

# Regulation of Dental Assistants: A Jurisdictional Review

Health Professions Regulatory  
Advisory Council (HPRAC)



**Ontario**

Health Professions Regulatory  
Advisory Council

Conseil consultatif de  
réglementation des professions  
de la santé

# Regulation of Dental Assistants: A Jurisdictional Review

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## Objective

The objective of this jurisdictional review is to provide evidence-informed observations on the regulation of dental assistants in Canadian provinces, selected U.S. states, Australia, the U.K., South Africa, and other international jurisdictions (where information was readily available, see Appendix D). Information on eight topics was gathered:

1. Current status of the profession
2. Relevant Legislation, Regulations, or By-laws
3. Scope of Practice
4. Controlled Acts/Restricted Acts
5. Radiography
6. Entry to Practice Requirements
7. Practice Settings

## Context

In June 2007 the then Minister of Health and Long-Term Care at the time, George Smitherman, asked Health Professions Regulatory Advisory Council (HPRAC) to advise on the following:

- Should dental assistants be regulated under the *Regulated Health Professions Act, 1991*?
- If the profession were to be regulated under the *RHPA*, what would be the appropriate scope of practice, controlled acts and titles authorized to the profession?

In considering this question, the Minister asked HPRAC to take into consideration the activities currently being undertaken by practitioners with respect to x-rays and other forms of energy and the circumstances in which these activities were being done. On March 26, 2010, the Minister of Health and Long-Term Care, Deb Matthews, asked that HPRAC's advice on dental assistants be submitted by December 31, 2013.<sup>1</sup>

## Search Methodology

HPRAC accessed online databases in 19 jurisdictions, including 10 Canadian provinces, six selected jurisdictions in the U.S., as well as the U.K., Australia and South Africa. HPRAC chose to review the following six American states: Alabama, California, New York, Michigan, Minnesota and Virginia. These states were chosen based on geographical characteristics, maturity of the regulatory regime and demographic characteristics. To compare and contrast against jurisdictions where dental assistants are regulated, HPRAC selected two jurisdictions where dental assistant regulation does not occur (Alabama and Virginia).<sup>2</sup> Data was verified for accuracy with representatives from each jurisdiction. Though not included in the report, preliminary research was also conducted for 11 additional jurisdictions (see Appendix D).

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<sup>1</sup> Minister's referral letter can be found at: <http://www.hprac.org/en/resourcesGeneral/hprac-ministersletter.matthews.march26.10.MOLtrMarch2620101.pdf>

<sup>2</sup> Regulation of dental assistants is expected to begin in March, 2011 (Virginia Board of Dentistry, 2011).

The websites for each jurisdiction’s regulatory body and professional association were also examined for supporting documentation. Where adequate information was not available online, key informant interviews were held by telephone with representatives of regulatory bodies and government. Email correspondence served to gather further documentation. Based on the questions posed by the Minister of Health and Long-Term Care, key themes were identified and defined (see Table 1).

Table 1: Research Theme

Category	Description
Current Status of the Profession	Is the profession statutorily regulated? In the absence of regulation, how is the public protected? This category also includes information on complaints, discipline, professional misconduct, code of ethics, and title protection, where available. Where regulation exists, is the model one of autonomous self-regulation, self-administration or direct government direction? (Conference Board of Canada [CBOC], 2007)
Relevant Legislation, Regulations, or By-laws	A combination of laws, regulations, and by-laws that support the regulatory model. An organizational entity is typically assigned the authority to regulate using these tools.
Scope of Practice	“Scope of Practice” refers to a description of the acts and services a profession is legally authorized to offer or perform. It “identifies what a profession does and how it does it. It is the range of activities that a qualified practitioner may practice. (CBOC, 2007)
Controlled Acts/Restricted Acts	In jurisdictions that employ a controlled acts scheme, the performance of certain acts is limited to a group of regulated professionals. In some jurisdictions, the acts which the profession cannot perform are outlined in a statute, regulation, or by-law. For the purposes of this review, these are referred to as “restricted acts”.
Radiography	This category includes information on the performance of dental radiography by dental assistants.
Entry to Practice Requirements	This category includes information on the registration requirements to be met in order to be licensed or registered as a dental assistant.
Practice Settings	This category provides additional information with respect to the settings in which dental assistants work.

