

# MILESTONES



College of Dental Hygienists of Ontario

**25 YEARS**

Protecting your health and your smile

**2019 | ISSUE 02**



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

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

# MILESTONES

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# PRESIDENT'S MESSAGE

**CATHERINE RANSON** RDH, BHA, MET

At our recent Council meeting on June 7, 2019, a motion supporting the implementation of a *Clinical Performance Exam* for entry to practice in Ontario was put forward after being tabled at the March 2019 Council meeting to allow further inquiry and discussion by Council on the proposed motion. In-person deputations from the *Ontario Dental Hygiene Association* and *Program Coordinators from the CAAT Dental Hygiene Programs of Ontario* presented their concerns to

Council. After a lengthy discussion and debate, Council determined that there was insufficient evidence from Quality Assurance, Inquiries, Complaints and Reports, and Discipline Hearing outcomes to support clinical incompetence of dental hygienists in Ontario, and therefore, eliminated the notion of public risk. Council will continue to engage in discussions related to registration requirements for entry to practice to ensure the public of Ontario is receiving safe and quality oral health care services.

On April 11, 2019, a report authored by Harry Cayton, a leading expert on professional regulations globally, and the former chief executive of the United Kingdom's Professional Standards Authority identifies

*We are working collaboratively with the Registrar and staff of CDHO [...] to ensure CDHO, as a regulatory organization, has public safety at the forefront.*

recommendations stemming from an inquiry on the administrative and operational practices of the College of Dental Surgeons of British Columbia (CDSBC) by the Ministry of Health. The report addresses the performance of CDSBC, however, it also highlights many recommendations to improve the *Health Professions' Act* and a call to action for health regulators across the country. Mr. Cayton emphasizes that regulatory organizations have the responsibility to ensure the delivery of safe and quality care to the public, to have public trust and confidence in regulation, to be risk based and proportionate, to be fair and consistent, to be efficient and effective, to be open and accountable, to be agile and adaptable and promote collaboration between occupations. He highlights the importance of a risk-benefit analysis, for on-going evidence-based analysis, increased transparency, and public engagement as being a "right touch" balanced regulatory approach. See the link to the Cayton Report: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

I can assure you, as a Council, we are working collaboratively with the Registrar and staff of CDHO to be proactive in preparing for the changes to come and work diligently to ensure CDHO, as a regulatory organization, has public safety at the forefront. On another note, elections for professional members in several districts will take place in the fall of 2019. A call for nominations is posted by the Registrar on the website, through e-blast email communication, as well as on page 7 of this issue. I encourage you to run for election in your area. Being a professional Council member is a very rewarding experience. Our next Council meeting is on Friday, September 27, 2019 at the new CDHO location on Bloor Street in Toronto and I welcome you to attend. Please see the CDHO website for details.

Enjoy the summer season.



# REGISTRAR'S MESSAGE

**LISA TAYLOR** RDH, BA, MEd, MCOB

*As oral health care providers, we need to be inclusive in our practices treating all clients with respect and dignity and be especially aware that this is a population that tends to be underserved, largely because they've been discriminated against.*



As I write this message, I am looking out over Bloor Street in Toronto and can see rainbow flags donning buildings in celebration of Pride month. It appears to be such a happy time in Toronto as we gear up for the big parade and street party. But does this reflect the reality of the LGBTQI+ community? Is life about rainbow flags, parades and parties? I think not.

The reality is that this community faces discrimination on many levels: within families, in public spaces, schools, sports, workplaces, places of worship, and in health care.

As oral health care providers, we need to be inclusive in our practices treating all clients with respect and dignity and be especially aware that this is a population that tends to be underserved, largely because they've been discriminated against. Going to health care professionals and having bad experiences, means you may never go back until diseases are very advanced. Of course, not one of us would want that to happen. However, that being said, discrimination is often not the biggest hurdle for LGBTQI+ people to access oral health care. Like other marginalized groups, they face higher rates of unemployment and poverty. Obviously, a big barrier to accessing services from dentists and dental hygienists is the expense. According to the Canadian Mental Health Association, half of transgender people in Ontario, as an example within the community, earn less than \$15,000 a year.

As a community, LGBTQI+ people face higher rates of poverty, stigma, and marginalization, which put them at greater risk for sexual assault. They also face higher rates of hate-motivated violence, which can often take the form of sexual assault. Also within the LGBTQI+ community, transgender people and bisexual women face the most alarming rates of sexual violence. Among both of these populations, sexual violence begins early, often during childhood. This is important to be aware of when treating LGBTQI+ clients. Oral health care providers must be sensitive not to re-traumatize survivors of sexual abuse.

In this issue of *Milestones*, you will find an article by Roula Anastasopoulos that discusses some of the sensitive issues, discriminatory practices and oral health concerns that transgender people encounter. This is our contribution to Pride. I invite you to learn more about the LGBTQI+ community and take time to acknowledge and celebrate sexual diversity and gender variance.

Happy Pride to all.

A handwritten signature in black ink that reads "Lisa Taylor". The script is fluid and cursive.



# COUNCIL HIGHLIGHTS



At the **June 7, 2019** meeting, Council defeated the motion to make the **Canadian Performance Exam in Dental Hygiene** a requirement for all applicants in Ontario.

**Bylaw No. 5** was amended in regards to the **Council Code of Conduct**, mainly articles 3.7, 3.8., 5.8 and 19.

The criteria for the **Fran Richardson Leadership Development Award** have been updated. The CDHO is now accepting applications. As a reminder, applications must be submitted in accordance with the guidelines and criteria prescribed by the College, which can be found on our website.

The **Financial Reports** for 2018 were accepted, and the firm of **Hilborn, LLP**, was reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2019.

The **New Annual and Comprehensive Assessment of the External Auditor tool** was approved.

The **Discipline Committee** heard *CDHO v. Michel Asselin* on March 20, 2019, *CDHO v. Candice Fernandes* on April 17, 2019 and heard *CDHO v. Larissa Costa* on May 8, 2019. On April 24, 2019, the Committee heard a third-party records application applicable to a number of matters referred to it, but not yet scheduled. The Committee is in the process of scheduling 20 additional hearings. On May 3, 2019, two new members of the Committee attended the Basic Discipline Orientation workshop presented by FHRCO.

The **Inquiries, Complaints and Reports Committee** reported that since the March 22, 2019 meeting, it received 8 new complaints and began 2 Registrar's Reports investigations. In total, the ICRC is currently investigating 53 matters including 14 formal complaints, 36 Registrar's Reports investigations, and 2 QA Referrals.

The **Registration Committee** reported that of the 92 new applications for registration received since the last report to Council, 3 applications required detailed review by the Registrar. Following review of information submitted by the applicants, a general certificate of registration was granted for all 3. The Committee reviewed an application for Specialty Certificate of registration and directed the Registrar to issue a specialty certificate of registration upon submission of proof of successful completion of the restorative refresher course.

The **Executive Committee** reported that Ilga St. Onge and Chris Bonnett were selected to attend the Policy Governance Conference in Québec City. **CDHO**

## 2019 Council Meeting Dates

Friday, September 27  
Friday, December 6

## Meeting Location

CDHO Office  
175 Bloor Street East  
North Tower, Suite 601  
Toronto, ON M4W 3R8





# DISTRICT ELECTIONS



## SEEKING CANDIDATES – THREE POSITIONS ON COUNCIL OPEN JANUARY 2020

<b>District 1</b>	<b>Southwestern</b> – The counties of Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth
<b>District 5</b>	<b>Central Eastern</b> – The counties of Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland, and the regional municipality of Durham
<b>District 6</b>	<b>Eastern</b> – The counties of Dundas, Glengarry, Leeds and Grenville, Prescott and Russell, Renfrew and Stormont and the Regional Municipality of Ottawa-Carleton

As a **Council member**, you will exemplify excellence and integrity by governing with an emphasis on outward vision, a commitment to obtaining input from dental hygiene clients, the encouragement of diversity in viewpoints, a strategic leadership, a clear distinction of Council and staff roles, a commitment to collective decisions, and a **proactive future focus**.

Members of Council **make decisions that are in the public interest** and further the College's mandate of regulating the practice of dental hygiene.

By standing for election, you have the opportunity to join a committed group of dental hygienists and government-appointed public members who work together to safeguard the public interest and to **uphold the standard of care** that dental hygienists provide to their clients.

Dental hygienists who serve as professional members of Council are elected from the district that they work in. It is important to note that while the dental hygienists in a district elect the Council member, that member is not a representative of dental hygienists in that district. This is an important distinction and one you must consider before considering a Council position. A Council member's task is to look after the interests of the Ontario public, and to **always favour public interest over self-interest**, as well as the interests of the dental hygiene profession.

If this resonates with you and you are a registered dental hygienist in good standing with the College, who works in district 1, 5 or 6, and can **attend a minimum of eight meetings a year in Toronto**, we are interested in having you join us.

The call for **nominations will go out Friday, September 20, 2019**. You require five nominators from your district to sign your application. You have plenty of time to seek the support of dental hygienists in your district. The **election will take place Wednesday, November 20, 2019**.

Professional Council members are paid a per diem of \$300. Travel expenses to attend meetings are also covered.

Term: January 2020–December 2022.

Please visit our website to learn more. <http://www.cdho.org/council/elections> 





# TEARING DOWN BARRIERS:

## HOW TO MANAGE CULTURAL DIFFERENCES IN DENTAL HYGIENE PRACTICE

Ontario is an active hub of multiculturalism where 3.9 million Ontarians identify as visible minorities<sup>1</sup>. Of those 3.9 million, South Asian was the single largest visible minority group; Chinese was second, followed by Black, Filipino, Arab, Latin American, West Asian, Southeast Asian, Korean and Japanese. Representing more than half of Canada's total visible minorities (7.7 million), these demographics paint a lively picture of what could be a culturally diverse list of clients.

### WHAT IS CULTURE?

Culture is a set of beliefs, social forms, and traits shared by a racial, religious or socio-economic group. Culture can be “visible” through how

- Communication and language are used,
- Dress and appearance are given importance,
- Procedures are undertaken, and
- Organizations are structured.

