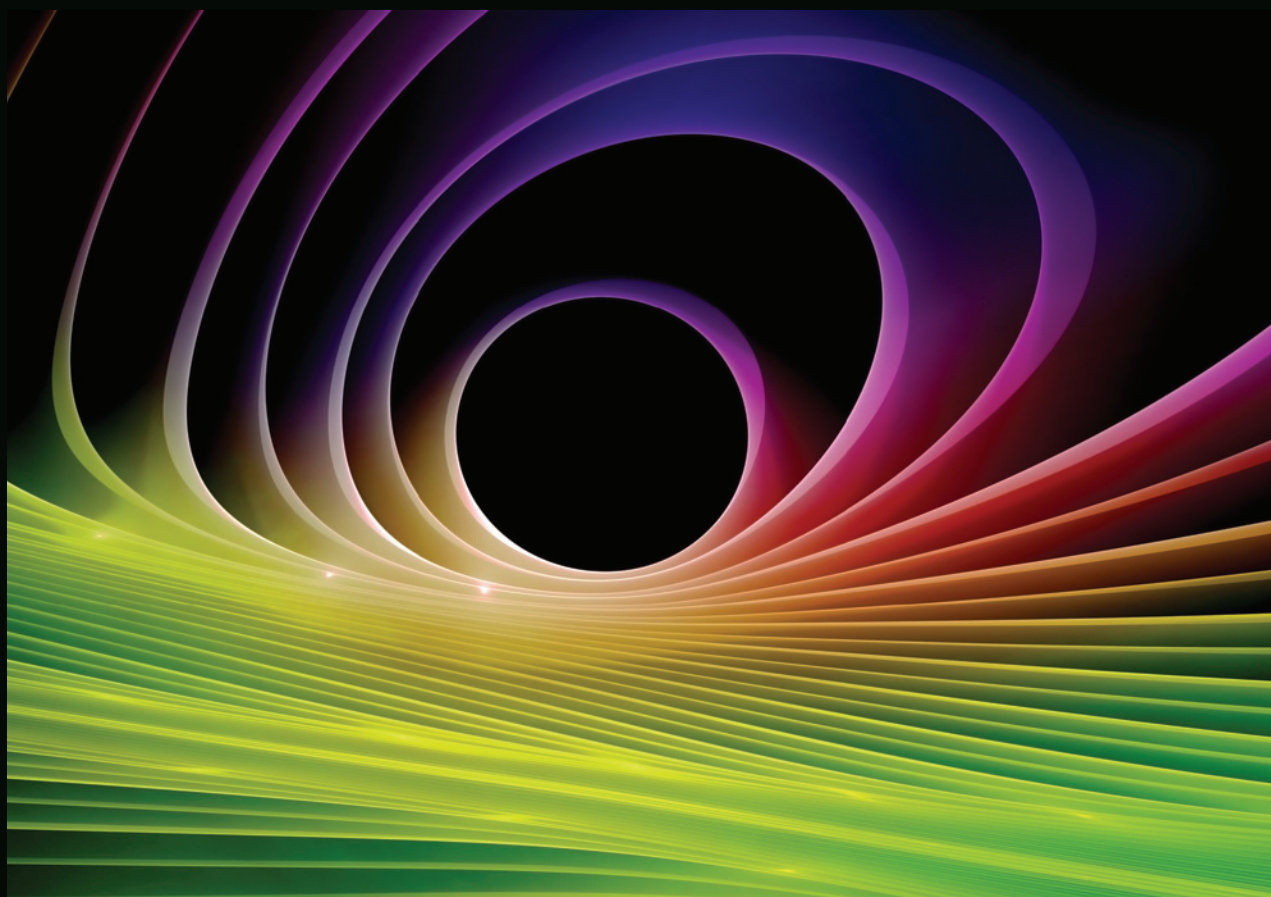


What Does Transparency Mean to CDHO?

Prevention of Sexual Abuse of Clients

**Avoid the Year-End Rush: Activate Your
Personal Profile Now!**





College of Dental Hygienists of Ontario

Protecting your health and your smile

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.

IN THIS ISSUE

CDHO COUNCIL

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Michele Carrick (RDH)

District 2

Roma Czech (RDH)

Marlene Heics (RDH)

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Jennifer Turner (RDH)

District 4

Pauline Leroux (RDH)

Jeanine Nighswander (RDH)

District 5

Bev Woods (RRDH)

District 6

Cindy MacKinnon (RRDH)

District 7

Heather Blondin (RDH)

District 8

Ilgia St. Onge (RDH)

Academic

Janet Munn (RRDH)

Catherine Ranson (RDH)

Public Members

Natalya Azam

Michael "Mike" Connor

Fernand Hamelin

Vinay Jain

Julia Johnson

Beatrix Kau-Lui

Julius Nathoo

Tote Quizan

Anne Venton

Yvonne Winkle

RDH = Registered Dental Hygienist

RRDH = Reg. Restorative Dental Hygienist

For more information on Council and Council Meeting Dates, please go to www.cdho.org.

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Publications Mail Agreement No. 40026784. Return undeliverable Canadian addresses to:

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PRESIDENT'S MESSAGE

Jennifer Turner RDH, BSc

What Does Transparency Mean to CDHO?

The push for transparency is a current cornerstone initiative in regulated health professions in Ontario. In October 2014 a letter was sent by Ontario's Minister of Health and Long-Term Care, Dr. Eric Hoskins. He asked all health profession Colleges and transitional Councils to make transparency a priority objective and to take concrete steps to increase transparency in College processes, decision making, and information disclosure.

The College of Dental Hygienists of Ontario has continually exercised transparency in a variety of methods and has operated with an even higher degree of transparency this year for the public of Ontario.

The Council meetings are open to the public; the meeting dates are posted in advance on our website and notices are sent via e-brief to the registrants. CDHO has four Council meetings per year. Invitations to attend the Council meetings are typically sent to key provincial stakeholders such as advocacy groups in oral health, regulators in oral health and the government. The Council meeting agenda book (including relevant supporting documentation) is posted on the College website for public access approximately one week prior to the meeting and hyperlinks to the agenda book are provided to the stakeholders noted above as well. In an effort to facilitate the timely and efficient preparation and distribution of relevant documentation for meetings of Council, CDHO is now making the meeting materials available online. In accordance with section 7 of the Health Procedural Code, sensitive information is shared only with Council members.

In December 2015, the Council will be discussing raising the Registrants fees for the first time in the history of CDHO which is twenty one years. The College actually lowered the registration fee from \$350 (specialty) and \$300 (general) to the current \$250 years ago. Registrants' money has been handled very well by the staff at CDHO and that is the reason why we, as registrants, have been so fortunate to not have ever had fees raised. The cost of business has gone up and in December the Council will discuss a plan in an open forum. As always, we invite anyone to attend our Council meeting.

cont'd on page 10



REGISTRAR'S MESSAGE

Lisa Taylor RDH, BA, MEd, MCOB

*“Feeling **gratitude** and not **expressing** it
is like wrapping a **present** and not **giving** it.”*


— William Arthur Ward

This is the time of year when one reflects on events past and recognizes the people who enrich your life and those around them. In my role as Registrar, I have the privilege of working with an awesome staff whose unwavering support during my transition from Deputy Registrar to Registrar warm my heart and have earned my utmost gratitude. The College is so fortunate to have such loyal and dedicated employees who truly want to make it easier for registrants to meet their obligations and for the public to reap the benefit of great care delivered by dental hygienists.

And where would we be without those who have given their time and energy to sit as part of our Council and part of our many committees? The success and solid reputation of the College can be attributed to those whose governance, guidance, and public-minded decision making have gotten the College to where it is today: a well-respected, financially stable institution.

Council and non-Council committee members often put in long hours, take time out of practice or their regular jobs, reschedule clients, manage employer expectations, delay vacations, miss their children's sport or school events and travel more distance home in Toronto traffic than they really want to on a Friday afternoon in the summer! Yet these are not the faces that you know as the College. For the most part, their work is done behind the scene, only presenting in public four times a year at Council meetings. But in fact they are the College and their decisions have shaped the direction and reputation of the College. The College is very fortunate to have such a dedicated and hard-working group of individuals drawn from the profession, public and academia. Many stay with us for multiple three-year terms. They bring continuity and wisdom to the College along with their untiring dedication.

As you read on in the issue you will see those that, having completed their terms, are now retiring from Council and committees. Council recognized and celebrated them during the



Awards and Recognition Luncheon held recently. It was bittersweet to say thank you and goodbye to those who we easily called friends. They have done their job, left their mark and leave us feeling forever grateful.

Council members who serve as President of the CDHO are owed a debt of gratitude. Being a Council chair comes with its challenges as no doubt any former president will tell you. One of the greatest challenges is finding that extra time in each day to see to governance issues. Reading emails, texts, taking phone calls, being approached at social functions, being available on short notice are all part and parcel of the job. Is it really possible to live and breathe CDHO??? Ask any one of our former presidents! Jennifer Turner included!

And now it is your turn to feel my gratitude towards you, my fellow dental hygienists. You reach out to me by email, telephone calls and through chance encounters. You tell me you are happy to see me as Registrar of the College. You tell me of the good work you are doing to improve client outcomes. I see you volunteer your time to help those in need. I see you attending continuing education. I see you as proud oral health professionals.

When I speak to people in the communities I visit and they tell me stories about the positive effect dental hygienists have had on their oral health and attitudes towards oral health services, I feel proud. When I see the low number of complaints and discipline cases we have in comparison to other health colleges, I feel proud. I am grateful that dental hygienists embrace what it means to be a professional and are examples of a profession deserving of self-regulation.

*“You are not here merely to make a **living**, you are here in order to enable the **world** to live more amply, with **greater** vision, with a finer spirit of hope and **achievement**. You are here to enrich the world, and you impoverish yourself if you forget the errand.”*

— Woodrow Wilson, U.S. President

Reading through this issue of *Milestones*, you can't help but be touched by how much the College has to be grateful for.

Happy Holidays. 

CDHO COUNCIL HIGHLIGHTS

September 25, 2015

Bylaw No. 5 which had been circulated to stakeholders for comment during the summer was approved and became effective immediately. The fee for an initial application for incorporation remained at \$750.00 as in Bylaw No. 4. Council considered additional information it received in the consultation phase about the actual costs involved in processing applications online and concluded that a reduction in the application fee was not good business practice and decided to keep the fee consistent with the then current Bylaw (Bylaw 4). Since this was a significant change to the Bylaw that was circulated, Council asked that a further consultation take place and that the matter be revisited at the December 4, 2015 Council meeting.

Council approved a **Policy for Reporting Apparently Criminal Behaviour to the Police**. The College is authorized to disclose otherwise confidential information about a registrant to the police for the purpose of assisting or initiating a criminal investigation. This policy recognizes that there are fundamental, but competing, principles applicable to the decision of whether the College should disclose information to the police and guides the Registrar through the decision to disclose process.

Council approved a motion to direct the Registrar to proceed with the submission of the proposed regulation for **Spousal Exception** to the Ministry. The proposed regulation has subsequently been submitted and the College will inform

registrants when the regulation comes into effect.

