SUBMISSION FOR REGULATION UNDER THE REGULATED HEALTH PROFESSIONS ACT

A Report Prepared for the Health Professions Regulatory Advisory Council (HPRAC)

Nov 11, 2011
## ODAA – HPRAC Proposal

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By signing below I agree to the above statement.

Signature

Date

Judith P. McVillle

November 3, 2011
Introduction

The Ontario Dental Assistants Association (ODAA) has been an incorporated, not-for-profit professional membership Association for Ontario dental assistants since 1934 and the certifying body for Ontario dental assistants since 1961. In the interest of public safety and accountability, ODAA submits this application for self-regulation of the profession of dental assisting under the Regulated Health Professions Act 1991.

ODAA is the largest dental assisting member services organization in Canada. Representing close to 8,500 members, ODAA is the voice for Ontario dental assistants, certifying and promoting the profession, advocating on behalf of its members and providing membership support and benefits.

The profession of dental assisting in Canada is regulated in all provinces with the exception of Ontario and Quebec. Alberta and Saskatchewan dental assistants are self-regulated, while dental assistants in the remaining jurisdictions are regulated under dental regulatory authorities.

The Royal College of Dental Surgeons of Ontario (RCDSO) has guidelines/policies which state that dentists may delegate intra-oral dental assisting duties to Level 2 dental assistants who have graduated from a government approved dental assisting program and who have passed the National Dental Assisting Examining Board (NDAEB) examination. Though many dentists/employers adhere to these guidelines there are also many employees who are performing dental assisting duties without the appropriate education and examination.

Outside of the RCDSO directive to Ontario dentists, regarding the delegation of intra-oral duties, there are no restrictions or regulations in place regarding the delegation of duties to Level 1 or chairside dental assistants. Ontario dentists can and do employ individuals who have received no formal education in dental assisting to perform the duties of a dental assistant.

To address this void in regulation and provide some measureable means of quality assurance, ODAA certifies Ontario dental assistants. This voluntary certification requires the applicant to have graduated from a government approved dental assisting program and successfully complete an entry to practice examination. To maintain certification each year, members must pay the professional membership dues and submit proof of continuing education courses.

Level 1 (chairside assistants) and Level 2 (intra-oral) assistants are frontline oral healthcare workers assuming responsibility for established infection control protocols, exposing radiographs and numerous other extra-oral and intra-oral clinical tasks.

Dental assistants work in many different types of settings including private practices for general dentists and specialists, public health units, dental hygiene clinics, denture clinics, dental labs, community and private colleges, industry-related companies and insurance companies.

ODAA is requesting that all clinical dental assistants become regulated in the interest of public safety.
Primary Criteria:
Primary Criterion: Risk of Harm

1. Provide a general description of services provided by the practitioners of the profession.

Dental assistants are frontline healthcare practitioners who are an integral team member in the delivery of dental care. Dental assistants provide both clinical and administrative support in a dental office through direct patient care as well as working alongside dentists, dental hygienists, dental technicians and denturists.

In Ontario, there are both Level 1 and Level 2 dental assistants.

Level 1 Duties:

- sanitizing and disinfecting dental operatories, radiography rooms and dispensary areas
- sterilizing instruments
- performing biological monitoring
- transferring instruments to the dentist/hygienist
- recording medical, dental and nutritional data on patient charts
- recording services rendered on patient records
- oral irrigation and suctioning of the oral cavity
- manipulation of restorative materials including: cavity liners/bases; amalgam; temporary and intermediate restorative materials; bonding systems etc.
- exposing, processing, self-evaluating and mounting of radiographs and photographs as specified by HARP
- performing laboratory procedures including the pouring and trimming of study models, and the fabrication of custom impression and bleaching trays
- instructing in care and maintenance of pre-fitted appliances
- retracting a surgical flap that has been prepared and reflected by a dentist
- presenting community oral health education on oral health (extra-oral)
- performing other extra-oral duties as delegated

Level 2 Duties:

- all chairside duties listed above
- dental radiography as outlined in Level 1
- performing intra and extra oral assessments within scope of practice
- polishing (mechanical) of the coronal portion of the teeth
• placing and removing of dental dam
• obtaining preliminary impressions of teeth for study models
• providing intra-oral hygiene instruction
• providing dietary counseling relative to oral health
• applying topical anesthetics
• applying pit and fissure sealants
• applying desensitizing agents
• whitening of the coronal portion of the teeth
• polishing restorations

As frontline workers, dental assistants are responsible for infection control protocols within the dental office. These responsibilities include sanitization and disinfection of dental operatories and radiography rooms, sterilization of instruments, biological monitoring and management of infectious and hazardous waste with a goal to eliminate any cross contamination. With the increased risk of transmission through blood and saliva of highly infectious diseases and emerging diseases and the possibility of pandemics, infection control could not be more paramount than it is today.

Three major routes of disease transmission can occur in the dental environment; and these include: the patient to health care practitioner; the healthcare practitioner to patient and patient to patient. Anything, including hands, instruments, handpieces, water lines syringe tips, anesthetic syringes, temporary crowns, impression trays, fluoride trays, needles, cotton rolls and disposable sundries which have come in contact with patient blood and/or saliva has the potential of transmitting disease. Even surfaces that have been touched during patient care with contaminated gloves, instruments or products can become formites supporting the indirect spread of microbes.

The public expects their health and well being to be protected while receiving dental care. It is likely that a dental patient would assume, unless informed otherwise, that the enormity and complexity of infection control procedures and protocols would only be delegated by the dentist to a qualified individual. As long as dentists in Ontario are able to delegate infection control responsibilities to uneducated and unregulated personnel, the risk of harm to the public will remain.
2. Specify and describe the diagnostic modalities employed by the practitioners of the profession.

Dental assistants do not diagnose but can make assessments to assist the dentist/dental hygienist with their examinations. Charting dentition may be one such assessment which is then validated by the dentist/dental hygienist. Dental assistants do take radiographs when prescribed by the dentist. These radiographs are used as a diagnostic tool.

Dental assistants are taught to employ a high level of self-assessment skills. For example they perform intra and extra-oral assessments that link oral hygiene instruction, dental dam punching and placement. They are also taught to self-assess their work, questioning whether the radiographs are of diagnostic quality and whether the impression captured all of the teeth and gingival margins.

3. Specify areas of practice, diagnosis, treatment, interventions, modalities and services:

   a.) Performed exclusively by practitioners of the profession

Dental offices and/or clinics are unique and private businesses. Dental health care delivery systems encompass solo and group practices. Depending on the number of dentists and operatories, type of dentistry and oral healthcare provided and the philosophy of the dentist(s), Level 1 or Level 2 dental assistants or a combination of Level 1 and Level 2 dental assistants may be employed. Additionally dental receptionists and dental hygienists may also be part of the team compliment changing the delegation of duties to the dental assistants.

The different delivery modalities and uniqueness of each dental office make it difficult to specify in all cases what duties are exclusively performed by dental assistants. Generally, level 1 dental assistants are primarily responsible for infection control, exposing radiographs and assisting for restorative procedures while Level 2 dental assistants assume these duties as well as other intra-oral duties as delegated by the dentist.

   b.) Also performed by other regulated health professions

All of the duties performed by Level 1 dental assistants may also be performed by Level 2 dental assistants. All dental assisting duties may be performed by hygienists and all dental assisting and hygiene duties can be performed by dentists. However, in a busy dental practice the roles of each practitioner are likely to be very clearly defined by the practitioner’s education and expertise.

   c.) Also performed by other unregulated health professions

Currently, there are no restrictions or regulations in place in Ontario regarding the hiring of Level 1 dental assistants and though the RCDSO has a guideline in place regarding the delegation of intra-oral duties, dentists can and do employ individuals who have received no formal education in dental assisting to perform the duties of a dental assistant. Essentially, that means all infection control protocols and procedures may be performed by people who are not formally trained in disease transmission and asepsis. This is a potentially harmful practice.
All other chairside duties including sterilization of instruments, suctioning of the oral cavity, charting, preparation of filling materials and simple laboratory procedures can be done by people who are trained on the job.

While on-the-job training may have once been an acceptable practice, the employment of laypersons trained by the dentist, no longer serves the public interest. The duties of dental assistants and the care they are expected to provide for dental patients today far exceeds this model.

Level 1 dental assistants are granted a high degree of responsibility, independence and autonomy and public safety suffers when laypeople are hired to do this work. No curriculum or standards exist to ensure on the job training meets a recognized level of instruction. Furthermore outcomes are not measured through any calibrated testing/evaluation mechanism. Dentists, put simply, are not professional educators.

Additionally, on the job training does not provide any education with respect to professional practice standards including the value and need for continuing education. Ethics and accountability of a health care professional are not disseminated in this training model and therefore in no way prepares the dental assistant to face ethical dilemmas they will encounter in practice.

No independent monitoring body exists for dental assistants in the province of Ontario. While the Royal College of Dental Surgeons of Ontario (RCDSO) has guidelines/policies that state that dentists may delegate intra-oral dental assisting duties to those who have graduated from an approved dental assisting program and who have passed the National Dental Assisting Examining Board (NDAEB) examination, no regulation or accountability exists. Though many dentists/employers adhere to these guidelines, there are also many employees at both levels performing duties without the appropriate education and examination.

d.) Performed in conjunction with other regulated health professions...

There is considerable overlap within the full scope of dentistry. To utilize dental assistants in this area, dental education is based on a hierarchical model with the educational designation above subsuming the education of the credential below. This allows level 2 dental assistants to perform the duties of a level 1 dental assistant, the hygienist to perform the duties of a level 1 and 2 dental assistant and the dentists to perform the full spectrum of duties.

In provinces where dental assistants (level 2) are regulated, dental assistants are able to perform many other duties such as orthodontic and prosthodontic duties and limited scaling. The orthodontic and prosthodontic modules are post level 2 graduation modules and are not subsumed into dental hygiene practice. The scaling module is also an after Level 2 graduation module, but is subsumed in dental hygiene and dentist scope of practice.

There is also education overlap with the professions of denturists and dental technology.

All healthcare professionals working in dentistry are ultimately responsible for infection control, but in most dental clinics/offices, dental assistants are primarily responsible and delegated this task. Strict adherence to infection control protocols is time consuming making it an issue of economics and thus the utilization of dental assistants in this area.

Dental assistants assist in the delivery of dental care as an integral team member. They facilitate the work of dentists, hygienists, denturists and dental technicians. How they do this is often unique to each dental setting.

Whatever their expected duties are in each dental setting, dental assistants always work collaboratively with other dental professionals.
4. Specify which diagnoses/assessments, interventions, substances, treatment modalities, and services provided by the profession entail a risk of harm to patient/clients. Include references to, and copies of, scientific literature and other published information.

Infection Control:

The 2003 SARS outbreak in Ontario demonstrated the importance of healthcare workers having a sound understanding and formal education of disease transmission and control. Dental assistants are primarily responsible for infection control within the dental setting. Knowledge of disease transmission, asepsis, sterilization and cross contamination is imperative.

Chairside asepsis involves the infection control procedures performed at chairside just before, during and immediately following patient treatments. Since patients' mouths are the primary sources of potential pathogens in the office, these chairside procedures take on a special meaning. At this point, three major routes of microbial spread can occur and these include patient-to-practitioner; practitioner to patient; and patient to patient. There are numerous ways that microbes can escape from patient's mouths, so anything that is placed within the mouth and removed is contaminated and must be discarded or properly managed before reuse. These include hands, instruments, hand pieces, water lines, syringe tips, anesthetic syringes, temporary crowns, impression trays, fluoride trays, needles, cotton rolls and other disposables.

Direct transmission of pathogens occurs through person-to-person contact such as through sneezing or coughing or spatter produced through dental instruments. Direct transmission can also occur through unprotected contact with an infectious lesion or infected body fluids, such as blood and saliva. Since dental treatment often involves contact with blood and always with saliva, which can be contaminated with blood even if it's not visible, this is a major source of concern for the dental clinic. Diseases such as hepatitis, herpes infection, HIV infection and tuberculosis are spread through direct contact.

Indirect transmission of disease is no less of a concern. This occurs when microorganisms are first transmitted to an object or surface and then transferred to another person who touches those objects or surfaces. In dental offices telephones, work surfaces, charts, use of bar soap and cloth towels are all examples of where indirect cross contamination can occur. Lack of biological monitoring resulting in unsterilized instruments is also a source of indirect disease transmission.

Certain pathogens referred to as blood-borne, are carried in the blood and body fluids of infected individuals and can be transmitted to others through direct or indirect contact. Common blood-borne microorganisms of concern in dentistry include HCV, HBV and HIV/AIDS.1

Dental offices produce three types of infectious waste: blood and blood-soaked materials; pathologic waste like soft tissue and extracted teeth; and sharps, which include contaminated sharp objects used for patient care. Dental assistants are responsible for bio-medical waste management and though patients may not be at risk, the community at large can be if the waste materials are not disposed of properly. Infectious waste should never be disposed of in the same manner as general waste. It requires special handling and disposal, which cannot be guaranteed when untrained people are responsible for managing hazardous waste from a health care setting.

   Infection Control in Practice, Organization for Safety, Asepsis and Prevention (OSAP)
   Infection Prevention and Control in the Dental Office Guidelines, RCDSO, November 2009
The continuance of the status quo, allowing the delegation of infection control procedures and protocols to personnel with no formalized education is asepsis, with little or no knowledge of the potential gravity of an error or omission is both unfair and nothing short of dangerous for patients.

Radiography:

According to the Healing Arts Radiation Protection (HARP) Act dentists in Ontario can delegate the exposing, mounting and processing of radiographs to dental assistants who have graduated from a HARP approved radiography program. For formal dental assisting programs, the radiography component is approved by HARP and HARP has also approved stand alone radiography programs.

Most provinces in Canada regard the exposing of radiographs as a controlled act as any exposure to radioactive components poses a harmful risk to patients. However, this is not the case in Ontario. Radiographic exposure is delegated to dental assistants, some of whom are not formally educated.

Many Ontario dental assisting educational programs are not accredited and thus there are unknown standards with respect to the faculty hired to teach radiography at many of these facilities. Though these programs may be HARP approved, the HARP Commission no longer exists and Ministry of Health and Long Term Care personnel do not regularly monitor the program, review the curriculum or review the credentials of the teaching staff. At the core of this issue is a lack of standardization and an unbiased agency to approve radiography education and this poses an inherent risk for patients.

The study of radiography in all other health related disciplines is formalized and rigorous. Dental radiography must also meet this standard and be taught by qualified educators in accredited facilities. Without this, the potential for patients to be over exposed to ionizing radiation exists. Patients have the right to expect that radiographs are exposed by formally educated and qualified professionals who have met competency at a specified standard.

ODAA is aware that radiographs are being exposed by individuals without formal education. There are hundreds, perhaps even thousands of people working as dental assistants who have been “trained on the job”. This situation must be addressed and is of grave concern.

Intra-oral Skills:

Many intra-oral duties that dental assistants perform can cause injury to a patient if not done correctly. Level 2 assistants apply pit and fissure sealants, desensitizing agents, topical anesthetics and acid etch, perform coronal polishing, whiten the coronal portion of the tooth, apply and remove a dental dam, perform fluoride treatments and obtain alginate impressions. If these delegated skills are not performed according to accepted practice standards, the patient may, at a minimum experience discomfort. More serious injury or over-exposure to potentially harmful substances such as fluoride or acid etching gels cannot be underestimated.

The lack of accreditation of private career colleges and the knowledge that dentists are delegating these duties to employees who may not be formally educated contribute to risk of harm.
5. Explain the extent to which public safety is at risk because the profession remains unregulated.

Presently, dentists can and do hire staff who are not formally educated to work as dental assistants. The public expects their health and well being to be protected while receiving dental care. It is likely that a dental patient would assume that the enormity and complexity of infection control protocols would be performed by those who are formally educated. As long as dentists in Ontario are able to delegate infection control responsibilities to uneducated and unregulated personnel, the risk of harm is real. The reality is that dentists attempt to save money in salaries by hiring uneducated personnel to perform infection control procedures and though these may meet the interest of the dentist, this practice is certainly not in the public’s interest.

In 1999, Level 2 or intra-oral assistants were initiated. The RCDSO advised Ontario dentists they could delegate specific duties to dental assistants who had passed the National Dental Assisting Examining Board (NDAEB) examination. In 1999, the scope of practice included 9 intra-oral duties whereas now it encompasses 13 intra-oral duties. This framework of one profession “checking” the NDAEB credential of another is unofficial, ineffective, antiquated and patriarchal.

The RCDSO’s mandate relates only to dentists. There is no language pertaining to dental assistants or about the profession of dental assisting. Ontario dental assistants have no voice and no vote. They have no opportunity or ability to comment, influence or change educational requirements, standards of practice, continuing competency for their profession. In the current climate, dental assistants are completely marginalized. Without self regulation they will remain invisible.

Other than this single guideline, the RCDSO doesn’t regularly disseminate information to their members regarding the profession of dental assisting. As the monitoring body of dentists, the RCDSO has not accepted any responsibility for or to dental assistants.

As the certifying body, ODAA regularly communicates with our membership. However we estimate that there are several more thousands of dental assistants working in Ontario who are not our members.

ODAA has long recognized the void and necessity of regulation for dental assistants. In and effort to fill this void and with the public’s best interest in mind, as a membership organization, ODAA became the certifying body for dental assistants—however, this is on a voluntary basis and does not replace regulation.

ODAA provides guidance to members regarding our scope of practice. We derived this scope of practice from the guidelines of RCDSO. There remains a great deal of confusion among dental assistants, dentists and dental hygienists with respect to the scope of practice for dental assistants resulting in the performance of illegal duties and mis-delegation of duties.

ODAA has conducted membership surveys regarding duties performed by dental assistants and responses indicate that a significant number of ODAA certified dental assistants are performing skills outside what is deemed to be our legal scope of practice. There are level 1 assistants performing intra-oral duties without the appropriate education and there are level 2 intra-oral assistants performing duties for which only hygienists/dentists are educated and qualified.
Many dentists report that as employers and business owners, they have the right to determine what duties dental assistants can perform. Responses to ODAA membership surveys indicate many members are requested to perform duties outside of the acceptable scope of practice. These duties are often performed under duress. With no official regulatory framework and no representation or support of any kind through the monitoring process of RCDSO, dental assistants are ultimately alone with no recourse and may feel the threat of job loss if the delegation by the dentist is not accepted.