BY **NADINE YACOB** BA (HONS), MPC

On a larger scale, culture also has an “invisible” aspect that can't be perceived through our senses, but rather consists of the values and thought patterns that each culture has created over time. This includes:

- Concepts of time
- Relationships
- Values
- Methods of learning
- Habits

### WHAT DOES THIS MEAN FOR DENTAL HYGIENISTS?

With the development of a multicultural client population, oral care professionals should be prepared to accommodate the demand and challenges that come with cultural differences. Some of Ontario's diversity groups and most vulnerable populations, such as refugees and immigrants, aboriginal and rural populations, elderly people with low incomes, those with disabilities, and low-income families, are most affected by health disparities as a result of the lack of access to oral health services. To help eliminate these

<sup>1</sup> Based on 2016 Census report. Not including those who identify as Aboriginal.



disparities, cross-cultural training is fundamental. It fosters a more effective interaction between clients and providers through the understanding of

**Cultural awareness** — Being open to the idea that different people come from other countries or other backgrounds, and possess differences in attitudes and values;

**Cultural sensitivity** — Knowing that differences exist between cultures, but not assigning values to those differences (better or worse, right or wrong); and

**Cultural competence** — The ability to understand, communicate with, and effectively interact with people across cultures. In other words, it is the ability to manage cultural differences.

## WAYS TO MANAGE CULTURAL DIFFERENCES

Cross-cultural training is based on generalizations, but its application is critical as it should be based on your own evaluation of individuals and situations. It's important to keep in mind the various factors which influence individual behaviour. The following offers some guidance on how to manage cultural differences in professional situations involving the client to help nurture strong relationships.

### ESTABLISH TRUST

In order to establish trust, clients expect dental hygienists to be

**Competent** — The dental hygienist has appropriate knowledge, skills and judgment of the profession;

**Reliable** — The dental hygienist can be depended on to help the client and deliver customized quality care;

**Committed** — The dental hygienist is respectful and interested in the client as an individual and is committed to continuously enhancing knowledge, skill and judgment; and

**Honest** — The dental hygienist encourages the client to ask questions and provides truthful information to help with their decision making.

### CONSIDER LANGUAGE BARRIERS

Be mindful that **English as a second language** can be very challenging and tiring for some people. **Accents** can also create difficulties. Being asked to repeat things several times may create self-consciousness, however, it's important to **be empathetic** and keep trying to understand. If you understand part of a sentence up to a specific point, communicate what you understood and what you didn't. This method gives people a feeling of progress that really encourages them to continue trying.

## AVOID STEREOTYPES

Keep in mind that, as individuals, we are

■ **Like no other** — We are all unique with different personalities developed through unique personal experiences.

■ **Like some others** — We share culture with some but not with others (corporate culture, national culture). Culture is the shared learning within a given social environment.

■ **Like all others** — We are human. We all have the same fundamental needs (food, shelter, clothing and affection) to survive and grow.

## HAVE APPROPRIATE DECISION AIDS AVAILABLE

Various cultures and those with different socio-economic backgrounds have **diverse learning styles**. Be ready to offer your client materials in print, video, audio format or by talking in order to help them understand and aid their decision-making process.

## UNDERSTAND SIMILARITIES AND DIFFERENCES

Keep in mind that different cultures have different beliefs and values. For example, **personal space** varies by culture. We all have an invisible bubble of space around us that we consider our "comfort zone". In multicultural situations, misunderstandings may arise during conversations between diverse people because the size of this "comfort zone" differs with each culture. That being said, give people more space; being too far is not as damaging as being too close.

Communication through **body language** can also result in some misunderstandings. In Canada, making eye contact implies participation, respect and attention. In other cultures, making eye contact is disrespectful. The same applies to smiling. In Canada, people smile in order to demonstrate friendliness towards strangers. In other cultures, people may react defensively when strangers smile at them.

## CREATE A SAFE AND COMFORTABLE ENVIRONMENT

Be an advocate for **diversity and inclusion**. This also applies to **sexual diversity** (sexual orientation, gender, identities). People are more likely to be open and enthusiastic to come back for treatment if they feel like they are welcome and can be themselves. Therefore, make sure to use language that is inclusive and not discriminatory. To learn more about inclusive practice relating to sexual diversity, check out *The Transgender Client* on page 18. **CDHO**



# 2019 INSURANCE AUDIT

BY **TERRI-LYNN MACARTNEY** BA (HONS)

Subsequent to the previous audits in 2017 and 2018, five percent (5%) of active registrants were selected to participate in the insurance audit for 2019 on March 8<sup>th</sup> of this year. The purpose of the annual insurance audit is to protect the public of Ontario by ensuring that our registrants meet the conditions of registration and have liability insurance that complies with the College's Bylaws.

In order to comply with the audit, selected registrants were asked to submit a copy of their insurance policy for the current year. The majority of registrants submitted a copy of their policy within the first few days of the audit. By the final deadline of April 18<sup>th</sup>, all but seven submissions had been received and we were able to determine, once again, that most registrants currently have suitable insurance coverage.

In the previous two audits, we had submissions from a few registrants who held unsuitable insurance coverage with CDSPI Insurance. It was encouraging not to see this issue come up again this year. Every policy submitted met each of the requirements set out in the Bylaws.

Unfortunately, it was not all good news. Nine registrants had obtained their insurance policies at some point after renewing for 2019. Not only does this mean that they had a period of lapsed coverage in 2019, which puts their clients and the public of Ontario at risk, but it also means that for that time between renewing and obtaining insurance, these registrants were not meeting all conditions of registration. They also each provided false information to the College on their annual renewals when they indicated that they had insurance for 2019 at the time of renewal. Five of these registrants obtained their insurance only after receiving notice that they had been selected for the insurance audit.

An additional seven registrants failed to submit their insurance policy by the deadline. It is considered professional misconduct to fail to respond to a request from the College. Further, without a submission, we had to proceed as if these registrants did not have insurance, and therefore, failed to meet the conditions of registration. A notice of the College's intention to suspend each of their certificate of registration was issued, and had they not responded, they would have been suspended effective May 28<sup>th</sup>. Fortunately, each registrant did finally respond and provided evidence that they all had suitable insurance coverage.

Each of the registrants with lapsed overage and those who failed to respond by the original deadline were all asked to enter into an Undertaking with the College, agreeing to submit their insurance information for the next two registration years. Failure to adhere to the terms of an Undertaking is considered professional misconduct and would be grounds for referral to the Inquiries, Complaints and Reports Committee.

CDHO will continue with the insurance audit in 2020 and beyond. Here's how you can ensure that you are able to meet the requirements of the audit, should you be selected in future:

- Always obtain your insurance policy prior to starting your annual renewal. Insurance is a condition of registration if you hold a general or specialty certificate, even if you are not currently practising. You will be asked on your renewal if you have insurance for the upcoming registration year and you need to be able to answer that question truthfully.
- Ensure that your insurance policy meets all of the requirements set out in CHDO Bylaw No. 5, Article 7.3. If you are not sure whether your policy meets the requirements, contact your insurance provider directly.
- In order to ensure that you receive notice when you are selected to submit your insurance, you should review your contact information in your Self-Service account and add the email address [insurance@cdho.org](mailto:insurance@cdho.org) to the list of safe senders in your email account. Not receiving notice is not a valid reason for not participating in the audit since it is always the registrant's responsibility to ensure that they are receiving and promptly reviewing any communications from the College.

Please note, because selection for the audit is done entirely at random, you could be selected to participate in the insurance audit several years in a row. The good news is that it is very easy to comply — simply email a copy of your policy to [insurance@cdho.org](mailto:insurance@cdho.org) when you are selected! **CDHO**



# FRAN RICHARDSON LEADERSHIP DEVELOPMENT AWARD

The *Fran Richardson Leadership Development Award* honours outstanding and innovative dental hygienists who are passionate about oral health and who seek through health promotion activities, community involvement and other, to enhance, enable access and improve the quality of oral health care provided to the people of Ontario.

CDHO defines leadership through the following criteria:

- A demonstration of public service;
- The ability to engage people and effect positive and sustainable change; and
- A commitment to public interest and access to dental care.

Recipients of the Award must provide evidence of leadership potential in their academic, extracurricular, professional and community lives. Leadership is the act of providing direction, implementing plans and solutions to problems and priorities, and motivating others to do the same. Leaders provide a role model for other professionals and for the community.

Applications are now being accepted.

<http://www.cdho.org/my-cdho/continuing-education/awards-and-grants>

- The *Fran Richardson Leadership Development Award* is tenable for a maximum of one year and consists of a keepsake award and a financial grant of \$5,000.
- Applications will be accepted until **1:00 p.m. EST Monday, September 23, 2019.**
- **Guidelines and Application Forms** can be found on the CDHO website under the tab 'My CDHO/Continuing Education/Fran Richardson Leadership Development Award'.

Applications must be submitted in accordance with the guidelines and criteria prescribed by the College. Original nomination forms and all supporting documentation must be completed in full, by the application due date.

For more information regarding the Award, eligibility criteria, and/or submission procedures, please contact the Office of the Registrar at 416-961-6234, ext. 223 or via email at [registrar@cdho.org](mailto:registrar@cdho.org). **CDHO**



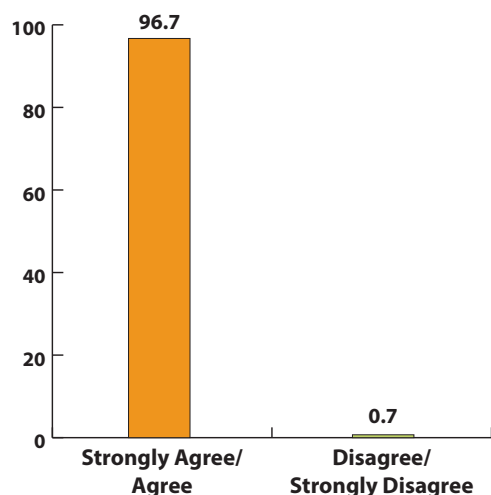


# WHAT CLIENTS ARE TELLING US ABOUT THEIR DENTAL HYGIENIST'S PRACTICE

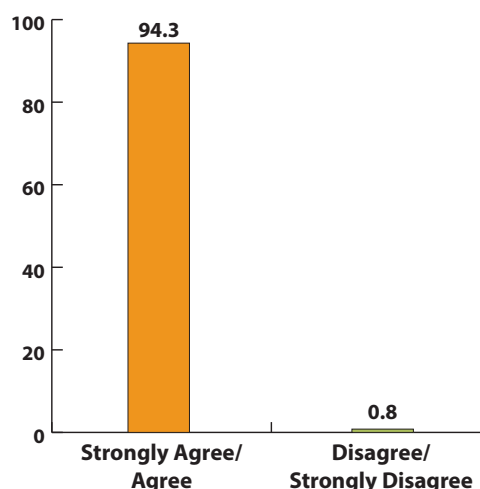
In the last issue of *Milestones*, we reported results from clients who received care in a dentist-owned practice based on a survey we did to gain insight into some of their experiences with dental hygienists. The College worked with a survey company called “Asking Canadians” to determine a statistically relevant sample of Ontarians who had visited a dental hygienist in the past 12 months. The requirements for significance were also established by district and were met. What follows highlights some of the responses from the 3483 respondents.