Council approved a series of motions that amended the **Council's Remuneration Policy**. The per diem paid to registrants who conduct business on behalf of the College, including Council members, was increased from \$265 to \$300 per day. Meeting preparation time was defined as \$25 for ¼ day, \$50 for ½ day and \$100 for a full day. Travel time to a meeting in excess of two (2) hours will be paid at a rate of ½ day for each one-day meeting.

Council approved a number of **Governance Policies** that defined the role of Council officers, Council decision-making process, code of conduct and conflict of interest.



Council at work.

A portion of the Council meeting was reserved for **Council Education**. Presentations were made by Doris Lavoie (National Dental Hygiene Examining Board) and Frederick Duguay (Commission on Dental Accreditation Canada). Council was informed and had an opportunity to ask questions about the school accreditation process and the National dental hygiene entry-to-practice examination. **CDHO**

December 4, 2015

Council received a Ten-Year Financial Forecasting Report containing recommendations for registrant fee increases and the timing of such increases, from the accounting firm Hilborn LLP. Based on that report, Council passed a motion to approve in principle a **fee increase in 2017 of \$150** for all classes of registration and asked that registrants be permitted to provide a response to this during a 60-day consultation. At the end of the consultation phase, Council will give all submissions due consideration before making a final decision on whether or not to increase fees in 2017 by \$150.

Council confirmed its decision from September 25, 2015 to keep the initial application fee for a certificate of authorization of **Professional Incorporation at \$750**. This decision resulted after no feedback either in favour or in disfavour was received during the consultation period.

Council approved the concept of a **Public Education Plan** for the next three years and will consider putting money towards the plan on a yearly basis. The 2016 budget included \$460,000.

Council received a report from the working group on Orofacial Myology/Myofunctional Therapy (OMT). The working group

was formed to provide an opinion of whether this practice could be considered within the scope of dental hygiene practice. With due consideration, **Council recognized OMT to be within a dental hygienist's scope of practice.**

Council approved the 2016 proposed budget as presented by the Registrar.

Council appointed the following registrants to sit as Non-Council members on the committees.

Discipline

Betty Le, Karlyn Wood

Examination

Lisa Kelly, Ashley Sisson

Inquiries, Complaints and Reports

Linda Douglas, Dorothy Dziunikowski

Patient Relations

Pearline Rae

Quality Assurance

Jaspreet Kaur, Lindsay Timleck

Registration

Lisa Hardill **CDHO**



Council recognized and celebrated past Council members, public members and non-Council members during the Awards and Recognition Luncheon.

Back row, left to right:

Derrick McLennon, Samuel Laldin, Shelli Jeffs, Heather Blondin, Ilga St. Onge, Pauline Leroux, Jeanine Nighswander and Gail Marion.

Front row, left to right:

Shori Katyal, Romaine Hesketh and Audrey Kenny.

Missing in photo:

Julia Johnson, Lila McIndoe and Lisa Kelly.

CDHO Congratulates Successful Recipient of the

Fran Richardson

Leadership Development Award

Humphrey Liu, RDH



The **Fran Richardson Leadership Development Award** honours outstanding and innovative dental hygienists who are passionate about the dental hygiene profession and who seek through education, community involvement and/or other activities, to enhance their leadership abilities and to improve the quality of dental hygiene care provided to the people of Ontario. Council is honoured to present the 2015 Fran Richardson Leadership Development Award to Mr. Humphrey Liu, RDH.

Humphrey is a registered dental hygienist and a 2007 graduate of George Brown College. He exemplifies the very essence of what the Fran Richardson Leadership Development Award hopes to capture. Humphrey is an outstanding and innovative dental hygienist who is passionate about bringing improved oral health to marginalized communities in Toronto.

“He is a dedicated, tireless advocate for the Aboriginal community and street-involved population, two of the most at risk populations in Toronto. He is innovative and adaptive in this approach to building relationships and trust, all with the goal of achieving positive health outcomes for the populations he is passionate about. He leads not by telling but by inspiring others to do because they want to.”
(excerpt from nomination letter by
Dr. Michele Wong)

Congratulations to Humphrey for being an inspiration and the role model that will hopefully inspire leadership to develop in others. **CDHO**



Left to right: Catherine Ranson, CDHO Vice-President; Humphrey Liu, 2015 Fran Richardson Leadership Development Award recipient; and Jennifer Turner, CDHO President.

Deputy Registrar Announcement



I am pleased to announce the appointment of Jane Keir, RDH, BSc, BEd, as Deputy Registrar/Director of Professional Practice effective December 1, 2015. After completing a thorough review of internal and external candidates, the search committee selected Jane for this important position. The Deputy Registrar/Director of Professional Practice is responsible for overseeing the College's Professional Practice team. This includes providing leadership and direction to the Registration, Programs and Exams, Practice Advice and Quality Assurance departments.

In her previous role as the College's Manager, Quality Assurance Program, Jane demonstrated a deep commitment to improving the QA Program. She has brought about positive change; introduced the SMILE Portal and has improved registrants' attitudes towards the Quality Assurance Program.

In her new position, Jane will report to the Registrar and will serve as a member of her senior management team. Please join me in congratulating Jane on this important leadership appointment and wishing her the greatest success in her new position.

2016 Council Meeting Dates

Friday, **January 22, 2016** – 3:00 p.m. to 4:00 p.m.

Friday, **March 4, 2016** – 9:00 a.m. to 4:00 p.m.

Friday, **June 3, 2016** – 9:00 a.m. to 4:00 p.m.

Friday, **September 30, 2016** – 9:00 a.m. to 4:00 p.m.

Friday, **December 2, 2016** – 9:00 a.m. to 4:00 p.m.

Venue: One King West Hotel

<http://www.onekingwest.com>



Congratulations

to Robert Farinaccia on his appointment to Manager, Quality Assurance Program. Rob joined the College as Practice Advisor five years ago and is well known in the dental hygiene community as a trusted source of information on all things relating to dental hygiene practice.

CDHO Holiday Hours



The CDHO offices will be closed from 1:00 p.m. on Dec. 24, 2015 until 8:30 a.m. on Dec. 29, 2015, and from 1:00 p.m. on Dec. 31, 2015 to 8:30 a.m. on Jan. 4, 2016.

The creation of and/or amendments to regulations, bylaws, standards and/or policies affecting regulatory affairs are always conducted with public and stakeholder consultation. The Bylaw Committee has recently completed stakeholder consultation for our review of proposed Bylaw No. 5. Bylaw No. 5 was brought forth at our September 2015 Council Meeting.

The Quality Assurance Committee has introduced a new program that is a black and white process with three options available to registrants since January 2015. The College provides detailed information about its Quality Assurance Program on its public access portion of the website, including a description of each of its components, what is required of dental hygienists, links to resources used by dental hygienists to guide practice and the 2012 program evaluation report. Since the purpose of the Quality Assurance Program, as provided by the Code, is to work with practitioners to enhance their practice, it is conducted on a “no blame” basis. The program is constructive and positive, looking for ways to improve practice rather than identifying misconduct. The legislation requires that quality assurance information about individual practitioners be kept confidential. If significant concerns are discovered in the course of operating the Quality Assurance Program, they are reported to the complaints and investigations process and can become publicly available through that process.

By law, the College is required to maintain a Public Register. The Public Register contains a wide variety of information regarding the dental hygienist and is updated on a regular basis and at the annual registration time on the renewal form.

The College's public register is on its website. In accordance with section 23 of the Health Professions Procedural Code (“Code”), the following information is posted:

- 1) Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
- 2) The name, business address and business telephone number of every health profession corporation.
- 3) The names of the shareholders of each health profession corporation who are members of the College.
- 4) Each member's class of registration and specialist status.

- 5) The terms, conditions and limitations that are in effect on each certificate of registration.
- 6) A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and has not been finally resolved, until the matter has been resolved.
- 7) The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, unless a panel of the relevant committee makes no finding with regard to the proceeding.
- 8) A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
- 9) A notation of every revocation or suspension of a certificate of registration.
- 10) A notation of every revocation or suspension of a certificate of authorization.
- 11) Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.
- 12) Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 13) Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

In addition to the information set out in subsection 23(2) of the Code, the register also contains the following information as required by the College:

- The registrant's registration number;
- The dates on which each class of registration and specialist status that the registrant holds was obtained and, if applicable, the dates on which each terminated;
- If the registrant ceased to be a registrant, a notation specifying the reason for the termination of registration and the date upon which the registrant ceased to be a registrant;

- For every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:
 - a) a notation of that fact, including the date of the referral,
 - b) a summary of each specified allegation, and
 - c) any hearing dates, including dates for the continuation of the hearing;
- A notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;
- Any information jointly agreed to be placed on the register by the College and the registrant;
- Where the registrant's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;
- Where the registrant's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- Where a decision of the Discipline Committee has been published by the College with the registrant's name or former name included:
 - a) a notation of that fact, and
 - b) identification of the specific publication of the College which contains the information.
- Any of the information in respect of a former registrant that was on the register just before the registration terminated, for a period of at least two years after the termination of registration, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of fifty years after the termination of registration.

The College's new Bylaws will be taking extra steps where the College is aware that a finding of professional misconduct or incompetence or similar finding has been made against the

registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:

- 1) a notation of the finding,
- 2) the name of the governing body that made the finding,
- 3) a brief summary of the facts on which the finding was based,
- 4) the penalty and any other orders made relative to the finding,
- 5) the date the finding was made, and
- 6) information regarding any appeals of the finding.

CDHO makes as much information available in French as feasible. Approximately 95% of the information on the website is available in French with the exception of dental hygiene regulations that have not been translated into French by the Ontario government. In 2015 the College's website redesign will see close to 100% of College documents translated into the French language.

The CDHO Council has undertaken a new form of governance. We have adopted the Policy Governance Model which is designed to empower Councils to fulfill their obligation of accountability for our organization. This model enables the Council to focus on the larger issues, to delegate with clarity, to control management's job without meddling, to have regular Registrar monitoring reports and to rigorously evaluate the accomplishment of the organization, to truly lead the organization.

The CDHO Council is embracing transparency and have been undertaking the necessary measures to improve transparency in a way that serves and protects the public interest of Ontarians.

Sincerely,



Jennifer Turner, RDH, BSc
President **CDHO**

2015 Election Results

CDHO welcomes four professional members of Council for 2016.



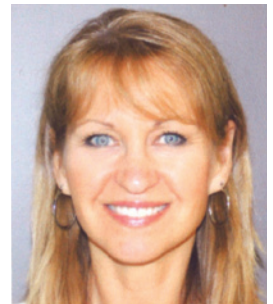
Evie Jesin (Professional Member – District 4) Evie Jesin has a history of commitment and interest from her past involvement with the transitional Council for the CDHO and as President and Vice-President of the CDHO. Her experience, drawn from the educational field, from working in general and periodontal practice and from serving in the legislative sector will continue to provide a wealth of information, experience and resources in the performance of her elected duties.


