, Paola Andrea 017479
Coleman, Tracey Hiliary 016638
Da Silva, Roxanne Melissa 016702
Damiano, Melissa 016748
Darson, Benson 016565
Degliangeli, Miranda Marie 016584
Del Rosario, Kris Krister 016746
Delaun, Denise Marie 016546
Denis, Charlene 016739
Deol, Namarta Kaur 016642
Derue, Tabitha Marie 016548
Dittrich, Michelle 016677
Dover, Lyndsay Michelle 016678
Dubec, Jazmyne Krystal 016626
Dunajtschik, Carly Sarah 016665
Elghoul, Noha Omran S 016718
Elrafih, Amira 016633
Esmaleili, Mehrnaz 016735
Espana, Ausmar 016742
Eyraud, Rosemary Denise 016630
Ferreira, Ashleigh 016620
Francis, Eva 016688
Friedmann, Samantha 016645
Gandi, Parinaaz 016730
Gao, Yan 016738
Geerlings, Patricia 016741
Gervasio, Anna 016549
Gill, Jeevanjot Kaur 016576
Girard, Katie 016705
Goel, Isha 016586
Gonzalez, Rosemary Pamela 016679
Gordon, Ashley Ann Jean 016676
Gribhazai, Khailda 016545
Hashimi, Sultana 016664
Hazelwood, Revanna 016599
Henessey-Pinet, Kim 016582
Herrera Castro, Gina Marisol 016712
Hewlett, Danielle 016744
Hiscock, Kimberly 016547
Ho, Lucy 016585
Houston, Allison 016637
Houston, Shea 016627
Huntley, Chantel 016628
Hyppolite, Jessica 016568
Intriago, Heaven-Leigh Azalea 016590
Janotta, Anne 016640
John, Hamid 016554
Kamar, Rayana 016647
Keast, Vanessa Aaron 016740
Kim, Jung Yun 016670
Kim, Samantha Arum 016650
Kim, Sarah 016570
Kim, Victoria 016685
Kisseleva, Ekaterina 016636
Kvetko, Ashley 016749
Lattimer, Melissa 016641
Le, Lisa 016619
Lemery, Ashley Julie 016558
Lemieux, Hanna 016644
Li, Brittany Kirsten 016668
Li, Wen mu 016676
Li, Yu Hui 016600
Linares, Maria 016656
Lopes-Moniz, Candace Marie 016669
Lu, Maggie Jade 016657
Lubay, Rio Rodelas 016654
Luby, Kayla Leann 016670
Ludgate, Myles Anthony 016683
Luo, Lucia Tianyao 016662
Maharaj, Sammy Junior 016664
Mahdi, Nidhal Hashim 016552
Mahmood, Sadia 016649
Maiuri, Jessica 016670
Malfara, Kristen Elizabeth 016731
Mallozzi, Nicolette 016651
Mancini, Kristen Nicole 016675
Mandi, Kalpana 016607
Manno, Sofia Alessandra 016622
Marchitto, Julia Emanuela 016623
Marino, Jenna 016663
Marushko, Olena 016558
Maternicka, Justyna 016714
McKenny, Colleen Cassidy 016589
Medeiros, Lindsay Marie 016624
Megerditchian, Lara 016681
Mehan, Natasha 016588
Meimargholou, Tiffany 016736
Mendoza, Wilhelmina 016601
Merchant, Tara 016733
Mindrila, Angela 016611
Mirassol, Ana Paula Pincaro 016711
Mirzaei Sefidabi Farahani, Parsa 016653
Mitica, Bianca Alexandra 016554
Montgomery, Rashelle 016643
Moon, Taylor Elizabeth 016691
Moore, Kendra 016750
Moraes Montesino, Yailin 016777
Morina, Amanda 016660
Motta, Thais Cristina Furniel 016734
Murray, Elena Kaitlyn 016719
Murray, Stephanie 016629
Muthuraja, Shalini 016668
Nadeau, Rose 016703
Nazarini, Rabeheh 016687
Nguyen, Daisy 016707
Nguyen, Lisa 016667
Nguyen, Lucia 016686
Nguyen, Th Xuan Mai 016542
Odding, Deanna Florence Maria 016562
Onaa, Samantha 016643
Parayno, Rowena 016720
Pastor, Jenny 016726
Peugh, Tracy 016631
Ped, Rochella Marie Pena 016609
Pequegnat, Amberleigh 016647
Perez Torres, Monica Cecilia 016689
Perivoliaris, Vicki 016632
Perri, Giovanna 016692
Pickersgill, Sarah 016751
Pilon, Danielle 016596
Pirri, Natasha 016704
Poedymski, Agnes 016572
Prabhakaran, Sujatha 016569
Prasad, Angilini Devika 016561
Prasad, Vikashni Lata 016561
Quarrine, Errin 016716
Quinto, Michelle 016603
Randa, Nora 016725
Raykova, Romina 016618
Rebelo, Ashley 016628
Robles, Danah Riza 016578
Rogers, Stephanie 016674
Rohani, Faheem 016557
Rogers, Raja 016666
Russel, Valerie Marie Jocelyne 016615
Authorized for Self-Initiation
June 1, 2013 to October 31, 2013