In this issue, we highlight results pertaining to how clients felt about their dental hygienist's dental office. In general, clients were satisfied with their dental hygienist's practice in regards to infection, prevention and control, cleanliness, appearance, and amount of readily available oral health information.

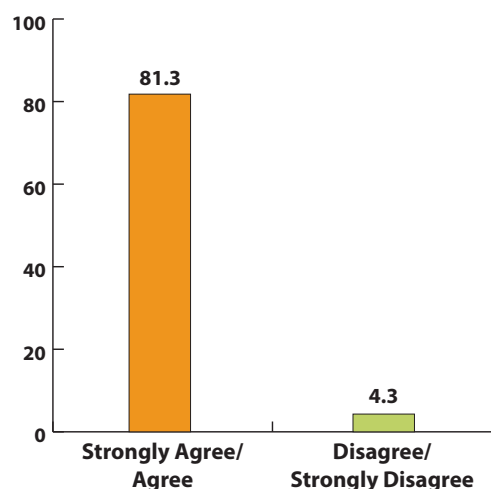
**1. The dental hygiene treatment area is clean and in good repair:**



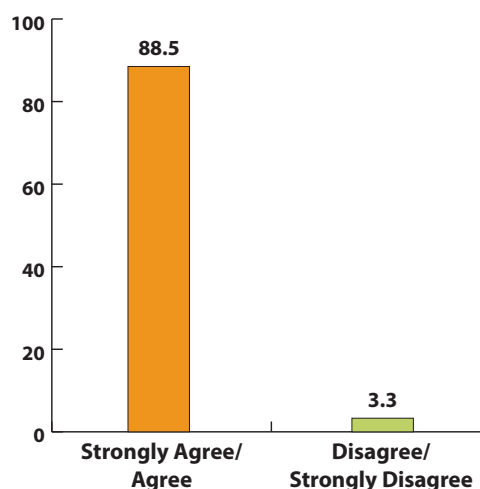
**2. I am confident that the instruments my dental hygienist uses on me are properly sterilized:**



**3. I feel comfortable asking questions about how instruments and equipment are cleaned and sterilized between clients:**



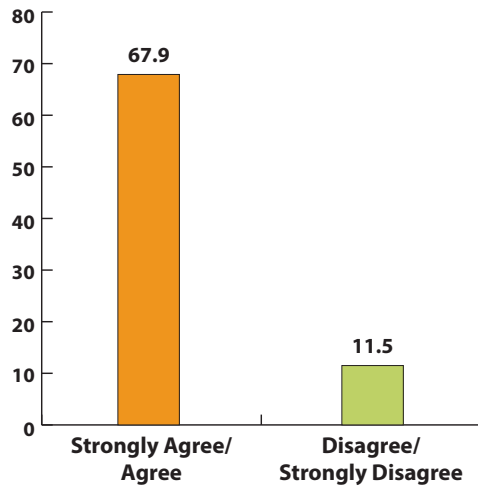
**4. The dental hygiene treatment area provides adequate privacy:**



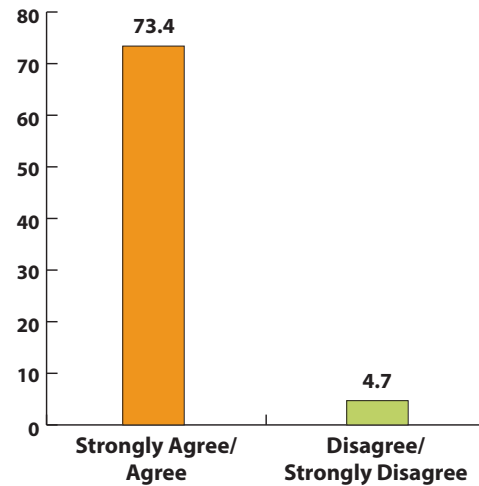




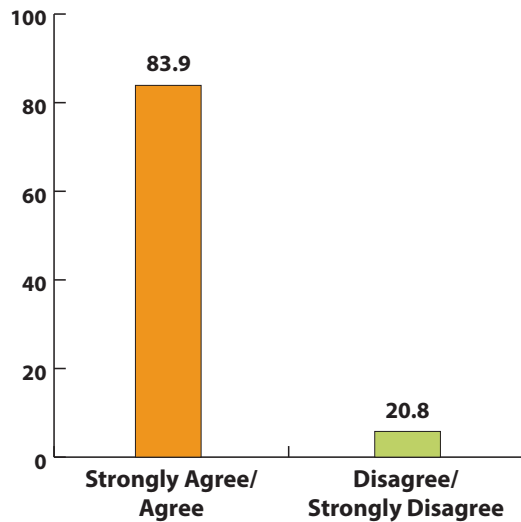
**5. My dental hygienist has printed oral health information available:**



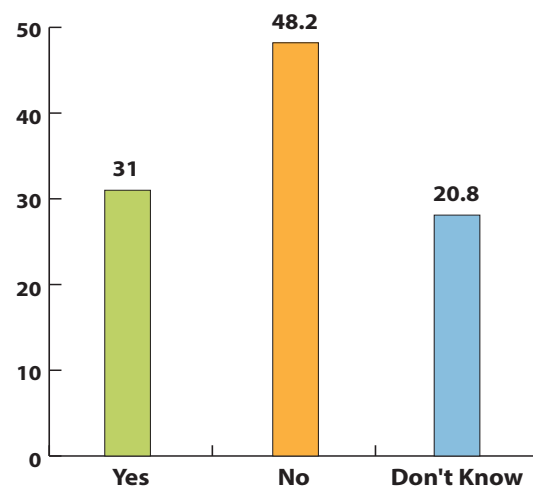
**6. When asked, my dental hygienist provides reports, files, or copies of letters:**



**7. My dental hygienist talks to me about preventive care:**



**8. Do you know where to find information about your dental hygienist's credentials and licence?**



The full survey report will be published on the College's website in the near future. [CDHO](#)



# QUALITY ASSURANCE MATTERS

BY **ROBERT FARINACCIA** RDH, BSc

## UPDATE ON 2019 QUALITY ASSURANCE (QA) ASSESSMENTS

In 2018, notice was sent to 2180 registered dental hygienists in the province requesting submission of their QA records for assessment due January 31, 2019.

- 2159 were selected because their registration number ended in a “2” or “6” (Regular Selection)
- 21 were selected for not completing the mandatory annual self-assessment (Self-Assessment Selection)

Of the 2180 records requested (as of July 11, 2019):

	Number of Registrants from Regular Selection	Number of Registrants from Self-Assessment Selection	Total
Met the assessment guidelines with initial submission	1294	10	1304
Assessed with deficiencies but met the assessment guidelines with an additional submission and/or remediation	600	2	602
Assessed with deficiencies and still participating in remediation	52	2	54
Still in assessment phase: On-site practice reviews	65	1	66
Still in progress	15	0	15
Resigned	129	1	130
*Other: May include registrants who are currently suspended, revoked, referred to ICRC, currently under investigation, deferred to another assessment period or deceased.			*9
Total			2180

Of the QA records that did not meet the assessment guidelines on the initial submission, there were a number of common deficiencies in both the Learning Portfolio and Practice Profile.

The most common deficiencies related to the Learning Portfolio included:

### ■ Not providing enough information in the Report on Learning

To demonstrate that learning has occurred, that changes were made to practice (if any), and the resulting benefits clients received, each goal requires a Report on Learning.

Assessors are particularly interested in hearing specifics about what you have learned and the changes that you have made to your practice that were based on your learning and that have improved the treatment you provide to your clients. Although point form is acceptable, what is often reported in the Report on Learning is too vague and difficult to assess if any learning occurred and how it was applied. Therefore, if using point form, providing specific details about what you learned, changes to practice, and benefits to clients decreases the chances of your Learning Portfolio requiring more information before it can be properly assessed.

Your Report on Learning should be reflective of the time you spent completing your goal. Assessors are looking for quality of information in the Report on Learning as opposed to the quantity of information. Attaching a certificate of completion and/or copying and pasting any course objectives/course outline is not sufficient information to communicate to the Quality Assurance Committee what was learned.



## ■ Missing information

Self-learning requires a bibliography of learning materials. For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters and receipts for all activities. For readings, the title of the journal, the title of the article, author and page numbers are required. All this information is important as assessors need to be able to verify the activity listed. This applies for *Additional Activities Unrelated to Your Goals* as well. **It is not acceptable to list a journal or any publication with the notation that you read it cover to cover.**

Registrants who are not familiar with the College's Continuing Competency Guidelines will find the document *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* to be very helpful in guiding continuing quality improvement activities, recording learning outcomes and completing their quality assurance records.

The most common deficiencies related to the Practice Profile included:

## ■ Gowns not available for splatter-prone procedures

The selection of personal protective equipment (PPE) must be based on a thorough risk assessment and the potential for transmission of infectious agents. PPE includes gloves, gowns and/or lab coats and facial protection (i.e. protective glasses, masks, face shields), as well as any techniques or equipment (e.g. high-volume suction) used to protect against diseases spread by droplets, spatter and sprays. PPE not only protects the dental hygienist but also protects the clients against any cross-contamination from previous clients.

Whenever splatter or spray is anticipated during dental hygiene procedures, the use of a water-resistant gown is required. Clinical and laboratory coats or jackets are not a substitute for gowns where a gown is indicated.

## ■ Handpiece being disinfected as opposed to sterilized

Handpieces (motors included) are considered semi-critical instruments. The minimum level of reprocessing required for semi-critical instruments is sterilization. *CDHO Infection Prevention and Control (IPAC) Guidelines* require that all instruments and devices must be cleaned and sterilized according to manufacturers' directions. If a manufacturer's directions indicate that a handpiece (including motor) can be sterilized, then



it must be sterilized. Not having a sufficient number of handpieces (or motors) is not justification for disinfection only of the handpiece between clients.

## ■ Incorrect use of Biological Indicators (BI) and BI Process Challenge Devices (BI PCD)

A BI PCD is used for daily monitoring of sterilizers. BI testing must be done each day a sterilizer is used and for each type of cycle used. It is not sufficient to only run a BI test on the wrapped cycle if other cycles are used as well.