Pauline Leroux (Professional Member – District 4) Pauline Leroux has served on the CDHO Council and participated on the Patient Relations, Quality Assurance and Registration Committees over the last three years. Being part of the CDHO Council has proven to be a valuable and rewarding experience for Pauline. She has been directly involved in the Spousal Exception Regulation, CDHO's strategic planning, and the "Review of Oral Health Services in Ontario" report.



Heather Blondin (Professional Member – District 7) Heather Blondin serves as a professional member on the CDHO governing Council. As a dental hygienist with a combined 34 years of dental hygiene experience in clinical practice, education and administration, Heather values the role of dental hygienists in collaborative practice and in the provision of quality preventive oral health care. In her current role, Heather coordinates the Quality Teaching Resource Centre at Cambrian College, where she is actively involved in supporting and assisting the ongoing efforts of Cambrian faculty to develop and enhance their teaching competencies.

Gail Marion (Professional Member – District 8) Gail Marion has over 30 years of dental hygiene experience. She has worked in a variety of practice settings which have been of great value as her dream of opening her own independent dental hygiene practice was achieved two years ago. Gail will bring her eclectic professional experience, including six years serving as non-council for the CDHO on the Inquiries, Complaints and Reports Committee (ICRC).



Ms. Jesin, Ms. Leroux, Ms. Blondin and Ms. Marion will each begin serving a three-year term commencing at the first regular meeting of Council in 2016 and ending on December 31, 2018. 

CDHO Visits to Dental Hygiene Schools in 2015

By Robert Farinaccia, RDH, BSc

This year I embarked on a pilot project where I travelled across the province to different dental hygiene schools and provided dental hygiene students with a fun and interactive presentation. The purpose of the presentation was to:

- give a “face” to the College and introduce future dental hygienists to the regulatory body;
- introduce students to the practice advisory service at the College and provide them an opportunity to meet a practice advisor and ask questions;
- introduce students to the various resources the College has to offer them;
- deliver key messages from the College and to educate about the College’s expectations;
- discuss some of the challenges students may encounter while providing dental hygiene care;
- survey and evaluate future dental hygienists’ knowledge/views/attitudes.

Based on the feedback received from the polling data, the students enjoyed the presentation and their knowledge and understanding of the role and mission of CDHO increased after having participated in the presentation. Seventeen of the eighteen dental hygiene schools in Ontario accepted our invitation and 807 students were able to participate in the presentation.

I would like to thank the program directors of the various dental hygiene schools that accepted the invitation and welcomed the opportunity for me to speak with the students of their school. As always, this pilot project will be evaluated and recommendations will be made regarding this initiative. **CDHO**

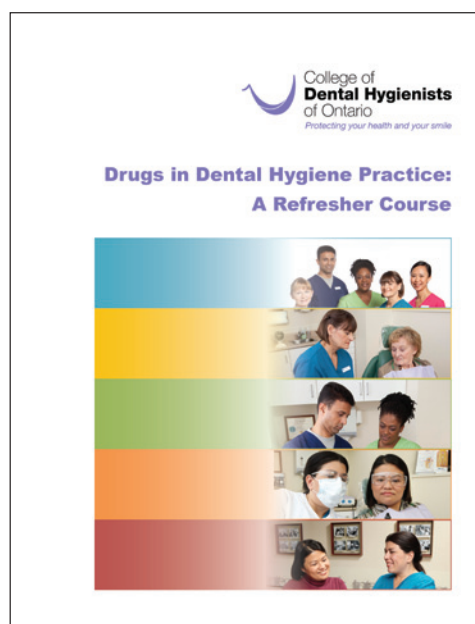
Plan for the Future!

- A change in legislation is coming
- Prescribing rights
- Prepare for the qualifying exam

Drugs in Dental Hygiene Practice: A Refresher Course

- Self-Study
- Online
- Free to registrants
- Use towards QA requirements
- Self-build study guide

Learn more by visiting www.cdho.org



Peer Mentor of the Year 2015

The College congratulates
HEMA VARGHESE

for being selected as the 2015 Peer Mentor of the Year.



Ellen Day (left) and Hema Varghese (right)

“...challenged me to view issues from a different perspective and come up with more than one solution to a problem”

“...always surprised me with coming up with new and creative ways to discuss my journal entries and to think of a bigger picture rather than just discussing the topic at hand...”

“...really refreshing to have someone to talk to who I knew would listen and respect my opinion...”

“...she made me challenge myself continually and brought a positive outlook to every situation.”

The Peer Mentor of the Year award celebrates an experienced dental hygienist, who volunteers her/his time to support the professional growth and development of another less experienced dental hygienist through the **CDHO Peer Mentorship Program**.

Hema was nominated by her mentee, Ellen Day. In her nomination letter, Ellen credits Hema’s knowledge and positive outlook throughout the entire program that helped Ellen to stay focused on her goal of becoming authorized to self-initiate.

Peer Mentors are the foundation of the College’s Peer Mentorship Program and Hema’s and Ellen’s story is just one of many success stories. The College appreciatively recognizes the contributions of each and every one of our Peer Mentors.

Honourable mention goes out to the runners up for the 2015 award. Congratulations to:

Tonia Peachman-Faust and Terri Strawn **CDHO**

AVOID THE YEAR-END RUSH:

ACTIVATE YOUR

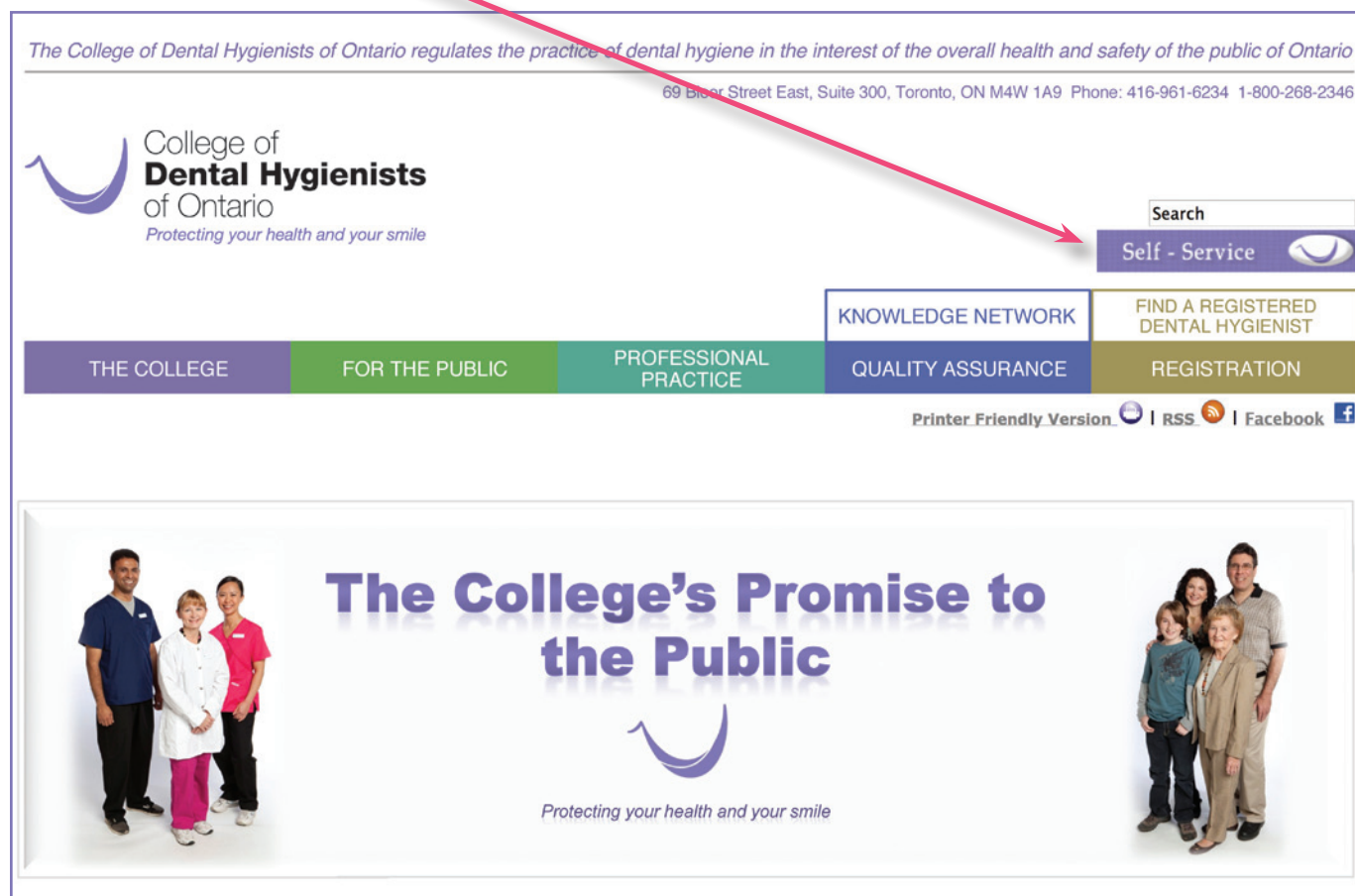
PERSONAL PROFILE NOW!

The CDHO has introduced a new self-service portal to replace the registrant login area on the CDHO website. The portal allows registrants to make updates to their contact information, renew their registration (after November 16th), and apply for status changes.

Thirteen thousand dental hygienists need to activate their profile in order to renew for 2016. If everyone waited until December 31st to do their activation, it could result in delays processing renewals. Please take the time to activate your personal profile now.

When you log in for the first time, there is an account activation process to set up your login credentials ([see below](#)). Detailed instructions were sent to all registrants by email on October 1st. If you have any questions or require assistance, please contact us at info@cdho.org or 416-961-6234 x 221.

Click on the **Self-Service button** and follow the instructions to activate your profile.



The College of Dental Hygienists of Ontario regulates the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario

69 Bloor Street East, Suite 300, Toronto, ON M4W 1A9 Phone: 416-961-6234 1-800-268-2346

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Dental Hygienists
of Ontario
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THE COLLEGE

FOR THE PUBLIC

PROFESSIONAL PRACTICE

QUALITY ASSURANCE

REGISTRATION

Printer Friendly Version | RSS | Facebook

The College's Promise to the Public

Protecting your health and your smile

Once your account is activated, a Self-Service screen will appear. The left-hand navigation menu will provide you with access to your profile and various service options. **CDHO**

Prevention of Sexual Abuse of Clients

By Robert Farinaccia, RDH, BSc

Ontario's 300,000 regulated health care professionals play many roles, but the one thing they all have in common is the duty to provide competent, effective, safe, and ethical care to their patients and clients.

“Acting ethically and in the patient’s best interests is at the core of professionalism,” says Marshall Moleschi, President of the Federation of Health Regulatory Colleges of Ontario (FHRCO). “[Patients] have the right to expect that your health care provider won’t step over the line – and you have the right to complain if they do.”¹

All health colleges regulated under the *Regulated Health Professions Act, 1991, (RHPA)* have an obligation to have a program in place whose goal is to develop and implement measures for preventing and dealing with sexual abuse of clients. This program, better known as the College’s Sexual Abuse Prevention Plan, is overseen by the College’s Patient Relations Committee and is taken very seriously.