Abbott, Janice Marie 001320
Abruscato, Josie 011499
Abuyuan, Raciel 010210
Afshar, Meda 012606
Agostino, Monica 010409
Albert, Balthazar, Cristina 011763
Alidrich, Tracey Leigh 005084
Allen, Patti 004651
Andaya, Pamela 011835
Armott, Kelly Suzanne 002256
Arya, Nisha 012703
Asher, Poonam 014824
Auciello, Ashley Grace 009274
Aujla, Kiran 014725
Aulakh, Kiranpreet 011284
Avelar, Stephanie 014749
Bacig, Renee Catherine 007217
Baietti, Tabitha Amalia 013467
Bains, Gurleen 011229
Bainwohl, Sabrina Roberta 011626
Baker, Jordan Alexandra 012238
Balhuyzen, Jennifer Anne 013588
Baldassara, Amanda Elise 014134
Baldassara, Lauren Danielle 014096
Barbosa, Margarida Maria Magalhaes 011542
Barlow, Mary 008638
Barnett, Stacey Ann 006047
Barone, Daniela 012921
Basse, Karen Jean 013285
Bat, Barbara Jean 001636
Baugh, Kristen H 007406
Beange, Julie 008867
Beck, Anne Marie 001561
Bedi, Amneet Kaur 013309
Beecroft, Amanda 014788
Bekht, Omnia Zahra 010275
Belanger, Melissa Ann 008968
Belles, Cathryn Brooke 012235
Bellissimo, Sally Dianne 004556
Bene, Laurie Ann 006346
Bennett, April Dawn Gwen 013726
Benson, Valerie Ann 002734
Beran, Rose 012612
Bethune, Karlynn 013345
Bettencourt, Jenna 013693
Bhagoute, Vanessa Naomi 010538
Bhakri, Subir 010493
Birtles, Wendy 002848
Bizzama, Fabiola 010870
Blanchard, Melanie Marie 000775
Blaser, Dagmar 003647
Boissonneault, Suzanne L 004246
Bosnyak, Laurie 001216
Botelho, Jennifer 013860
Bouchard, Brigitte Mc 004552
Bowers, Katherine 013056
Boy, Kirsten Ann 010069
Bradly, Topaz 011586
Brand, Alixe 010937
Briller, Caroline Bressemann 011362
Britstow, June Marie 004791
Brooks-Wallace, Sharon Lee 005427
Brown, Sue 014426
Brun, Tammy Leanne 003458
Buchan, Monica 012991
Buda, Violet 014900
Bungay, Dwight 009113
Burt, Jennifer Lee 012002
Burton, Nada 006674
Butler, Melissa 010373
Butler, Robyn 014363
Buttigieg, Mary 002004
Caesar, Ashley 014543
Calaguiro, Jessica Adele 013181
Calder, Lianne 014161
Cambay, Jane 011925
Cameron Couto, Lyndsay Denise 012220
Campbell, Connie Ann 002804
Cao, Eden 014339
Carachidi, Kelley 004555
Carl, Tina 013226
Carlos, Maria Josefa 016737
Carpenter, Jillian 013829
Carvalheiro, Melissa Tania 013392
Castelhano, Sonia 011512
Castillo, Silvia 011719
Celic, Elvira 011922
Cha, Andrea Theresa 013882
Charron, Stephanie 012328
Cheng, Amy Wai Hing 012176
Cherin, Vered 010638
Chinnick, Cathy 006991
Chipman, Leanne Marie 009554
Choj, Jiyean Irene 011738
Chojak, Katarzyna 014439
Chong, Elaine Y L 007391
Chou, Tina 014780
Chowdhury, Zehra 014948
Choy, Ann-Marie 012122
Chu, Juliana 009243
Ciltea, Delia Cristina 008541
Cochrane, Erin 011950
Collett, Stephanie Lee 012572
Comeau, Denise 012650
Contanas, Anastasia 009357
Cook, Sarah 013211
Cooper, Kimberly Ann 004714
Coppens, Nicole Elizabeth 013900
Corbett, Arianne 014559
Corvoro, Elaine Susan 006888
Craig, Carole L 008213
Cramer Schein, Jennifer 014259
Cromwell, Jenna 014955
Cromwell, Rachel M 010847
Crozier, Cheryl 007857
Cuozzolo, Emily Felicia 013221
da Silva, Isabel 011913
Dale, Nicole 013610
Dalrymple, Louise Margaret 004612
Danese, Marilisa 003062
Danial, Rafah 014902
Datoo, Fatimah 011809
Dawson, Sarah 013281
De Souza, Charlene Marie 014276
Deberny, Sophie Alexandre 003642
DeCorte, Clayton Arthur 007615
Dedman, Tanya Marie 013257
DeGiorio, Marcella 004562
Demers, Nancy-Jo 006969
Dennis, Kerri Lynn 004340
Deon, Tanya 013870
DeSantis, Catharine Lisa 004643
Desovic, Rose 012616
Dhillon, Sukhdeep 014494
Dhimian, Amrit 010810
Dias, Jill Patricia 008174
Dietrich, Christine Ann 007108
Dixon, Rose-Ann 007399
Dizon, Mary Grace 008355
Djordjevic, Monika 006534
Djordjevic, Monika 013977
Drab, Dana, Marlene 015152
Drong, Dana Michelle 010259
Drost, Gini 014080
Drury, Hannah Claire 009843
Duncan, Bobbie 013044
Duquette, Michelle 010351
Durston, Larysa 006814