A BI PCD test pack can be either prepared commercially or in office and must contain a pouch or cassette with:

- A Biological Indicator;
- A Type 5 Chemical Indicator strip; and
- A number of instruments or a commercially purchased process challenge device designed specifically for this purpose (usually contains a lumen where the BI and CI can be placed inside).

This BI PCD test pack must then be run in a full load (usually the first load of the day).

Registrants are encouraged to consult with the College's *Infection Prevention and Control (IPAC) Guidelines* to ensure their infection control protocols meet the College's expectations. **CDHO**





## WHAT YOU SHOULD KNOW ABOUT CDHO SURVEYS

Registrant feedback is important to the College. Technology has made it easy to gain insight from dental hygienists through the use of short surveys. The College uses information it receives from surveys to inform decision making. Here are a few things you should know about our surveys:

- They are reported anonymously and in aggregate.
- They are usually about one topic and kept short.
- They are voluntary.
- When prizes are drawn, the selection is done by a computer program.
- Entering the draw is voluntary.
- Email addresses are never linked to surveys.
- Email addresses are only used to notify winners.
- Email addresses are destroyed after prizes are awarded.
- Results are published either on the website, in *Milestones* or E-briefs.
- Your input is valued and the College is grateful.

Please continue to have your say. Your input and insight is very significant. **CDHO**

### MEET OUR NEW PRACTICE ADVISOR

Kyle recently joined the College as Practice Advisor and staff support to the Patient Relations Committee. Since his graduation in 2007 from the Dental Hygiene program at Kent College, Kyle has practised clinically and as an educator in Ontario and British Columbia. Kyle also completed his Bachelor of Commerce from Saint Mary's University, his Bachelor of Education from Brock University and most recently his Master of Education from Queens University. Kyle is enjoying his new role as a Practice Advisor and looks forward to sharing his knowledge with the public and registrants alike. Kyle welcomes your questions for practice advice and can be reached at the College at extension 226 or by email at [advice@cdho.org](mailto:advice@cdho.org).



**KYLE FRASER**  
RDH, BComm,  
BEd, MEd



## CLARIFICATION ON COLLEGE-PRODUCED VIDEOS

The College has heard concerns that registrants fear that College-produced videos on “What to Expect from your Dental Hygienist” and “Did You See a Dental Hygienist?” are encouraging clients to complain about their dental hygienists to the College. This is **not** the motivation behind these videos.

The mandate of the College is to protect the public by ensuring dental hygienists are competent to practise and to provide a mechanism for the public to know their rights under the *Regulated Health Professions Act, 1991* (RHPA).

The College is obligated by the government legislation to ensure that the public knows:

- its rights when receiving healthcare;
- that the College is here to protect them; and
- how to contact the College in case of a complaint.

Please consider these videos from the perspective of the public. If these videos were about another profession that you receive care from, would you see it the same way? For example, if they told you what to expect from your eye care professional, would you think that you should find a reason to complain to that College?

**Or might you think:**

- I am glad to know that my eye care professional is doing all these things to protect my health.
- I am glad that eye care professionals want me to get the service I deserve.
- I am glad to know that if there is a problem, the profession has put an agency in place to protect me.

An informed public should not be seen as a threat. A recent CDHO survey of dental hygienists’ clients reported that clients are *satisfied* and *very satisfied* with the care they are receiving (*Milestones*, Issue 1, 2019). Knowing that, should tell you that the College is not going to be inundated with complaints from happy clients. Knowing this should also tell you that if one of your happy clients or family members goes to another dental hygienist and does not get the same good service they received from you, they have the knowledge and the expectation that the College will investigate and protect them. Self-regulation is a privilege for the profession and it comes with great responsibility to the public. **CDHO**

## THE CDHO KNOWLEDGE NETWORK

Find the clinical information you need at: **[www.cdho.org](http://www.cdho.org)**



**Twelve new fact sheets have been added to the CDHO Knowledge Network**

- Adrenal Insufficiency
- Bipolar Disorder
- Cushing Syndrome
- Depression
- Down Syndrome
- FASD
- Joint Replacement
- Liver Disease
- Obstructive Sleep Apnea
- Polycythemia
- Schizophrenia
- Substance Use Disorder





BY ROULA ANASTASOPOULOS RDH, BEd

# THE TRANSGENDER CLIENT

## Gender Identity



*Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what it means.*

## Gender Expression



*Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave and interact.*

## Biological Sex



*Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of both.*

## Sexual Orientation



*Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.*



## KEY TERMS

**Gender:** characteristics pertaining to and differentiating between masculinity and femininity.

**Agender:** a person who does not identify with any gender.

**Cisgender:** a person whose gender identity aligns with their assigned sex at birth.

**Gender binary:** a belief that only two genders exist (male and female).

**Non-binary:** any gender that is not exclusively male or female.

**Gender identity:** a person's internal sense of self as male, female, a blend of both, or neither.

**Genderfluid:** people who have genders that change and move between genders.

**Sexual orientation:** interpersonally who we are physically, emotionally and/or romantically attracted to.

**Transgender:** a person whose personal identity and gender do not correspond with their birth sex.

**Transboy:** a person born as a female sex but has a male gender identity.

**Transgirl:** a person born as a male sex but has a female gender identity.

**Transsexual:** a person who has permanently changed, or seeks to change their body through medical interventions.

**Gender non-conforming:** a person whose expression of gender does not conform to the dominant gender norms of male and/or female.

**Transitioning:** refers to the steps a transgender, agender, or non-binary person takes in order to find congruence in their gender.

A person may seek **congruence** in four different ways:

1. **Social congruence measures** – changes of social identifiers such as clothing, hairstyle, name, etc.
2. **Hormonal congruence measures** – use of medical approaches such as hormone “blockers” or hormone therapy to promote physical, mental and/or emotional alignment.
3. **Surgical congruence measures** – addition, removal or modification of gender-related physical traits.
4. **Legal congruence measures** – changing identification documents such as one's birth certificate, insurance, driver's licence, or passport.

In 1976, Caitlyn Jenner (born William Bruce Jenner), became a gold medal-winning track star setting a world record, still existing today, in the men's decathlon at the Summer Olympics. Jenner went on to become a reality television star in 'Keeping Up with the Kardashians'. In April 2015, she came out publicly as Caitlyn Jenner, becoming the world's most famous openly transgender woman. Although there has been substantial progress in social acknowledgement, and despite the increased visibility of transgender people, transphobia (fear, dislike and/or prejudice against transgender people) is still prevalent. Many trans\* people experience harassment, physical and sexual abuse in their everyday lives.

## BARRIERS TO EFFECTIVE HEALTH CARE

Transgender and gender non-conforming people endure social, economic and access to health care marginalization due to discrimination based on their gender identity and/or expression. It is important to remember that transgender people face the same health risks as cisgender people, however, trans people experience health care disparities resulting from:

- Discrimination and/or fear of discrimination
- Lack of transgender competence among health care practitioners
- Limited access to dental and health insurance
- Higher rates of anxiety and depression
- Higher rates of alcohol and substance abuse
- Greater risk of sexually transmitted infections

According to the National Transgender Discrimination Survey, 70% of transgender respondents had experienced serious discrimination in health care.

To avoid discrimination and abuse, transgender people often go without health care.

\*Throughout this article, the umbrella term 'trans' (which includes the asterisk as part of the word) has been used. For the sake of readability, the asterisk has been removed.



"Research shows that trans people have a greater need for health care, but they are a medically underserved population. Consequently, many trans people completely avoid both preventative and emergency care due to stigma and discrimination experienced in health care settings, which can often negatively affect their overall health and well-being."<sup>1</sup>

In addition, social determinants of health that are traditional obstacles to care such as: race/ethnicity, low income, low education, and limited English proficiency, are magnified in the transgender community.

Experiencing non-inclusive health care affects the quality of life and help-seeking behaviours of transgender patients.

## TRANSITION-RELATED HEALTH CARE

When medically necessary, many transgender individuals undergo transition-related health care which might include:

- modifications made to one's appearance (hair/hair removal, aesthetic changes to dentition, etc.);
- gender-affirming hormone treatment;
- gender-affirming surgeries; and
- voice surgery.

Currently, the most common medical therapy is gender-affirming hormone treatments. These hormone treatments will allow individuals to obtain sex characteristics that are in line with their gender identity.

Feminizing hormone therapy is used to develop female sex characteristics and suppress male sex characteristics. This is done by combining estrogen with a testosterone blocker. These treatments can present with many side effects such as:

- Increased blood clots, specifically pulmonary embolism
- Increased blood pressure
- Increased risk of heart disease/stroke
- Weight gain
- Increased risk of type 2 diabetes
- Mood swings
- Migraines
- Hot flashes
- Increased risk of gallbladder issues

Masculinizing hormone therapy is used to develop male sex characteristics and suppress female sex characteristics. This is done by using bioidentical testosterone. These treatments can present with many side effects such as:

- Production of too many red blood cells (polycythemia)
- Weight gain
- Acne
- Development of male-pattern baldness
- Elevated liver function
- Exacerbation of any underlying manic or psychotic conditions
- High blood pressure (hypertension)
- Type 2 diabetes
- Cardiovascular disease
- Increase of polycystic ovarian syndrome

## ORAL IMPLICATIONS

"Endocrine disturbances and hormone fluctuations affect the periodontal tissues directly, modify the tissue response to local factors, and produce anatomic changes in the gingiva that may favour plaque accumulation and disease progression."<sup>2</sup> Since the oral mucosa, gingiva and salivary glands contain estrogen receptors, it is important to know and understand that variations in hormone levels can directly affect the oral cavity. Gender-affirming hormone treatments can mimic inflammatory responses often seen during puberty, pregnancy, and menopause. These hormone modifications have an impact on host-resistance, specifically pertaining to inflammation of the periodontium and are associated with:

- Hormone-influenced gingivitis
- Increased instances of pyogenic granulomas
- Increased bleeding
- Thinning of the oral mucosa
- Gingival recession
- Increased bone resorption
- Increased xerostomia
- Increased lichen planus
- Altered taste
- Burning mouth syndrome

## ROLE OF THE DENTAL HYGIENIST

Dental hygienists should recognize that effective delivery of care begins with open dialog which sets the foundation for building trust.

Medical histories should include thoughtful investigation of the individual client's problems and needs. Questioning should reflect hormonal stability and medications associated with their regulation. Clients should be educated regarding the profound effects sex hormones can have on periodontal and oral tissues, as well as the consistent need for home care and office removal of local irritants.

<sup>1</sup> Scheim AI, Zong X, Giblon R, Bauer GR. Disparities in access to family physicians among transgender people in Ontario, Canada. *International Journal of Transgenderism* 2017; 18(3):343-352. doi: 10.1080/15532739.2017.1323069.