In its Sexual Abuse Prevention Plan, the College of Dental Hygienists of Ontario (CDHO) establishes the boundaries and guidelines that govern professional behaviour and protect the public. Some boundary violations are clear, such as abuse, sexual misconduct, or a romantic relationship within the professional relationship. Other times, the ethical line might be blurred more than crossed. For example, hugging a teen when she or he has their braces finally removed may seem like a harmless action, but it can sometimes be misinterpreted as an invasion of space or even a sexual gesture by a client. Extreme care must be taken in any touching between dental hygienists and their clients because actions like this could be viewed as sexual abuse under the *RHPA*.

Sometimes, clients themselves cross the line, by treating you more like a friend, for example, by inviting an intimate relationship. It is no defence, even if the client vigorously initiates the relationship. By definition, clients come to a dental hygienist because they have a problem (or want to prevent one from developing) and want to access the expertise of the dental hygienist. These and other circumstances (e.g., societal status accorded to health professionals generally) create an imbalance of power between the dental hygienist and the client that requires the maintenance of professional boundaries. It’s the responsibility of the dental hygienist to keep the boundaries in place. The person who’s in a position of authority and who has professional obligations, is always the one who has to maintain ethics and clarify the roles and goals in the relationship, even if it’s the client who’s trying to cross them.²

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- 1 Federation of Health Regulatory Colleges of Ontario (FHRCO). Professional Boundaries: Know when the line has been crossed. <http://www.regulatedhealthprofessions.on.ca/assets/professional-boundaries-and-ethics.pdf>
 - 2 Federation of Health Regulatory Colleges of Ontario (FHRCO). Be Clear About “Boundary” Crossings in Health Care Delivery: Ontario’s regulatory colleges define ethical professional relationships. <http://www.regulatedhealthprofessions.on.ca/assets/boundaries.pdf>

As it stands now, the current legislation regarding the prohibition of dental hygienists to treat their spouse is still in effect, and the treatment of spouses still constitutes sexual abuse under the RHPA.

Sexual Abuse Under the RHPA

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

- Sexual intercourse or other forms of sexual relations;
- Touching of a *sexual nature; or
- Behaviour or remarks of a *sexual nature.

*Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Treatment of Spouses

As it stands now, the current legislation regarding the prohibition of dental hygienists to treat their spouse is still in effect, and the treatment of spouses still constitutes sexual abuse under the *RHPA*. CDHO Council developed a regulation and in September of 2015, that would allow the treatment of spouses. That regulation has been submitted to the Ontario Cabinet for approval. It is not known when the Ontario Cabinet will pass the regulation. When the change in legislation is in effect, all registrants would be duly notified by the College.

Writing a Mandatory Report

If a dental hygienist is aware of a health care professional that has committed an act of sexual abuse (as per the *RHPA* definition of sexual abuse) then according to the *RHPA*, the dental hygienist is obligated to submit a mandatory report. A dental hygienist is required to report sexual abuse of a client by any regulated health care professional.

The mandatory report must:

- Include the name of the dental hygienist filing the report
- Include name of the practitioner who was involved in the alleged abuse
- Include the client's name (if the client consents to this). If the client does not consent to include his or her name in the report, the dental hygienist is still required to submit a report but must not include the client's name in the report. The fact that the dental hygienist tried to obtain consent but the client refused, should be included in the report as well. The dental hygienist would be wise to get written consent as an indication that the client agreed to include their name in the report.
- Be written and submitted within 30 days to the Registrar of the appropriate College, or if there is reason to believe the abuse will continue or abuse of other clients will occur, the report must be submitted immediately.

Should a mandatory report be brought to the attention of the College and a dental hygienist was found guilty of sexually abusing a client, the mandatory penalty is revocation of the dental hygienist's certificate of registration for a minimum of five years.

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

CHANGES TO PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS



When renewing your 2016 General or Specialty certificate, you must have the professional liability insurance coverage required by Bylaw No. 5, which was approved by Council on September 25, 2015. As of January 1, 2016 professional liability insurance requirements must include:

- The minimum coverage per occurrence of \$1,000,000
- Annual aggregate coverage of no less than \$5,000,000
- The deductible of no more than \$4,000 per occurrence
- Run-off coverage for a minimum of two years
- The insurer must be licensed with the Financial Services Commission of Ontario or the office of the Superintendent of Financial Institutions Canada
- A sexual abuse therapy and counselling fund endorsement that,
 - (i) Provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
 - (ii) Provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

Contact your insurance provider to confirm your coverage meets the College's requirements. **CDHO**

Clinical Competency Evaluation Results – August 22, 2015

Graduates of non-accredited dental hygiene programs must successfully complete the Clinical Competency Evaluation before they can apply for registration with the CDHO. The most recent evaluation was held on Saturday, August 22, 2015. Eight candidates sat the evaluation and three were successful. Presently, there are no non-accredited dental hygiene programs in Ontario. Consequently, there has been a decline in the number of applications for the Clinical Competency Evaluation through 2013, 2014 and 2015. **CDHO**

2015										
	1 st Attempt		2 nd Attempt		3 rd Attempt		4 th Attempt		Total	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
August 2015	1	3	0	1	0	1	2	0	3	5

Increased Information About Registrants on the Public Register

The CDHO's primary responsibility is to ensure that the public is protected with respect to the practice of dental hygienists in Ontario. In addition to ensuring that Registrants are competent to practise the profession, the CDHO demonstrates that it is accountable to the public by providing reliable, accurate and up-to-date information about registrants on its website. It is important that this information be easily accessible so that the public can rely on it when making decisions about their health care. Over the past two years, discussions have taken place between health care regulators and government in this province about increasing transparency in terms of the information that is available to the public about regulated health care practitioners.

Beginning January 1, 2016, in addition to what is currently available on its website, the CDHO will begin including the following information about registrants on the public register:

- relevant information from criminal proceedings including charges, findings, bail conditions and restrictions on practice;
- significant complaints decisions including oral cautions, a summary of undertakings, and a summary of any requirement for a specified continuing education or remediation program;

- information available from other regulators including if the registrant is registered with another regulatory body, pending allegations and findings by another regulator; and
- the full Notice of Hearing after a referral has been made to discipline along with updated information for hearings that are awaiting scheduling.

In addition to the information above, where there is a compelling public interest argument for doing so, the Registrar can:

- confirm that the College is investigating a registrant, and
- choose to report apparently criminal behaviour to the police.

Detailed information regarding what the College currently includes and will be included on the public register can be found on the CDHO website under "Bylaws", section 15.6. Bylaw No. 5 was circulated to the profession and stakeholders for comment and was approved by Council on September 25, 2015. **CDHO**

The screenshot displays the 'Dental Hygienist Search' interface. At the top, there are tabs for 'General Information', 'Registration History', 'Professional Corporation', 'Discipline', 'Fitness to Practice', 'Terms, Conditions & Limitations', 'Suspension / Revocation History', and 'Negligence / Malpractice'. The 'General Information' tab is selected. Below the tabs, there is a 'Registration #' field. The main content area is titled 'GENERAL INFORMATION' and contains a 'General Information & Address(es)' section. This section includes fields for 'Registration Class', 'Registration Status', 'Expiry Date', 'Registration Date', 'Self-Initiation', and 'Language(s)'. To the right of these fields is an 'EDUCATION' section with fields for 'Institute:' and 'Year of Graduation:'. Below the 'General Information & Address(es)' section is a 'Contact Information' section with a field for 'Last Known Business Address'. At the bottom left, there is a 'New Search' button.

MEMORANDUM

To: CDHO registrants and all stakeholders
From: Lisa Taylor, Registrar
Date: December 9, 2015
Subject: **Proposed Bylaw No. 5 Stakeholder Consultation: Registration Fees**

The College is proposing an amendment to Bylaw No. 5 that will see registration **fees increase January 1, 2017**. This is the first registration fee increase in the history of the College.

The fee increase is a fundamental change that will affect the operations of the College, the Council members and registrants. For this reason, Council requires that a formal consultation process involving all stakeholders be undertaken before Council considers adopting the proposed fee increase.

History of Fees / Proposed Fee / Rationale

Registration Class	1994–2001	2002–2016*	Actual Cost* 2016	2017–2019 Proposed	2020–2022 Proposed	2023–2025 Proposed
General	\$300	\$250	\$389	\$400	\$415	\$435
Specialty	\$350	\$250	\$389	\$400	\$415	\$435
Inactive	\$200	\$50	\$389	\$200	\$215	\$235
		* Fees decreased in 2002	Cost per registrant is more than the \$250 collected			
Rationale for fees	Anticipated costs for running a new College	Costs were not as high as projected and by 2002 a large reserve fund had accumulated	Over the last 5 years the College has drawn down its reserves to delay raising registrant fees	Builds a 3–6 month operating reserve fund	Keeps a 3–6 month operating reserve fund	Keeps a 6month operating reserve fund

Rationale for Increase in 2017

In accordance with the table above, the actual cost to have a registrant (all categories) on the Register is \$389 per person. Given that the College charges \$250 (specialty and general) and \$50 (inactive), it is easy to see why the College has run a deficit in the last number of years. This deficit was carefully planned to appropriately reduce the reserve fund the College accumulated when operational costs were lower and interest rates on investments were higher. It is important to note that this deficit was planned and deliberate and was not mismanagement of College resources. In fact, it was the Council's due diligence to reduce the reserve fund to within the Canadian Revenue Agency accepted range for a not-for-profit entity.

The plan to reduce the reserve fund has been successful to the extent that the surplus funds in the reserve will be depleted by the end of 2016. To maintain financial stability in 2017, a fee increase that matches actual costs must be introduced.

Costs of Doing Business 1994 vs. 2015

The cost of doing business in 2015 is much higher than it was in 1994. The annual inflation rate over the last 22 years means that \$250 paid in 2015 does not have the same buying power it did in 1994. According to the Bank of Canada, a basket of "goods and services" that cost \$300 in 1994 would cost \$445.27 in 2015. Additionally, costs associated with complaints and discipline has gone up dramatically as has the increasing statutory requirements and the growing demand in information technology.

Next Steps

The Council wants to give registrants time to consider the proposed fee increase and is suggesting the increase become effective in 2017. The next sixty days provides registrants with an opportunity to voice their opinions concerning the proposed fee increase. At the end of the consultation phase, the Council will give all submissions due consideration. The Council anticipates bringing this matter for final review and/or approval to the March 2016 meeting of Council.

Please direct your comments to feedback@cdho.org by **4:30 p.m. on Monday, February 8, 2016**.



Quality Assurance Matters

By Jane Keir, RDH, BSc, BEd

Are you submitting your Quality Assurance records in 2016?

Registrants who are required to submit their information in January of 2016 are reminded that all information must be submitted for assessment via the SMILE Portal.

The CDHO will no longer accept mailed or emailed submissions.

