Questionnaire for Health Professions

PROFESSION INFORMATION

1. **Ontario Dental Hygienists’ Association (ODHA)**
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   www.odha.on.ca
3. 905.681.8883 (phone)
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4. Margaret Carter, Executive Director
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5. **List other professions, organizations, or individuals who could provide relevant information:**
   
   College of Dental Hygienists of Ontario
   Fran Richardson, Registrar
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   Toronto ON M4W 1A9
   416.961.6234 (phone)
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   College of Registered Dental Hygienists of Alberta
   Brenda Walker, Registrar & Chief Administrative Officer
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   Canadian Dental Hygienists Association
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FOR PROFESSIONAL ASSOCIATIONS

6. Names and positions of the senior directors and officers

Margaret Detlor, RDH  
President and Regional Director
Shelley Newton, RDH  
President Elect
Kim Ivan, RDH  
1st Vice President and Regional Director
Jocelyne King, RDH  
2nd Vice President
Melanie Doidge, RDH  
Regional Director
Kelly-Ann Macknight, RDH  
Regional Director
Holly Darby, RDH  
Regional Director
Mary Jo Poyser, RDH  
Regional Director
Catherine Grater-Nakamura, RDH  
Regional Director
Heidi Linton, RDH  
Director
Bev Woods, RDH  
Director

7. Length of time the association has existed as a representative organization for the profession.

Established in 1963, the ODHA is a non-profit organization that represents the interests and needs of member dental hygienists in Ontario. The profession of dental hygiene is practiced worldwide in more than 50 countries. It has been recognized in Canada for more than 50 years. In Ontario alone, there are now more than 10,000 registered dental hygienists.

The ODHA is governed by a Board of Directors of eleven volunteers -- 7 regional directors and 4 directors-at-large. The organizational system, or infrastructure, led by ambassadors in 21 districts, allows members to provide input that helps to establish policy and direction for their professional Association. This way, the Board takes its direction from the grassroots - the membership.

The ODHA provides a full range of benefits and services that meet members' needs for personal and professional growth. These include professional development, networking opportunities, advocacy, promotion of the profession, personal, professional, and commercial insurance plans, communication vehicles, and information on employment issues as well as public relations.

Dental hygienists are highly skilled in helping clients to attain and maintain optimum oral health. As members of the oral health care team, they are responsible for professional treatment that helps to prevent periodontal disease (gum disease) and dental caries (cavities). They provide a process of care that involves:

• assessing the oral condition
• planning treatment according to individual needs
• implementing the treatment plan, and
• evaluating the success of the treatment and planning for the future.

During the Health Legislation Review Process, which preceded the Regulated Health Professions Act (RHPA), it was the ODHA that spoke on behalf of the profession of dental hygiene. At that time, there were a number of issues regarding the regulation of dental hygiene that the ODHA hoped would be resolved through self-regulation and,
indeed, self-regulation has given dental hygienists the power to control some aspects of their profession including from entry to practice to education, standards of practice and discipline. Dental hygiene is unique within the RHPA as being the only profession that was previously regulated by another college but now has its own regulatory college. Notwithstanding that dental hygienists have self-regulatory status under the RHPA, there remain several unresolved areas of concern including the perception that the previous regulating body and/or its members continue to have jurisdiction over aspects of dental hygiene practice.

ODHA is of the opinion that the College of Dental Hygienists of Ontario (College) has clearly demonstrated its commitment to public protection in the manner in which it has addressed self-initiation and strongly believes that the College is in the best position to establish and enforce the regulations, standards of practice and guidelines for the practice of dental hygiene related to the administration, prescription, compounding and dispensing of drugs.

8. List name(s) of any provincial, national, or international association(s) for the profession who may have an interest in this application.

**British Columbia Dental Hygienists’ Association**
Cindy Fletcher, Executive Director
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**College of Registered Dental Hygienists of Alberta**
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**Saskatchewan Dental Hygienists Association**
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**Manitoba Dental Hygienists Association**
Mary Bertone, President
CURRENT AUTHORIZED ACTS AND REGULATIONS
9. Do current authorized acts and regulations reflect best practices for the prescribing or administration of drugs in the course of practice of members of your profession?