November 2013 MILESTONES 31
November 2013
MILESTONES
33
Voisine, Louise Helene 002391
Volpe, Andrea 012663
Vu, Thuy 013545
Wagner, Jennifer Anne 006797
Wailes, Tara Jean-Marie 011670
Walia, Bhavna 013921
Wallace, Kristina Breanne 012602
Walmsley, Andria 003833
Walters, Sheri Lynn 007136
Wang, Yu Maggie 011887
Warren, Nicole 010499
Warwick, Danielle Nadine 009661
Wasley, Susan Irene 006148
Watson, Stephanie 014591
Weatherall, Tammy 013545
Wells, Donna Suzanne 010219
Westman, Kristina Breanne 012602
Whitlock, Hilary 008584
Williamson, Maxine 016499
Wilson, Dana Marie 014101
Wilson, Valerie 014591
Wolframe, Heather Lynn 016697
Wood, Adriana 010852
Woodrow, Lesley Maureen 006263
Yip-Chuck, Eleanor Rose 002843
Yip-Healey, Angela May-Ping 004869
Yotis, Dianne 002391
Zakhary, Evatte 013545
Zawada, Iris Diane 010725
Zhang, Jie (Yooy) 014934
Zhukas, Sylvia 013800

Conditional Authorization
to Self-Initiate Profession-Specific Acts
As of October 31, 2013
Czosnek, Donna 002391
Drudge, Margaret 002617
Evenden, Carolyn 010219
Gainer, Patricia 003192
Galling, Patricia 009594
Guibault, Gwyneth 002970
Hurlheey, Jane 002636
Lenz, Margaret 009450
Lipska-Ishmael, Paulina 008982
Ocampo, Noreen 011052
Pasiurta, Diane 009967
Ruvinsky, Margarita 011171
Rys-Sedzicki, Theresa 001418
Strawn, Terri 008804
Trombley, Rachel 011341
Turner, Jennifer 007097
Turini, Sonja 010918
Tusim, Patricia 009093
Williams, Anna 010318
Yee, Lillian 004599
Zivanovic, Marija 011969
Zylstra, Susan 007063
Reinstated
June 1, 2013 to October 31, 2013
Carcasole, Anita Connie 006409
Cro, Stephanie 012369
Halawah, Fatin Kadry 013520
Johnston, Aleea 016199
Jones, Heather 011063
Mares, Roxana 011379
Masoom, Rubaab 014675
Mazanek, Shandel 016153
Nelson, Whitney 013910
Osoobile, Laila 014885
Perry, Virginia Yvonne 004180
Rapps, Joanne 008462
Resignations
June 1, 2013 to October 31, 2013
Armstrong, Tanya Michelle 005554
Arseneau, Tania 014444
Carver, Kimberly Danielle 014209
Craven, Rosemarie Anne 002900
Devries, Barbara Marie 002676
Dingman, Kim Danielle 013240
Donaldson, Myla 013782
Fraser, Kyle 011742
Gagnon, Katia Anne 012538
Gibson, Terri Lynn 005324
Gueye, Momar 008786
Hutter, Carol Ann 006430
Julius, Yeann 010005
Jun, Tony 014273
Katen, Linda Merle 002333
King, Krystal Dawn 014072
Kotsamanes, Michelle Marie 008180
Kuznik, Amanda Sue 015239
LaFleur, Jodi Louise 007024
LaVerdiere, Carol 006801
Li, Zhinhong 014520
Mann, Smeera Kaur 000762
Resigned While Under Investigation
June 1, 2013 to October 31, 2013
Galliah, Natalie Isabella 009258
Gieling Carrier, Cindy Mary 006774
Julius, Yeann 010005
Tehrani, Elisa 010991
Zalewski, Olga Monika 009970
Suspended as a Result of Disciplinary Proceedings
June 1, 2013 to October 31, 2013
Couteiro, Fabrizia Nicole 007286
Klein, Norma Lowe 002150
Law, Tracy 013364
Passaro, Piera Sabrina 010256
Deceased
As of July 26, 2013
de Freitas, Sally Amanda 000976

Did you know?