ODAA can only play an advisory role in these situations—we have no authority. We suggest our members when faced with mis-delegation of duty dilemmas; educate their employers about the Level 2 duties. To aid and support dental assistants in this delicate discussion, ODAA publishes a Skills Chart. However, ODAA members continue to report that they are simply expected to do as they are asked.

ODAA has received complaints regarding dental assistants. The College of Dental Hygienists (CDHO) has frequently contacted us to inquire if certain individuals are members of ODAA. These individuals are suspected of performing duties that are restricted to the practice of hygiene. With the exception of two individuals, the dental assistants in question have not been members of ODAA. In 1999, ODAA removed the certification status of one of our members as this person was found guilty of posing as a dental hygienist. However, due to the lack of regulatory status, we cannot assure the public that this person is not still working as a dental assistant.

In the past year, we have also had several anonymous complaints regarding some of our members who were accused of performing duties associated with the practice of dental hygienists. We were unable to investigate these complaints due to the anonymous nature.

Additionally, we have received 2 complaints from employers who wanted the certification status of their employees removed due to concerns within their dental practice. One such complaint involved a dental assistant who had left a patient unattended after this patient was sedated. Another complaint was of a professional misconduct nature. We requested that the complaints be put in writing and to date, ODAA is not in receipt of any written documentation.

Members of the public have contacted us with concerns about the educational level of various dental assistants. Many of these dental assistants were not our members or an investigation was hindered because the patient couldn’t identify the individual by full name and refused to give us the name of the dentist where the member worked.

In May 2009, ODAA revoked the certification from a member who had been convicted of possession of child pornography. This member was advised that he had lost his certification for a period of 2 years. Reinstatement will only be considered if the member can show proof of remedial counseling. To date, ODAA has had no further contact with him.

In January 2011, again, responding to a lack of provincial regulation and bridging a gap, ODAA formalized a complaints and discipline policy. This new policy was circulated to our entire membership advising them of this new addition to our certification program. A copy of this policy is included in the appendix.

Our process however, does not have the inherent power to investigate and discipline through a governance model with set practice standards and accountability requirements. At best, even in the most serious cases of misconduct or incompetency, our membership organization could only revoke membership and certification. With a revoked ODAA membership and certification, the dental assistant in question could continue to work and provide patient care as usual.

PRIMARY CRITERION: Risk of Harm
Educational requirements and disparity are of paramount concern. With the exception of Quebec, Ontario is the only province in Canada which allows non-accredited dental assisting program graduates to bypass the NDAEB Clinical Practice Evaluation. In every other province, Quebec notwithstanding, graduates of non-accredited dental assisting programs must successfully complete the NDAEB written examination and the NDAEB clinical practice evaluation (CPE) in order to be registered/licensed. Through lack of any provincial regulation or initiation through the RCDSO, Ontario stands alone in the country, allowing dentists to delegate the same level 2 intra-oral skills to non-accredited dental assisting program graduates and accredited dental assisting graduates. This not only is a concern for patient care, but non-accredited dental assisting graduates have great difficulty with portability without the dual NDAEB certificate.

The standards, requirements and rigor of accreditation is an evidence based process. Programs must provide the Commission on Dental Accreditation of Canada extensive documentation and evidence to demonstrate that educational standards, educated faculty, adequate budget, equipment and supplies are in place. This documentation is confirmed at an onsite survey visit.

Non-accredited programs have not been measured against any standardized criteria. Recognizing this, all jurisdictions with the exception of Ontario and Quebec, require that in lieu of a program successfully garnering accreditation status, non-accredited program graduates must prove not only their clinical competency and skill but their ability to practice these skills safely through the NDAEB administered CPE.

This lack of accountability and oversight of non-accredited programs is highlighted by the two separate phone calls received by ODAA in the summer of 2011. These phone calls from private career colleges were enquiring whether a dentist had to authorize and be present when students were practicing their intra-oral duties on patients. Anecdotal evidence suggests unclear is the requirement of dental assisting programs to have a dentist authorize, specifically prescribe and diagnose radiographs in the school setting. Without a regulatory body, questions such as these are often posed to ODAA.

Upon investigation, ODAA learned that there are no actual guidelines for dentist supervision of dental assisting while working on patients; according to the staff person we spoke with at the Ministry of Colleges, Training and Universities. The RCDSO has no jurisdiction over dental assisting educational programs and neither does ODAA.
6. Explain the anticipated effect of regulation on the current risk of harm presented by the profession.

Regulating the profession of dental assistants would thereby create an administrative foundation and framework with appropriate bylaws for governance. These bylaws would set out and assure an entry to practice standard, quality assurance, duty to report, continuing competency through required hours of practice and mandatory continuing education credits. Additionally, accountability, code of ethics and practice standards violations would be dealt with through a structured complaints, investigation and discipline model in line with other healthcare professionals. Through these mechanisms, all decisions and requirements of the profession shift, to centre and focus on the best interest and protection of the public.

Regulating dental assistants will result in an agreed upon scope of practice, practice standards and quality assurance. Regulation rather than the dentist employer, will then set the standard of practice for dental assistants.

Furthermore, dentists will no longer be able to hire people without formal education and delegate complex and highly critical tasks such as infection control to them. This would be of tremendous benefit in terms of risk management and public safety.

With self-regulation, dental assistants will have autonomy. The current conflict of interest allowing dentists as the employers of dental assistant to monitor or “regulate” dental assistants will be removed.

Regulation will decrease illegal practice and empower dental assistants. With governance for dental assistants, the current ambiguity about their role and their respective scope of practice will be removed. Dentists, as delegators, will have a better understanding of what can be delegated and to whom. Furthermore, with professional accountability in place, practice standards clearly articulated and scope of practice defined, dental assistants will have a solid platform from which to speak to dentists/employers who demand they perform procedures they have not been formally educated for and are outside of the approved scope of practice. Public safety will benefit with the oversight of a regulatory body.

Regulation will ensure that all dental assistants make a commitment to continuing competency and continuing education. Continuing competency assures the public the practitioner is technically competent, while continuing education assures patients the practitioner is up to date with current trends, techniques and materials.

Regulation of the profession of dental assisting will improve the quality of our educational programs. Presently, only the publically funded community college programs are accredited by the Commission on Dental Accreditation of Canada (CDAC). There are many private career colleges in Ontario offering dental assisting educational programs. These programs are non-accredited. This non-accredited status with no requirement for the graduates to successfully complete the NDAEB clinical practice evaluation makes the patients of these graduates vulnerable to less than optimal care. Accreditation with successful completion of the NDAEB written examination or no accreditation, but mandatory completion of the written as well as the CPE will provide the assurance to both the dentist employers and the public that programs and graduates have been held to a high and national standard. This is good for the public, the profession and the future of dental assisting.

Lastly, regulation could reveal opportunities for Level 2 dental assistants to provide, within their scope of practice, dental services to the public, outside of the traditional dental office. Preventive services to marginalized populations including the homeless, seniors in long term care, First Nations and new immigrants would have a positive impact on both oral health and general health. These populations have extensive oral needs, some of which could be more economically and rapidly addressed through the utilization of level 2 dental assisting skills.
Bylaws govern the profession of dental hygiene and dentistry. It would seem reasonable then, that a governance model should be in place for all of the same reasons for the profession of dental assisting. Although there is overlap of skills and education with other professions, dental assistants possess a distinct body of knowledge and play a unique and vital role within the dental team. Through these mechanisms, all decisions and requirements of the profession shift, to centre and focus on the best interest and protection of the public.

Regulating dental assistants will result in an agreed upon scope of practice. This will empower dental assistants to speak up to employers/dentists who demand that they perform procedures for which they have not been formally trained and that are outside of the approved scope of practice. Public safety will benefit as the regulatory body would be able to monitor who is doing what with respect to skills/duties.

Furthermore, regulation will ensure that all dental assistants make a commitment to continuing education, keeping them up to date with current trends and issues that impact their career and affect the well-being of patients. Best practices within infection control issues are constantly changing and the more knowledgeable people are, the better they are at protecting the public.

Regulation of the profession of dental assisting will improve the quality of our educational programs. Presently, only the community college programs are accredited by the Commission of Dental Accreditation of Canada (CDAC). There are many private career colleges in Ontario offering dental assisting educational programs. There will be some pressure exerted to ensure that they will become accredited and so we can be more comfortable knowing that the facilities, faculty and curriculum are operating at the national standard. This is good for the public, the profession and the future of dental assisting.

7. Where the profession is supervised by regulated and/or unregulated health professionals, what direct and indirect mechanisms are in place to ensure the delivery of safe care, including quality of work performance?

and

8. What proportion of practitioners in the profession concerned perform duties without direct and indirect supervision?

There is a common perception that both level 1 and level 2 dental assistants are directly supervised by their dentist/employer. ODAA’s surveys and interaction with its members reflect exactly the contrary. Our feedback suggests while dentists may be on the premises, their supervision of dental assistants is very indirect.

Indirect supervision works well if three key elements are in place – education, qualification and accountability. With formal education, the practitioner not only understands the “how” of a procedure, but the “why”. They are able to integrate their knowledge with clinical practice, problem solving based on a foundation of education and self-evaluate. Most importantly, the educated individual understands the clear parameters of their scope of practice and knows when to seek consultation from someone with more education and expertise. When these key elements are not in place and if critical tasks are delegated, direct supervision and monitoring mechanisms must be implemented to guarantee quality assurance and well being of the patient.
When dentists hire people without formal education, these assistants are either trained by the dentist or another staff member who may or may not be formally educated themselves in dental assisting. Without formal education, these dental assistants then have little or no cognitive understanding of disease transmission, cross contamination and other important infection control procedures.

With an on the job training model in conjunction with indirect supervision being the norm in dental offices, the delegation and responsibility for the infection control and protection of all of the staff and patients is risky at best. Furthermore, many of the infection control procedures are likely wholly unsupervised as they take place at the beginning and end of the day, before and after the dentist is on the premises.

Some dentists and organized dentistry may take exception to the view that the work of dental assistants is largely unsupervised. Those in opposition of this notion, state dentists are responsible for the entire operational procedure of their dental office. While it is true that the dentist owns the practice and therefore, oversees the overall operation of it, it would be rare to find a dentist directly supervising the sanitization and disinfection of operatories, the sterilization of instruments and the biological monitoring procedures. Most often, the dentist is treating a patient while this type of work is being done.

The delegation of infection control procedures to those lacking formal education may be a cost savings to the dentist. However, unknowing patients who are entrusting their health and well-being to this unacceptable practice may pay in the end by contracting a serious illness.

In addition to the misguided delegation of infection control procedures, ODAA has been advised by dental assistants, hygienists and dentists that some dentists are training assistants without formal education to expose radiographs, place and remove dental dams, perform whitening procedures and other intra-oral duties, all with little or no monitoring. There is most assuredly not enough time in the day for a dentist to directly supervise these practices. Furthermore, even with direct supervision, these duties are outside of the recognized scope of practice and the guidelines established by the RCDSO. Level 1 assistants do not have the requisite education or demonstrated competency to safely perform these skills.

Furthermore, supervision is not sufficient when the dentist/employer performs duties that are outside of the recognized scope of practice and the guidelines established by RCDSO, and for which dental assistants do not have the requisite education or training.

The current situation clearly illustrates and underscores the need for regulation of the profession and adherence to the regulation by the professionals themselves and those who delegate to them.

In an effort to protect the public, in recent years, ODAA has been very vocal about the urgent need for dental assisting to be a regulated health profession. In addition, ODAA has advised the public that some dentists are delegating the responsibilities of infection control within the dental office to uneducated and unqualified level 1 dental assistants. However, even though the ODAA has sounded the alarm in the name of patient protection, the RCDSO continues to endorse the delegation to uneducated, unqualified, unregulated, unlicensed and often unsupervised personnel.

Dental assistants do work under direct supervision when they assist the dentist at chairside for various procedures. However, some skills that take place before, during and after the procedure, such as the exposure of radiographs, applications of topical anesthetic, placement and removal of dental dam, may be delegated. Delegating these procedures facilitates the dentist treating more than one patient at a time. While the dentist is examining or anesthetizing another patient, the level 2 dental assistant becomes the operator providing direct patient care.

PRIMARY CRITERION: Risk of Harm
Level 2 dental assistants are also delegated many of the preventive procedures such as application of densensitizing agents, selective rubber cup polishing, fluoride and fissure sealant application. In these treatment scenarios, the level 2 dental assistant will work as the operator assessing. Within their scope of practice, the dental assistant will assess the patient and make a decision about the grit of the polishing agent based on the amount and tenacity of the stain, what type of fluoride based on patient dental history and patient management and type of isolation for the fissure sealant.

The assessments and decisions level 2 assistants make are based on their education. Accredited programs ensure their students have a thorough understanding of the assessment process and the decisions required based on the patient’s dental and medical history, current oral conditions, age and manageability of the patient. Competency is based on many factors including treatment planning within the scope of a dental assistant, performance of the procedures on many patients of different ages, strict adherence to safety and infection control and post treatment self-analysis.

Dentists are highly respected healthcare practitioners educated in dentistry. However, they receive little or no training about how to supervise and manage staff. ODAA members advise our association that regular performance reviews of their work is very rare.

The hiring and delegation of tasks and skills to uneducated personnel that could be injurious to patients must be terminated. Coupled with the present supervisory relationship, it very clearly does not put the interests of the public first. Additionally, Level 2 skills, in the best interest of the public should only be delegated to someone who has either graduated from an accredited program or in lieu, has successfully completed a Clinical Practical Evaluation. Furthermore, if a task is within the scope of practice of a dental assistant; if the dental assistant is formally educated, registered and licensed and if the the task has been properly delegated, the issue and need for supervision may be moot.

With regulation and standards of practice in place, the public is assured dental healthcare professionals are accountable for their work and they only perform duties within a recognized scope of practice.

9. How do recent advances in treatment and technology contribute to potential risks of harm posed by the profession?

Formally educated dental assistants at all levels are taught how to expose intra-oral radiographs. However, many dentists, particularly orthodontists and oral surgeons, in addition to intra-oral radiographs now expose panoramic and cephalometric radiographs. The panoramic technique is used to produce extraoral radiographs of the entire dentition and related supportive structures of the lower half of the face, while a cephalometric radiograph is a lateral projection that provides a right-angle view of the side of the skull superimposed on tissues including the opposite side of the skull.

Extra oral radiographs require higher doses of radiation. Dental assistants are taught only theory around these types of radiographs. They do not practice the exposing of these types of radiographs while in their college program. Without practice and competency evaluations, patient safety may be compromised due to operator error and the necessity for retake exposure. Similar concerns may arise with digital radiography as many college programs may only teach theory around these types of radiographs.
With the advent of tooth whitening products more and more patients are requesting this dental procedure. Though level 2 assistants are taught how to whiten teeth with products that are readily available to the public, many in office whitening products have a very high level of hydrogen peroxide. With increased peroxide is an increased risk of gingival burning. Often, dental sales personnel may advise prospective purchasers of these products, that this duty can be delegated to dental assistants. With a lack of clarity around the scope of practice of dental assistants, dentists and dental assistants may take the word of dental sales personnel, further compromising patient safety.

Dentistry is a health science. Like all health sciences, the field of dentistry is constantly undergoing technological change. New techniques and materials are constantly emerging. Recognizing this, provincial licensing bodies require all dentists, dental hygienists and dental assistants to have continuing practice hours and mandatory continuing education. Without these two requirements in place for all Ontario dental assistants, the best interest of the patient is not addressed.

10. Explain the profession’s experience with liability insurance protection, including the current percentage of practitioners of the profession who carry liability insurance coverage. What is the position of professional association and related organizations on this matter?

ODAA members are able to purchase malpractice insurance through the Canadian Dental Assistants Association (CDAA). Presently .01% of our members purchase this insurance. The RCDSO provides insurance coverage to dentists through their Professional Liability Program and ODAA has been advised that dental assistants, employed by dentists, are covered under this insurance. The malpractice insurance presently offered by CDAA has a clause that stipulates if the person is covered under any other insurance, that insurance would take a precedent in the event of a claim. For this reason, ODAA does not actively promote the CDAA malpractice insurance.

11. Describe any process undertaken to determine the public need for regulation and the response/results achieved.

Over the past 6 years, ODAA has had a dozen media campaigns designed to bring attention to the need for regulation of dental assistants in Ontario. Advertising in 10 major and 12 smaller newspapers, ODAA has advised the public that dental assisting is not yet a regulated health profession and dentists continue to hire untrained staff to do the work of dental assistants. We have had a very positive response to this media campaign and our Executive Director has spoken on several radio talk shows regarding this. The public is much more savvy and has a heightened concern about the need for stringent infection control procedures in health care settings. With this in mind, there is support from the public to regulate dental assistants. Frankly, we have heard time and time again, how shocked the public is to learn that dentists can and do delegate infection control protocols to those without formal education. In the name of public trust, the interests of the public are best served with the regulation of the profession of dental assisting.

12. What professional titles should be restricted to members of the profession? Why?

ODAA has been the voluntary certifying body for dental assistants for more than 40 years. It has and continues to bestow the title and credentials of Certified Dental Assistant (CDA) to those who join and meet the required criteria. The title CDA has been and continues to be a recognized title and ODAA believes that this title should continue.
13. Identify any known circumstance(s) under which a member of the profession should be required to refer a person to another health profession.

If a dental assistant, working in direct patient care position and noticed a lesion or something untoward/ abnormal, they would need to refer the patient back to the dentist who would then refer the patient to another health care practitioner. However, in cases of child abuse, the dental assistant would have an obligation to report this to the proper authorities.
Secondary Criteria:
**Criterion: Professional Autonomy**

**Questions 1-4:**

Dental assistants both facilitate the work of dentists and dental hygienists and provide direct patient care. All duties are initiated through delegation by the dentist. Dental assistants do not have the authority or education to diagnose nor do they communicate any diagnosis to the patient.