No

PROPOSED CHANGES TO AUTHORIZED ACTS AND REGULATIONS

10. Please describe in detail any proposed changes to current authorized acts and regulations that would reflect best practices for:

In order to fully and completely practice dental hygiene and to serve their clients, dental hygienists need to have the following authorized acts in order to reflect best practice:

- Administering a substance by injection or inhalation
- Prescribing, dispensing, or compounding a drug as defined in the Drug and Pharmacies Regulation Act.

In addition, the regulation making authority for the College to specify which drugs a dental hygienist may use in the course of engaging in the practice of dental hygiene must include the capacity to specify categories of drugs (Dental Hygiene Act, 1991, subparagraph 12 (1)(a)).

11. Why are these changes necessary? What regulatory or clinical practice purposes would be served by such changes? How would they advance patient care and patient safety?

The changes are necessary so that dental hygienists can provide full treatment to their clients, especially clients who do not or cannot access a traditional dental office and those who are in rural or remote areas of the province. This is particularly important where a dental hygienist might be the only accessible oral health practitioner.

ODHA is confident that the College will be able to establish the necessary regulations, guidelines, and standards to enable dental hygienists, particularly those in independent practice, to provide their clients with comprehensive, safe, effective, and timely health care.

The ability to administer a substance by injection or inhalation will mean that appropriately qualified dental hygienists will be able to provide full service and facilitate comfort through the administration of nitrous oxide and local anesthesia.

12. Are the proposed changes considered part of current routine practice of the profession, and authorized to members by medical directives, orders, or delegation? Please describe. If authorized by medical directives, orders or delegation, is this approach inadequate or insufficient? Please explain.

ODHA is very concerned about the limitation of the acts authorized to dental hygiene. While the list of controlled acts in the RHPA has been written in broad terms to accommodate new procedures and techniques over time, dental hygiene’s authorized acts are very specific. This poses a significant barrier for dental hygiene in Ontario with respect to the administration of pain management such as local anesthetic that is
accepted without question in the four western provinces and many jurisdictions in the United States.

The original intent of the RHPA was to identify those procedures that exhibited a significant risk of harm and to assign these procedures to regulated health professionals. Contained within the RHPA is the recognition that controlled acts may be provided through delegation. While the Ministry of Health and Long-Term Care has long promised policy direction on delegation under the RHPA, such has not been forthcoming. In the absence of such direction, many regulatory colleges have developed standards or guidelines on delegation.

Within the regulated health professions, it is acknowledged that the delegator is responsible for the decision to delegate the procedure and the regulated health professional receiving the delegation is responsible for the appropriateness and performance of the procedure. ODHA affirms that it is not just a mechanical skill that is required in carrying out a controlled act but also judgment and knowledge to identify when there is an increased risk factor and knowing how to respond appropriately. Regulated health professionals have standards of practice and stringent quality assurance requirements and a regulatory framework to ensure recourse.

The administration of local anesthesia could be authorized to dental hygiene through delegation. Unfortunately, the Royal College of Dental Surgeons of Ontario does not permit its registrants to delegate the administering of local anesthesia to dental hygienists. It is left up to the dental hygienist to find an appropriately qualified medical practitioner who will delegate this act to him or her. It is interesting to note that despite this barrier, there are a number of dental hygienists who have persevered to obtain such a delegation. The Royal College of Dental Surgeons of Ontario’s position on delegation enables dentistry to continue to control components of the dental hygiene scope of practice and this is scarcely in the public interest. In light of the RCDSO’s refusal to allow delegation, authorization to dental hygiene remains the only alternative to effectively providing dental hygienists with the authority to administer local anesthesia and/or nitrous oxide.

13. Would the proposed changes result in an enhanced or changed scope of practice for the profession?

The proposed changes will enhance the scope of practice and enable qualified dental hygienists to provide comprehensive care to their clients. This is particularly important where the service location is outside the traditional dental office or in a remote or rural setting.

14. Please describe in detail any changes or additions that would be required to the controlled acts that are now authorized to the profession and what, if any, limitations or conditions should be attached to the authorized act.

There are no changes required to the current authorized acts for dental hygiene.
15. **Has the profession submitted a request to the Ministry of Health and Long-Term Care for changes or additions to the list of drugs that are included in the regulation under the profession-specific act?**

   There is no drug regulation in place at this time.