Please note that you must read and confirm a declaration such as the one pictured below prior to submitting your information for assessment. If you have

Audit Year: 2016
Status: COMPLETE
Deadline: Jan. 31, 2016

☐ I declare that the information contained in my Practice Profile and Learning Portfolio is an accurate reflection of my practice and of my Continuing Quality Improvement (CQI) Activities. I understand that providing false information in my submission is considered professional misconduct and could be subject to disciplinary actions. I also understand that I may be required to submit evidence to support my reported practice and learning activities. (Please consult CDHO's Professional Misconduct Regulations).

Submit Quality Assurance Audit to CDHO

not completed this step, your information has not been sent.

You have a choice of how you input your 2013 and 2014 learning. You can type your 2013 and 2014 information directly into your Learning Portfolio. Change the year to 2013 or 2014 and then enter your goals and activities into your Learning Portfolio. If you do it this way, your hours will show in the progress bar.

Your other option is to upload your forms 6, 7 and 8 directly from your computer and upload them as two separate files. The button to upload is on the left side of the page under the blue "Additional Documentation" banner. Keep in mind that your 2013–2014 hours will not show in the progress bar and will be tabulated manually by the assessor.

Have you completed your mandatory Self-Assessment for 2016?

The Self-Assessment Tool is an integral part of the new online System for Managing Individual Learning (SMILE Portal) and is designed to assist you in assessing your practice environment as it relates to the CDHO Dental Hygiene Standards of Practice. It is also designed to help you to set and report on your learning goals. If you are having difficulty in determining and defining your learning goals, suggested goals will be generated to assist you. You are under no obligation to use the suggested goals and are free to modify or delete them altogether and establish your own goals. In the audit process of your Quality Assurance submission, assessors will be looking for a relationship between your

established learning goals, your dental hygiene practice and the CDHO Dental Hygiene Standards of Practice.

Step-by-Step Guide to using the Self-Assessment Tool

- Identify in the Self-Assessment Tool those areas of your dental hygiene practice that do not meet the standards.
- Establish learning goals for those areas that do not meet the standards or allow the system to set goals for you.
- Select and prioritize your learning goals for every year.
- Select the appropriate quality improvement activity or activities to address each learning goal.
- Remember that there is a range of acceptable activities from which to choose. See the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* under the Quality Assurance tab at www.cdho.org.

This Self-Assessment Tool is for your use only. You are not ever required to submit this tool for assessment with your Quality Assurance information. However, since it is a requirement that the self-assessment be completed each year online within the System for Managing Individual Learning (SMILE Portal), the College will be notified by Skillsure if you have not met the mandatory requirement to complete the Self-Assessment Tool each year.

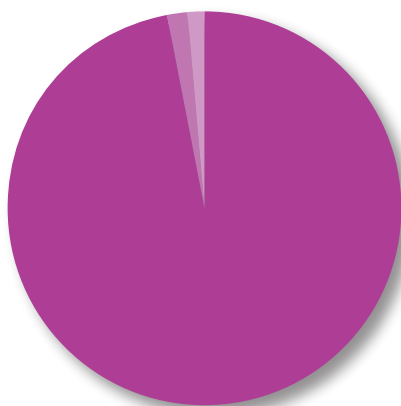
The 2016 Self-Assessment Tool is now available in the SMILE Portal. You can access it by selecting “2016” in the drop-down menu on the dashboard. You will be asked to verify your employment status and practice address. Once Step 1 is completed, your 2016 Self-Assessment will become available as Step 2. It is now a mandatory requirement that all dental hygienists complete their self-assessment annually. **Those who fail to complete the self-assessment by the January 31st deadline will be required to submit their Quality Assurance information in the following year’s Quality Assurance Peer and Practice Assessment period.**

Update on 2015 Portfolio Assessments

In January 2014, letters were sent to 1326 registrants requesting their portfolio submission by January 31, 2015. Of the 1326 requests, 1289 registrants have completed their assessment and have met the assessment guidelines. This includes registrants who have resigned from the College and those who have been deferred to the next assessment period. There are 20 registrants still in the assessment process. This includes registrants who have additional information to submit to the Committee, those who are awaiting a second assessment and those who have received time extensions for submissions. The remaining 17 registrants are participating in directed learning or remediation to address identified deficiencies in their portfolios.

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

2015 Portfolio Assessment



■ Completed ■ In progress ■ In direct learning

- Insufficient time spent on continuing quality improvement activities (51%)
- Activities listed as unacceptable in the Continuing Competency Guidelines (16%)
- No explanation of how learning benefitted clients (9%)
- Missing forms/information (9%)
- Expired CPR (9%)

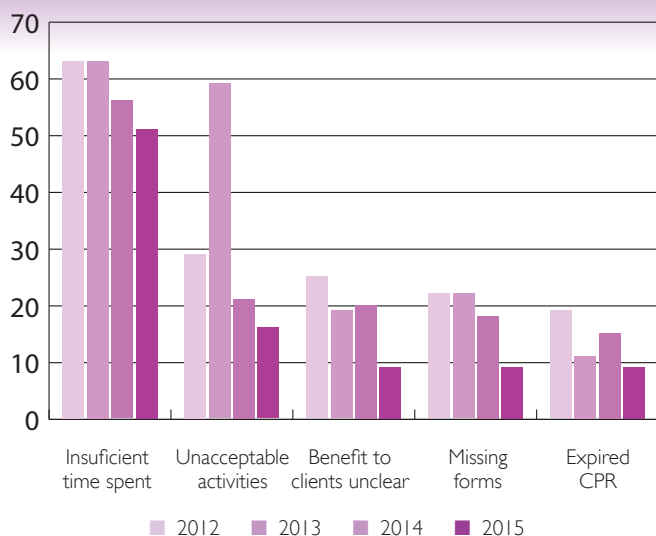
In several cases, registrants had two or more of the above issues identified during their assessment.

Have you been selected to submit your Quality Assurance information?

Once again this year, the Quality Assurance Committee has determined that participation in the January 2017 QA assessment will be determined by a random selection based on the last digit of your 6-digit registration ID number. The Committee has determined that moving forward, each year, two numbers will be randomly drawn. All registrants whose ID ends in either of those numbers will be required to participate in the program. The following year,

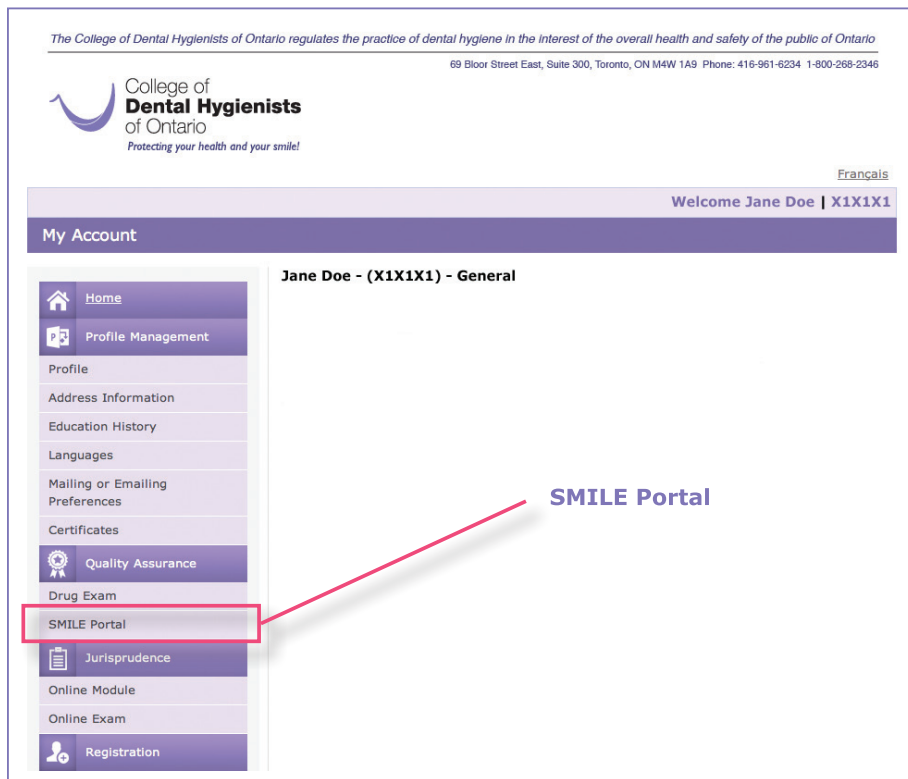
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Figure 1 compares the deficiencies found in 2015 to those found in 2012, 2013 and 2014.



preference you have indicated, go to www.cdho.org and click on the “Self Service” button on the top right of our main page. Please see page 15 for further information on how to activate your account.

At the **end of January**, you will be able to check online to see if you are required to participate and submit your information in January 2017. To access your Quality Assurance information, you will need to click on the “SMILE Portal” button as shown below:



Year: 2016

Not selected

Audit Year: 2016

Status: IN PROGRESS
Deadline: Jan. 31, 2017

Selected

Once in the portal, those who see “Audit Year: 2017” will be required to submit their information in **2017**. Those not selected for **2017** will see “Year: 2016”.

two different groups will be randomly selected. No registrant will be selected for a second time until all registrants have had the opportunity to participate.

2017 Selection

All registrants whose registration number ends in either “4” or “9” (i.e. *****4 or *****9) will be required to submit their quality assurance information by January 31, 2017.

Exceptions:

- Registrants who submitted their professional portfolio in 2013, 2014, 2015 or who participated in the 2016 peer review will not be required to submit their information. You can check your last assessment year in the SMILE Portal on the dashboard.

- Registrants who registered on or after July 1, 2014 will not be required to submit their information.

Notification of registrants will occur via the e-brief and by e-mail or regular mail depending upon the preference you have indicated during your renewal. If you are not sure which

Which Path Will You Choose?

Once selected to participate in the peer review component of the program, you will be able to choose from one of three paths for demonstrating your competence. The following table shows the three options available:

	Path 1	Path 2	Path 3
	Mandatory Self-Assessment (using the online Learning Management System)		
Allows for demonstration and verification of knowledge	Learning portfolio*	Written assessment administered by NDHCB**	Written assessment administered by NDHCB**
Allows for demonstration and verification of skills and judgment	Practice profile***	Practice profile***	Onsite practice assessment
<p>* Learning Portfolio to include: Reporting on goals and learning activities. Goals are established based on the completed self-assessment.</p> <p>** This assessment will be administered by the National Dental Hygiene Certification Board. A fee of \$125.00 plus taxes will be charged by the NDHCB for the administration of each attempt of this assessment.</p> <p>*** Practice Profile to include: Description of typical day in practice with prompting and checkboxes in the SMILE Portal to cover services provided, infection control and record keeping.</p>			

To read more about the changes to the Quality Assurance Program, please go to the Resources section in the SMILE Portal or under the Quality Assurance tab at cdho.org.

Preliminary Results of NDHCB Written Assessment

To date, 53 registrants have elected to complete the NDHCB written assessment under Path 2 to demonstrate their competency and meet their QA requirements; 28 registrants have been successful while 25 registrants have registered but not yet attempted to complete the assessment. [CDHO](#)

A New Way to Connect With the College...