Level 1 and level 2 dental assistants are delegated the responsibilities and duties of infection control. These duties are almost always completed with little or no supervision by the dentist. The level of autonomy is acceptable if the delegation is given to a dental assistant who has been formally educated. Of grave concern, is the delegation of infection control to the non-educated person working as a dental assistant. The high degree of independence and autonomy puts patients and the entire dental staff as considerable risk. It is irresponsible, unfair and potentially dangerous to task procedures to uneducated personnel as these procedures require judgment and assessments.

Level 2 dental assistants may also be delegated the task of intra-oral hygiene instruction. These patient care procedures are delivered autonomously by the dental assistants. Dental assisting programs, accredited by the Commission on Dental Accreditation of Canada (CDAC), have had this unbiased organization assess the objectives, learning tasks and assessments for these topics. Dentists who delegate these duties to non-accredited graduates without direct supervision cannot be certain of quality assurance. Level 2 dental assistants perform many intra-oral duties very autonomously. To do so, they must be formally educated to assess and treatment plan for their patient within their scope of practice. These assessments and the subsequent treatment plan requires foundational knowledge and judgement.

Many of our ODAA certified dental assistants adhere strongly to our Skills Chart. Many members report they are and want to be accountable to the ODAA. However, without regulation and with the power differential between dental assistants and dentists, there is a great deal of pressure on the dental assistants to do what their employer delegates them. Without regulation of the profession of dental assisting, Ontario dental assistants are positioned at the bottom of the hierarchy with no voice, and no recourse for reporting, intervention and support.
5. How would self-regulation affect the current model of accountability? How would the public interest be served by this change?

Regulatory bodies exist to protect the public and accountability is inherent in regulation. Accountability begins by requiring applicants meet certain education standards at the onset. This is likely graduation from an accredited program with successful completion of the NDAEB written examination or graduation from a non-accredited program with successful completion of the NDAEB written and clinical examinations. Other requirements may be in place such as mandatory CPR and a criminal records search. This initial process ensures the applicant has demonstrated competency and is safe to practice at an entry level.

Once the applicants become registrants of the regulatory body, their obligations continue through the language of the bylaws. The bylaws require the member to adhere to more and ethical standards of practice. Competency is maintained and enhanced through mandatory continuing practice hours and mandatory continuing education. A compulsive reporting mechanism, monitoring are in place to ensure the members’ adherence to the bylaws. Additionally, annual licensing/membership fees are imposed and renewal is required to practice.

Consequences for violation of the bylaws will be clearly delineated and it will be the responsibility of the individual to know, understand and adhere to the bylaws of their profession.

With self-regulation, a new model of daily practice will emerge, not only for dental assistants but also for the other members of the dental team. Regulation will flatten some of the hierarchy and enable dental assistants to be professional partners with dental technicians, denturists, dental hygienists and dentists.

This “partnership” model will require the other team members who are regulated themselves, to recognize and respect the scope of practice of Ontario dental assistants. Duties and skills of each of the profession will be clearly defined and articulated and intra-professional collaboration with the interest of patient in mind will be realized. This will result in less misdelegation and therefore less illegal practice.

Self-regulation will empower dental assistants. The regulatory framework will provide dental assistants with a legitimate process to address their concerns with their dentist employer or any member of the dental team.

Recognizing dental assistants work in a team environment and under a delegation model, the regulatory bylaws for dental assistants will define the delegation and supervisory (direct, indirect or authorization) conditions under which a patient can receive dental services by a dental assistant. This information will aid the dentist and the dental assistant, thus strengthening their partnership and ensuring both professions are working within the parameters of their regulatory authorities.

The current “management” of Level 2 assistants through the RCDSO guideline regarding the delegation of intra-oral duties, both restricts and marginalizes these health care professionals. Dental assistants have no voice, no vote and no involvement in the decisions directly related to their education, their regulation and their professional practice. With no influence, or any sort of self-determination, Ontario dental assistants are denied the responsibility and accountability of their profession.

Self-regulation of Ontario dental assistants will hold its registrants accountable. This accountability will elevate and inspire the profession of dental assisting. In turn, it will most assuredly provide enhanced clinical services and ultimately will foster best practice standards for patient safety.
6. Are members of the profession currently performing controlled acts under the delegation of regulated professionals? How would the public interest be served by this change?

In most Canadian provinces, exposing radiographs is considered to be a controlled act and yet in Ontario dentists may delegate this duty to a dental assistant who has graduated from a HARP approved dental assisting program or a HARP approved dental radiography program. The HARP approval process in dental assisting educational programs is based on a one-time approval review of curriculum and equipment.

Dental assistants enrolled in a level 2 educational program are taught skills that include the placing of treatment liners and matrices and wedges and these are considered to be controlled acts. ODAA advises our members not to perform these duties and this is also included in the RCDSO guideline regarding the delegation of intra-oral duties.

In a recent ODAA survey, 17% of the members responding, reported they are often delegated the fabrication and intra-oral placement of temporary restorations and temporary crowns and 15% reported that they had performed or were performing through delegation orthodontic duties such as placement of arch wires, elastics and bands. These duties are considered controlled acts under the Regulated Health Professions Act, 1991. Level 2 dental assistants in most Canadian provinces are permitted to place temporary restorations, fabricate and place temporary crowns and various orthodontic procedures, only after the successful completion of a post graduate module in prosthodontics and orthodontics. Ontario doesn’t offer these modules and therefore these controlled acts are being misdelegated to Ontario dental assistants.

Furthermore, 9% of ODAA members who responded to our survey stated they have performed whitening of the coronal portion of the teeth using products with concentration levels of hydrogen peroxide as high as 40%. Health Canada recommends that whitening products made available to the public should have a 5-8% maximum concentration of hydrogen peroxide. Further, the RCDSO’s own delegation guidelines for Ontario dentists state that the delegation of this skill be restricted to “whitening of the coronal portion of the teeth with products readily available to the public”. Ontario dental assistants are not educated, nor skilled to use these potentially dangerous products. Lack of education and skill by the clinician could result in gingival burning.

Level 2 dental assistants are able to take preliminary impressions for the purpose of study models. However, ODAA is aware of delegation of the controlled acts (RHPA 1991, Controlled Acts) such as the construction, repair and alteration of dental prosthetics, restorative and orthodontic devices. These services should not be provided by any level of Ontario dental assistant as they are in the scope of practice for only dentists, dental technicians and denturists.

Controlled acts are controlled to protect the public. These acts restrict the delivery of specified procedures to practitioners who have met a level of competency through formal education. With regulation in place, the standard of such education will be determined; ensuring only those with the prescribed credential shall deliver controlled procedures.
Criterion: Educational Requirements for Entry to Practice

1. Describe the educational and clinical/practical training programs available in Ontario. Specify theoretical and clinical/practical experiences.

   a.) Describe how the profession's body of knowledge and approach to diagnostic/treatment modalities and services are taught in this program.

   b) Relate the education and training to the diagnostic/assessment abilities, treatment modalities and service.

Although many provinces had Level 1 formally educated dental assistants at one time, Level 2 intra-oral dental assisting is now considered the national standard in Canada. Dental assisting programs teaching this program teach at a minimum, thirteen core competencies. Graduation is followed by mandatory successful completion of the National Dental Assisting Examining Board (NDAEB) written examination for all graduates. In regulated Canadian provinces, a Clinical Practical Evaluation (CPE) administered by the NDAEB is required for graduates of a non-accredited program.

Ontario is unique in two ways. Firstly, we still offer formal educational programs for both Level 1 and Level 2 dental assistants and secondly, Ontario (through the RCDSO guideline) doesn't require the CPE for non-accredited graduates.

Level 1 chairside dental assisting programs are offered in private career colleges and in one high school technical program. These level 1 programs are not recognized in other parts of Canada and so provides no portability to the graduate.

The goal of Level 1 is to prepare the graduate to assist the dentist at chairside. These programs place the emphasis on didactic education with very little clinical education. Clinical education is limited to the use of DXTRS (manikins) as patients. Clinical competencies include mock restorative assisting, and the placement, exposure and processing of dental radiographs on DXTRS.

To complete a level 1 program, there is a required clinical placement of 80 hours in a dental office and the student must expose a full set of radiographs within that placement on a patient under the supervision of a dentist.

Radiography competency testing by the dentist is a flawed process. The supervising dentist doesn’t know the standard expected by the program. Placement dentists are also not calibrated as an evaluator group. Thus the program has no way to reliably state their graduates are competent against a prescribed measure.

Conversely, Level 2 accredited programs are required to evaluate their students’ radiography competency on both manikins and patients in the school setting before they expose patients on practicum rotations. This is a critical step to deem them both safe and competent to expose radiographs on the public.

The Commission on Dental Accreditation of Canada doesn’t accredit level 1 programs. As such, no “arms length” analysis of their curriculum, learning outcomes, evaluation procedures has ever been undertaken.

In Level I or chairside programs, the focus is on theory. Course content includes:

- Infection control protocols
- Orientation to dentistry
Although level 2 intra oral dental assisting education has been offered in eight other provinces (with the exception of Quebec) since the early 1970’s, Ontario did not introduce a level 2 program until 1999. Level 2 dental assisting educational programs vary in length from nine to eighteen months across the country. The majority offer ten month programs of study. Level 2 programs in Ontario, the same as many other provinces, are offered in both publicly funded community colleges as well as private, for profit, career colleges. Community colleges only offer a level 2 certificate as they integrate the level 1 and level 2 skills into one flow through program while some private colleges offer a discreet level 1 and level 2 program, requiring the student to complete the level 1 program first and then enroll in the level 2 program.

The curriculum of Ontario private career colleges is approved by the Ministry of Colleges, Training and Universities and the NDAEB regularly require non-accredited programs to have their curriculum assessed on a regular basis by an outside agency in order for their graduates to qualify to write the NDAEB written examination. Presently no Ontario private career colleges offering dental assisting educational programs are accredited by the Commission on Dental Accreditation of Canada (CDAC).

Accredited programs use a building block model, providing the student with the foundational knowledge required to safely and competently perform the clinical skills. This is followed by the introduction and acquisition of the skill on manikins, student partners as patients and finally public patients.

In Level 2 accredited programs, theory is fully integrated with clinical practice. Clinical competency is the combination of professionalism, integration of knowledge and problem solving, procedural accuracy, adherence to safety and infection control protocols and self-evaluation. In each of the areas, the student is assessed against established critical criteria. This “amalgamation assessment” emphasizes responsibility and accountability in every phase of patient treatment and prepares the student for their role as a health care practitioner.
Accredited programs must ensure continued competency by setting requirement numbers that students must achieve. Students are assigned a variety and number of patients over a specified period of time. They must be able to demonstrate continued competency in all intra-oral skills sets.

Level II curriculum course content includes:

- Orofacial anatomy
- English for health sciences
- Dental Radiography
- Dental business and computer concepts
- Dental biomaterials
- Chairside principals and infection control
- Dental pharmacology
- Communication
- Oral ecology
- Dental assisting professionalism
- Intra-oral principles and skill development
- Nutrition and diet counselling
- Dental Jurisprudence

In Ontario Level 2 programs there are approximately 574 hours of academics and 172 hours of pre-clinical and clinical practice. Students’ complete an 80-hour placement as part of the curriculum.

With the absence of regulation for Level 2 dental assistants in Ontario, the only policy/guideline that presently exists is through the RCDSO. They advise their members that only level 2 assistants who have passed the NDAEB examination may be delegated and perform intra-oral duties on patients in a dental office. As a result of this policy, level 2 dental assisting students from all colleges cannot perform their intra oral procedures on patients (with the exception of radiographs) while on practicum. In regulated jurisdictions, students are permitted to perform intra-oral procedures, delegated by the supervising dentist on patients, during clinical placements.

c) **What percentage of the practitioners of the profession is educated and trained in Ontario?**

ODAA has no definitive knowledge of how many dental assistants there are in Ontario. It is estimated that there could be 13,000 to 15,000 dental assistants. Of that number, close to 50 % are ODAA certified dental assistants. The ODAA does know that dentists continue to employ people who have no formal education in dental assisting to do the work of dental assistants.
d) What percentage of the members of the professional Association is educated and trained in Ontario?

ODAA has a membership base of close to 8,500 and 7,700 are certified dental assistants. Data collected by our organization suggests that 94% of ODAA certified members have been educated in Ontario.

2. Identify and describe the Ontario and Canadian academic education and clinical/practical training programs available to persons seeking to enter this profession. Specify theoretical and clinical/practical training programs.

The registrars of the College of Dental Assistants of Alberta and the Saskatchewan Dental Assistants Association and the registrars of dental colleges representing regulated Level 2 programs, form the Dental Assisting Regulatory Authorities (DARA). Quebec and Ontario (the ODAA) are invited to these meetings but with a non-regulating status, do not have a vote. Meeting annually, the DARAs discuss trends, issues and challenges for Level 2 dental Assistants. Their decisions impact the core curriculum for Level 2 dental assisting programs in Canada.

The DARA has agreed and set the national competency for Level 2 assistants. The written examination is delivered by the National Dental Assisting Examining Board (NDAEB). The national skill set includes the following mandatory competencies:

- chairside dental assisting
- exposing of radiographs
- oral hygiene instruction
- dietary counseling relative to oral health
- obtains preliminary impressions for study casts
- performs selective coronal polishing
- placement and removal of the dental dam
- application of fluoride treatments
- application of treatment liners (no pulpal involvement)
- application and removal of matrices and wedges
- application of pit and fissure sealant
- application of desensitizing agents
- application of topical anesthetic
- use, care and maintenance of coronal whitening bleaching trays
The 200 question case based written examination is blueprinted and is determined by a national occupational analysis and eight domains:

- conduct appropriate to the professional setting (5-10%)
- dental sciences (7-12%)
- clinical support procedures (5-10%)
- client records (5-10%)
- client care procedures (45-50%)
- practice management procedures (5-10%)
- laboratory procedures (5-10%)
- preventive procedures (18-22%)

The DARA also agreed that for purpose of initial licensure, level 2 dental assistants graduating from non-accredited programs, additionally, be required to successfully complete the NDAEB Clinical Practical Evaluation (CPE) as an entry to practice standard. The CPE consists of nine intra-oral skills.

- exposes dental radiographs
- obtains preliminary impressions for study casts
- applies and removes dental dam
- performs selective coronal polishing
- applies and removes matrix and wedge
- applies fluoride
- applies topical anesthetic
- applies pit and fissure sealant

The CPE is performed on a manikin. In addition to assessing the candidate’s skill competency, safety and infection control are critical criteria for all skills. This process ensures not only, that the candidate is able to demonstrate their knowledge and practice of a technical skill, but additionally, and just as importantly, that the delegated procedure is delivered in a safe and aseptic manner, with no harm to the client.

All regulated jurisdictions utilize the NDAEB written and/or CPE as a re-entry to practice assessment for applicants who have let their registration/licensure lapse. This ensures competency and safe practice for the public.

Provincial scopes of practice determine which of the thirteen skills level 2 dental assistants in their jurisdiction can practice. However, all examination candidates (written and clinical) must have been educated to perform all thirteen skills as an operator in the education program. Provincial scopes of practice may also include additional skills and post graduate modules which may or may not be practiced outside their home jurisdiction.

All provincial jurisdictions offer level 2 dental assisting educational programs, meeting the national standard with the exception of Quebec. In addition, Ontario also offers some Level 1 dental assisting programs.
Students from accredited dental assisting programs apply directly to the NDAEB for the written examination. Eligibility requires an application form along with a letter of successful completion from their dental assisting program.

Non-accredited dental assisting programs must have their program content assessed every three years by the NDAEB. If the program receives approval, candidates, like their counterparts from accredited programs, apply with an application form and letter of successful completion, from their dental assisting program.

All of the dental assisting programs in Quebec are non-accredited. None of the programs have applied to have their curriculum assessed by the NDAEB for exam eligibility. It is understood their curriculum does not currently meet the national entry level standard for dental assisting.

All publicly funded and many private, for profit Level 2 dental assisting programs in Canada are accredited by the Commission on Dental Accreditation of Canada. Through the rigor and continued monitoring of the accreditation process, these programs demonstrate adherence, accountability and achievement of an educational framework delivering all required competencies with college and program policies supporting the learner.

Programs vary in length across the country and many programs offer multiple intakes. Many Ontario community colleges offer accredited upgrade programs for level 1 dental assistants who want to upgrade to level 2. Ontario Private Career colleges may also offer these upgrade programs, however these are not accredited programs.

Ontario graduates of accredited dental assisting programs with the NDAEB certificate have direct portability of their mandatory skills in other Canadian jurisdictions. However, some jurisdictions provide for a larger scope of practice for level 2 dental assistants. In these provinces, the Ontario accredited graduate with the NDAEB certificate may be afforded a provisional registration/license to practice while obtaining the additional education required. Ontario graduates of non-accredited programs have less recognition and portability. These graduates are required by all other regulated Canadian jurisdictions to write the NDAEB exam, sit the NDAEB Clinical Practical Evaluation and complete additional skills education if required.

There is no credit, recognition or portability to any Canadian jurisdiction for Ontario level 1 graduates, with the exception of Quebec.

Ontario is only partially compliant when measured against the national standard. While it does require all level 2 dental assistants successfully complete the NDAEB written exam as a prerequisite to perform intra-oral skills, no mechanism is in place to monitor whether this is truly the case. Further, graduates from non-accredited programs are not required to complete the NDAEB Clinical Practice Evaluation, unlike any other province (except Quebec) in the country.

Foreign trained dental professionals (including the US) must have their credentials assessed prior to the NDAEB deciding on their exam eligibility. If deemed eligible, all foreign trained dental professionals must do both the written examination and the CPE administered by the NDAEB.
3. Identify and explain the major differences between programs in different jurisdictions.

All level 2 programs must offer at a minimum chairside assisting and the additional thirteen mandatory skills. Provincial jurisdictions may also require for registration/licensure, the inclusion of additional skills taught within the core education. These additional competencies may include any or all of the following:

- removal of sutures
- removal of periodontal dressings
- removal of retraction cord
- performing pulp vitality testing
- obtaining plaque indices
- adjustment of fissure sealants with a hand instrument or slow speed rotary handpiece
- fabrication of temporary crowns
- cementation and removal of temporary crowns

Additionally, post graduate modules depending on jurisdiction include:

- preventive dentistry module (limited scaling)
- orthodontic module
- prosthodontic module
- polishing amalgam restorations
- amalgam insertion and carving
- placing provisional restorations
- restorative implant assisting technology.