**RISK OF HARM**

16. **What additional risk of harm to the patient or client might result from the proposed changes? How would your profession manage this risk?**

   There is an inherent risk in any of the controlled acts in the RHPA. At a minimum, management of the risks associated with the controlled acts rests with the:
   - educational curriculum;
   - overall responsibility of the College to determine the qualifications that a registrant has to possess in order to perform the activity – in some cases there are no additional qualifications and in others there may be some (for example, self-initiation, restorative dental hygiene);
   - College regulations, standards of practice, and guidelines;
   - College quality assurance program;
   - ODHA professional development opportunities, and
   - dental hygienists’ own professional obligation to practice within their competency.

   There is no evidence available that demonstrates that dental hygienists are at higher risk for misadventure related to the administration of local anesthesia or nitrous oxide and any potential risks associated with the administering, prescribing, dispensing, or compounding drugs will be ameliorated by appropriate education and skill development. Nevertheless, ODHA is mindful of protecting its members and has already recognized the potential for risk associated with self-initiation and independent practice by increasing the coverage of its malpractice insurance policy.

**EDUCATION AND CONTINUING COMPETENCY**

17. **How does your profession require demonstration of competencies for pharmacotherapy?**

   ODHA supports a model where competencies that are deemed by the College to be necessary for practice that are not already an integral part of the current curriculum (as verified by the accreditation standards) are achieved in a manner similar to Alberta. The Alberta regulatory college has established a course that registrants must successfully complete in order obtain a prescriber’s number. The course is structured in modules that can be undertaken on-line with required assignments and a proctored examination.

   The College is able to provide a more fulsome response to this question.
18. Please provide pharmacotherapy course content in the current educational curriculum and demonstrate how it ensures the minimum qualifications for the prescribing or administration of drugs by members of your profession.

The College is able to provide a more fulsome response to this question. In the case where there may be competencies that are not covered in the base program, the College has demonstrated its commitment to ensure only qualified dental hygienists are performing activities in the dental hygiene scope of practice.

19. Does the health professional college require continuing education and training for members to ensure competency in the prescribing or administration of drugs? Please be specific and provide documentation to the extent possible. Please describe how the college ensures its members keep pace with advancements in pharmacotherapy, pharmacology, and patient safety.

The College administers the Quality Assurance Program and requires its registrants to demonstrate that they are maintaining and enhancing their competencies related to their specific practice setting. The ODHA facilitates its members' learning by offering many professional development sessions on pharmacotherapy, pharmacology, and patient safety. Not only are these opportunities provided at seminars and conferences, there are pharmacology programs available to our members on our on-line learning platform – DentalProLearn.

20. Please indicate what college documents are available to members on the prescribing or administration of drugs, including relevant standards of practice, rules, and guidelines. Are these documents current? Please include the documents with the submission.

The College is able to provide a more fulsome response to this question.

21. Please describe current competencies, education, and training of members of the profession to perform any of the proposed changes.

Current accreditation standards require competencies in pharmacology and pharmacotherapy. Where the College determines that the educational curriculum is not sufficient to support the performance of the authorized act, it has demonstrated that it is committed to ensuring that it will require appropriate educational preparation for such activities.

22. Do all members of the profession have the competencies to perform any proposed activity related to the prescribing and/or administration of drugs?

The College is in the position to determine if additional competencies are required.

23. What effect would the proposed change in the prescribing or administration of drugs have on members of your profession who are already in practice?

It will enable dental hygienists to provide a comprehensive service to their clients. Those who are interested in undertaking these new authorized acts would have to satisfy the
College that they have successfully attained the required competencies. The ODHA would assist its members in obtaining and maintaining the required competencies.

The proposed changes will:
- promote interprofessional collaboration with dentists, periodontists, pedodontists, as well as physicians, nurses, pharmacists, etc.;
- increase access to timely oral health care; and
- facilitate portability of dental hygienists under the Agreement on Internal Trade.