<sup>2</sup> Carranza F., Klokkevold P., Newman M., Takei H., Carranza's Clinical Periodontology, 12<sup>th</sup> Edition. St. Louis Missouri. pg. 186.



To help eliminate fears of discrimination faced by the transgender community, dental hygienists need to competently serve this population by:

- Ensuring non-discrimination policies exist in their practice
- Becoming more knowledgeable on transgender health
- Becoming aware of appropriate language
- Creating an inclusive and safe dental office environment (a gender-neutral restroom, display signs of acceptance)
- Making sure health history questionnaires sensitively allow for the disclosure of gender identity
- Not making assumptions based on appearances
- Being sensitive and empathetic

Culturally competent dental hygienists can help end the oral health care disparities faced by transgender people by providing welcoming, knowledgeable and equitable care to the transgender community.



Transgender inclusivity training should be provided to or undertaken by not only the dental hygienist but all oral health care staff in any practice. It is important that everyone in the office is cognizant that transgender clients fear discriminatory behaviour from their very first interaction with staff. Becoming more inclusive, knowledgeable and transgender friendly is crucial in alleviating the marginalization this community faces.

As professionals we should continually aim to provide safe, comprehensive, and compassionate client-centered care regardless of one's gender status. Our world is ever changing so we must ensure that we practise in a way that best meets the oral health care needs of our clients. **CDHO**



## REMINDER: ENSURE DENTAL HYGIENISTS ARE REGISTERED

With spring graduations and the May session of the National Dental Hygiene Certification Exam recently completed, a lot of offices are in the process of hiring newly registered dental hygienists. Please remember to check that all new dental hygienists have been duly registered by requesting their six-digit CDHO registration number and looking them up on the Public Register on the CDHO website. Until they appear on the Public Register, they are not entitled to practise! **CDHO**





# LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBTQ) HEALTH CARE RESOURCES

## WEBSITES

Rainbow Health Ontario

<https://www.rainbowhealthontario.ca/>

Trans Pulse

<http://transpulseproject.ca/>

PFlag Canada

<https://pflagcanada.ca/resources/>

LGBT Youth Line

<https://www.youthline.ca/who-we-are/mission-vision-values/>

Access Alliance

<https://accessalliance.ca/programs-services/lgbtq-programs/lgbtq-resources/>

Canadian Mental Health Association

<https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

Trans Lifeline

<https://www.translifeline.org/>

Researching for LGBTQ2S + Health

<http://lgbtqhealth.ca/>

## VIDEOS

*To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender (LGBT) Patients into Healthcare*

<https://www.youtube.com/watch?v=NUhvJgxgAac>

*Gen Silent* (trailer)

<https://www.youtube.com/watch?v=fV3O8qz6Y5g>

TED Talks

<https://www.ted.com/topics/transgender>

*Debunking the Myths: Transgender Health and Well Being*

<https://www.hrc.org/resources/debunking-the-myths-transgender-health-and-well-being>

CDHO



# JOINT REPLACEMENT, SHOULD I PREMEDICATE?

BY ROULA ANASTASOPOULOS RDH, BEd

The College has received many calls from dental hygienists seeking advice on whether antibiotic prophylaxis is required prior to invasive dental hygiene procedures for clients who have had a total joint replacement. The question whether to premedicate or not has been a controversial topic for health care practitioners and their clients for several years. In an attempt to help practitioners make an informed decision, the Canadian Dental Association (CDA), the Canadian Orthopaedic Association (COA) and the Association of Medical Microbiology and Infectious Disease (AMMI) collaborated to develop the most recent consensus statement.

After reviewing the most current available research regarding antibiotic prophylaxis, this consensus statement supports that there is evidence to suggest that premedication is **not routinely** required for clients with total joint replacement. This also supports the clinical practice guideline released in January 2015 by the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA) published in the *Journal of the American Dental Association*. The guideline concluded that evidence failed to demonstrate an association between dental procedures and prosthetic joint infection or any effectiveness for antibiotic prophylaxis. This information in conjunction with the potential harm from antibiotic use, led to the conclusion that, in general, using antibiotics before dental procedures is not recommended to prevent prosthetic joint infection. **CDHO**



## Consensus Statement: Patients with Total Joint Replacements having Dental Procedures

### Preamble

The origin of prosthetic joint infections has been a controversial topic for dentists, physicians and patients. Confusion surrounds the risk of dental procedure-related bacteremia and the subsequent risk of patients with orthopaedic devices developing prosthetic joint infection following such bacteremia.

The Canadian Orthopaedic Association (COA), the Canadian Dental Association (CDA) and the Association of Medical Microbiology and Infectious Disease (AMMI) Canada have reviewed the current best available evidence on the effectiveness of dental antibiotic prophylaxis in the reduction of orthopaedic prosthetic joint infections, in the context of the issue of emerging antimicrobial resistance and the critical role of all health care providers to steward appropriate use of antimicrobial drugs.

These professional bodies conclude that:

1. Most transient bacteremia of oral origin occurs outside of dental procedures.
2. The significant majority of prosthetic joint infections are not due to organisms found in the mouth.
3. Few prosthetic joint infections have an observable and clearly defined relationship with dental procedures.
4. There is no reliable evidence that antibiotic prophylaxis prior to dental procedures prevents prosthetic joint infections.

### Recommendations

As a result of this work, the COA, CDA, and AMMI Canada provide the following guidance concerning the management of dental patients with orthopaedic devices:

1. Patients should not be exposed to the adverse effects of antibiotics when there is no evidence that such prophylaxis is of any benefit.
2. Routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, nor for patients with orthopaedic pins, plates and screws.
3. Patients should be in optimal oral health prior to having total joint replacement and should maintain good oral hygiene and oral health following surgery. Orofacial infections in all patients, including those with total joint prostheses, should be treated to eliminate the source of infection and prevent its spread.

COA Board of Directors  
Approved: June 2016

CDA Board of Directors  
Approved: June 2016

AMMI Board of Directors  
Approved: July 2016



This information was created by the Canadian Orthopaedic Association (COA), the Canadian Dental Association (CDA) and the Association of Medical Microbiology and Infectious Disease (AMMI). It should not be used as a replacement for professional dental or medical advice. If you have questions about this position statement, please contact the Canadian Orthopaedic Association.



# INFECTION PREVENTION AND CONTROL (IPAC) SURVEY

## THE RESULTS ARE IN

BY **KYLE FRASER** RDH, BComm, BEd, MEd

In June, the College surveyed registrants to gain insight on current practices in Infection Prevention and Control (IPAC). The survey provided a snapshot of what registrants are currently doing in clinical practice. The survey was representative of a number of types of dental hygiene workplace settings. The following results are based on the information provided from the two dominant workplace groups surveyed, which are dental hygiene owned-practices and dentist-owned practices.

### SURVEY HIGHLIGHTS BY TRAFFIC LIGHTS

#### Type 1 Chemical Indicators

- 89% of respondents are using Type 1 chemical indicators with every package.
- The remaining 11% of respondents are using Type 1 chemical indicators in every load or using them on a daily, weekly, and monthly basis, or never.

**CDHO IPAC GUIDELINES:** Type 1 chemical indicators must be placed outside every plastic/peel pouch or wrapped cassette.

#### Type 4 Chemical Indicators

- 58% of respondents are using Type 4 chemical indicators inside every package.
- 16% of respondents reported using Type 4 chemical indicators in every load, 5% reported using them only daily, and 21% reported never using them.

**CDHO IPAC GUIDELINES:** Type 4 chemical indicators must be used inside every plastic/peel pouch or wrapped cassette.

#### IPAC Policies and Procedures

- 94% of respondents reported their offices have written IPAC policies and procedures.
- The remaining 6 % of respondents either do not or were unsure if their office had written IPAC policies and procedures.

**CDHO IPAC GUIDELINES:** All oral health care workers are required to establish and document practice-specific written policies and procedures that are based on current recognized standards and best practices. This includes infection prevention and control (IPAC).





## Risk Assessments

- 81% of respondents always perform a risk assessment prior to dental hygiene care to determine the required personal protective equipment (PPE).
- 7% of respondents reported that they usually perform a risk assessment. 3% reported occasionally performing a risk assessment.
- 9% reported never performing a risk assessment.

**CDHO IPAC GUIDELINES:** The selection of PPE must always be based on a thorough risk assessment and the potential for transmission of infectious agents.

## Protective Eyewear

- 96% of respondents always wear protective eyewear when treating clients.
- 3% of respondents usually or occasionally wear protective eyewear.
- 1% of respondents never wear protective eyewear.

**CDHO IPAC GUIDELINES:** Protective eyewear must be worn at all times throughout client care.

## Office Audits

- 53% of respondents reported that their office conducts audits to assess competency of staff involved in IPAC.
- 19% of respondents reported that they were unsure if their office conducts audits to assess competency of staff involved in IPAC.
- 28% of respondents reported that their office does not conduct audits.

**CDHO IPAC GUIDELINES:** A policy and procedure manual for up-to-date IPAC protocols needs to include a documented auditing process of competency of oral health care workers involved in reprocessing and IPAC procedures, including protective measures if needed.

## CDHO IPAC Guidelines

- 79% of respondents always or usually consult the CDHO IPAC Guidelines.
- 20% of respondents occasionally consult the guidelines.
- 1% of respondents never consult the guidelines.

**CDHO IPAC GUIDELINES:** The CDHO IPAC Guidelines must be followed. They are consistent with guidance documents from Public Health Ontario (PHO), the Public Health Agency of Canada (PHAC), the Provincial Infectious Disease Advisory Committee (PIDAC) and the Canadian Standards Association (CSA).

## CDHO Decision Tree

- 45% of respondents always consult the CDHO Decision Tree for use of chemical indicators.
- 38% of respondents *usually or occasionally* consult the CDHO Decision Tree.
- 17% of respondents never consult the CDHO Decision Tree.

**CDHO IPAC GUIDELINES:** The Decision Tree in the CDHO IPAC Guidelines is a process map that helps ensure you are using the correct chemical indicator for your sterilization process.

## Recall Protocol

- 72% of respondents have a recall protocol in place for the recall of reprocessed items that may not have been properly sterilized.
- 2% of respondents were unsure if they have a recall protocol in place.
- 26% of respondents reported that they do not have a recall protocol.

**CDHO IPAC GUIDELINES:** A recall protocol is required and a log book must be maintained for each load sterilized. In a circumstance where sterilization procedures have failed, instruments need to be identified and withdrawn from service and clients will need to be notified and tested.