Quebec’s dental assisting programs do not meet the national standard. As such, the graduates do not qualify to write the NDAEB examination. Additionally, they do not have a well defined scope of practice nor can they expose dental radiographs. Quebec did try to regulate dental assisting in 2010 but the legislation did not pass. There was little in the way of public consultation and there was opposition from various stakeholders. The regulation of the profession of dental assistants in Quebec is currently under review.

The recognized and accepted Canadian national standard for dental assisting in all provinces, with the exception of Ontario and Quebec, is either a credential from an accredited program with the NDAEB written certificate or a level 2 credential from a non-accredited program with both the NDAEB written and clinical certificates.

Ontario’s level 2 education programs do offer chairside assisting and the additional thirteen mandatory skills. However, graduates of our programs cannot apply and remove matrices and wedges or apply treatment liners in private practice. Lack of regulation, also precludes expanded duty post-graduate modules.
American dental assisting educational and registration/licensure requirements fall under state regulations. Each state has different requirements—some states have no regulation for dental assisting. Many states do offer dental assisting educational programs similar to our Level 2 program. Other American states have the equivalent of Ontario’s level 1 or chairside assisting. However, unlike Ontario’s level 1 assistants, to expose radiographs, the American level 1 assistants must be licensed.

The United States has its own counterpart to the NDAEB. Their examining board, known as the Dental Assisting National Board (DANB) provides a written examination leading to a certification credential. DANB, however, does not offer a clinical examination.

Dental Assistants are regulated in Britain and the educational level is equivalent to Ontario’s Level I programs. Germany has formal educational programs very similar to Canada’s Level II programs.

4. What academic credentials are required by the following organizations:

a) The Professional Association, as a condition of membership;

ODAA is both the professional membership association and the certifying body for Ontario clinical dental assistants. Any person working in the dental field or student in a dental assisting/reception educational program can join the Association. However to become a certified dental assistant, members must demonstrate that they have graduated from a government and HARP approved dental assisting educational program. Level 1 candidates must write ODAA’s entry to practice certification examination and Level 2 dental assistants must provide the NDAEB certificate. Level 1 certified dental assistants hold the CDA credential while Level 2 certified individuals are given the CDA II credential. On occasion, candidates without formal education may be permitted to challenge the level 1 certification examination as long as they have graduated from an approved stand alone HARP radiography program.

Certified dental assistants must abide by the ODAA Code of Ethics and commit to maintaining their certification through continuing education courses/seminars/workshops etc. They must achieve 15 continuing education credits each year.

a) Employers:

Many Ontario dentists hire only ODAA certified dental assistants. The ODAA certification status assures employers, their employee has met both an educational and certification standard. Additionally, many dentists place a very high value on continuing education for themselves and their team. Thus, they fully embrace and endorse ODAA’s requirements for members to provide proof of mandatory continuing education.

Those dentists who do not make certification with ODAA an employment requirement must themselves ensure that their dental assistants have graduated from a HARP-approved program allowing them the delegation of radiographs. As RCDSO members, dentists hiring level 2 intra-oral assistants are advised to hire those employees holding the NDAEB certificate.

Although, this is the current protocol, ODAA has anecdotal evidence which suggests that Ontario dentists continue to hire people without formal education to do the work of clinical dental assistants.
b) Canadian Jurisdictions:

The Dental Assisting Regulatory Authorities (DARA’s) have agreed upon protocols to address candidates moving from an unregulated jurisdiction to a regulated one. As Level 2 dental assisting programs are considered to be the national standard, these protocols speak to Level 2 Canadian dental assistants and equivalent to level 2 (as determined by NDAEB) formally educated dental professionals.

The NDAEB exam is required by all regulated provinces as well as Ontario, as an entry to practice standard. The examination is imposed on candidates graduating from CDAC accredited programs, non-accredited programs or those possessing a level 2 equivalent credential from outside of Canada. Regulated jurisdictions, excluding Ontario, additionally require successful completion of the CPE for non-accredited level 2 graduates and foreign trained equivalents.

Depending on the candidate’s status and the jurisdiction, the applicant is granted full registration/licensure. Jurisdictions with a larger scope of practice than the originating jurisdiction may only provide a temporary/restricted/provisional practicing status until the applicant has completed additional education, thereby meeting the jurisdictions entry to practice standard.

5. What need, if any, has been identified for varying levels of registration?

Given Ontario has three categories of dental assistants, initially; a system of registration and licensure will need to be implemented to address and determine standards and scopes of practice for each. Eventually, as a regulated province, Ontario would align itself with the rest of the regulated jurisdictions and only register and license level 2 dental assistants.

Currently, there are three distinct categories of dental assistants working in Ontario. These include:

Level 1 Chairside Assistants:

This is a formally educated dental assistant who has graduated from a Level 1 or chairside dental assisting program. These programs have been approved by the Ministry of Training, Colleges and Universities and are HARP approved, allowing the graduates of these programs to expose radiographs. The number of private colleges in Ontario teaching these programs is diminishing but there are at least six such programs (some have several campuses).

ODAA is encouraging these colleges to move to teach Level 2 programs as the market need for Level 1 assistants is decreasing as more dentists recognize the value of Level 2 intra-oral dental assistants. In 2011, we had approximately 76 new level 1 graduates write our certification examination.

ODAA has 2,025 certified dental assistant members who are Level 1 assistants. We have been encouraging our members to upgrade to a level 2 assistant and thousands have done so over the past nine years. We anticipate that many more will upgrade once we become regulated.

ODAA does have certified Level 1 assistants who may have not been formally educated but have successfully challenged our Level 1 certification examination. Many of these members have taken a stand alone HARP approved radiography course and are able to expose radiographs. It is our belief that these level 1 dental assistants qualify for a certificate of registration and licensure as they are certified and have made a commitment to continuing education.
Preventive Dental Assistants (PDA):

Commencing in the early 1990’s prior to Level 2 dental assisting being approved in Ontario in 1999; dental assisting programs taught five intra-oral duties. Graduates of these programs are known as Preventive Dental Assistants (PDAs). In order to perform any or all of the five intra-oral procedures, these dental assistants were “listed” by RCDSO.

There are likely several hundred PDAs practicing in Ontario. ODAA currently has 297 members. PDA certified members of ODAA are known as Certified Preventive Dental Assistants (CPDA). Many PDAs have upgraded to a level 2 status but a few hundred have not. Because of this, a level of registration and licensure is required for this group of dental assistants.

Level 2 Intra-Oral assistant:

Canada is considered an international leader with respect to the profession of dental assisting. With eight provinces regulated and many of the dental assisting educational programs being accredited, it is clear the interest of the public is protected within most parts of Canada.

Ultimately, Ontario along with its regulated counterparts will only recognize one standard of dental assisting—level 2, intra-oral dental assistants. Graduates of accredited programs will continue to write the NDAEB exam and be exempt from the CPE. Non-accredited Canadian graduate and foreign trained dental professionals with level 2 equivalency will be required to complete both the NDAEB written and clinical examinations.

However, there are currently “categories” of level 2 dental assistants in Ontario that will need to be addressed when regulation is implemented. The original NDAEB examination encompassed chairside assisting and only nine (now thirteen) intra-oral skills. Additionally, non-accredited graduates have never been examined clinically by the CPE. Restriction activity licenses or “grandfathering” in some cases will need to be assessed in the best interest of the public. ODAA currently has close to 5,114 certified level 2 dental assistant members.

In most provinces, Level 2 assistants can perform expanded duties either offered through their core education program or through additional modular education. ODAA envisions the inclusion of additional skills within the level 2 programs as well as expanded function modules. As such, registration and licensure mechanisms will be in place reflecting the member’s scope of practice to ensure competent and safe practice in the public’s interest.
Criterion: Body of Knowledge and Scope of Practice

1. Describe the core body of knowledge of the profession.

Dental Assisting educational programs are taught at both Community Colleges and Private Career Colleges. For level 2 accredited dental assisting programs the curriculum of dental assisting programs must include foundation knowledge in the following areas:

- Behavioral Sciences
- Biomedical Sciences
- Oral Health Sciences
- Dental assisting theory and practice

The following elements address dental assisting practice:

- Professional conduct;
- Safe, ethical and professional practice environment;
- Communication;
- Collaborative practice/teamwork;
- Problem-solving and critical thinking;
- Dental assisting process of care (including the dental assistant’s assessment, the dental assisting plan for delivering procedures, their implementation and the evaluation of dental assisting procedures);
- Provision of dental office administration skills; and
- Health Promotion and education for individuals and communities

Behavioral Sciences:

Dental assistants need a solid foundation in oral and written communications, psychology, sociology, health promotion and community programming and education. Dental assistants must be able to apply this knowledge when providing dental assisting procedures and patient care procedures. Of particular importance is the ability to communicate well in a diverse work environment. Course curriculum must include the knowledge required to develop critical thinking and problem-solving skills.

Biomedical Sciences:

Graduates of dental assisting programs must have sufficient knowledge in anatomy, physiology, chemistry, biology, microbiology and infection control, pathology, nutrition, pharmacology and medical emergencies to be able to apply this knowledge to dental assisting and patient care procedures.

Curriculum content must facilitate graduates to apply advances in biology to clinical and community practice and to integrate new knowledge and therapies relevant to oral healthcare and health promotion.
Oral Health Sciences:
Dental assistants must be knowledgeable in tooth morphology, head, neck and oral anatomy, oral pathology, radiography, preventive dentistry, the dental specialties and dental materials. They must be able to apply this knowledge to implement dental assisting procedures and patient care procedures.

Dental Assisting Theory and Practice:
Dental assisting educational programs must provide sufficient knowledge that dental assistants can apply the principles to dental assisting patient care procedures. Dental assisting theory must ensure the integration of theory and practice in the following areas:

- Foundational knowledge to anticipate the operator’s needs for various dental procedures to develop chairside dental assisting skills
- Foundational knowledge in the properties and manipulations of commonly used dental materials
- Foundational knowledge for assisting at the pre-clinical level for dental and dental specialty procedures performed within a general dental practice
- Foundational knowledge of laboratory skills
- Foundational knowledge of office administration procedures
- Foundational knowledge required to develop skills to assess, plan, implement and evaluate dental assisting procedures and patient care procedures
- Foundational knowledge related to the methodology of literature review relevant to dental assisting

Dental assistants facilitate dentists, dental hygienists and other dental professionals in providing services to patients. Primarily dental assistants provide chairside assistance during dental procedures as well as performing intra-oral duties. The knowledge that they receive during the course of study allows them to perform the following recognized duties:

Level 1 Chairside Duties include:

- Preparing the work area, ensuring that all operatories are disinfected, sanitized and instruments ready for the procedure
- Sterilizing of all instruments
- Selecting and transferring instruments to the dentist/ hygienist using either the two-or-four handed dentistry technique
- Suctioning of the oral cavity
- Preparing restorative materials including cavity liners/bases, amalgam, temporary and intermediate restorative materials, bonding systems etc.
• Exposing, processing, evaluating and mounting of radiographs
• Performing laboratory procedures including the pouring and trimming of study models, the fabrication of custom impression and bleaching trays etc.
• Charting of data on patient’s record or chart
• Preparing and holding curing light
• Retracting a surgical flap
• Instructing patients in the care and maintenance of pre-fitted appliances
• Holding a surgical flap that has been prepared and reflected by a dentist

Level 2 Intra-oral Duties:

• Mechanical polishing of the coronal portion of the teeth
• Placement and removal of the dental dam
• Taking of preliminary impressions of teeth for study models
• Topical application of anti-cariogenic agents
• Oral hygiene instruction with an intra-oral component
• Dietary counselling relative to dentistry
• Application of treatment liners
• Application of pit and fissure sealants
• Application of desensitizing agents
• Whitening of the coronal portion of the teeth
• Polishing restorations
• Oral irrigation

Patient Relations:

Dental assistants are frontline health care workers and as such perform key roles in patient relations. Dental assistants may welcome the patient to the office, escort them into the operatory and prepare them for the procedure. Patients look to dental assistants for clarification regarding the dentist’s instruction. Dental assistants monitor the patient’s condition and vital signs during procedure and provide comfort and reassurance. Level II assistants often perform intra-oral duties without direct supervision. Nutritional counselling as it relates to oral health is often done by dental assistants.
Infection Control:

Clinical dental assistants are the staff members primarily responsible for infection control within the dental office. Infection control is the discipline concerned with preventing the spread of infections within the health care setting. This is a practical sub-discipline of epidemiology.

One area of infection control concerns itself with the prevention (hand hygiene/hand-washing, cleaning/disinfection/sterilization) of disease transmission. All healthcare professionals must be cognizant of infection control protocols but practically speaking, it is often the dental assistant who does the duties associated with infection control. Dental assistants clean and sterilize instruments, and sanitize and disinfect equipment and operatories and monitor the effectiveness of sterilization equipment by performing regular biological testing.

The dental assistant ensures that the operatory is disinfected between patients and at the end of the day. Knowledge of chemicals and their efficacy is essential and most often it is the responsibility of the dental assistant to learn about the preparation and use of the chemicals, as well as ordering and adequate supply. High-level disinfection results in the killing of microorganisms (with the exception of high levels of bacterial spores) so that disease is not transmitted.

Instruments must be cleaned prior to sterilizing ensuring that all human tissue and debris have been properly removed. Sterilization is a process intended to kill all microorganisms and the cleaned instruments are then placed in the autoclave for sterilizing. The efficiency and effectiveness of the sterilizer must be monitored regularly.

Infection control is essential to all healthcare settings but its importance is often under-recognized and under-supported in the dental practice setting.

Though the Ministry of Colleges, Training and Universities must approve dental assisting educational programs, the Ministry is not regarded as the accrediting body. The Commission on Dental Accreditation of Canada accredits the Canadian educational programs for dentistry, dental hygiene and dental assisting. Presently all Ontario Community College dental assisting programs are accredited to the established national standards. At this time, there are no accredited private career colleges in Ontario.

2. Are there professions currently regulated with whom the applicant occupation’s body of knowledge overlaps? Include evidence to support your answer.

Dentistry is built on a hierarchical model with education overlap among all of the formally educated disciplines. Many of the topics such as behavioral sciences, microbiology, anatomy, pharmacology, anesthesia and pain control, pathology, radiography, and the dental specialties are included in every dental discipline to the level required to support the duties and intra-oral procedures that dental professionals will perform on patients.

As such, a dentist may perform all of the duties of a dental hygienist and a dental hygienist may perform all of the duties of a clinical dental assistant. Due to the depth and breadth of knowledge and skills in specific areas, scopes of practice are usually defined within the practice of dentistry allowing the dental professional to practice their knowledge and highest technical skills.

However, without regulation, scopes of practice parameters are not always sharp. Without a regulating body for dental assistants, misdelegation frequently occurs. Anecdotal evidence through surveys and inquiries received by the ODAA suggests that both level 1 and level 2 dental assistants are asked to work outside their knowledge base and scope of practice.
3. Does the profession concerned subscribe to evidence-based practice?

The education and practice of the dental disciplines is evidence based. Accredited level 2 dental assisting programs must demonstrate the delivery of up to date and evidence based education. Additionally, learning objectives, learning outcomes and assignments for students must articulate how evidenced based research and decision making is integrated into the curriculum.

ODAA and its members support and subscribe to evidence based research, decision making and practice. Certified dental assistants are encouraged to base their own practice on scientific and evidence based body of knowledge.

ODAA members are encouraged to keep up to date with changes in the profession through their continuing education requirements. Within our Journal, we have regular columns on infection control wherein we educate our members about the latest information and knowledge that comes from the Centre for Disease Control and the OSAP (Organization for Safety, Asepsis, and Prevention) which is considered to be dentistry’s global resource for infection control. Our organization recently endorsed RCDSO’s updated infection control guidelines as another model for best practices.

The tenets of evidence research, decision making and practice is precisely why it must be only formally educated level 1 dental assistants who are delegated infection control procedures and level 2 dental assistants who are delegated intra-oral procedures.

4. Does the profession concerned practice based on evidence of efficacy? If so, please provide examples of how treatment strategies, interventions, modalities and service are based on efficacy.

The world of dentistry is a constantly evolving health care profession. The entire profession strives to provide best practice and patient-centered treatment which is effective, efficient, pain free and is not cost prohibitive. Products, materials used within dentistry, techniques and treatments are constantly progressing to ensure patient care is showcasing best practices in all modalities.

The profession of dental assisting is no different than its counterparts. Over the years the materials and services level 1 and level 2 dental assistants provide has dramatically changed. Infection control products as well as a plethora of sterilizers are the norm. Level 1 dental assistants who were once assisting for amalgam and chemical cure composite restorations are now assisting for bonded amalgams and light cured composite restorations.

Level 2 dental assistants have seen lining and fissure sealant materials evolving from chemical cure to light cure. The newest fissure sealant materials on the market do not require a dry environment, decreasing patient discomfort and patient management issues. Concentrations and duration of treatment for fluoride applications have changed along with the introduction of desensitizing and whitening agents. Digital radiograph exposure is rapidly overtaking conventional exposures and computer technology is allowing patients to view their own intra-oral structures, providing them with a better sense of their oral health and dental needs.

Ontario dental assistants even though not required to, recognize and embrace change and the need to remain current in their profession. This is evidenced by the 7,700 members who voluntarily maintain their ODAA certification through continuing education.
5. Provide a proposed scope of practice for the profession. Explain how the scope of practice related to the body of knowledge described above.

ODAA proposes that the scope of practice for Ontario dental assistants **eventually** be the same as it is for all other regulated jurisdictions—a level 2 credential with the NDAEB certificate (written) for all graduates and additionally, the CPE for non-accredited and level 2 equivalent foreign educated personnel.

The national standard recognizes, restricts and clearly articulates the minimum scope of practice for level 2 dental assistants. Currently, education programs offering level 2 programs must deliver the theory and clinical competencies which encompass chairside assisting and the mandatory thirteen intra-oral skills approved by the DARAS and examined by NDAEB. The core programming is also required, at a minimum for a program to be eligible for a site survey and subsequent accreditation by CDAC.

