On September 1, 2007 the Ontario legislature facilitated increased public access to dental hygiene services by proclaiming the amendment to the Dental Hygiene Act, 1991. This means that authorized dental hygienists are free to decide, based on a comprehensive assessment, to proceed with scaling and root planing, including curettage, without the order requirement. This legislation validates the belief of this College and the conclusion made by HPRAC in 1996, that removal of the order requirement from the Dental Hygiene Act, 1991 would satisfy the public interest principles of access, equality, accountability and quality of care, without placing the public at an increased risk of harm. This is an example of good government. It places the needs of the public first.

What this means to the public

Under previous legislation, persons wishing to have their teeth cleaned by a dental hygienist would first have to be examined by a dentist and an “order” would have to be given for this client to access dental hygiene care. We heard from many individuals and groups in Ontario who found this system to be a barrier to dental hygiene care. Reasons people did not see a dentist are numerous but often mentioned were cost, physical access, geographic isolation, and unperceived need.

Under the new legislation, with the barrier of seeing a “dentist first” now optional, the public can choose where and when they will receive dental hygiene services. This client-centered system will allow dental hygiene services to make their way into less serviced areas, addressing a need that has been long recognized by the CDHO. New dental hygiene practices will emerge in less traditional settings. Dental hygienists will be setting up mobile practices to visit clients that are home bound. Some will be setting up practices in rural settings, community health centers, cultural communities and stand-alone dental hygiene clinics.

Increased access to dental hygiene services means that more people in Ontario will be screened for oral health problems that may have a direct impact on overall health. Dental hygienists will work with their clients to establish a plan that will include disease prevention, therapeutic interventions and appropriate referrals. Dental hygienists will work collaboratively with other health care professionals to ensure that the health needs of Ontarians are addressed safely, effectively and efficiently.

What this means to dental hygienists

Dental hygienists now have the option to proceed with their authorized act of “scaling teeth and root planing, including curettage surrounding tissue” on their own initiative (if there are no contraindications as prescribed in the contraindications regulation) or under an order from a member of the RCDSO.

Those dental hygienists wishing to self-initiate must apply, and receive, authorization from the CDHO prior to practising without an order. All dental hygienists should have now received packages containing the application for self-initiation as well as other documents critical to self-initiation in Ontario. Dental hygienists who are authorized to self-initiate are identified on the public register and have received a seal to place on their wall certificates to ensure public confidence.

Dental hygienists who establish dental hygienist-owned practices are to inform the CDHO of the name, address and particulars of the practice so that the College can make this information available to the public wishing to locate a dental hygienist-owned practice.

Dental hygienists who choose to continue working under the order may continue to do so. A client-specific order is still required for dental hygienists who provide orthodontic and restorative procedures and services. All dental hygienists who have not received authorization from the CDHO to self-initiate are required to: work under an order from a member of the RCDSO; have a hard, accessible copy of all standing orders; have documentation to support specific orders; and record a reference to the order in each client entry.