## Clinical Attire

- 69% of respondents reported always removing clinical attire before going home.
- 12% of respondents usually remove clinical attire.
- 10% occasionally remove clinical attire and 9% never remove clinical attire before going home.

**CDHO IPAC GUIDELINES:** Clinical attire must **NOT** be worn outside the office or home to prevent disease transmission.

## Protective Gear

- 49% of respondents wear a gown for every client or when they anticipate spatter or spray.
- 25% of respondents wear a gown when they are reprocessing instruments.
- 26% of respondents reported never using a gown.

**CDHO IPAC GUIDELINES:** Whenever spatter or spray is anticipated during dental hygiene procedures, the use of a water-resistant gown is required. Droplets from spatter/spray adhere to clothing and increase the risk of disease transmission from the dental hygienist to the client. Clinical and laboratory coats or jackets are not suitable for gowns where a gown is indicated.





**Congratulations on a job well done! The survey results show that 91% of respondents feel confident about their IPAC practices.** This is significant considering it is oral health care workers' obligation to their clients to establish and maintain practice environments that are consistent with legal, professional, and ethical responsibilities that promote safety, respect and support for all persons within the practice setting. In addition, **92% of respondents have changed their IPAC practices in the last two years while 95% of respondents report having changed their IPAC practices in relation to the CDHO's initiatives.** These include a number of "Setting the Record Straight" presentations throughout Ontario, a "Setting the Record Straight IPAC Webinar" which is still available on the CDHO website (and our YouTube channel) along with many other IPAC resources, as well as the newly created IPAC Guidelines which were published in December 2018.

CDHO Infection Prevention and Control Guidelines are **BEST PRACTICE** recommendations which **MUST** be followed by all dental hygienists practising in Ontario while providing client care. Part of the *CDHO Dental Hygiene Standards of Practice* state that a dental hygienist shows competence when providing dental hygiene services and programs by ensuring that current scientifically accepted infection prevention and control procedures are in place and practised. Failing to adhere to Standards of Practice is professional misconduct.

Additional highlights from the survey can be found at the following link:

<http://www.cdho.org/docs/default-source/pdfs/evaluation/ipac-survey-results-report-2019.pdf>

The college's current Infection Prevention and Control Guidelines can be found on the CDHO website:

<http://www.cdho.org/docs/default-source/pdfs/reference/guidelines/cdho-ipac-guidelines.pdf>

For any IPAC questions or concerns, please contact one of the College's Practice Advisors: Kyle Fraser at extension 226 ([kfraser@cdho.org](mailto:kfraser@cdho.org)) or Mary Gow at extension 238 ([mgow@cdho.org](mailto:mgow@cdho.org)). We can also be reached by email at [advice@cdho.org](mailto:advice@cdho.org).

As a final note, we do appreciate your feedback with the IPAC survey and the results will be considered for planning purposes with the CDHO moving forward. **CDHO**



# Grey Areas

**SML**  
Steinecke Maciura LeBlanc  
Barristers & Solicitors

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

## The Cayton Report: The Wolf Finally Arrives

by Rebecca Durcan  
May 2019 - No. 236

For years observers have been saying that regulators of professions are under intense scrutiny and unless they regained public confidence then self-regulation without systematic oversight would end in Canada. Over time it has become easier to ignore these pleas as self-regulation continued to muddle along, but no longer. While the analogy to the little boy who cried wolf is imperfect (no one would call the author of the report or his agency's ideas "wolves"), the concept of snubbing previous warnings and subsequently facing real consequences is relevant.

On April 11, 2019, the long awaited report of the Professional Standards Authority (PSA) (headed at the time it was written by Harry Cayton) on the Inquiry into the College of Dental Surgeons of British Columbia was released. On the same day the Minister of Health gave the College thirty days to deliver an implementation plan for the recommendations directed at it. The Minister also announced that he has set up a steering committee to examine the recommendations related to the oversight of all regulated health professions.

### Governance

Some of the key observations in the report about governance include the following:

- Boards should focus on three things:
  - ensuring the College complies with its mandate and the law
  - setting strategy and monitoring performance and
  - holding the registrar and chief executive to account for delivery.
- Boards should dispense with formal rules of procedure (e.g., motions and votes) and, with rare exceptions, operate through consensus.
- Secret ballots have no place in a public body.

- Secret meetings (in the absence of staff) should be extremely rare and require centrally maintained minutes.
- The Board should partner with staff to achieve the organization's mandate; staff do not just administratively implement Board directions.
- Dysfunction in an organization occurs when Board members and staff no longer respect and trust each other.

The report's recommendations include:

- Candidates for selection to the Board from within the profession should be required to participate in an "induction programme" before being chosen.
- Officers or representatives from the professional association or similar bodies should have a three-year cooling off period before they can serve with the regulator.
- The governance committee should be abolished and Board officers should not attend audit committee meetings unless invited.
- Board members should not procure goods or services directly. Procurement should be through staff pursuant to appropriate policies.
- "The Board must stop seeing itself as the College and recognise that its role is to govern the College and oversee its performance but that the College is run and managed by its professional staff."

### Measuring Regulatory Performance

The report assessed the performance of the College according to the criteria that the PSA uses for the bodies it oversees. The following areas were found to have not met the standard:

- Standards of practice do not identify mandatory expectations upon practitioners and are unclear in some areas.

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\*This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. It is reprinted with permission.



- There is not a systematic and accountable process for identifying and developing new or revised standards.
- Standards are not clearly worded nor are they effectively communicated to the profession and to the public.
- Complaints are not appropriately assessed for risk and prioritized upon receipt.
- The complaints process is not transparent, fair, proportionate and focused on public protection because of its composition, and because of the excessive role of staff and because of the misuse of undertakings option.
- Complaints are not dealt with promptly with a view to preventing harm to the public while in process.
- Insufficient reasons are provided for actions taken on complaints.
- The regulator does not have an effective process for identifying, assessing, escalating and managing organizational risks.
- Board oversight does not include the effective use of key performance indicators and a corporate risk register.
- The regulator does not collect and use performance and outcomes information about patients and the public as a part of its strategic planning.
- The Board does not work cooperatively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

## External Relationships

The report identified a broad lack of understanding of the role of the College to regulate the profession in the public interest. This was demonstrated by the election campaign statements, the perceptions of Board members from the profession and in the history of various regulatory initiatives. Examples of the regulatory initiatives of concern was the failure to implement a standard preventing dentists from treating their spouses and the challenges faced by attempts to implement an enhanced quality assurance program. The report states:

The College needs to build a different relationship with its dentist registrants: one of both mutual respect and distance. It cannot do so when its Board is elected by registrants and partially subject to their control. It is hard for it to build a new relationship with the profession when it is so closely tied financially and through personal contact and individuals to the [professional association] and other dental organisations. An independent, effective, efficient, fair and public focussed regulator is good for the dental community as a whole. It is especially good for skilled and ethical dentists who never have a complaint.

The report stated plainly that the relationship between the regulator and the professional association was too close and strongly recommended the severing of many of those ties (e.g., the regulator cease collecting annual fees for membership in the professional association).

The report commended the affiliation of the regulator with the other health regulators in a loose umbrella organization as a model of collaboration.

The report indicated that while the regulator had regular contact with the government, one aspect of the relationship that was not working well was the appointment of public members to the Board. The criteria used in making such appointments were uncertain and there were too many vacancies.

In terms of engaging the public, the report noted a reluctance of the Board to engage with the public and the lack of a strategy to more effectively obtain the input and perspective of the very people it is mandated to protect.

## Protecting the Public

This portion of the report is perhaps the most hard-hitting. It definitively states that regulators have no advocacy role. It also says:

A concern for the well-being of dentists rather than a single-minded focus on patient safety and public protection is still a part of College culture.

After providing some quotations of statements made to the inquiry by leaders in the profession, including those working for the regulator, the report states:

I don't think these perspectives are typical but for dentists who are active in the College and dental community to express them suggests a profound misunderstanding of the purpose of professional regulation and lack of concern for the safety and well-being of patients.

The report noted that the mandate of the regulator "to serve and protect the public" was broad. The report expressed concern that the regulator was reading the mandate it too broadly. The report suggests that the mandate of regulators "does not ask regulators to be responsible for public health or for access to health professionals".

The report recommends that the mandate of regulators be narrowed to read:

To protect the safety of patients, to prevent harm and promote the health and well-being of the public.



The report illustrates these concerns. One instance was the failure of the regulator to establish, as required by the legislation, a patient relations committee and a program dealing with sexual abuse. The only sexual abuse guideline developed by the regulation was permissive rather than restrictive in nature (i.e., enabling dentists to treat their spouses).

Another example provided was the failure to effectively enforce the standard related to sedation and anaesthesia. This discussion included an example where a young patient experienced permanent brain damage by a practitioner who had disregarded many of the most basic requirements yet was permitted to remain in the profession.

### **Legislative Reform**

In addition to the recommendations described above some of the more significant recommendations for legislative reform for all health regulators include the following:

- Boards be reduced to twelve members, all of whom are appointed (not through the current government process) on the basis of demonstrated skills with only half being members of the profession.
- Smaller regulators should be merged into fewer, larger ones.
- A simplified complaints system with three components: triage, investigation, and adjudication.
- An expanded duty to report publicly on all operations of the regulator including complaints outcomes.
- The Review Board should be able to initiate, on its own, a review of a complaint outcome even if there is no appeal.

Longer term reforms would include:

- Having a single set of ethical rules and conduct expectations for all health professions.
- Removing adjudication of disciplinary disputes from the regulators, to be performed by an independent body.
- That same independent body would also maintain a single register of every health practitioner in the province.

- There should be a separate independent oversight body that reviews the performance of regulators, approves some of the standards developed by them and manages the Board member selection process.
- The independent oversight body would also employ an occupational risk assessment process that would be used to recommend which professions require formal statutory regulation.

### **Conclusion**

In summary, the Cayton report contains a detailed review of the performance of the College of Dental Surgeons of British Columbia. It identified serious deficiencies in the governance of the regulator. It also concluded that there were gaps in the regulatory performance of the regulator in eleven areas. It commented on a number of areas for improvement in its external relationships with various groups. It concluded that the regulator was not focussed exclusively on its public interest mandate, particularly in the area of public safety.

The report makes a number of sweeping short term and long term proposals for regulatory reform for all health professional regulators. These include a completely appointed Board of twelve people, half of whom are public members, merging regulators, separating out the adjudication of discipline matters and the operation of a single public register, and the creation of an oversight agency that would review and report on the regulatory performance of the regulators.