Though Ontario level 2 dental assisting students are taught thirteen intra-oral duties, they cannot legally practice the application of matrices and wedges or liners because these skills are considered controlled acts. ODAA envisions Ontario level 2 dental assistants will, with regulation be able to perform these duties. Additionally, it is expected that Ontario education institutions will offer expanded function post graduate modules for level 2 dental assistants. These modules could include, but not necessarily be limited to the Orthodontic, Prosthodontic and/ Preventive (Scaling) Dentistry module.

Enclosed is the Canadian Dental Assistants Association Scope of Practice chart. This chart clearly delineates the duties level 2 assistant can perform in each jurisdiction in Canada. **SEE APPENDIX**

The Ontario level 2 programs provide graduates with the necessary knowledge and skills to practice at the national entry to practice standard. Therefore, ODAA proposes that Ontario Level 2 accredited graduates with the NDAEB certificate and non-accredited graduates completing the NDAEB written and clinical examinations be regulated to perform the following nationally recognized thirteen skills.

- chairside dental assisting
- oral hygiene instruction
- dietary counseling relative to oral health
- exposes dental radiographs
- obtains preliminary impressions for study casts
- applies and removes dental dam
- performs selective coronal polishing
- applies treatment liners (no pulpal involvement)
- applies and removes matrices and wedges
- applies fluoride
- applies topical anesthetic
- applies pit and fissure sealant
- applies desensitizing agents
- use, care and maintenance of coronal whitening bleaching trays

The Ontario level 2 dental assisting programs assess additional competencies. As such ODAA recommends Ontario level 2 accredited graduates with the NDAEB certificate and non-accredited graduates with the written and clinical examinations be regulated to perform additional skills to include:

- fabrication and insertion of bleaching trays
- removal of sutures
- removal of periodontal dressings
- acid etch prepared cavities
- pulp vitality testing
- take and record gingival plaque indices
- application of anti-microbial agents
- face bow transfer
- periodontal screening and recording
- public health screening

It is anticipated that post graduate education course or multi day modules will eventually be available for qualified Ontario level 2 graduates. The following courses and modules will require formal education:

- placement and removal of retraction cord
- placement of temporary restorations
- place and finish amalgam restorations
- fabricate, cement and removal of provisional crowns
- orthodontic module
- preventive dentistry module (limited scaling)
- restorative implant assisting module
In Ontario, there are both level 1 or chairside dental assistants who have been on the job trained and level 1 chairside graduates of formal education programs. Programs offering level 1 education are HARP approved. In the rest of Canada (with the exception of Quebec) there are no formal education programs for level 1 assistants. Ontario level 1 educational programs are declining and it is expected and hoped that they cease to exist. In the near future, it is expected that only level 2 programs will be offered.

Many level 1 dental assistants have upgraded their education to level 2, but there remains a significant number of ODAA certified members (2,025) who have not yet upgraded and who many not want to. It is our intention to regulate these members in the public’s best interest, but we do not intend to regulate any new on the job trained or formally educated level 1 dental assistants after regulation passes. The regulated scope of practice for Level 1 dental assistants who are regulated at the time of legislation will be:

- all duties associated with chairside (extra-oral)
- radiography

It is believed that there are still several hundred Preventive Dental Assistants (PDAs) practicing in Ontario. ODAA presently certifies 297 PDAs. This program of study ceased to be offered in 1996, when Level 2 programs were introduced to the province. There are a limited number of these individuals in the province as many have upgraded to Level 2 and some have retired from the profession. However, there will be a need to regulate both member and non-member PDAs. The regulated scope of practice will be:

- chairside duties
- radiography
- obtains preliminary impressions for study casts
- selective coronal polishing
- application and removal of rubber dam
- oral hygiene instruction with an intra-oral component
- application of fluoride treatment

6. To what extend does the professional association or other organizations set standards of practice for diagnostic/ treatment modalities and services based on the identified body of knowledge? How are these standards enforced?

ODAA is both a professional membership association and a certifying body. As the certifying body, we expect our members to abide by the ODAA Skills Chart and our Code of Ethics The Skills chart is made available to all ODAA members. This chart clearly outlines the legal duties or skills of each category of Ontario dental assistant. Personal responsibility and accountability form our organization’s foundation and philosophy. Still many ODAA members are requested to perform duties they have no education for. Sometimes, fearing the loss of their employment and with no “real” regulation in place to support them, they perform these duties under duress. Even though our organization has great empathy for dental assistants in these situations, it cannot endorse illegal practice under any circumstances.
In the absence of regulation, recently ODAA developed a Complaints and Discipline policy. As the only professional organization for dental assistants, we believe we must uphold our policies and ensure our members are compliant. As such, we are prepared to investigate with due diligence and discipline our certified members when necessary.

The profession of dental assisting in Ontario itself has overwhelmingly demonstrated the value and need for regulation by voluntarily joining and adhering to the policies of ODAA. Without the existence of ODAA’s Certifying program, Skills chart, and mandatory continuing education, the Ontario dental assisting profession would have even less recognition and less respect and Ontario dental patients would be at higher risk.

The national membership association, CDAA, undertakes an occupational analysis every five to seven years. The data garnered from surveys and focus groups provide a national snap shot of the scope of practice in each jurisdiction as well as post graduate modules offered for level 2 dental assistants.

The Dental Assisting Regulatory Authorities agreed upon the previous (chairside duties plus nine mandatory skills) and now the current (chairside duties plus thirteen mandatory skills) national entry to practice standard for level 2 regulated jurisdictions. In addition, regulators agreed the NDAEB written examination is required for all graduates. Additionally, a CPE is imposed on all non-accredited and level 2 equivalent foreign educated dental professionals.

The National Dental Assisting Examining Board develops and publishes a Domain Description for level 2 dental assistants, updated every five years, based on the occupational analysis. From the domain description, the NDAEB written exam committee in conjunction with the Division of Studies in Medical Education at the University of Alberta, prepares a blueprinted, valid and reliable written examination offered four times per year. The Clinical Practice Evaluation committee develops the criteria for the nine skills evaluated on the CPE and also calibrates session facilitators and evaluators to ensure inter-rater reliability across the country.

The NDAEBs mission is to assure individuals have met the current national baseline standard in the knowledge and skills required by Canadian provincial or territorial regulatory authorities for recognition of an intra-oral dental assistant.

The Commission on Dental Accreditation of Canada (CDAC) set the national minimum standards of education for dentistry, dental hygiene and level 2 dental assisting. Publically funded programs prepare extensive documentation every seven years, while private colleges prepare the same every three years, which is validated at a two day site survey.

Outcomes of the site survey are discussed at the annual CDAC meeting. Programs receive by transmittal letter, their accreditation status. These statuses include accreditation without reporting requirements, accreditation with reporting requirements, accredited with intent to withdraw or accreditation denied. Programs receiving status of accreditation with reporting requirement or intent to withdraw will both have recommendations which must be addressed—the latter of a more serious nature.

The accreditation status assures students, the regulator and the public the program/s curriculum and funding, administration, faculty, student support mechanisms and alike, have been reviewed in detail by a non-biased and arms length body.

The RCDSO developed a guideline in 1999 and published this in a 1999 RCDSO Dispatch. This guideline advises dentists which intra-oral duties can be delegated to graduate of level 2 dental assisting programs who have passed the NDAEB examination.
However, it is our understanding the RCDSO does not monitor or enforce their own 1999 delegation guideline. RCDSO has been very clear in their messaging. They do not regulate dental assistants and have no authority over dental assistants.

Regulation for dental assisting professionals is urgent. Without a monitoring process or enforcement, this already flawed, loose “system” is unheard of in the rest of the regulated provinces and is clearly an issue of concern for public safety.

7. Does the applicant's profession require commitment to continuous professional development? If so, please provide written details of existing continuous professional development programs.

ODAA requires that our certified dental assistants attain 15 continuing education credits each year. Courses must be approved by ODAA and must be in some way related to the profession and practice of dentistry. Members who have not completed the required CE credits receive notification that should they not attain this requirement; their certification will be considered lapsed. Those on maternity leave have a lower number of required credits to attain and should certification be lapsed for more than three years, the candidates must re-write the level 1 certification program or with respect to level 2, complete a major project.

8. With respect to the proposed scope of practice statement:

a) What controlled acts if any should be authorized to the members of the profession?

According to the RHPA 1991 controlled acts include “Performing a procedure on tissue below the dermis……., or in or below the surfaces of the teeth, including the scaling of teeth.” Furthermore, a controlled act is “fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning”.

From this definition, controlled acts for Ontario dental assistants includes exposure of radiographs, placement and removal of matrices and wedges and placement of treatment liners. HARP qualified dental assistants, level 1 and level 2, when delegated by a dentist are able to expose dental radiographs. However, even though level 2 dental assistants are taught and assed to manikin competency in their education programs to place and remove matrices and wedge and place treatment liners and other regulated jurisdictions allow it, Ontario does not.

These skills are part of the thirteen skills meeting the national entry to practice standard. The education and accreditation processes, and the NDAEB examinations provide for competent and safe practice of these procedures. As such, they have included in our proposed skills list for Ontario level 2 dental assistants.

ODAA supports and promotes expanded skills for level 2 dental assistants if the appropriate level of didactic and competency education is undertaken. We have proposed many of the same post graduated courses and multi-day modules, as offered in other Canadian jurisdictions, for level 2 dental assistants.

b) What specific acts (if any) should practitioners be authorized to delegate to others?

ODAA does not support the notion of level 1, level 2 or preventive dental assistants delegating acts to others. All work delegated to and performed by dental assistants should be done only by those with formal education from a government approved dental assisting educational program.
c) **What diagnostic/treatment modalities and services should members of the profession be authorized to perform?**

With formal education, an approved and clear scope of practice and regulation, dental assistants are positioned to provide competent and safe practice. At a minimum, Ontario dental assistants should be permitted to perform the national entry to practice skill set. Additionally with post graduate education and the requisite scope of practice parameters, level 2 dental assistants can provide safe, effective and valuable services for patients.

d) **What limitations of practice, if any, should be imposed on members of the profession? Which acts, if any, related to the field of care of the profession should not be authorized to the profession? What diagnostic/assessment abilities, treatment modalities and services are not part of the scope of practice for members of the profession?**

All dental assistants should be restricted from performing any duties for which they are not formally educated. Regulated level 1 assistants will be permitted to do only chairside duties and radiography.

Level 2 assistants graduating from an accredited program with the NDAEB certificate and level 2 assistants graduating from non-accredited programs with the successful completion of the NDAEB written and clinical examinations, should be permitted to perform at a minimum the national entry to practice 13 intra-oral duties and all chairside duties.

Skill sets aligning with post graduate courses and modules should allow expanded function level 2 dental assistants a larger scope of practice.

On the job trained laypersons should not be permitted to perform any duties related to direct patient care, including infection control.

e) **If a new controlled act is being requested, describe the degree to which this act would be exclusive to the profession. To what extent may the proposed act be shared with other professions? Where opportunities for sharing exist, please describe any consultation that has occurred with the affected stakeholders.**

ODAA is proposing that Ontario level 2 dental assistants be permitted to perform duties presently being performed by level 2 dental assistants in other provinces.

The controlled acts will require additional didactic and competency education. As outlined earlier in this document, ODAA proposes several additional skills and modules which will expand the scope of practice for the graduates.

In all regulated jurisdictions and in Ontario, dental hygienists can perform all of the skills a dental assistant can perform. Furthermore, all duties associated with expanded courses or modules are legally performed by dentists. For dental hygienists to perform duties associated with orthodontics, and prosthodontics and implant modules, additional education must be taken following graduation.

For many years, Ontario orthodontists have been advocating and lobbying to have the orthodontic expanded duties be included in the scope of practice for Ontario level 2 dental assistants. ODAA and the Ontario Association of Orthodontists developed an Orthodontic Module and offered a pilot program in 2007, when we believed that the regulation of dental assistants was imminent. The program of study included the application and removal of arch wires, bands and elastics. We have ceased to offer this program due to the delays of the HPRAC review.
The RCDSO approached ODAA in 2008 regarding the delegation of these orthodontic duties. ODAA’s position at that time was these duties were a controlled act and only regulated level 2 dental assistants with the completion of a module should be permitted to perform these duties.

ODAA has communicated to both the College of Dental Hygienists of Ontario and RCDSO our wishes to include the Preventive Dentistry Module (limited scaling) into our scope of practice when we become regulated.

The Prosthodontic module which includes the fabricating, cementing and removal of provisional crowns/bridges and the placing and removing of gingival retraction cords is part of the scope of practice in Alberta, British Columbia and Saskatchewan. ODAA has communicated to RCDSO and CDHO the desire to have this incorporated into our scope of practice.

f) Please explain how the proposed scope of practice serves the public interest and provides adequate public protection without unduly restricting the public’s choice of health.

Dentistry is considered a health discipline. The public expects, deserves and trusts only educated, competent and safe practitioners are providing their care and care for their loved ones. Without regulation for dental assistants in Ontario, there is no framework in place to ensure this.

The interest of the public is best served by ensuring regulated dental assistants are performing the only skill set associated with their formal education within the profession of dental assisting.

With regulation and bylaws focused on matters of public protection, entry to practice standards, scopes of practice, continuing practice hours and continuing education requirements for the profession of dental assisting will be established and monitored for compliance. These will form the pillars of public protection.

g) Are there currently regulated health professions with who the proposed scope of practice overlaps?

Yes, the proposed scope of practice overlaps with dentists, dental hygienists, dental technicians and denturists.
ODAA is proposing that **all clinical dental assistants**, working in Ontario be regulated under the RHPA 1991. There are approximately 13,000 -15,000 dental assistants working in various dental clinics, offices, public health units, hospitals, college educational programs, children’s aids societies, and other social services agencies that may provide dental care to clients.

Approximately 1,600 Ontario students are enrolled each year in Ontario dental assisting educational programs offered at 10 CDAC accredited community colleges and several non-accredited private career colleges throughout Ontario. Though Level 2 courses are taught in most programs there are 3 Private career colleges that offer only level 1 educational programs and Everest College, with 12 campuses, which offers both level 1 and level 2 programs.

ODAA is both the professional membership association and the certifying body for 8,500 members, 7,700 of whom are certified dental assistants and receptionists. With respect to clinical assistants, ODAA certifies 2,025 chairside assistants, 297 preventive dental assistants and 5,114 Level 2 dental assistants.

There may be approximately 5-6,000 additional clinical assistants working in Ontario who are not members of our Association. Some of these assistants are graduates of formally educated programs while others have been trained on the job.

The job market appears to be good for dental assistants. Some of our newer graduates report difficulty in finding employment, and claim that the lack of experience seems to be the overriding concern.

ODAA is aware that there is a surplus of dental hygienists and that some hygienists are seeking employment as dental assistants. We also are aware that some dentists are reluctant to hire dental hygienists to do the work of dental assistants.

**Operating Plan:**

ODAA has approached the RCDSO to discuss inter-professional collaboration with respect to the regulation of Ontario dental assistants. We believe a mentorship service model would be a viable collaboration. RCDSO is very experienced in regulating and we believe that with their business acumen and knowledge regarding regulation, this mentorship role would facilitate the profession of dental assisting in achieving our goals. This model would offer both a cost-effective and time-efficient option to the development of a regulatory body for dental assistants.

Within preliminary discussions, RCDSO has suggested that the regulatory body could share space, renting offices from RCDSO. The staff of RCDSO could work with the staff of our regulatory body, assisting in the development of a registration system, development of bylaws, quality assurance and in patient relations. With respect to the Council structure, chairs of the RCDSO could mentor our council members, assisting in policy advice and infrastructure.

ODAA believes that we would adopt a collaborative yet independent type of relationship with RCDSO. ODAA would pay consulting fees to the RCDSO at an agreed upon rate.
Business Location:

RCDSO has suggested that the regulatory body for dental assistants could rent office space from them. This is certainly a viable option as the sharing of space would lend itself to on-site assistance from RCDSO staff and Council. Due to the preliminary nature of our discussions, we haven’t discussed concrete financial details. However, sharing resources does present some cost-effective options.

Human Resource Plan:

Key personnel would include but not be limited to: Registrar, Registration Coordinator, Quality Assurance Coordinator, Practice Advisors (2), Communications Coordinator and administrative personnel (3).

Employment policies and procedures would have to be developed.

Action Plan:

1. To continue to communicate with ODAA members and non-members about the importance of certification and the ODAA plans for self-regulation.
2. To work with the Ontario government to ensure that the profession of dental assisting become a regulated health profession.
3. To develop a communication/marketing plan; ensuring as seamless a transition to regulatory status as possible. This could be funded by the seed funding provided by ODAA.
4. To hire a registrar for the new college.
5. To develop scope of practice, bylaws and regulations for the profession of dental assisting, using the seed funding from ODAA.
6. To launch the college regulating dental assistants.

SECONDARY CRITERIA: Economic Impact of Regulation
Financial Plan: Draft Budget: (based on 14,000 registrants at $175.00 registration fee)

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Executive Summary

ODAA is proposing that the profession of dental assisting become a self-regulated health profession in the best interests of the public. ODAA is proposing that all clinical dental assistants providing direct service care to dental patients be regulated.

ODAA has been an incorporated professional membership association since 1934 and the certifying body for dental assistants since 1961. ODAA is a proactive organization in a strong financial position. The goal of becoming a regulated health profession has been a goal within our Strategic Plan for many years. ODAA has been deferring annual revenue for the past several years to ensure that a regulatory body governing Ontario dental assistants can be developed. ODAA plans to provide seed funding to the self-regulatory body in the realm of $250,000 - $400,000. We envision this money could be used in the development of bylaws, regulations, scope of practice and within the communications plan.

The profession of dental assisting is regulated in eight Canadian provinces with the exceptions being Ontario and Quebec. Dental assisting is self-regulated in the provinces of Alberta and Saskatchewan and the remaining provinces regulate dental assistants under the Dental Regulatory Colleges.

ODAA members want to be regulated. They believe that regulating the profession will ensure patient safety and is in the best interests of the public. ODAA undertook a survey of our membership in 2002 and at that time 87% of the respondents stated they wanted to be regulated. In 2011, another survey demonstrated a 90% level of support for this goal.