PUBLIC INTEREST

24. Describe how the proposed changes are in the public interest.

The proposed changes will enable dental hygienists to respond more fulsomely prior to the arrival of emergency medical personnel in the case of a medical emergency. For example, the use of an epi-pen for allergic reactions, the administration of nitroglycerine for chest pain, the administration of a bronchodilator for bronchospasm.

The bulk of the Ontario population is getting older. With this trend, there may be many more people unable to access traditional dental offices who still need and want oral health care. Dental hygiene is a portable profession, and many of the dental hygienists who have established an independent practice since the amendment to the Dental Hygiene Act have either focused on a mobile practice or it is a component of their practice.

Dental hygienists are also seeing clients who might not normally attend a dental practice whether due to dental phobias or other reasons. With the capacity to administer, prescribe, dispense, or compound a drug, dental hygienists will be able to provide more comprehensive service to a population not currently accessing care and referring these clients for further care when warranted.

In addition, in rural and remote communities in Ontario, where current dentists may be contemplating retirement, and having trouble in transferring their practice, dental hygienists may become the only oral health practitioners providing service. In these cases in particular, it is vitally important that dental hygienists have the capacity to administer, prescribe, dispense, or compound a drug. If dental hygienists don’t have this capacity, the health care system may be burdened with unnecessary visits to emergency departments or family physicians, or even worse, clients will go without.

Some clients who attend an emergency department or physician’s office for pain might be more appropriately seen and treated by an oral health care practitioner. When dental hygienists are able to administer, prescribe, dispense, or compound a drug, these clients will not need to wait for an emergency room physician or family physician to receive care and appropriate medication.

When dental hygienists are able to administer, prescribe, dispense, or compound a drug, clients will be able to have more complete direct access to oral health services. Even in the traditional dental practice, it will mean that the client does not have to wait for the
dentist to administer local anesthesia or to write a prescription or dispense a drug. The result is a seamless provision of service that is client-centered.

25. How would the proposed change affect other health professions? The public?

Clients would be able to direct access to dental hygienists for oral care. This would potentially reduce the load on other health care providers. Clients would be afforded access to care, choice of clinician, with no need for double appointments when there is a need for medications that are within the dental hygiene scope of practice.

26. Are members of your profession in favour of the proposed changes?

Our members have driven this initiative. We engage our members in discussions twice a year in more than 21 districts in the province. They are all interested in providing the best possible care to their clients in all settings within their scope of practice. Our members recognize that they do not have to perform the authorized act if their particular practice environment does not require it. They also see many opportunities for optimal client care that are unfulfilled because dental hygienists do not have these authorized acts.

PRESCRIBING: DRUG REGULATIONS UNDER PROFESSIONAL ACTS

27. Please describe challenges faced by members of the profession as a result of listing specific drugs in regulation schedules made under the profession-specific act.

The current legislative and regulatory regime is too cumbersome and time-consuming to enable regulation change in a timely manner. The advances in drug research and development, and indeed technology, are far more rapid than the legislative process can contemplate. It is simply not in the public interest to provide a list of drugs in regulation that can be administered by a profession. If past experience in obtaining change to regulations is any indicator, it is not likely that even listing categories of drugs with any specificity is at all useful.

28. If classes of drugs, rather than a list of specific drugs, were included in the proposed regulations, please describe how this would impact the members of the profession and the college. What, if any, additional education and training, competency review, or updates to clinical guidelines or standards of practice would be required?

ODHA would support only broad categories of drugs being provided in regulation. College would be expected to provide and update the practice guidelines and standards as practice evolves and it is well positioned to keep abreast of the changing needs of the profession and its practice.

29. If classes of drugs, rather than a list of specific drugs were included in the regulation, what conditions should be attached, if any, to the classes?

Since dental hygienists have to practice within their scope of practice, it would be somewhat redundant to qualify the classes of drugs authorized to the profession. Outlining a broad purpose as something other than the scope of practice statement “the
assessment of teeth and adjacent tissue and treatment by preventive and therapeutic means and the provision of restorative and orthodontic procedures and services” is potentially very limiting. The College has a responsibility to provide its registrants with guidance on circumstances, in which they can administer, prescribe, dispense, or compound a drug and registrants clearly have an obligation to adhere to the College’s guidelines.