This report is broadly consistent with recent developments in British Columbia, and other provinces including Ontario and Nova Scotia and the regulatory regime that has existed in Quebec for many years.



# DISCIPLINE DECISIONS

To read the full case decisions or for more information on upcoming hearings, please visit our website at [www.cdho.org](http://www.cdho.org). Discipline hearings are open to the public.

## MS. LARISSA COSTA

On May 8, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the “panel”) held a public hearing to decide whether Ms. Larissa Costa had engaged in professional misconduct.

At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel decided that Ms. Costa had engaged in professional misconduct, and ordered that Ms. Costa appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel also directed the Registrar to suspend Ms. Costa’s certificate of registration for a period of three (3) months, after reinstatement of her certification of registration, and shall continue until Ms. Costa successfully completes the courses set out below:

- a. Ms. Costa must, at her own expense, successfully complete (i.e. obtain 100% on all sections), in the opinion of the Registrar, the College’s online Jurisprudence Education Module.
- b. Ms. Costa must, at her own expense, successfully complete, in the opinion of the Registrar, an ethics course approved by the Inquiries, Complaints and Reports Committee.
- c. Ms. Costa must, at her own expense, successfully complete (i.e., pass unconditionally), in the opinion of the Registrar, the Professional/Problem-Based Ethics Program (“ProBE”) offered by the Center for Personalized Education for Physicians. This must be completed within six (6) months of returning to practise following the suspension referred to above.

The panel also ordered Ms. Costa to pay \$2,400 in costs to the College within 12 months of the hearing, on or before June 8, 2020.

## MS. CANDICE FERNANDES

On April 17, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the “panel”) held a public hearing to decide whether Ms. Candice Fernandes had engaged in professional misconduct.

At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written

reasons to follow. The panel decided that Ms. Fernandes had engaged in professional misconduct, and ordered that Ms. Fernandes appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel also directed the Registrar to suspend Ms. Fernandes’ certificate of registration for a period of one (1) month. Ms. Fernandes was ordered, within 12 months of the date of the discipline hearing, at her own expense, to successfully complete (i.e. pass unconditionally), in the opinion of the Registrar, the Professional/Problem-Based Ethics Program (“ProBE”) offered by the Center for Personalized Education for Physicians.

The panel also ordered Ms. Fernandes to pay \$3,000 in costs to the College within six (6) months of the hearing, on or before October 17, 2019.

## MS. JENNA MARINO

On May 28, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the “panel”) held a public hearing to decide whether Ms. Jenna Marino had engaged in professional misconduct. At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel decided that Ms. Marino had engaged in professional misconduct, and ordered that Ms. Marino appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel also directed the Registrar to suspend Ms. Marino’s Certificate of Registration for a period of two (2) months commencing immediately. The Panel directed the Registrar to impose the following terms, conditions or limitations on Ms. Marino’s Certificate of Registration:

- a. Within 12 months of the date of the Discipline Committee’s order, Ms. Marino must enroll in and successfully complete, at her own expense, an individualized course of instruction pre-approved by the Registrar regarding ethics in the practice of dental hygiene and in Ms. Marino’s obligations with the College, including ethical behaviour in relation to the Quality Assurance program, subject to the following conditions:
  - i. Ms. Marino will provide to a course provider approved by the Registrar, a copy of the Discipline



Committee's decision and reasons in this matter; and

- ii. upon review of the documents noted at paragraph (i) above, the course provider will provide to the Registrar, for approval, a syllabus for the proposed course which specifically addresses the Discipline Committee's concerns regarding Ms. Marino's professional misconduct. The syllabus proposed by the course provider shall also specify the length of the course to be undertaken by Ms. Marino, and the assignments to be completed by Ms. Marino.
- b. Within 30 days of completion of the course outlined in (a) above, Ms. Marino shall provide to the Registrar a written report from the course provider stating that Ms. Marino has successfully completed the course and reporting on the progress of Ms. Marino with respect to addressing the outlined goals of the course.

The Panel ordered Ms. Marino to pay to the College costs in the amount of \$1500 within six (6) months.

## MS. KATHY NGO

On May 24, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the "panel") held a public hearing to decide whether Ms. Kathy Ngo had engaged in professional misconduct.

At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel decided that Ms. Ngo had engaged in professional misconduct, and ordered that Ms. Ngo appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel also directed the Registrar to suspend Ms. Ngo's certificate of registration for a period of four (4) weeks.

The Panel directed the Registrar to impose the following terms, conditions or limitations on Ms. Ngo's certificate of registration:

- a. Ms. Ngo must, within six (6) months of the date of her return to practice after the suspension referred to above, at her own expense, successfully complete (i.e. pass unconditionally), in the opinion of the Registrar, the Professional/Problem-Based Ethics Program ("ProBE") offered by the Center for Personalized Education for Physicians.
- b. Ms. Ngo is required to respond to all College communications that require a response, within 15 days for one year following the date of the discipline hearing, following which she will be required to respond within the regular timeline applicable to registrants of the College, namely 30 days.

The panel also ordered Ms. Ngo to pay \$1,200 in costs to the College payable over six (6) months, starting July 21, 2019.

## MS. TRINA O'DONNELL

On May 28, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the "panel") held a public hearing to decide whether Ms. Trina O'Donnell had engaged in professional misconduct. At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel decided that Ms. O'Donnell had engaged in professional misconduct, and ordered that Ms. O'Donnell appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel also directed the Registrar to suspend Ms. O'Donnell's Certificate of Registration for a period of two (2) months commencing August 1, 2019. The Panel directed the Registrar to impose the following terms, conditions or limitations on Ms. O'Donnell's Certificate of Registration:

- a. Within 12 months of the date of the Discipline Committee's order, Ms. O'Donnell must enroll in and successfully complete, at her own expense, an individualized course of instruction pre-approved by the Registrar regarding ethics in the practice of dental hygiene and in Ms. O'Donnell's obligations with the College including ethical behaviour in relation to the Quality Assurance program, subject to the following conditions:
  - i. Ms. O'Donnell will provide to a course provider approved by the Registrar, a copy of the Discipline Committee's decision and reasons in this matter; and
  - ii. upon review of the documents noted at paragraph (i) above, the course provider will provide to the Registrar, for approval, a syllabus for the proposed course which specifically addresses the Discipline Committee's concerns regarding Ms. O'Donnell's professional misconduct. The syllabus proposed by the course provider shall also specify the length of the course to be undertaken by Ms. O'Donnell, and the assignments to be completed by Ms. O'Donnell.
- b. Within 30 days of completion of the course outlined in (a) above, Ms. O'Donnell shall provide to the Registrar a written report from the course provider stating that Ms. O'Donnell has successfully completed the course and reporting on the progress of Ms. O'Donnell with respect to addressing the outlined goals of the course.

The Panel ordered Ms. O'Donnell to pay to the College costs in the amount of \$1500 within six (6) months. **CDHO**



## NEW REGISTRANTS

MARCH 1, 2019 – JUNE 15, 2019

Abdullah, Banaz	020038
Abibaker, Aesha	019935
Aftahizangeneh, Firouzeh	020017
Ahmad, Morsal	020127
Ahmed, Jaweria	020066
Akbarijor, Hourieh	020082
Alarabi, Sara	020134
Al-Dhaleai, Rana	019964
Alhadi, Rafid	019946
Ali, Ussama	020014
Alldritt, Chelsea	020096
Almeida, Maria Clara	019940
Al-Shareefi, Maha	019950
Alsharifi, Kawthar	020034
Al-Tukmachy, Sura	020047
Amiradad, Margarita	020013
Antle, Katie	020139
Antunes, Fatima	019954
Apigian, Boghos	020001
Arora, Sandeep	020032
Atkins, Abbigail	019986
Azizova, Zukhra	019985
Bali, Alexandra	019945
Ballantyne, Brittany	020002
Bean, Camille	020111
Bellamy, Claudia	019958
Beltran Avellaneda, Julieth	019976
Bernier, Emily	020073
Billiald, Kathryn	020005
Birnbaum, Sara	019947
Black, Morgan	020129
Blanchard, Shauna	020115
Bohnsack, Summer	020132
Boumhour, Hailey	019993
Brent, Mallory	020092
Briggs, Patrick-Jelani	020007
Bubnova, Olga	019999
Bultje, Amy	020071
Byron, Jessica	020039
Canha, Catherine	020035
Cao, Tuyen	020101
Caron, Marie	019971
Cartwright, Dakota	020136
Cheng, Angela	020064
Chiang, Tsailing	019975
Chua, Kelly	020114
Clarke, Hailey	020028
Contasti, Cassandra	020008
Cooco, Alycia	020125
DeLong, Rachael	020054
Dhami, Harmit	020116
Dolati, Elaheh	019965
Domingo, Eileen	019997

Dopazo, Ellah	019990
Duff, Brooke	019972
Egan, Christopher	020022
Fabiano, Mariangela	019987
Faulkner, Lindsay	020087
Foley-O'Brien, Madisen	020102
Foster, Whitney	020099
Freake, Hilary	020058
Gabriel, Ashley	020041
Gagliardi, Amanda	019938
Galbraith, Abby	020046
Gaur, Ruchika	020074
Ghimire, Dipak	020070
Gogar, Ravinder	020075
Gomes-deBarros, Talita	019977
Goody, Rebecca	019994
Gorniak, Nicole	020131
Grace, Dana	019982

## UPDATES TO THE PUBLIC REGISTER

Grant, Alicia	020128
Guiotto, Lexus	020106
Haché, Danielle	019939
Harrington, Alecia	020081
Herman, Rachal	020045
Hoekstra, Candace	020135
Hofstatter, Chantal	020048
Horbay, Ashley	019956
Hrynychuk, Maryna	019984
Hu, Yingwei	020062
Husvar, Courtland	020085
Imrie, Jennifer	020112
Inderwick, Meghan	020098
Ivarson, Jessie	020068
Janjua, Aisha	020027
Jaros, Ryan	020086
Johnson, Mikhaila	019983
Khan, Marwa	020053
Kim, Heewoo	020056
Kim, Seongae	020104
Kirupakaran, Shamini	019944
Klassen, Kendra	019934
Klaver, Kelsy	019957
Kokoris, Victoria	020016