In provinces that presently regulate dental assistants, Level 2 or intra-oral dental assistants are regulated. In Ontario we have formal educational programs offering courses for both Level 1 chairside assistants and Level 2 intra-oral assistants. Level 2 intra-oral dental assistants are considered the national standard.

ODAA presently certifies approximately 2,100 Level 1 dental assistants, 295 Preventive Dental Assistants and over 5,000 Level 2 dental assistants. We believe that Level 1 education programs need to be phased out as Level 2 dental assistants are the national standard. We are proposing levels of licensure initially, but at some point, Ontario would only regulate level 2 intra-oral dental assistants; aligning Ontario with the rest of Canada.

Though most Canadian provinces regulate level 2 assistants, dentists can still hire people without formal training to do chairside assisting in many provinces. That means that lay individuals in other provinces may be responsible for infection control. We believe this is no longer acceptable, given the complexity associated with infection control. Therefore, we are proposing that to work as a clinical dental assistant in Ontario, you must be formally educated, licensed and held accountable for the work done.
Criterion: Regulatory Mechanisms

1. Are Practitioners of this profession subject to another regulatory mechanism?

No, there is no other regulatory mechanism. ODAA has been the certifying body since 1961; however certification is voluntary. ODAA has over 7,700 members who commit to certification. Our requirements to become certified are similar to many provincial licensure requirements. However, ODAA has little legal recourse available to us.

The RCDSO does have a guideline which advises dentists to delegate intra-oral duties to Level 2 assistants who have passed the NDAEB examination. Dental assistants work collaboratively with their dentist/employer and therefore ODAA encourages our members to have knowledge of RCDSO regulations/guidelines regarding record keeping, waste management, patient care and best practices for infection control guidelines. The relationship between dental professionals must be patient-centred and collegial to ensure that service delivery is providing optimal oral care.

2. Does the profession believe that it should be regulated under its own College? If so, describe the reasons why the applicant prefers a self-regulatory model over other models.

ODAA has been the certifying body for close to 50 years and as such we have 7,700 members who voluntarily make the commitment to certification. However, we know that there could be at least that many more people working as dental assistants in Ontario. Some of these people may be formally educated but many are not. Furthermore, we know that many assistants are performing duties outside the approved scope of practice for dental assistants and this is certainly an issue of public safety. There are dentists who continue to hire people without formal education to do the work of dental assistants. Ontario has graduates of dental assisting programs who cannot find work.

In the absence of being regulated, the ODAA Certification program has served the profession of dental assisting and dentistry well. However, we strongly believe that the public is best served by regulating the profession of dental assisting, ensuring the public that all dental assistants are formally educated, have a clearly defined scope of practice; have passed all entry to practice requirements and commit to continuing education.

Dental assistants are self-regulated in Alberta and Saskatchewan and it works well in those provinces. They have very good working relations with other dental professions and each respect one another. In other provinces, where dental assistants are regulated under the Dental College, dental assistants believe that their voices are not heard with respect to what they do and how they do it. Though dental assistants may be represented on the Council, they may have only 1 or 2 positions. ODAA believes that it is a conflict of interest to be regulated by one’s employer.

With estimates of close to 15,000 dental assistants in the province, ODAA believes that we can have a self-sustaining College. Ontario dental assistants want to be recognized and respected for the work that we do and we want to be self-determining with respect to our scope of practice, our regulations and the complaint and discipline process.

To date, we have had absolutely no problems in recruiting Board Directors for our Association and in fact often have many candidates vying for open positions. ODAA members long to have the voice of dental assistants heard.
3. Has the profession considered seeking regulation within an existing regulatory college? Describe the conclusions and outcomes of this discussion.

ODAA has discussed partnering with both the College of Dental Hygienists of Ontario and the RCDSO. As mentioned earlier, we believe that there are inherent conflicts with being regulated by one’s employer. Most dental assistants work for dentists but since hygienists are now able to self-initiate, employment opportunities for dental assistants will soon exist in these dental hygiene clinics.

Initially, discussions with CDHO appeared to be promising. However, since most dental assistants are employed by dentists in small business settings, we are concerned about the working environment and the effect on that environment if dental assistants and hygienists were to be regulated under the same college. Furthermore, we are also concerned about our scope of practice as there is some overlap, particularly in the expanded duties that we are seeking and we certainly do not want to have “turf” issues within our own regulatory body.

In January 2010, CDHO made a proposal to our Board of Directors that they take over our certification program. They did say at that time that they supported our request for self-regulation but thought that they could provide a better service model for our certification program, as they had the infrastructure for complaints and discipline. The Board of Directors of ODAA viewed this proposal with some wariness and believed that were CDHO to take over our certification program, we would never be self-regulated as the infrastructure for CDHO to regulate dental assistants would be in place within their college. Furthermore, we became concerned that our desire for a full scope of practice may be at risk.

ODAA has observed the Canadian dental assisting regulatory structure over the years. British Columbia dental assistants enjoy a very wide scope of practice and yet the leaders of organized dental assisting want to be self-regulated as they want more self-determination within their profession. The Atlantic Provinces do not have the numbers of dental assistants to sustain a self-regulation model but they too long for more say within their profession. Alberta and Saskatchewan are self-regulated and enjoy very collaborative relationships with other dental professionals.

Conversations with RCDSO have been ongoing and in the last few years have focused on how we can be self-regulated but enjoy a creative collaboration with RCDSO. We discussed many scenarios but the one that resonates with both organizations is one of a mentorship model wherein we would be self-regulated but would share some resources with RCDSO. We have discussed renting space from RCDSO and having their staff members assist our staff in the development of the registration process, the quality assurance program, and many other facets involved within the regulatory process.

4. Has the profession considered partnering with likeminded unregulated professions working in a similar field and who may be seeking regulation?

No, we are not aware of likeminded unregulated professions.

5. Should statutory self-regulation not be found to be appropriate for the profession, what alternate forms of regulation or governance may be considered?

ODAA is presently the certifying body for dental assistants and to that end we have approximately 7,700 certified dental assistants within our program. However, there are thousands of additional dental assistants working in Ontario who are not ODAA certified. Furthermore, dentists continue to hire those lacking formal training to do the work of dental assistants.

ODAA would consider partnering with an existing college, should that be deemed more appropriate. The Association would like to have solid representation on an existing council to ensure that the scope of practice would be equal to what exists in other provinces. Furthermore, we strongly believe that the voice of Ontario dental assistants must be heard.
Criterion: Leadership’s Ability to Favour the Public Interest and Membership Support and Willingness of the Profession to be regulated.

1. Provide evidence of the profession’s commitment to the public interest (e.g. communications, policies/protocols of the professional Association.

Certification Program:

ODAA has been the Certifying Body for Ontario dental assistants for close to 50 years and an incorporated Professional Membership Association since 1934. In the absence of being a regulated health profession, ODAA actively promotes certification to all Ontario dental assistants. ODAA became the certification body after collaborating with both the RCDSO and the Ontario Dental Association (ODA) in the early 1960’s.

The ODAA certification program resembles what is generally required for regulated health professions. We require that dental assistants be formally educated; pass an entry to practice examination; abide by our Code of Ethics and provide proof of continuing education credits each year.

ODAA’s Certification policies address lapsed certification and how to reinstate one’s certification. ODAA actively advises members against performing duties outside our scope of practice and has on occasion disciplined members who have violated that scope of practice and/or our Code of Ethics.

ODAA’s membership has grown over the years, with more dental assistants joining the Association and we do attribute that growth due to our goal of becoming a regulated health profession.

Website:

ODAA has a website that the public may access at www.odaa.org. The website offers information about the Association and the benefits of membership. It clearly explains certification and outlines the expectations around achieving and maintaining certification. The website provides details regarding ODAA’s application for regulation and why it is important to public safety issues.

The Journal:

ODAA publishes a 4-colour magazine called “The Journal” three times a year and welcomes subscriptions. The Journal celebrates the profession of dental assisting. We feature regular columns on Infection Control, Nutrition, Dental Assisting Duties; FAQ’s and trends regarding the work associated with dental assistants. We also have provided our members with information pertaining to the regulation of dental assistants. For many years, we had a regular column “Regulation Update” and within this column we discussed issues, updates with respect to regulation and our progress in achieving this goal.
Media Campaign:

For the past six years, ODAA has run a media campaign. Twice a year, advertisements are placed in Ontario newspapers. These advertisements promote certification of dental assistants and also advise the public about our goal of becoming a regulated health profession. We targeted 5 audiences within this campaign and they included ODAA members, potential members, dentists and other dental professionals, the government and the public. Furthermore, ODAA has spoken on several radio talk shows about our goals and we believe that the public supports our goal of becoming a regulated health profession. In fact, we often hear about how shocked consumers are upon learning that dentists can and do still hire people without formal dental assisting training.

Facebook:

ODAA launched a facebook page in late 2010 and within a few days had over 1,000 members. We use this facebook page to communicate with our members and to outline our goals. Regulation of dental assisting is a regular topic of communication. To date, we have over 2200 members who regularly access our facebook page.

Questions 2-4: Does a complaints and disciplinary procedure currently exist for the profession?

ODAA’s Board of Directors approved a complaints and discipline policy in January 2011. We advised our members of this policy in our Spring 2011 Journal and through various other communication outlets. Though we had disciplined members prior to developing this policy, this policy was developed as one more tool to demonstrate that ODAA values the input of the public and public safety. Our policy speaks to how complaints must be submitted in writing to the Executive Director. Within 30 days of receiving the complaint, the Executive Director must seek some resolution between the parties involved, decide to conduct an investigation; dismiss the complaint and/or assess incapacity. Should an investigation result and enough evidence collected, the complaint will be forwarded to a complaints committee comprised of members of the Board of Directors.

Members can be proactive and self-initiate a complaint process. A copy of the complaints policy is included with this document.

5. Do the members of the profession/Association want self-regulation, and are they willing to provide financial resources, time, and effort required for self-regulation. Please describe any consultation process undertaken and the response/results achieved.

ODAA members want to be regulated. In 2002, discussions around this goal began within our Association. The Board of Directors established this as a goal within the Strategic Plan after conducting a survey among our members. At that time, the survey demonstrated that 87% of the respondents indicated their support.

Since then ODAA has spent considerable energy and resources to discuss what regulation will mean to dental assistants. A regular column in the ODAA Journal provided regular updates regarding regulation, information about the RHPA and details on what it means to be a regulated health profession. When the HPRAC review was delayed, several hundred of our members sent letters to the Health Minister, expressing their disappointment.
ODAA has been the certifying body for dental assistants since the 1960’s and many of our members strongly believe in the value of certification. To be certified with the ODAA demands a personal commitment from the members as candidates must pass an entry to practice examination, abide by a Code of Ethics and earn 15 continuing education credits each year. The fact that the association has 7,700 certified dental assistants and receptionists speaks well of members’ commitment to their patients and to their profession. The fact that many dentists will only hire certified dental assistants demonstrates that the ODAA has set the standard in Ontario and that ODAA members are living up to it.

Over the past few years, members have expressed high enthusiasm for regulation and want it to happen as quickly as possible. In fact they believe that it is long overdue. Membership has grown over the last few years and we believe that this speaks strongly to our goal of becoming a regulated health profession.

In September, 2011, ODAA conducted a survey regarding the regulation of dental assistants. In this survey, we advised our members of some of the costs associated with the regulatory process and asked if their level of support remained. Close to 3,000 of our members responded to this survey and 90% agree with our goal of becoming a regulated health profession. ODAA has the capability of surveying our members through our membership database and the results were tabulated by this program and are included with this document.

In the fall of 2011, ODAA hosted 18 Information sessions throughout the province regarding what it means to be a regulated health profession. Within the session, the costs associated with regulating were discussed and our members continue to be very supportive of this goal. Though they recognize that the cost of licensing is a concern, they recognize the value to patient safety.

6. Do related organizations (e.g. associations and regulatory colleges representing practitioners in similar or related areas of health care) agree with the need for regulation of this profession? Document the discussions and outcomes from any consultation process undertaken on this topic.

All Canadian organizations associated with the profession of dental assisting support our request for regulation and in fact many have sent letters of support to both HPRAC and the Minister of Health and Long-Term Care. The Dental Assisting Regulatory Authorities (DARA) of Canada wrote a letter of support, as did the Canadian Dental Assistants Association, the Dental Assisting Educators of Canada, the Saskatchewan Dental Assistants Association and the College of Alberta Dental Assistants.

In discussions with the College of Dental Hygienists of Ontario they acknowledged that the regulation of dental assistants is the national standard. The Ontario Dental Association (ODA) has been reluctant to advise ODAA of their position, however ODA and ODAA are presently meeting on a regular basis and our goals have been discussed. ODAA made a presentation on why we want to be regulated to the ODA Health Policy and Government Relations Core committee in 2010. The RCDSO has been supportive and in fact has offered to assist us with our regulatory infrastructure. ODAA has not had any official conversations with the Ontario Dental Hygienists Association but we have shared a position paper with them and so we believe that they are familiar with what we are proposing.
7. How many persons practice this profession in Ontario? How many practitioners belong to an association? Please provide independently assessed and verified figures.

ODAA estimates that there are approximately 13,000 to 15,000 dental assistants working in Ontario. ODAA has 8,500 members including student members with close to 7,700 of our members being certified. According to Statistics Canada data from 2006, there were approximately 11,200 dental assistants working in Ontario at that time.

8. Are practitioners who do not belong to the professional body or bodies also supportive of the application? Where possible provide independently assessed and verified figures.

Membership in ODAA has grown the last few years and we do attribute that to our goal of becoming a regulated health profession. ODAA has received the occasional email or voice mail from non-members expressing some concerns with this goal. Other than that, we have no conclusive information regarding the level of support from other dental assistants.

9. What actions have been taken to align the profession with an established health profession regulatory College?

ODAA has undertaken conversations with the RCDSO regarding a creative collaboration. RCDSO has stated that they do not want to regulate dental assistants and is open to establishing a mentorship model once we become self-regulated. RCDSO has suggested that we could rent space within their facility and that they would provide assistance to our organization at both the administrative and committee levels. ODAA is open to this type of collaboration as we have enjoyed a collaborative relationship for many years with RCDSO and they have respected expertise within health regulation.

10. Explain the proposed fee structure for College members.

The salaries of Ontario dental assistants vary from $14.00 per hour to $32.00 per hour with the average salary being $21.00 per hour. This is based on the results of a National Salary Survey conducted by the Canadian Dental Assistants Association in 2011.

Being mindful of salaries, ODAA is proposing that the annual licensing fee be somewhere in the vicinity of $175.00 per year. We believe that with approximately 14,000 clinical dental assistants working in Ontario that this fee would pay for the annual operational costs associated with the College.
Criterion: Health System Impact

a.) Interprofessional Collaboration:

Questions 1-2.

Dental assistants are committed to providing patient-centred care. Dental assistants facilitate the work of other dental health professionals including dentists, dental hygienists, denturists and dental technicians and as facilitators they continually collaborate with these other health care professions.

ODAA has openly supported the RCDSO guidelines with respect to the delegation of duties by dentists to intra-oral dental assistants. Our scope of practice follows these guidelines and we regularly disseminate the guidelines to both dental assistants and dentists. ODAA actively promotes the RCDSO’s Infection Control Guidelines and have disseminated information on these best practices within our Journal. These best practices are also posted on our website under Professional Advisories.

Furthermore, ODAA approached RCDSO in the hopes of establishing a creative collaboration around our request to become a regulated health profession. Though we want to be self-determining and self-regulating, we have discussed with RCDSO having a mentorship relationship wherein RCDSO would assist/support us in the development of our regulatory infrastructure.

RCDSO requested that ODAA become part of an initiative to provide improved access to dental care to First Nations communities in the far north. As well, ODAA encourages our members to participate in the (ODA) Ontario Dental Association’s Remote Area’s Program. This program invites certified dental assistants to volunteer their services to northern communities. Dental assistants volunteer with dentists in providing dental care to these populations.

ODAA and the ODA have a long history of working well together. Both the ODA and the RCDSO worked with us to establish our certification program in the early 1960’s. To date, many dentists will only hire certified dental assistants. The ODA and ODAA collaborate with respect to the ODA’s Annual Spring Meeting (ASM). The ODA generously provides revenue to the ODAA by giving us money for every ODAA member who attends the Spring Meeting. In turn, we promote the Convention to our members at no cost to the ODA.

Dental assistants want to work within a collaborative, collegial work environment and dental assistants respect all oral health care professions. Both hygienists and dentists employ dental assistants and ODAA supports positive, healthy and proactive workplaces.

Dental assistants most often work alongside dentists and dental hygienists and within that team there is constant collaboration in order to provide optimal patient care.

ODAA endorses RCDSO regulations, guidelines and best practices. ODAA often has dentists calling us for clarification regarding record keeping, regulations around the administration of sedation, and questions regarding the duties of dental assistants. We endorse the regulations, policies and guidelines of RCDSO as our members work with and for dentists and we often disseminate information to our members and dentists from the RCDSO website.

Dentists and dental hygienists have often been guest speakers at the continuing education meetings that we host. We respect their commitment to providing the best patient care.
ODAA collaborates with other Canadian Dental Assistants Regulatory Authorities (DARA). Though we are not yet regulated, we are invited to all DARA meetings and though we cannot vote; our opinions and thoughts are welcome. We collaborated with the DARA in the development of the Mutual Recognition Agreement (MRA).

Our certification requirements for level 2 certification require that candidates must successfully pass the National Dental Assisting Examination Board examination and some of our dental assisting educator members are actively involved within many of the NDAEB’s committees.

ODAA regularly attends Council meetings of both the College of Dental Hygienists of Ontario and the RCDSO. We feel welcomed and enjoy a positive relationship with both of these organizations.

The self-regulation of dental assistants will enhance the relationships with other professions. We are eager to become more a part of decision making processes that will result from becoming regulated.

b.) Labour Mobility:

The regulation of Ontario dental assistants will improve labour mobility as currently, most of our members encounter barriers when moving from province to province. The national standard for the profession of dental assisting is regulation and accreditation of dental assisting educational programs. As mentioned previously, all Ontario community college dental assisting educational programs are now accredited, with most becoming accredited between 2005-2010. Presently, no private career colleges are accredited by the Commission on Dental Accreditation of Canada. When an Ontario Level 2 dental assistant wants to move to another province and they graduated from a non-accredited program, they are required to do a Clinical Practical Evaluation (CPE) which evaluates 9 intra-oral duties.