The 5-4-5 Survey

What???

Short survey containing 1 to 5 questions taking less than 5 minutes of your time

Why????

We want to know...

- Are we meeting your expectations?
- What you need from the College?
- What you do in practice?
- What programs and services do you use?

When?????

Look for the survey link in your monthly e-brief

Take 5 minutes (or less) to share your thoughts, shape our future, have your say.



Illustration: ©Aquir/Shutterstock.com

To Pre-medicate or Not to Pre-medicate: That Is the Question

By Robert Farinaccia, RDH, BSc

The practice advisors at the College receive a lot of calls by dental hygienists inquiring about whether their clients with joint replacements require prophylactic antibiotics prior to seeking treatment from the dental hygienist. In the interest of helping dental hygienists make an informed decision, I thought I would provide some of the history of the recommendations and the positions of some of the prominent organizations throughout the years.

1997 — In 1997, the American Academy of Orthopaedic Surgeons (AAOS) together with the American Dental Association (ADA) developed an information statement on antibiotic prophylaxis for patients who have undergone joint replacement. It was collaboratively revised and republished in 2003.

2003 — The 2003 statement's recommendations from the AAOS / ADA limited the use of antibiotic prophylaxis to the first two years following joint replacement surgery, with certain important exceptions such as a weakened immune system. For the exceptions, antibiotic prophylaxis was stipulated regardless of the length of time after the joint replacement surgery. This statement was endorsed by the Canadian Dental Association¹.

2007 — In 2007, the Canadian Dental Association (CDA) reaffirmed its support for the 2003 statement.

2009 — In 2009, the AAOS withdrew its 2003 joint statement and released a new Information Statement which was developed independently of the ADA. The statement was offered as an educational tool based on the opinion of the authors.

The Educational tool's recommendations differed from the 2003 statement by recommending antibiotic prophylaxis prior to any

invasive procedure that may produce bacteremia, regardless of the length of time after the joint replacement surgery. The removal of the time limitation for antibiotic prophylaxis led to debate among dental authorities.

The Canadian Dental Association² confirmed that it stood by its 2007 position and therefore, that of the American Academy of Orthopaedic Surgeons, developed jointly with the American Dental Association in 2003.

2010 — In 2010, the AAOS Surgeons released a revised Information Statement. This was developed as an educational tool based on the opinion of the authors, and its readers "are encouraged to consider the information presented and reach their own conclusions."

Also during this year in the AAOS / ADA Collaboration on antibiotic prophylaxis in bacteremia in patients with joint replacements was launched at their Introductory Meeting of November 20 and 21. The Collaboration was reported in 2012.

2012 — On December 7, 2012, the systematic review from the AAOS / ADA Collaboration on antibiotic prophylaxis in bacteremia in patients with joint replacements was released. The systematic review found no direct evidence that dental procedures cause orthopaedic implant infections. The review also yielded joint evidence-based guidelines which recommended (with a limited grade) that the practitioner might consider discontinuing the practice of routinely prescribing prophylactic antibiotics for patients with hip and knee prosthetic joint implants undergoing dental procedures.

2013 — In June 2013, the CDA's Position paper on Dental Patients with Total Joint Replacement agreed with the 2012

¹ CDA Position on Dental Patients with Total Joint Replacement http://www.cda-adc.ca/_files/position_statements/totalJointReplacement.pdf

² Dr Euan Swan, Manager Dental Programs, Canadian Dental Association, personal communication, 2009-10-21.

AAOS / ADA systemic review on antibiotic prophylaxis in bacteremia in patients with joint replacements – that there was no direct evidence that dental procedures cause orthopaedic implant infections. The CDA, however, has taken the position that routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, nor for patients with orthopaedic pins, plates and screws. This differs slightly from the ADA/AAOS clinical practice guideline which advises dentists to consider discontinuing the practice of routinely prescribing prophylactic antibiotics for dental patients with total joint replacements.

2014 – In 2014, a panel of experts convened by the ADA Council on Scientific Affairs was assembled. They developed an evidence-based clinical practice guideline for dental practitioners titled *The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints*. This was intended to clarify the “*Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures: Evidence-based Guideline and Evidence Report*,” which was developed and published by the AAOS / ADA (the 2012 Panel).

2015 – The clinical practice guideline from the AAOS / ADA was released in January 2015 in the *Journal of the American Dental Association*. This 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 (with the caveat that the dental practitioner and patient should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis). The guideline also concluded that additional case-control studies were needed to increase the level of certainty in the evidence to a level higher than moderate.

In its Feb/Mar 2015 Dispatch quarterly magazine, which is the official publication of the Royal College of Dental Surgeons of Ontario (RCDSO), the RCDSO provided the clinical recommendation that

“in general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. For patients who are medically compromised or have

a history of complications associated with their joint replacement surgery, and who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopaedic surgeon.”³

What is the College of Dental Hygienists of Ontario’s (CDHO) position?

The College believes that the need for antibiotic prophylaxis for the prevention of hematogenous joint infection should be considered on an individual basis in conjunction with the health care provider most familiar with the client’s specific condition. Treatment decisions should be made in light of all circumstances presented by the client. Treatments and procedures applicable to the individual client rely on mutual communication between client, dental hygienist, physician, dentist, and other health care practitioners. The dental hygienist is ultimately responsible for making the decision whether or not to proceed with dental hygiene services.

Given all of the information and references from various organizations presented above as a guidance, the College entrusts dental hygienists to use their professional judgment to determine who they feel is in the best position to advise whether prophylactic antibiotics are required for their clients with hip and knee joint replacements. In order to make a truly informed decision, the dental hygienist must be confident that the health care professional they choose to consult with:

- Fully understands what is involved with the procedure in question (e.g. scaling and root planing including curetting surrounding tissue); and
- Has an understanding of the current literature and evidenced-based recommendations around this topic.
- Is familiar with the client’s specific health condition and history of complications associated with their joint replacement.

The CDHO can appreciate that the topic of prophylactic antibiotics before dental hygiene services can be a hot item of discussion amongst health care professionals. However, ultimately, the dental hygienist must act in the best interest of the client and like any dental hygiene procedure, the dental hygienist must be comfortable providing rationale for their decision. **CDHO**

³ Dispatch. February 2015. www.rcdso.org/Assets/DOCUMENTS/Dispatch/Dispatch_2015_v29_no1.pdf

CONSENT – DO YOU GET IT?

By Robert Farinaccia, RDH, BSc and Cathy Goldberg, RDH, BEd



Your clients have the right to make their own choices about the care they wish to receive. Educating your clients so they fully understand the benefits, limitations and possible consequences of any treatment plan is an important step when providing care. Consent to treatment must be given voluntarily and it must be informed.

INFORMED CONSENT

Obtaining proper consent is a process of sharing information while addressing questions and concerns. Inform before you perform. The client's informed consent for treatment must be obtained and documented. Consent to treatment is informed if, before giving it, the person received the necessary information about the nature of the treatment, the expected benefits of the treatment, the material risks of the treatment, the material side effects of the treatment, alternative courses of action and the likely consequences of not having the treatment. An example would be to inform a client who has an abundance of calculus that after it is removed, there may be some space between the teeth or the teeth may be loose.

A dental hygienist should never confuse a signed consent form with obtaining informed consent. A written consent form is simply a piece of paper unless it is read, understood and its implications appreciated.

IMPLIED CONSENT

Relying on implied consent can be risky. Have you ever had a client sit in your chair and say, “So what are we doing today?” Don’t assume that clients know what will be done just because they are sitting in your chair. Some clients come simply because the office receptionist called and told them it is time to come in.

There may be certain times when you can rely on implied consent. For instance, in September 2009, Ontario’s Information and Privacy Commissioner at the time, Dr. Ann Cavoukian, released a document titled *Circle of Care: Sharing Personal Health Information for Health-Care Purposes*. This document describes who health information custodians are and the circumstances that permit them to rely on an individual’s implied consent. However, this document only deals with collecting, using, disclosing or handling personal health information for the purpose of providing direct health care within a circle of care.

For example, when a dental hygienist contacts a physician to get medical advice on treating a mutual client who is undergoing chemotherapy, that discussion will fall under the circle of care provision.

The ‘circle of care’ provisions require that all of the six conditions listed below be satisfied before a dental hygienist may assume that an individual’s implied consent to collect, use or disclose personal health information can be reliably discussed within the circle of care.

1. The health information custodian must fall within a category of health information custodians that are entitled to rely on assumed implied consent.
2. The personal health information to be collected, used or disclosed by the health information custodian must have been received from the individual, his or her substitute decision-maker or another health information custodian.
3. The health information custodian must have received the personal health information that is being collected, used or disclosed for the purpose of providing or assisting in the provision of health care to the individual.
4. The purpose of the collection, use or disclosure of personal health information by the health information custodian must be for the provision of health care or assisting in the provision of health care to the individual.
5. In the context of disclosure, the disclosure of personal health information by the health information custodian must be to another health information custodian.
6. The health information custodian who receives the personal information must not be aware that the individual has expressly withheld or withdrawn his or her consent to the collection, use or disclosure.

AGE OF CONSENT

In Ontario, there is no minimum age of consent. The *Health Care Consent Act, 1996 (HCCA)* provides that anyone “capable with respect to treatment” may give consent to treatment on his or her own behalf. There is no discussion of a minimum age. Rather the Act, states that the health practitioner should assume that the person is capable of consenting on his or her own behalf unless there is reasonable grounds to believe otherwise. The *Substitute Decisions Act, 1992*, provides that a person who is aged sixteen years or more is presumed to be capable of consenting or refusing consent in connection with his or her own personal care. This does not preclude a dental hygienist from determining that a younger person is capable of consenting to treatment, but it does imply that greater care should be taken in making that determination. The determination of capacity to consent to the particular treatment relies on the judgment of the health practitioner to assess whether the client understands the information and appreciates

cont’d on next page

its implications. Dental hygienists are advised to use their professional judgment and to exercise appropriate care in determining whether a child is capable of consenting to treatment.

As a general, informal guideline, a dental hygienist may often find that:

- Children under 7 are incapable of consent for almost any treatment;
- Children between the ages of 7 to 12 can very rarely consent to treatment; and
- Youth over 12 need to be carefully assessed as to their capacity on a case-by-case basis.

Occasionally, obtaining consent from a child who you feel is fully capable to provide consent, may still present a challenge when the child is not the one responsible for paying for the services. For example, the client requires an x-ray and the parent who is paying for the appointment is not present. Or the parent enquires about your specific findings in the oral health of their teenager. In the first case, you may want to ask if it is okay for you to call their parent and ask if the parent will cover the cost of the x-ray. The second example may be complicated further if there is evidence in the teenager's mouth that they are a smoker. The teenager may not want you to share that information with their parent.

Similar to this situation is an insurer requesting personal health information from a dental hygienist in order to adjudicate a claim. If the dental hygienist feels that the type of information being requested is particularly sensitive information, then it would be prudent to obtain the client's consent before releasing this information.