30. If classes of drugs, rather than a list of specific drugs were included in the regulation, how would you classify the drugs for your profession? Are there circumstances where a drug class would not be appropriate in a regulation schedule for the profession? Are there situations where a combination of class and list of specific drugs would better respond to the competencies of the profession?

Our comments for question 29 indicate our strong belief that the College is able, and has demonstrated its ability, to regulate the profession in the public interest and it is not necessary to list drugs or categories of drugs in regulation.

That having been said, if broad categories are deemed by HPRAC to be necessary then ODHA would suggest the list of categories include, but not necessarily be limited to, the following:

- Anti-infectives including antibiotics, antifungals and antivirals
- Anti-inflammatories
- Anti-allergics including antihistaminics
- Sedative hypnotics
- Analgesics
- Anesthetics
- Salivary stimulants
- Emergency drugs
- Fluoride
- Smoking cessation aids

31. If applicable, please describe in general your profession’s experience with requests for changes to drug regulations, including specifics of the requests made, regulation changes that followed, if possible the time required for changes to regulations, and what, if any, proposed changes were, or were not, approved by government.

Our profession has no experience with changing drug regulations.

COLLABORATION

32. Do members of your profession practice in a collaborative or team environment where a change in drug regulations or legislation would contribute to multidisciplinary health care delivery? How would relations between professionals working in a team be impacted?

The majority of our members practice in a team environment.

In a dental practice examples of activities that would benefit the client and team include:

- administering local anesthesia means the client would not have to wait for the dentist to be available
- administering nitrous oxide means a nurse, physician, respiratory therapist or dentist would not have to be present
administering, prescribing, dispensing, or compounding a drug means the dental hygienist would be able to follow-through on the care plan and complete in-office treatment and home care.

In mobile and independent practices, the proposed change will enhance collaboration with other oral health care providers as well as nurses, physicians, and pharmacists particularly in long term care homes.

What additional standards would be required (e.g., record-keeping, referral protocols)?
Please describe any consultation process, agreements, or other arrangements that have occurred with other professions.

Dental hygienists have well established standards for record keeping. The College and ODHA are currently working with the Royal College of Dental Surgeons of Ontario and the Ontario Dental Association to produce information for our two professions in the area of recordkeeping.

OTHER JURISDICTIONS

33. Describe any obligations or agreements on trade and mobility that may be affected by the proposed changes for the profession. What are your plans to address any trade/mobility issues?

As this is a regulatory issue, the College is able to provide a more fulsome response to this question.

34. What is the experience in other Canadian jurisdictions? What is the experience in international jurisdictions?

The Alberta regulatory college has recently implemented an on-line refresher program that must be completed in order for dental hygienists in Alberta to receive a prescriber number. The American Dental Hygienists’ Association is proposing that advanced dental hygiene practitioners be able to prescribe pharmacologic agents.

COSTS AND BENEFITS

35. What are the potential costs and benefits to the public and the profession of the proposed changes?

The proposed changes will enable dental hygienists to provide more comprehensive oral health care to their clients and may reduce duplication of services.

Dental hygienists in independent practice provide the public with:

- access (dental hygiene is portable and can go to the client, independent practices are opening in rural and remote areas),
- choice of oral health care provider (clients may choose to access a dental hygienist independent of their dentist of record), and
affordability (since dental hygiene generally has a smaller overhead, on average the dental hygiene fee guide is 30% less than the dental fee guide and dental hygienists may choose to offer their services at a competitive rate)

The proposed changes have the potential to impact on wait-times by reducing the requirement for physician and emergency room visits for mouth pain. On the other hand, it is also possible that dental hygienists will see clients who would not normally access the health care system and who might require referrals to other health care providers including oral pathologists, physicians, oncologists, and dentists.

Educational institutions may see the proposed changes as opportunities to provide upgrading and/or refresher programs for dental hygienists, perhaps in collaboration with current programs in other disciplines.

The proposed changes will likely require continued collaboration among the affected regulatory colleges to enable understanding and implementation of the proposed changes.

The profession will be able to fulfill its potential in the health care system in Ontario.

ADDITIONAL INFORMATION

36. Is there any other relevant information that HPRAC should consider when reviewing your submission?

ODHA looks forward to meeting with HPRAC in their follow-up consultation.