If an Ontario dental assistant moves to British Columbia and has either graduated from an accredited program or successfully completes both the NDAEB written examination or from a non-accredited program and have successfully completed both the written and clinical examination administered by the NDAEB; they will be issued a provisional license and be required to return to school within 1 year to upgrade to British Columbia standards.

Canadian provinces, with the exception of Quebec, require level 2 dental assistants to write the National Dental Assisting Examining Board (NDAEB) examination. The Dental Assisting Regulatory Authorities have agreed to have similar licensing requirements and they recognize licensure between provinces and so labour mobility is quite fluid for regulated provinces. When Ontario becomes regulated, we have agreed to abide by the DARA’s licensing requirements as we are a signatory to the Mutual Recognition Agreement (MRA).

Once we are regulated, dental assistants from other provinces will have few barriers in becoming part of the Ontario regulatory process.

The regulation of Ontario dental assistants would have little or no impact on formally educated dental assistants graduating from an accredited formal education program. For those graduates who graduate from a non-accredited program, they would have to successfully complete the Clinical Practical Evaluation administered by the NDAEB as well as the written examination.

The regulation of the profession of dental assisting would impact those who are not formally educated but who are presently working in Ontario. ODAA proposes that these level 1 candidates would have to write ODAA’s level 1 certification examination in order to qualify for licensure.
c.) **Access to Care:**

The regulation of dental assistants would enable dental assistants to provide more preventive dental care to marginalized communities such as the homeless, seniors in long term health care facilities and First Nations communities in remote areas. In that way, oral health care delivery would be improved. Regulated dental assistants would be able to provide public health screenings, intra-oral hygiene instruction, dietary counseling relative to oral health, which would have a profound effect on access to dental care. Furthermore, the correlation between oral health care and overall health are well documented.

Regulating dental assistants would allow a larger scope of practice and so would permit dental assistants to be delegated duties associated with orthodontics, prosthodontics and periodontal care, improving access to care as well as providing dentists and public health units more choice in terms employment opportunities.

d.) **Health Human Resource Productivity:**

The profession does not currently measure productivity. However, we believe that the regulation of dental assistants could improve productivity as regulated level 2 assistants could take on more preventive work related to dentistry which would enable hygienists to provide more direct services to clients. Public health units would be able to engage dental assistants in public health screenings.

Furthermore, orthodontists and prosthodontists would be able to delegate additional duties to dental assistants which would contribute to overall productivity.

e.) **Health Outcomes:**

ODAA does not currently measure health outcomes. There have been many evidence based studies that strongly suggest a correlation between oral health care and overall health. The regulation of the profession of dental assisting will enable dental assistants to provide more preventive dental care, thus having a profound impact on improved access to care resulting in improved overall healthcare.
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<tr>
<td>Fabricate &amp; Insert Bleaching Trays / Fabrique et mise en place les porte-empreintes de blanchiment</td>
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<tr>
<td>Pit &amp; Fissure Sealants / Scellements de puits et fissure</td>
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<tr>
<td>Topical Anaesthetic / Anesthésie topique</td>
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<td>Desensitizing Agents / Agents de désensibilisation</td>
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<tr>
<td>Suture Removal / Retirer les points de suture</td>
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<td>Take &amp; Record Vital Signs / Prendre et noter les signes vitaux</td>
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<td>Acid Etch Prepared Cavities / Burinage à l'acide de la cavité</td>
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<tr>
<td>Pulp Vitality Testing / Détection de la vitalité pulpaire</td>
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<tr>
<td>Polish Amalgams / Polir amalgame</td>
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<tr>
<td>Retraction Cord Placement / Mise en place la corde de rétraction</td>
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<tr>
<td>Remove Retraction Cord / Retirer la corde de rétraction</td>
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<td>Fabricate, Cement &amp; Remove Provisional Crowns - Prosthodontic Module / Fabrication, mise en place et retirement de couronnes provisoires</td>
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<td>Temporary Restoration / Restoration provisoire</td>
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<td>Take &amp; Record Gingival Plaque Indices / Enregistrer les marges gingivales</td>
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<td>Applying anti-microbial Agents / Application d'agent anti-microbiens</td>
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<td>Remove Perio Dressings / Retirer de pansements périodontales</td>
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<tr>
<td>Face Bow Transfer / Transfer d'arc facial</td>
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<tr>
<td>Ortho Module / Module orthodontie</td>
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<td>Place &amp; Finish Amalgam Restorations / Place et sculpter restaurations à l'amalgame</td>
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<td>Restorative Implant Assisting Tech. Module / Module Technologie d'assistance en implant de restauration</td>
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<td>Level 'C' CPR / RCP niveau 'c'</td>
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<td>Periodontal Screening &amp; Recording (PSR) / Dépistage et documentation en paradontie</td>
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<tr>
<td>Fabricate Mouthguards / Fabrique les protège-dents</td>
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<td>Fabricate Occlusal Rims / Fabrique les boudins</td>
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<td>Recall Consultations with Dentists / Rendez-vous de rappel</td>
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<tr>
<td>Public Health Screening / Dépistage de santé publique</td>
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<tr>
<td>Assessing and Reporting Oral Health Status / Évaluer et documenter le niveau de santé buccale</td>
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<td>Preventative (Scaling) Module / Module (détartrage) préventif</td>
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<tr>
<td>Mandatory skills for NDAEB Certificate / Compétences requises pour certificat de BNEAD.</td>
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<tr>
<td>*Skills may be performed by licensed CDA's only.</td>
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<tr>
<td>1 Completion of module or training required / Instruction requise.</td>
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<td>2 Only extra-oral procedure / Procédures extra-orales seulement.</td>
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<td>3 Using rubber tips &amp; cups; no shaping or finishing / Utilisant instruments en caouchouc. Polir et façonner ne sont pas permis.</td>
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<td>4 Recommended but not mandatory for licensure / Recommandé mais pas obligatoire pour la licence.</td>
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<tr>
<td>5 CDA II's in Ontario are trained in this skill but are not permitted to perform it. / Les ADA de niveau II, en Ontario, reçoivent la formation dans cette tâche mais n'ont pas la permission de l'exécuter.</td>
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<td>6 Licensed CDA's may only fabricate bleaching trays. / Les ADAs licencié(e)s peuvent fabriquer exclusivement des plateaux de blanchiment.</td>
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<tr>
<td>7 CDA's with a minimum of one year full-time chairside experience may fabricate single unit provisional restorations intraorally, including try-in, adjusting occlusion outside the mouth, temporary cementation, removal of provisional cement, and removing provisional restorations. Prothro module required for additional duties. / Les ADAs possédant un minimum d'une année d'expérience à temps plein d'assistance à la chaise, peuvent fabriquer une unité de restauration provisoire intra-buccale, incluant essai, ajustement de l'occlusion hors bouche, cimentation temporaire, retrait du ciment provisoire et retrait des restaurations provisoires. Le module de prosthodontie est nécessaire pour accomplir des tâches additionnelles.</td>
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<td>8 With dentist supervision when initiated in the office. / Sous la direction du dentiste lorsque exécuté en clinique.</td>
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</table>
SKILLS CHART:

LEVEL I CERTIFIED DENTAL ASSISTANT SKILLS

• Preparation of the treatment/clinical area
• Cleaning and Sterilization of instruments and handpieces
• Passing instruments to the dentist or hygienist (Single and Two handed technique)
• Proper use of High Volume Evacuator within the Oral Cavity
• Preparation of Restorative Materials
• Perform simple laboratory procedures such as the pouring and trimming of study models
• Maintains supplies and equipment (stocks and replenishes supplies)
• Monitors Inventory
• Assesses emergency situations, aware of emergency protocols, knowledge of First Aid, CPR
• Assists in maintaining emergency drug kits
• Ability to interpret Material Safety Data Sheets
• Conducts spore/biological indicator tests
• Recording data on patient’s record or chart as directed DDS
• Patient and community education on oral health (extra-oral)
• Other extra-oral duties as required by the dentist
• Instruction in care and maintenance of pre-fitted appliances
• Expose, process and mount radiographs as specified by HARP
• Obtains Vital Signs

LEVEL II INTRA-ORAL DENTAL ASSISTANT SKILLS (with NDAEB certificate)

• Includes, but not limited to all duties of CERTIFIED Level I Dental Assistants as listed above
• Mechanical polishing of the coronal portion of the teeth
• Placement and removal of rubber dam
• Taking of preliminary impressions of teeth for study models
• Topical application of anti-cariogenic agents
• Oral hygiene instruction with an intra-oral component
• Dietary counseling relative to dentistry
• Application of materials topically to prepare the surface of the teeth for pit and fissure sealants
• Application of pit and fissure sealants
• Application of topical anaesthetics
• Application of desensitizing agents
• Whitening of the coronal portion of the teeth using materials generally available to the public without prescription
• Polishing restorations
• Oral irrigation

The following skills cannot be performed by Level II Dental Assistants in Ontario at this time as they are Controlled Acts.

• Application of Matrices and Wedges
• Application of Treatment Liners

PREVENTIVE DENTAL ASSISTANT SKILLS (PDA)
(Listed with RCDSO prior to January 1, 2000)

• Includes, but not limited to all duties of CERTIFIED Level I Dental Assistants as listed above
• Chairside Dental Assisting (Level I)
• Mechanical polishing of the coronal portion of the teeth
• Placement and removal of rubber dam
• Taking of preliminary impression of teeth for study models
• Topical application of anti-cariogenic agents
• Oral hygiene instruction with an intra-oral component

DENTAL RECEPTIONIST/Front Desk Administrative Assistants

• Patient reception and dismissal
• Appointment book control and maintain recall system
• Block out times for reserved emergency and new appointments
• Maintaining and controlling business area
• Handle all incoming calls promptly and efficiently
• Patient follow-up treatment calls
• Public relations
• Bookkeeping
• Managing receivables and payables
• Prepare and balance bank deposits on daily basis
• Age and prepare outstanding account statements
• Maintaining financial records
• Incoming mail, invoices, packing slips and statements (forward to appropriate person for verification and/or payment)
• Maintaining file system
• Ordering and receiving supplies

TREATMENT COORDINATOR DUTIES
• Performs required part of consultation
• Reviews medical history and explains office policies and procedures
• Makes a definite financial agreement with each patient/parent in accordance with the financial policies of the office. Prepares financial agreement form for each patient
• Monitors patient progress through each treatment
• Sends the patient records for consultation with appropriate specialists as required
• Co-ordinates goodwill program
• Helps to co-ordinate practice building and public relations efforts with patients, parents and referring professionals
• Print and proofread patient correspondence
• Keeps treatment acceptance rate within practice goals
• Ensures the follow-up of “will-advice” and mail-in referrals
• Educates patients with respect to appointments and financial
### Answers to Questions

**Member Survey 2011 as of: 10/3/2011 8:51:47 AM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Number Who Answered: 2973</th>
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</thead>
<tbody>
<tr>
<td><strong>Question: How long have you been a member of ODAA?</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>227</td>
</tr>
<tr>
<td>2-5 years</td>
<td>603</td>
</tr>
<tr>
<td>5-10 years</td>
<td>562</td>
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<tr>
<td>10-15 years</td>
<td>426</td>
</tr>
<tr>
<td>15-20 years</td>
<td>439</td>
</tr>
<tr>
<td>20-25 years</td>
<td>327</td>
</tr>
<tr>
<td>25-30 years</td>
<td>220</td>
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<tr>
<td>30-35 years</td>
<td>100</td>
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<tr>
<td>35-40 years</td>
<td>57</td>
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<tr>
<td>Over 40 years</td>
<td>12</td>
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<tr>
<td><strong>Question: Are you a certified dental assistant?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2880</td>
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<tr>
<td>No</td>
<td>94</td>
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<tr>
<td><strong>Question: Do you presently work as a clinical dental assistant?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2148</td>
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<tr>
<td>No</td>
<td>825</td>
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<tr>
<td><strong>Question: Are you aware that ODAA has requested that the Ontario government regulate the profession of Dental Assisting?</strong></td>
<td></td>
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<tr>
<td>Yes</td>
<td>2915</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
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<tr>
<td><strong>Question: Are some of the other DA’s that you work with not certified by ODAA?</strong></td>
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<tr>
<td>Yes</td>
<td>1300</td>
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<tr>
<td>No</td>
<td>1641</td>
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<tr>
<td><strong>Question: Have you ever been asked to provide on the job training to someone without formal education as a DA?</strong></td>
<td></td>
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<tr>
<td>Yes</td>
<td>634</td>
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<tr>
<td>No</td>
<td>2319</td>
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### Answers to Questions, cont’d

#### Question: Do you have an understanding of what it means to be a regulated health professional?  
*Number Who Answered: 2972*

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes, I understand</td>
<td>2279</td>
<td>77%</td>
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<tr>
<td>Yes, I somewhat understand</td>
<td>668</td>
<td>22%</td>
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<tr>
<td>No, I do not understand this at all</td>
<td>25</td>
<td>1%</td>
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#### Question: Please rate your level of support for the ODAA’s wish to have the profession of dental assisting regulated.  
*Number Who Answered: 2970*

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Number</th>
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<tbody>
<tr>
<td>Strongly agree</td>
<td>2053</td>
<td>69%</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>410</td>
<td>14%</td>
</tr>
<tr>
<td>Agree</td>
<td>370</td>
<td>12%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>64</td>
<td>2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>40</td>
<td>1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>33</td>
<td>1%</td>
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</table>

#### Question: ODAA has knowledge that many of our members are doing duties that they haven’t been formally educated to do. Have you ever been asked to do duties that you have not been formally educated to perform?  
*Number Who Answered: 2969*

<table>
<thead>
<tr>
<th>Did you ever do these duties?</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>815</td>
<td>27%</td>
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<tr>
<td>No</td>
<td>2154</td>
<td>73%</td>
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</tbody>
</table>

#### Question: Do you presently perform temporary crowns or restorations?  
*Number Who Answered: 2961*

<table>
<thead>
<tr>
<th>Presently perform?</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>199</td>
<td>7%</td>
</tr>
<tr>
<td>No</td>
<td>2469</td>
<td>83%</td>
</tr>
<tr>
<td>Not presently, but I have done</td>
<td>293</td>
<td>10%</td>
</tr>
</tbody>
</table>

#### Question: Do you perform ZOOM bleaching?  
*Number Who Answered: 2957*

<table>
<thead>
<tr>
<th>Perform ZOOM bleaching?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>87</td>
<td>3%</td>
</tr>
<tr>
<td>No</td>
<td>2690</td>
<td>91%</td>
</tr>
<tr>
<td>Not presently, but I have done</td>
<td>180</td>
<td>6%</td>
</tr>
<tr>
<td>Question</td>
<td>Number Who Answered: 2962</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td>Have you ever performed orthodontic duties such as placement of archwires, bands or elastics?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>252</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2503</td>
<td></td>
</tr>
<tr>
<td>Not presently, but I have done this in the past</td>
<td>207</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Number Who Answered: 2972</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODAA is advocating, that once we become regulated, that the scope of practice for qualified Level II assistants should include limited scaling (maximum of 4 mm supragingival), orthodontic duties (placement of wires, bands and elastics), temporary crowns, temporary restorations, pulp vitality testing, and removal of sutures. This wider scope of practice occurs in many provinces that regulate dental assistants. To do many of these duties, additional education will be required. Please advise us of your level of agreement regarding this proposal.</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>1573</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>603</td>
</tr>
<tr>
<td>Agree</td>
<td>476</td>
</tr>
<tr>
<td>Disagree</td>
<td>176</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>64</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>80</td>
</tr>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Number Who Answered: 2969</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODAA estimates that there may be close to 15,000 people working as dental assistants in Ontario. Presently, we have a membership of 8,400 with approximately 7,700 of them being certified. With that large a number, we will be able to keep licensing costs down. That being said, annual licensing fees will be at least $150 per year. Like your certification fees, this is tax deductible. The government needs to know that the membership supports the cost of regulation. Given this information, are you still supportive of our proceeding wiith this?</td>
<td></td>
</tr>
<tr>
<td>Yes, strongly agree</td>
<td>1467</td>
</tr>
<tr>
<td>Yes, somewhat agree</td>
<td>569</td>
</tr>
<tr>
<td>Yes</td>
<td>617</td>
</tr>
<tr>
<td>No, somewhat disagree</td>
<td>205</td>
</tr>
<tr>
<td>No, strongly disagree</td>
<td>62</td>
</tr>
<tr>
<td>No, stop this now</td>
<td>49</td>
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Regulation Update

As you know, last March, the Health Minister, Mr. David Caplan, delayed the review by the Health Professions Regulatory Advisory Council (HPRAC) for the regulation of Ontario dental assistants.

The ODAA responded by sending a letter to the Ministry to inform them of our extreme disappointment with this decision. We embarked on a PR campaign and ran ads to raise awareness of the issue. In addition, the CDAA sent a letter to the Honourable David Caplan.

In May, Judy Melville and Pam Gutteridge met with a member of the Health Minister’s staff. During this meeting, we were told that Mr. Caplan acknowledges the need for dental assistants to become regulated and understands our desire to have HPRAC review our request for regulation. But he has suggested that finding the money to conduct this review is problematic as Ontario has suffered severely in the economic recession.

Though the ODAA can appreciate that many Ontarians are suffering as a result of our economic woes, we are nonetheless disappointed with the delay. However, we will not give up. We will continue our dialogue with the Health Minister and HPRAC in the hope that our review will happen sooner.

WE NEED TO ACT AS IF WE ARE ALREADY REGULATED

Several years ago, in a meeting with HPRAC officials, it was suggested that the ODAA begin to act as if our profession is regulated. Fortunately, our certification program is similar to regulation in that those who are certified must be formally educated, must have passed an examination and must commit to continuing education. The big difference is that it is voluntary. That said, our membership is growing, and more and more dental assistants are making certification a priority. As well, more and more dentists are committed to hiring only certified assistants, and that gives our members a competitive edge.