CONSENT AND SEDATION

Dental hygienists work on clients who are receiving sedation either by an oral sedative or by means of nitrous oxide conscious sedation. It would be wise for a dental hygienist to obtain consent prior to the administration of any sedative. It can be argued that consent given while sedated may not have been truly informed and understood. Have you ever listened to someone speak who is receiving nitrous oxide sedation? Do they sound completely coherent to you? Would you take someone's consent that was under the influence of alcohol? Remember that ultimately dental hygienists are responsible for obtaining informed consent.

CONSENT WITH CONDITIONS

Clients may consent to treatment but give you conditions around that consent. For example, a client will allow you to scale their teeth but not allow you to collect full baseline data before you do so. In situations such as these, the dental hygienist may choose to refuse to treat the client, since proceeding without baseline data has the potential to cause more harm than good. It also may place the dental hygienist at risk for providing substandard care. If you feel that the consent with conditions that the client is imposing on you impedes on your ability to provide safe and effective optimal care then you have the right to refuse to provide substandard care.

CONSENT AND DECISION MAKERS

The *Health Care Consent Act, 1996 (HCCA)* provides that a health care practitioner who proposes a treatment for a person shall not administer the treatment unless the person is capable with respect to the treatment and has given consent. If the practitioner is of the opinion that the person is incapable with respect to consenting to the treatment, the consent of the person's substitute decision maker (as specified in the Act) must be obtained before treatment can be provided.

When a client is found to be incapable of giving consent, the consent must be obtained from a substitute decision maker unless there is an emergency. The following considerations apply to obtaining consent from a substitute decision maker:

- The substitute must be at least 16 years old (unless the substitute is the parent of the client).
- The substitute must be capable herself or himself.
- The substitute must be able and willing to make the decision.
- The substitute must act in accordance with either:
 - the last capable wishes of the client, if any; or
 - in the best interests of the client.

There is some obligation on a dental hygienist's part to intervene if it is clear that the substitute is not fulfilling his or her obligations. In some cases, explaining the obligations to the substitute is sufficient. In other cases, the dental hygienist would be required to make a report to the Public Guardian and Trustee (e.g., if the substitute is misconducting herself or himself).

There is a priority list of substitute decision makers ranked from the highest to the lowest as follows:

- Guardian of the person appointed by the courts;
- Attorney for personal care conferred by a written document when the client was capable;
- Consent and Capacity Board appointed representative;
- Spouse or partner;
- Child or custodial parent;
- Access parent;
- Brother or sister;
- Any other relative;
- Public Guardian and Trustee.

Where a substitute from the first three listed above is able and willing to make the decision then she or he must be used. At the family member level, any available substitute on the list can be relied upon so long as there is not a higher ranked substitute who is available and is known to want to make the decision (see discussion below). The Public Guardian and Trustee, a government official, is relied upon as a last resort.

CONSENT IN AN EMERGENCY

In an emergency, as per the *Health Care Consent Act*, consent is not needed when the delay in obtaining consent would prolong suffering or put the client at risk of sustaining serious bodily harm. Even where a client is capable, treatment can be administered without consent in emergencies where a language barrier or other communication difficulties make it impossible to obtain informed consent without delay.



IN CLOSING ...

Think about consent in your practice – are you getting it? Your Practice Advisors are here to address any of your concerns.

CDHO

RDH Expertise for RDHs

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

416-961-6234 or 1-800-268-2346

Cathy Goldberg, RDH ■ ext. 238 ■ cgoldberg@cdho.org

Peer Mentorship

By Cathy Goldberg, RDH, BEd

There are many incredible stories of successful mentoring relationships since the inception of the program, and these relationships progressed beyond weekly phone calls. Mentors have visited mentees while they work in volunteer clinics. Mentors and mentees have attended continuing educational courses together. They were seen attending the **Setting the Record Straight** presentation together. They networked at society meetings together. Mentees nominated their mentors to honour them with the Peer Mentor of the Year Award. One was chosen from a number of very strong submissions. These letters clearly demonstrated that the mentors were exactly what the College envisioned when it created the mentorship program. The commitment to this program from both the mentor and the mentee is just one of the reasons that this program has become so successful.

Go back and review the criteria to becoming a Peer Mentor. Is this something that interests you? Are you prepared to be amazed by how much you will learn from a mentee? Are you ready for this profound journey that could change your life?

The date for the next Mentoring Excellence Workshop has yet to be decided. For more information contact Cathy Goldberg at cgoldberg@cdho.org.

There are now 122 Peer Mentors available for mentees to seek out for possible contracts. **CDHO**

Mentoring Excellence Workshop – Toronto – November 21, 2015



Left to right (back row): Amanda Lindsey Acker; Christine Jennifer Crawford, Kerry Anita Jacobs, Cristina Alexandra Boata, Vahdeta Seperovic

Left to right (middle row): Anne Marie Nadeau, Melissa Baumann, Lori Anderson, Daniela Barone, Lorri-Anne Brennan, Maria Teresa Macchione, Jaime Elaine Boyle, Catherine Mazal-Kuula

Left to right (front row): Hailey Jo Robertson, Tracey Ann Carroll, Karyn Leigh Borthwick, Alicja Przybos

Updates to the Public Register

New Registrants

June 1, 2015 to November 15, 2015

Abulaban, Nisreen	017787	Christian, Sophia	017836	Gamache, Savanna	017635
Al Jadir, Nidaa	017946	Cilia, Antonella	017731	Gao, Hui	017912
Al Nasri, Areej	017889	Cole, Erin	017703	Gareri, Stefania	017935
Ali, Shereen Aameera	017774	Comeau, Jessica	017616	Gauley, Megan Theresa	017710
Ambridge, Terra-Lynn Aurilla	017846	Connolly, Julia Carrie	017929	Gavin, Kay-Lynn Marie	017742
Amiri, Manija	017953	Copic, Milica	017961	Genesse, Tiffany	017899
Andonian, Kaitlyn	017728	Coronado, Lyza	017758	George, Natalie	017620
Andric-Vukancic, Karmela	017920	Costigan, Alyssia Amber	017827	Gerdli, Meaghan	017883
Arsenault, Sarah	017669	Cote, Cynthia Lissa	017803	Ghoneim, Abdulrahman	017795
Ashouri, Mersedeh	017601	Cowan, Amanda Nichole	017667	Gilbert, Kaitlin	017790
Asmati, Susan	017966	Crisol, Meg	017754	Gill, Jasprit Kaur	017765
Attar, Pooja	017911	Cross, Andrea Lynn Lillian	017791	Gill, Mandeep	017949
Backman, Samantha	017969	Da Costa, Raquel	017690	Girard Beadman, Keanna	017788
Bailey, Lynn	017716	Dadwan, Gurmeet Kaur	017864	Gleason, Sarah Elizabeth	017729
Baird, Jenna May	017856	D'Alessandro, Sabrina	017619	Govea Suarez, Erica Karen	017766
Barbeau, Nicola Ann	017922	Daniher, Cole	017735	Graham, Christen Sarah	017634
Barrera Acosta, Claudia	017675	Dekoker, Eva	017968	Gratton, Valerie	017661
Barriault, Tamra	017963	Delaire, Stéfanie	017802	Greedy, Carrie Ann	017679
Batshon, Gina	017872	Dennis, Teneisha Latifah Shameka	017918	Gregorio, Desiree Taylor	017962
Befetel, Gina	017947	Dennis, Yolanda	017682	Gregory, Lisa	017751
Behamdouni, Chloe	017745	Dent, Sabrina	017644	Gunsinger, Tess	017687
Bellisario, Cristina Pasqua	017909	DeSando, Rebecca	017828	Gutierrez Montero, Natalie Giselle	017936
Benacquista, Stephanie	017711	Desbiens-Laberge, Jennie Lee	017807	Gutierrez, Alicia Fabiola	017913
Benlolo, Eve Rachel	017928	Deslauriers-Jean, Emmanuelle	017628	Haller, Christine Ann	017860
Bennett, Allison	017689	Desormeaux, Stephanie	017688	Hanna, Joseph Shafek Essac	017659
Bennett, Jennifer	017910	Desroches, Alisha	017808	Haque, Uzma	017958
Bergeron, Jillian D.	017657	Devich, Michelle	017780	Harnett, Katrina Nicole	017914
Bergevin, Caroline	017607	DeWal, Sam	017640	Harris-Evans, Simone	017843
Bhatt, Purvi	017900	Dhanji, Safia Nur	017880	Hartin, Ashley Tina	017796
Blaise, Claudine	017639	Di Blasio, Ashley Anne	017603	Hegazi, Nadia	017649
Bolton, Jenn	017762	Dijkema, Jennifer	017650	Henderson, Emily Anne Elizabeth	017772
Bonacci, Amanda	017830	Djoudi, Farida	017717	Hendriks, Jessica Lynne	017656
Brimner, Chelsea Elaine	017871	Do, Dieu Thi	017721	Hennessy, Liz	017863
Brooks, Claire Agnes Houston	017938	Dobes, Barbara Joan	017785	Henry, Linsey Rose	017951
Brunet, Veronique	017632	Doman, Samantha Lori	017967	Henry, Paige Olivia	017666
Butac-Gallo, Debbie	017763	Dool, Alexandra Laurene	017948	Hernandez, Anayn	017724
Caissie, Andrea Lynne	017817	Duan, Wei-Cong	017783	Holding, Jennifer	017806
Cajamarca, Alejandra Violeta	017964	DuBois, Sarah	017610	Hooper, Sarah	017618
Cambridge, Keriyan	017693	Dufour, Christine Suzanne	017809	Hrapchak, Michelle	017825
Campbell, Danielle	017602	Duggal, Savita	017851	Hussain, Farzana	017718
Campbell, Michelle Karen Anne	017799	Dumitrascu, Ana Maria	017970	Hutt, Rachelle	017727
Cao, The Cong Toan	017888	Dunlop, Stephanie	017622	Huynh, Helene	017794
Cape, Kelci Leanne	017792	Duong, Salina	017849	Iacoe, Samantha	017740
Chan, Wendy	017696	Farinaccio, Natasha	017878	Ishaq, Zena	017770
Chapdelaine, Anika	017786	Faryal, Munezza	017793	Ivanis, Kristina Katherine	017924
Chapman, Hailey Jessica	017738	Fehr, Amanda Annistyn Kate	017956	Jaber, Pegah	017811
Chaput, Isabelle	017672	Ferguson, Bria Sonja	017663	Jamal, Hajir	017919
Chau, Hanh-Thy	017769	Flansbury, Karyn	017599	Japiassu, Ivana Tavares	017600
Chen, Sara	017933	Flores, Monaliza	017934	Jaramillo, Crisseyda Esther	017833
Chiappetta, Alessia	017813	Fortier, Tammy Sandy	017676	Javed, Anum	017782
Chiofalo, Natalie Marilyn	017732	Fortin, Jessica Carla	017784	Judge, Aneet	017908
Choi, Anna	017605	Fox, Drew Alexandra	017891	Kaden, Marisa	017627
		Fritz, Erika Elizabeth	017625	Kaemingh, Emma Louise Anne	017810
		Fuente, Arlet	017617	Kanyuk, Jodie	017641
		Galzote, Raiza	017749	Kapilani, Deniz	017818