In order to practise Dental Hygiene in Ontario, a registrant must hold a current certificate of registration in the General or Specialty class? Practicing dental hygiene while registered as Inactive or while under suspension could result in disciplinary or other proceedings.
Did You Know?

your mouth tells your health’s story

arthritis diabetes pneumonia
dry mouth oral cancer stroke
gum disease reflux disease

The Link Between Your Oral and Overall Health

We all know that prevention is one of the keys to maintaining overall health. Did you know that certain medical conditions can have oral signs and symptoms that, if left untreated, may worsen already existing health conditions?

A regulated oral health professional can advise you on an oral care routine that is best suited to your specific needs.

College of Dental Hygienists of Ontario
L’Ordre des hygiénistes dentaires de l’Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire

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.

For more information, please contact the College,
69 Bloor Street East, Suite 300, Toronto ON M4W 1A9
t: 416-961-6234 or 1-800-268-2346 www.cdho.org
2014 Registration Renewal – Online at www.cdho.org

Registration Renewals for 2014 can only be completed online through the College website at www.cdho.org. Starting November 15, registrants can click on the Renewal link on the right side of the CDHO home page, fill in the required information step by step, provide payment and the renewal will be complete. Click on the “?” icon at any point for help tips and clarification as to how to proceed. Online renewal is fast, secure, convenient and available 24 hours.

Renewal Deadline: January 1, 2014
Renewals received after the deadline will be charged a late penalty fee of $100.00. An administrative fee of $25.00 is charged for all NSF cheques.

Renewal Fees Remain the Same
General or Specialty Certificate of Registration: $250
Inactive Certificate of Registration: $50
Renewal fees have remained the same since the CDHO’s inception in 1994. Fees may be paid online using VISA or MasterCard. For those registrants who pay by cheque or money order; the renewal will be complete when payment is received at the CDHO office. 2014 wallet certificates or receipts can be printed from the “Registrant Login” section of the CDHO website any time after the renewal is complete.

Holiday Hours
The CDHO office will be closed from noon on December 24th through December 27th and from noon on December 31st through January 1, 2014 inclusive. Staff will be available to assist with renewals on December 30th and until noon on the 31st. Online renewal is available 24 hours starting November 15th.
Answers to Crossword Puzzle on Page 23

ACID ETCHING

DETOXIFICATION

ARRESTED CARIES

CYPRESS

PULP CHAMBER

HEREDITY

PRACTICE

XRAY

PREVENTIVE SEALANTS

PREMATURE LOSS

SEALANT

EXFOLIATION

EDENTULOUS

INCIPIENT CARIRES

IMPEL

DETECT

FLUORAPATITE CRYSTALS

HEPA

WATER FLUORIDATION

ADVERTISE

CARIES

COP

SYNTHETIC

CLAY

CINOT

MAD

ABUSE

CONTINENT

LANCE

THERMOPLASTIC

SYNTHETIC CEMENT

APF

PREMATURE LOSS

SPLOP

EDENTULOUS

INCIPIENT CARIRES

MYTH