However, for Ontario dental assisting to be like a regulated profession, we may have to look at adding a complaints and discipline component to our certification program. The Board of Directors plans to explore this in the coming year, and we will be seeking your feedback.

Meanwhile, we will continue to work at the political level to further our cause for regulation. As well, through our bold media campaigns, we will continue to educate the public regarding the work of dental assistants and the need for dental assisting in Ontario to become a regulated health profession.

THANKS FOR ADDING YOUR MANY VOICES TO OUR CAUSE

We are very pleased that hundreds of ODAA members sent letters to the Health Minister expressing dismay with his decision to delay our review. Concerns voiced by individual citizens are very powerful, and politicians cannot afford to ignore them. The ODAA wishes to thank our members for helping to strengthen our position and ensure that our voices are heard.
Regulation Update

Good news! The Health Professions Regulatory Advisory Council (HPRAC) review for the regulation of Ontario dental assistants is now underway! The ODAA has until November 10, 2011 to submit an application to HPRAC. The public consultation process will follow from November to February 2012.

The ODAA will be seeking input from our members through surveys. Obviously, it is our position that not regulating dental assistants poses a risk of harm to patients. As Ontario dental assistants who take your profession seriously, you will be asked for your position on the argument. We believe that you know what is right for your career and for our industry. We will be communicating regularly with our members through email, so please keep a close eye on your inbox and respond promptly.

Meanwhile, we thought it would be a good time for a refresher on the role of HPRAC in the regulation of health professions in Ontario.

WHAT IS THE ROLE OF HPRAC?

The Health Professions Regulatory Advisory Council (HPRAC) is established under the Regulated Health Professions Act, 1991 (RHPA), with a statutory duty to advise the Minister of Health and Long-Term Care on professions regulatory matters in Ontario. This includes advising the Minister on:

- Whether unregulated health professions should be regulated;
- Whether regulated health professions should no longer be regulated;
- Amendments to the Regulated Health Professions Act (RHPA);
- Matters concerning the quality assurance programs and patient relations programs undertaken by health colleges; and
- Any matter the Minister may refer to HPRAC relating to regulation of the health professions.

The Minister relies on recommendations from HPRAC as an independent source of evidence-informed advice in the formulation of policy related to health professional regulation in Ontario.

When considering health professions regulatory matters, HPRAC ascribes to the following overriding principles:

- Meeting public expectations for improved access to high-quality, safe care;
- Supporting interprofessional care and optimizing the contribution of all health professionals;
- Applying standards for the regulation of health professionals;
- Ensuring a shared accountability agenda that encourages and values collaboration and trust;
- Using resources efficiently;
- Sustaining the healthcare systems; and
- Maintaining self-regulation.

HPRAC presents its recommendations for consideration in a report to the Minister of Health and Long-Term Care. The report is confidential until released by the Minister.
Did you know that Ontario dental assistants are not regulated and therefore are not required to be formally educated and licensed to work in a dental office?

The Ontario Dental Assistants Association, the membership association of Ontario Dental Assistants, has been working hard to change this. It is time to bring dental assisting in Ontario in line with the national standard.

We’re pleased to announce that we are getting closer to our goal. HPRAC (Health Professions Regulatory Advisory Council) and the Minister of Health and Long-Term Care are currently reviewing our request that dental assisting be a regulated health profession in Ontario.

For 75 years, we’ve been working to make the dental office a better place for dental assistants and patients. Now, we’re making history.

A message from the Ontario Dental Assistants Association, the certifying body for Ontario Dental Assistants for over 40 years.

869 Dundas Street, London, Ontario N6W 2Z8
Last year, Ontario dental assistants were all smiles because they thought that dental assisting would soon become a regulated profession. Regulation would mean that only formally trained dental assistants could work in dental offices.

We recognize that the economic crisis has dashed the hopes of many Canadians, and that certain measures are necessary for survival. But we also consider the regulation of dental assisting to be a matter of public health. Dental assistants take x-rays and are responsible for infection control. Yet many are trained on the job in Ontario putting your safety at risk.

We believe that regulation will happen for Ontario dental assistants one day. Until then, to protect your family, ask if ODAA-certified dental assistants are working in your dentist's office. At least, that's one good reason to smile.

A message from the Ontario Dental Assistants Association, the certifying body for Ontario Dental Assistants for over 40 years.

869 Dundas Street, London, Ontario N5W 2Z8

www.odaa.org

For five years, we’ve been working for the regulation of dental assistants. Regulation would mandate formal training for all dental assistants. But the Ontario government has postponed our review citing necessary cutbacks in a poor economy.

Postponing regulation is like putting off good oral care. Dental assistants take x-rays and are responsible for infection control. Yet many are still trained on the job in Ontario putting public health and safety at risk.

We will continue our fight to ensure that Ontario dental assistants become regulated one day. Meanwhile, to protect your family and preserve your oral health, ask if ODAA-certified dental assistants are working in your dentist's office.

A message from the Ontario Dental Assistants Association, the certifying body for Ontario Dental Assistants for over 40 years.

869 Dundas Street, London, Ontario N5W 2Z8

www.odaa.org
Dental assistants certified by the Ontario Dental Assistants Association (ODAA) have been formally educated in the prevention of disease transmission, proper sterilization of the instruments and the taking of radiographs. They are continually upgrading their knowledge and skills. They not only help keep your teeth healthy, they also help to protect the well being of you and your family.

Want to know the facts?
Ask your dentist if only certified dental assistants work in your dental office.

FACT: Not all Ontario Dental Assistants are certified.
FACT: Many Dental Assistants are trained on the job.
FACT: Dental Assistants are responsible for infection control and taking x-rays.

Dental assistants certified by the Ontario Dental Assistants Association (ODAA) have been formally educated in the prevention of disease transmission, proper sterilization of the instruments and the taking of radiographs. They are continually upgrading their knowledge and skills. They not only help keep your teeth healthy, they also help to protect the well being of you and your family.

Want to know the facts?
Ask your dentist if only certified dental assistants work in your dental office.
Ontario is now the only province in Canada where dental assistants are not a regulated health profession. This means that dentists can hire people without formal education to do the work of dental assistants. Dental assistants take radiographs, are responsible for infection control and may perform other intra-oral duties.

The Ontario Dental Assistants Association (ODAA), the certifying body for Ontario dental assistants feels this is a matter of public safety. Dental patients have the right to know that everyone working in a dental office is educated and formally trained.

The Ontario government will not review the ODAA's request for regulation until 2013. Meanwhile, for the good of your oral health and safety, ask if your dentist hires only ODAA certified dental assistants.

A message from the Ontario Dental Assistants Association, the certifying body for Ontario Dental Assistants for over 40 years.

869 Dundas Street, London, Ontario N5W 2Z8

www.odaa.org

We’re nearly there!

After sitting on the sidelines for so long, the ODAA (Ontario Dental Assistants Association) will finally have our turn in the spotlight! The Ontario government has agreed to consider the regulation of Ontario dental assistants, and HPRAC (Health Professionals Regulatory Advisory Council) will begin our review in November.

If regulation is passed, then all dental assistants must be formally educated to work in a dental office – rather than being trained on the job.

Regulation will mean that you can be completely confident everyone at your dentist’s office is properly educated to protect your health and safety.

Did you know that dental assistants in eight provinces have been regulated since the ‘70s? You can help make the regulation of Ontario dental assistants a reality by talking to your MPP or visiting http://www.hprac.org/en/projects/Dental_Assistants.asp to share your thoughts.

Together we can ensure that Ontario families continue to receive the highest level of safe dental care.

A message from the Ontario Dental Assistants Association, the certifying body for Ontario Dental Assistants for over 40 years.

869 Dundas Street, London, Ontario N5W 2Z8

www.odaa.org
Searching for qualified dental auxiliaries to fill a few seats in your office?

**PUT YOUR FREE AD IN FRONT OF 8,400 ODAA MEMBERS.**

The Ontario Dental Assistants Association (ODAA) website at www.odaa.org is a rich source of information for our membership base of over 8,400 certified dental assistants.

Only members have access to our Job Postings page, which gets over 15,000 page views a month.

Post your ad on our site free of charge, and receive applications from formally trained and certified dental assistants, receptionists, office managers and treatment coordinators who are ready to get right to work.

You will find the right people quickly and save valuable time by hiring an ODAA-certified dental assistant, receptionist or treatment coordinator. You can rest assured that they are formally educated, have passed all appropriate examinations and are committed to ongoing learning.

Send us an email to mlesarge@ody.ca or fax 519-679-8494 with your ad information including: position available, employer name, contact name, address, phone number, email address, fax number and job description. An ODAA staff member will contact you to confirm the details of your ad.
BOARD POLICY
COMPLAINTS AND DISCIPLINE

ODAA is the Certifying Body for Ontario Dental Assistants and our primary mandate is to ensure that only appropriately educated dental assistants, who pass the appropriate examinations; make a commitment to ongoing continuing education and who abide by our Code of Ethics, work as dental assistants in Ontario.

ODAA wants to be able to respond to complaints about the professional activates of Certified Dental Assistants. Discipline is a process whereby complaints are investigated, and appropriate sanctions may be issued.

Complaints:

In order for ODAA to act on any complaints, a written and signed statement must be received to initiate an investigation. Letters of complaint can be submitted by members of the public, other certified dental assistants or any other health care providers. All complaints must be addressed to the Executive Director. ODAA will not investigate anonymous complaints.

Within 30 days of receiving a complaint, the Executive Director has several options for action which include:

• Encouraging the complainant and the person in question to communicate, and resolve the complaint
• Attempting to resolve the complaint with consent from the complainant and the person in question
• Conducting an investigation
• Dismissing the Complaint
• Assessing incapacity

Investigation:

The purpose of an investigation is to collect all pertinent information/evidence relating to the complaint and the conduct of the CDA. The Executive Director generally conducts the investigation.

Notice is sent to the member who is being investigated. After the investigation is completed, the Executive Director will decide whether to refer the matter to the Complaints Committee of the Board of Directors or dismiss the complaint.
Complaints Committee of the Board of Directors:

This committee of the Board will be comprised of Certified members of ODAA and the Board may invite non-Directors to be on this committee. The investigated person may be asked to attend the meeting. After consideration of the information and evidence, and in consultation with legal counsel, the Complaints Committee will decide if the conduct of the investigated person constitutes unprofessional behavior. If a finding of unprofessional conduct is made, the Committee may:

- Issue a reprimand
- Issue the need for counseling
- Issue the need for upgrading courses
- Suspend or cancel certification (2/3 Board approval needed for this)

Appeal Process:

The person who is subject to discipline may appeal the decision of the Complaints Committee. This appeal would go to the President of the Board of Directors.

Unprofessional Conduct:

This means one or more of the following:

- Displaying a lack of knowledge or lack of skill or judgment in the provision of professional services
- Conduct that harms the reputation of the Ontario Dental Assistants Association
MUTUAL RECOGNITION AGREEMENT FOR PURPOSES OF LABOUR MOBILITY - DENTAL ASSISTING

The consensus statements that follow have been agreed to in principle by the registrars of Dental Assisting Regulatory Authorities across Canada as applicable to Level II, Intra Oral Dental Assisting.

Whereas:

It is understood and agreed that this Agreement applies only to Canadian Provinces and/or Territories that regulate Dental Assisting;

Dental Assisting Regulatory Authority is hereinafter referred to as DARA;

DARAs support the Commission on Dental Accreditation of Canada (CDAC) dental assisting program accreditation process;

DARAs encourage all dental assisting programs to become CDAC accredited;

DARAs support the National Dental Assisting Examining Board (NDAEB);

DARAs recognize that each DARA carries out its licensing/listing/certification/registration practices in good faith;

The requirements for initial licensure/listing/certification/registration are the responsibilities of the individual DARAs;

Good standing refers to the status of a person who is currently licenced to practice in a signatory jurisdiction and whose licensure is not encumbered or restricted in any way in any jurisdiction and more specifically is not subject to a discipline order, investigation or ongoing agreement;

Practice as a Level II Dental Assistant over the preceding three years will be demonstrated should any jurisdiction require currency in practice;

There are no residency requirements for licensure/listing/certification/registration of dental assistants in any jurisdiction in Canada; and

For the purpose of this Mutual Recognition Agreement (MRA) the terms licensure/listing/certification/registration shall be herein after referred to as “licensure”.

We, the undersigned agree:

1. Implementation of the provisions of the MRA will occur on or before April 1, 2009 subject to necessary provincial/territorial legislative changes.

2. For the purpose of Canadian inter-jurisdictional mobility, a dental assistant candidate for licensure will have successfully completed training consistent with the domain description for dental assisting in Canada.

3. Initial Licensure:

   • For initial licensure, graduates from CDAC accredited dental assisting programs will require the NDAEB Written Certificate. [Other provincial administrative measures for initial licensure may apply, e.g. criminal records check];
   • For initial licensure, graduates from non-accredited dental assisting programs will require the NDAEB Written Certificate and the NDAEB Clinical Practice Evaluation (CPE) or retraining at a CDAC accredited institute in lieu of the CPE [Other provincial administrative measures for initial licensure may apply, e.g. criminal records check].
4. The domain description includes chairside assisting and core skills that represent the minimum standard for dental assistants as defined by the CDAC and the NDAEB. The following core competencies represent a high degree of commonality as defined in Chapter Seven of the Agreement on Internal Trade. The domain description for a licensed dental assistant includes chairside assisting and the following competencies:

- Producing Dental Radiographs
- Application and Removal of Rubber Dam
- Take Preliminary Impressions for Study Casts
- Application of Treatment Liners where there is no Pulpal Involvement
- Application and Removal of Matrices and Wedges
- Selective Rubber Cup Polishing
- Oral Hygiene Instruction
- Dietary Counseling Relative to Oral Health
- Application of Anticariogenic Agents
- Fabricate and insert bleaching trays
- Pit & fissure sealants
- Topical anesthetic
- Desensitizing agents

5. Eligibility For Inter-provincial Mobility:

- For the purposes of inter-provincial mobility all jurisdictions will recognize without further examination and training for licensure in chairside assisting and core skills 1 through 9 a dental assistant licensed in good standing in another Canadian jurisdiction graduating prior to January 1, 2007.

- For the purposes of inter-provincial mobility all jurisdictions will recognize without further examination and training for licensure in chairside assisting and core skills 1 through 13, a dental assistant licensed in good standing in another Canadian jurisdiction graduating on or after January 1, 2007.

6. Since some jurisdictions have additional mandatory skills beyond the core competencies listed in Clause 4, a DARA that requires upgrading for additional mandatory skills in their jurisdiction will provide mechanisms (e.g. restricted licensure) to allow practice while upgrading.

7. As posted on the DARA website, an applicant may be required to meet other requirements as a condition of licensure, such as:

- Satisfying the DARA that he/she is in good standing in all jurisdictions where he/she holds or has held licensure;
- Satisfying the DARA that he/she has complied with the continuing competency/quality assurance requirements of the jurisdiction(s), if any, where he/she currently holds licensure;
• Payment of fees;
• Satisfying the DARA that the applicant’s past and present conduct affords reasonable grounds for the belief that the applicant;
  i) Is mentally competent and physically able to safely practice dental assisting;
  ii) Will practice dental assisting ethically and in accordance with the law;
  iii) Has sufficient knowledge, skill and judgment to competently engage in the kind of dental assisting practice authorized by the licence for which he/she is applying; and
  iv) Can communicate effectively and will display an appropriate professional attitude.

8. The signatories of this MRA acknowledge that this is an evolving document. We, the undersigned, agree to review the Agreement every three years or at the request of one or more signatories.

9. Any changes to occupational standards, licensing or legislative requirements such as examination development, mutual recognition practices, accreditation standards, or additional jurisdictions regulating dental assistants that may impact the Agreement will be communicated in writing to all signatories and to the LMCG representatives to provide them with an opportunity to review and comment prior to implementation.

10. DARAs agree to invite non-regulated jurisdiction representatives to future meetings and that the LMCG representatives will be invited to discuss labour mobility matters as appropriate.

11. DARAs agree to abide by this Mutual Recognition Agreement among Provincial and Territorial regulators and will seek action in our respective jurisdictions to make necessary legislative (statutory), regulatory and by-law amendments to give effect to the terms of this Agreement.

12. Each signatory will give written notice to its legislating government and to their LMCG representatives and to other signatories of its intent to withdraw from this agreement at least 12 months before the signatory withdraws or at the earliest possible opportunity. The withdrawal will take effect 12 months after the notification. The notice period is waived where the withdrawal is not within the DARA’s control.

Signed this ________ day of ______________, _____

Signatories to the Agreement:

______________________________________________
for College of Dental Surgeons of British Columbia

______________________________________________
for College of Alberta Dental Assistants

______________________________________________
for Saskatchewan Dental Assistants’ Association

______________________________________________
for Manitoba Dental Association

______________________________________________
for New Brunswick Dental Society

______________________________________________
for Provincial Dental Board of Nova Scotia

______________________________________________
for Dental Council of Prince Edward Island

______________________________________________
for Newfoundland Dental Board
Non Regulated Dental Assisting Jurisdictions:

It is recognized that while the following supportive associations have not been delegated authority by law to regulate the profession of dental assisting, they are mandated by their membership to set requirements / standards for membership. The following signatories:

• Participated in the process to develop this MRA;
• Are committed to excellence in the practice of dental assisting;
• Are committed to the continued competence and currency of its members;
• Are committed to the principle and facilitation of inter-provincial labour mobility;

We the undersigned, by demonstrating and monitoring the continued competence of our members, commit to the principles of this agreement.

The DARA agree that by our signing this addendum our members who meet the initial licensure (section 3) requirements of this agreement will be recognized for the purposes of labour mobility.

____________________________________________
Per: Ms. Judy Melville, Executive Director
Ontario Dental Assistants Association

____________________________________________
Per: Ms. Joanne Longpré, Présidente
Association des assistant(e)s dentaire(s) du Québec

Signed this ________ day of ______________, _____
### 2012 ODAA Membership Stats

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<th>Member Type</th>
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<th>Nov/09</th>
<th>Dec/09</th>
<th>Jan/10</th>
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### COMPARISONS

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### MONTHLY COMPARISONS

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