Karisly, Danah	017941	Meagher, Katelyn	017712	Rajoub, Moutih	017686
Karunanithy, Madura	017896	Medina, Rosy	017868	Ramachandran, Aarthiga	017752
Kasraian, Jaleh	017971	Meek, Chelsea	017824	Ramunno, Allison	017759
Keenan, Kristy Violet	017631	Melis, Olivia	017832	Rastogi, Charumita	017925
Kelly, Becca	017823	Melo, Ashley Alexandra	017831	Renbaum, Krystyna	017748
Kemp, Christy Nicole Faith	017621	Meyer Furquim, Liza Sharmain	017709	Reschke, Keri Lynn Rose	017677
Khaleche, Lilya	017937	Millar, Lucy	017834	Reyes, Megan May	017789
Khan, Tariq Ali	017879	Minnder, Madison	017861	Richards, Tara Lynn	017850
Kharel Bhusal, Laxmi	017611	Moinaldini, Rezvan	017760	Richer, Grace Victoria	017736
King, Aren Amanda	017915	Monette, Amanda	017704	Rivard, Annie	017671
King, Rylee	017741	Morales Prieto, Leyla Patricia	017648	Robichaud, Natasha	017903
Kirby, Melanie Alexis	017921	Moser, Brea	017747	Robinson, Rachel Erin	017881
Klemmer, Jamie	017651	Mosure, Kali	017893	Rodriguez, Amanda	017835
Knox, Jena Lee	017695	Mueller, Samantha	017826	Rutherford, Veronica Marian	017726
Koljibabic, Isidora	017886	Muirhead, Shelby Nicole	017604	Sabiri, Rebecca	017642
Kostakis, Maria	017781	Mullins, Kaytlynn	017739	Sabouchi, Mobina	017840
Kuehnappel, Vanessa Anne	017608	Muthiah, Karthiga	017756	Sanchez Sihuy, Cristhian Saul	017629
Labit, Girlee	017865	Nadeem, Muhammad	017707	Sanghvi, Milap	017898
Laca, Estela	017890	Nassar, Jessica	017906	Santos, Maridel Claudio	017945
Lachapelle, Chantal Claudette	017773	Nawabi, Yalda	017654	Schunk, Lauren Elizabeth	017959
Lacroix, Marie-France Line	017768	Neal, Brandy	017939	Sferrazza, Amanda	017839
Lam, Linh Dieu	017685	Nguyen, Thi Quenh Anh	017852	Shahabi, Marjan	017714
Landry, Heather Kristina	017630	Ngwaka, Grace	017713	Shank, Brittany Noella	017606
Lang, Kelli	017701	Niepalla, Cassie	017647	Sharron, Stacey	017859
Lanthier, Jessica	017613	Njeukam, Chanceline	017930	Sheth, Niti	017965
Larabie, Katherine	017645	Noor, Hubba	017670	Siddhu, Pravesh Singh	017907
Leduc, Chelsea Christina	017873	Oakes, Robyn Leigh	017636	Sidhu, Manveen Kaur	017875
Lee, Anita	017779	Oakley, Julie	017887	Sinclair, Kayley Emma	017626
Lee, Yeon Hee	017674	Obermeyer, Nicole	017798	Skelton, Chloe Jennifer Catherine	017816
Lefebvre, Annie	017957	Odrowski, Paige	017955	Snape, Sarah Elizabeth	017624
Lepka, Tesa Rose	017952	Oeur, Rachanny	017743	Sofrone, Dragos	017895
Letourneau, Larisa Marie	017700	Oliver, Amanda Eileen	017764	Sok, Rosalinda	017842
Li, May	017944	Oliver, Melani Marie	017960	Sokoliuk, Rebecca Paige	017776
Lizana Gonzalez, Marcela	017904	Orchard, Kylie Marie	017812	Spickett, Rachel Elizabeth	017725
Lo, Beatrice	017660	Osmond-Ward, Falisha Lynn	017753	Steinke, Alexandra Marie Nellie	017857
Longeway, Christena	017885	Ouellet, Marie-Christine	017744	Stevenson, Rebecca Deanne	017658
Lourenco, Kelly Miranda	017814	Ouimet, Rachael	017854	Stewart, Elizabeth	017614
Lowes, Sarah	017638	Pamintuan, Sarah Jane	017815	St-Onge, Gabrielle	017662
Lundanzi-Attebi, Kevin	017643	Panchal, Jigna	017845	Strader, Kristen	017708
Luongo, Lisa-Marie	017942	Park, Hae Min	017681	Suarez, Gissell Lucy	017683
Ma, Erica	017755	Parmar, Sonia	017905	Sung, Junghee	017612
Macdonald, Anna Marie Clare	017637	Parrest, Amanda Lauren	017884	Swerdfeger, Stephanie	017761
Macdonald, Krista Lee	017652	Patel, Greig	017917	Tan, Wynn Marc Chua	017697
Macklin, Arna	017916	Patel, Shital	017943	Tannis, Carol June	017719
Magierowski, Danielle	017876	Patterson, Julie	017797	Taylor, Rachelle	017778
Maia, Andrea	017858	Perry, Lynn	017801	Thai, Quang Khanh	017954
Majid-Agha, Caroline-Nadia	017867	Perry, Paige Merida	017633	Thakkar, Meet Navinchandra	017847
Makila, Carissa Dawn	017678	Petrova, Viktoria	017680	Therrien, Chanelle	017746
Malovic, Brooke Theresa	017722	Philip, Maria	017882	Thomas, Teasha Marie	017615
Mancheva-Bisol, Nina	017692	Pilote, Carolyne	017804	Tolentino, Mary Therese	017684
Mangiarelli, Lisa	017664	Piunno, Gabriella	017777	Tugade, Bobbie Jane	017897
Mark, Caitlyn Teresa	017927	Pizzo, Stephanie	017901	Turner, Miranda Danielle	017800
Marks, Alyssa	017838	Plante, Andrea C.	017730	Uddyback, Joel Tyler	017829
Marleau, Mindi	017874	Po, Yuen Ching	017655	Vaidya, Parth	017822
Matte, Lindsay	017750	Poropat, Chelsea Laura Sara	017892	Vakhimi Kiasarai, Roshanak	017894
Mawhinney, Erica	017609	Predhomme, Chad	017855	Valdez, Hazel Anne	017734
Mayele, Jillian Elizabeth	017767	Price, Amiee	017931	Van Schyndel, Miranda	017668
Mazariegos-Mayen, Mildred	017715	Prier, Heather Drew	017733	Vandenbroek, Sara Patrice	017926
McCarthy, Leah	017923	Proulx, Laura Joyce	017866	Vanderheyden, Kateri	017698
McDougall, Malorie Taylor	017720	Pugliese, Chelsey Jane	017706	Vanleeuwen, Chantel Marie Louise	017877
McKercher, Heather Claire	017775	Purohit, Hardik Prakashchandra	017870	Vazquez Maya, Katia Itzel	017699
McLean, Shannon Lee	017705	Quintero Mendez, Karen	017940	Vibal-Ranas, Eugenia	017950
McNaughton, Krista	017665	Ragragio, Rescelle	017623	Vitelli, Diana	017853

Macchione, Maria Teresa	006824
Mazal-Kuula, Catherine	003194
Nadeau, Anne Marie	005948
Przybos, Alicja	008702
Robertson, Hailey Jo	007141
Seperovic, Vahdeta	014283

Reinstated

June 1, 2015 to November 15, 2015

Aubin, Nicole Chantal Marie	013557
Brodar, Sandy	007131
Cakici, Ozlem Seveda	014314
Kohzadi, Keloudia	015298
Madge, Corrin	015992
Pletsch, Jessica	015791
Tupper, Michelle Falon	017315

Resignations

June 1, 2015 to November 15, 2015

Addie, Judy	000451
Bailey, Elaine Mary	001064
Bekelis, Emerald	009555
Bentson, Laurie Diane	002735
Bertram, Mary Adelene	000438
Bolton, Jenn	017762
Cakmakci, Nilay	011912
Cammock, Kadian	017258
Cavero Urizar Garfias, Leo	015702

Chung, Jennifer E	006107
Clarke, Melissa Ann	016505
Craig, Cheryl Edna	001807
Cutting, Rebecca	014767
David, Melissa	015169
Davidson, Joanne Marie R	001337
Di Nicolo, Lidia	005664
Famula, Cynthia Louise	002547
Fisher, Sophia Michelle	005090
Fountain, Jennifer Louise	010753
Ganotisi, Rose Mylene	010175
Giamos, Sophie	005698
Gilholm, Clifford Archibald	005855
Harkness, Rebecca	015749
Holborn, Jacqueline B	004058
Jagt, Candace Michelle	010491
James, Natalie	015260
Kelly, Wendy Ann	001985
Krievins, Tamara	000991
Lachapelle, Sylvie	004537
Lalonde, Sarah	017069
Larkin, Catherine	001824
Lee-McGrath, Anita	016504
Marusina, Yuliya	015694
Mastrangelo, Christine Michelle	015255
McDonald, Kim Elizabeth	001585
Mejia de Alvarez, Lourdes	015633
Moore, Carol Anne	014933
Normore, Nadine	016280
Perkins, Laura	001987
Shams, Rebecca Lynn	012381

Stone, Shona Margaret	001757
Todd, Doris Patricia	003517
Villars, Meghan	010452
Waite, Cynthia Ann	002157
Whiteley, Katherine	003317
Whiteman, Julia	015367
Wilson, Tricia Nicole	008015
Wolkoff, Sally	000231

Resigned and Agreed Never to Re-Apply for Registration

Giamos, Sophie (Oct. 29, 2015)	005698
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Resigned While Under Investigation

Liu, Hanlong (June 16, 2015)	013971
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Suspended for Non-Payment of Fees

Costa, Larissa (July 27, 2015)	015440
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Deceased

Nasser, Suhail	017000
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View our Fact Sheets!

- Angular Cheilitis • Asthma • Bed Bugs • Bell's Palsy • Celiac Disease
- Chicken Pox • Chlamydia • Conjunctivitis • Crohn's Disease
- Dental Abscess • Diabetes Mellitus • Epilepsy • Fifth Disease
- Gonorrhea • Head Lice • Hepatitis A • Hepatitis B • Hepatitis C
- Herpes Simplex • Human Papillomavirus • Hypertension • Impetigo
- Influenza • Lupus • Lyme Disease • Measles • Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)
- Multiple Sclerosis • Mumps • Oral Cancer • Oral Candidiasis
- Oral Piercing • Osteoarthritis • Osteoporosis • Parkinson's Disease
- Pregnancy • Rheumatoid Arthritis • Rubella (German Measles)
- Scabies • Shingles (Herpes Zoster) • Sjögren's Syndrome
- Strep Throat (Group A Strep) • Syphilis • Tuberculosis (TB)
- Ulcerative Colitis • Xerostomia