Kong Kam Wa, Anais	020109
Kundu, Karin	020100
Lahoni, Sama	019978
Lavergne, Kelsey	019960
Le, Cathy	020124
LeGear, Brianna	020050
Leitch, Tamara	020049
Lepage, Arya	019948
Letourneau, Jenna	020043
Liashuk, Vira	020103
Lim, Syaron	020060
Lougheed, Taylor	020119
Lusk, Aundrea	020024
MacGillivray, Rosalie	019979
Madadi, Sahel	020120
Malik, Ramsha	020021
Maracle-Reed, Emma	020126
Marshall, Lisa	020065
Martin, Emmaly	020029
Matto, Samina	020009
Mayers, Jennifer	020084
Menjivar, Sylvia	020025
Miller, Vivia	020000
Mohammadi, Fatima	020094
Montes, Yessika	020057
Morrison, Isabella	020079
Morrison, Melanie	019996
Muhsin, Zainab	020037
Munn, Reanna	020033
Murray, Brittany	019959
Mustafa, Eman	019963
Naeem-Hadi, Doua	020130
Nakashima, Miki	020080
Nguyen, Julie	019968
Nuncio-Painchaud, Myriam	020088
O'Brien, Paige	020108
Okbat, Arsema	020040
Ouano, Ruchell	020091
Palmisano, Jessica	019995
Park, Kristen	020011
Parker, Brittany	019992
Parmar, Morvika	020090
Patel, Payalben	020059
Pengla, Joan	019953
Piedrahita Garcia, Julie	020107
Piitz, Rebecca	020030
Pratt, Amy-Jo	020023
Price, Holly	019949
Pugliese, Marissa	020077
Purba, Arman	020089
Rajian, Shailender	019961
Rasheed, Ronia	019952
Rashidi, Somayeh	020083
Raskapurwala, Priyam	020123
Rimington, Shelby	020019
Robertson, Hayley	019974
Rodriguez, Kiah	019936



Ruggero, Sarah	020078
Saeed, Gracy	019967
Saini, Angela	020063
Saint-Laurent, Katrina	019970
Salim, Mariam	020072
Sanchez Coronado, Eden	020042
Schaffrath, Kendra	020010
Serkan, Aida	019937
Sermelwall, Marvah	020031
Shimon, Adi	020118
Shmuklerovich, Marcella	020018
Sincich, Katelyn	020061
Small-Williams, Rockell	020105
Sono, Bilal	020113
Spina, Miriam	019969
Srirajasingam, Anoja	019962
Steed, Amy	020137
Stetsyk, Violetta	019955
Stewart, Carly	020015
Strama, Weronika	020067
Switzer, Amanda	020055
Tabari, Sadaf	020020
Tersigni, Meghan	020095
Thetford, Shanice	019951
Thompson, Ateene	020110
Todd, Shelby	019943
Toledo Tiniacos, Tabatha	020036
Toledo, Iren	019991
Torosyan, Narine	019966
Tran, Cindy	020026
Trieu, Samantha	020121
Tse, Janly	020076
Tyrrell, Megan	020044
Ulaj, Eneida	019933
Vahidgharavi, Mona	020093
Valente, Elena	019981
Vasesa, Priyanka	020140
Villanueva, Rio Rochel	019942
Vreugdenhil, Autumn	019998
Walker, Riley	020003
Wallis, Hailey	019988
Walsh, Courtney	020012
Wang, Bo	020133
Warner, Claudia	020122
Watkinson, Damarra	019989
Wildenbeest, Taylor	020052
Wilkey, Megan	020138
Williams,,Makala	020004
Wong, Brenda	019980
Wright, Cheyanne	020006
Yang, Dan	020097
Yost, Callan	019973
Young, Cole	019941
Zaidi, Sana	020117
Ziliani Carnelós, Gustavo	020069
Zimmerman, Shayna	020051

## AUTHORIZED PRESCRIBERS LIST

**MARCH 1, 2019 – JUNE 15, 2019**

Abbas, Nayyer	012941
Ahmadi, Estoray	014944
Ali, Anum	018806
Bolshin, Freda	000891
Chaine, Stephanie	009281
Chopty-Aquilizan, Marianne Krystyna	017596
Hariharan, Shivapriya	018761
Hussein, Nishteeman	015101
Kakvan, Shirin	013981
Mandoobhashemi, Leila	014111
McLeod-Finkbeiner, Lindsey Raye	011241
Monteiro, Joanne Heather	006511
Padula, Rita	005280
Prilepskaia, Ekaterina	012761
Ranieri, Angela	013639
Rudnicki, Kimberly Darlene	004927
Rybski, Brenda	009847
Seguin, Katia	015850
Sidorchuk, Laura Anne	004164
Singh, Diljyot	010767
Tersigni, Meghan	020095
Woo, DK	015936
Yousuf, Amal	014781

## AUTHORIZED FOR SELF-INITIATION

**MARCH 1, 2019 – JUNE 15, 2019**

Abdulovski, Malvina	013206
Akbari, Nilofar	018115
Alonso Lopez, Zoilenys	016608
Al-Qubanchi, Saba Aladdin	013319
Ansari, Sumaira Naz	015680
Arevalo, Gabriella Elizabeth Hasse	017174
Aumont, Kimberly Dianne	010505
Ayoub, Lara	018287
Ball, Amanda	018220
Banning, Carrie-Lynn Ellen	017354
Barak-Weaver, Shaharit	008903
Bien, Christopher Allen	016043
Blackburn, Melissa	016864
Brohman, Courtney Lynn	014514
Burrell, Quanda	019677
Burtch, Courtney Jessica	013450
Bushey, Victoria Lyn	009688
Byers, Delaina Marie	009677
Cabugao, Mary Jean Molo	017512
Caravatta, Briana	018324
Cardwell, Ashley	016947
Cervi, Janet Elaine	002334
Charbonneau, Samantha Marie	015785

Cino, Erica	017400
Cleroux, Micheline Lise	007629
Corley, Katrina Pauline	013231
De Grace, Jennifer Jodi-May	010355
DelGuidice, Janice	005971
Dickens, Stephanie Anne Marie	015232
Dionisio, Jean-May	017533
Ditta, Felicia Rose	017584
El Naggar, Eman Bassiouny	018003
Feasey, Melissa Louise	010376
Garant, Stephanie Alison	012510
Gillis, Rainy	018425
Graham, Nicole	015120
Greaves, Josée	013277
Grewal, Jagjit Kaur	014202
Groza, Magdalena	012155
Haley, Heather Elizabeth	013025
Hamilton, Melissa Dawn Elizabeth	014720
Hess, Suzanne Lynn	005352
Hill-Enns, Katrina Elizabeth	012393
Hishon, Tiffany Jayme	015662
Huang, Hong	018696
Huynh, Hang Thuy	011977
Jackson, Stefanie	019360
Kamali, Afsoon	019341
Kanwar, Harpreet	018249
Karimi, Sharareh	019345
Kaushal, Poonam	012747
Kelly, Brittney Nicole	016487
Kettrick, Amy Louise	009535
Krstevska Aczel, Suzana	006808
Lachance, Christine	017809
Lahn, Tracy	014733
Lamb, Megan	019438
Lecours, Gabrielle	018414
Lovie, Michelle Lisa	009691
Machado, Melissa Emilia	010716
Maggrah, Peggy Katharine	003738
Mamcarz, Eva Margaret	018055
Mankal, Houda	014237
Matte, Lindsay Beth	017750
Mazzucco, Shea	016627
McCarter, Dawn Marie	006762
Mehmi, Neetu	017344
Moonin, Ilana	012745
Olscher, Kendra	013065
Olson, Kayla Marie	017142
Papke, Brittany	017452
Patterson, Katherine	015214
Payne, Bree	018738
Peels, Olivia Catherine	016850
Peters, Brittany	015041
Petkova, Polina Kancheva	011031
Pizzo, Stephanie Marcela	017901
Quinteros Ahumada, Cecilia	017488
Rais, Lev	014739
Rehe, Jessica Marie	017129



Roberts, Jeanette Marie	008063
Rosa, Nancy	011307
Rowley, Alicia Anne	013746
Saxon, Heather Jane	015868
Scribner, Jessica Eva	015640
Sirianni, Lisa Marie	017333
Sookpaiboon, Thanida Skye	018074
St. Amour, Lise Pauline	004543
Steed, Amy	020137
Sulaiman, Silivia	015908
Symington, Erin Lindsay	015349
Takacs, Sheryl Lynn	003794
Taova, Zarina	011147
Toms, Shanna Lea	007742
Tseng, Beverly	018264
Valentini, Rebecca	017256
Vanvollenhoven, Samantha	017242
Vitale, Alexandria	019253
Vo, Daisy	017771
Wayland, Madison Joyce	014598
Wong Devine, Marcie Lai Yi	007825
Yep, Jillian Kristine	015154
Zolghadri, Maryam	013295

## REINSTATED

**MARCH 1, 2019 – JUNE 15, 2019**

Clinton, Alexandra	014992
Do, Phuong	018389
Eisenschmid, Kirsten Bailey	013930
Penney, Jenna-Lee Ruby	012785
Pirra, Alfonza Florence	011048
Stern, Arianne	016434
Sonza, Ana	015144

## RESIGNATIONS

**MARCH 1, 2019 – JUNE 15, 2019**

Badesso, Dayna	018461
Bahadoor, Candice	015599
Bernardi, Kathleen Maureen	001626
Cacioppo, Rosanne Marie	008431
Evans, Bronwyn	019792
Gray, Cornelia W	001282
MacInnis, Zabree	018162
Mananquil, Maurice Florencio	018730
Newhook, Susan Aileen	007686
Paplyk, Irene Nadia	000456
Rakosi, Eniko	014538
Shapiro, Rosalie Eleanor	000126
Stumpf, Janet Barbara	004936
Weinberg, Sandra Elaine	000769

## RESIGNED WHILE UNDER INVESTIGATION

**EFFECTIVE MAY 14, 2019**

Pan, Yang	013976
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**EFFECTIVE MAY 31, 2019**

Quinton, Christine Anne	005245
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## SUSPENDED/REVOKED

*In accordance with Section 24 of the Health Professions Procedural Code (Schedule 2 of the Regulated Health*

*Professions Act, 1991), the following registrants have been suspended or revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her or his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee.*

## SUSPENDED BY ORDER OF THE DISCIPLINE COMMITTEE

**EFFECTIVE JUNE 6, 2019**

Fernandes, Candice	018239
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**EFFECTIVE MAY 28, 2019**

Marino, Jenna Louise	016663
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**EFFECTIVE MAY 24, 2019**

Ngo, Kathy Thi	017562
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## REVOKED BY ORDER OF THE DISCIPLINE COMMITTEE

**EFFECTIVE MARCH 20, 2019**

Asselin, Michel R	006369
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# REFERENCES

## THE TRANSGENDER CLIENT

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