## Summary of Key Findings

Overall, significant variations exist in the regulatory models employed and the profession’s scope of practice. Consistent results were gathered regarding entry to practice requirements, authority to perform radiography, and practice setting. Dental assistants tend to either be regulated under the auspices of

dentists' and dental surgeons' regulatory bodies, in the profession's regulations and regulatory by-laws, or in an interprofessional model that includes dental assistants on executive board/council and statutory committees. The presence of national certification processes help to identify common skills and competency across jurisdictions. Dental assistants may function in one of two levels of skills and competencies. The scope of practice for the more advanced level 2 encompasses intra- and extra-oral procedures, while level 1 performs primarily extra-oral duties. All level 2 dental assistants may expose, process and mount radiographs. Level 2 certification typically requires college-level education and successful completion of a national or jurisdiction-specific certification process. A majority of dental assistants work for dentists or dental surgeons, but may work for dental hygienists, denturists, dental therapists or prosthetists in certain jurisdictions.

## Current Status of the Profession

- Some degree of statutory regulation of dental assistants exists in all but a few jurisdictions. Where statutory regulation is absent, dental assistants are regulated through supervision by their employer.
- Self-regulation of dental assistants exists in a minority of jurisdictions (e.g., Saskatchewan, Alberta). Interprofessional regulatory bodies (e.g., General Dental Council, U.K.) are more common. Regulation also occurs under the auspices of the regulatory body for dentists, through internal by-laws and regulations (Prince Edward Island, Newfoundland). For the most part, dental assistants do not play a role in governance of these bodies.
- Most jurisdictions (e.g., Nova Scotia), only regulate intra-oral (level 2) dental assistants and explicitly restrict other persons from performing intra-oral dental assisting.
- Classes of registration most likely to be employed include:
  - level 1 (chair-side);
  - level 2 (intra-oral) / general;
  - restricted / provisional / temporary membership;
  - non-practising / honorary membership; and,
  - student.
- Where dental assistants are not regulated, public protection measures may include:
  - labour standards;
  - occupational health and safety legislation;
  - the employer's liability insurance;
  - certification opportunities through an examination board; and,
  - on-going professional development as a condition of membership in a professional association.
- "Dental assistant" or a title similar thereto (e.g., "certified dental assistant", "registered dental assistant" or "licensed dental assistant") is statutorily protected in most jurisdictions.
- *Labour Mobility*: Canadian provinces that regulate dental assistants have agreed to acknowledge professional credentials through a mutual recognition agreement (MRA), supported by a national examination body (National Dental Assisting Examination Board) and an accrediting commission (Commission on Dental Accreditation of Canada).
- Where regulated, dental assistants are usually subject to entry to practice requirements and complaints and disciplinary processes.

## Scope of Practice and Authorized Acts

- Most jurisdictions recognize two levels of dental assistant. Competencies differ in that level 1 is limited to extra-oral duties, prohibited from performing intra-oral procedures like polishing, whitening, applying anti-cariogenic agents or sealants.
- Some jurisdictions (e.g., Nova Scotia) explicitly prohibit all dental assistants from performing procedures deemed to pose significant risk to the public, including diagnosing disease, prescribing prostheses (dentures, bridges) or medications, scaling, or periodontal or orthodontic fittings.
- Some jurisdictions (e.g., Alberta), authorize nationally certified (level 2) dental assistants to perform higher risk procedures (i.e., procedures below the dermis for the purpose of scaling), subject to additional training and education. Many jurisdictions (e.g., New Brunswick) authorize level 2 dental assistants who have gained additional certification to perform periodontal and orthodontic procedures under the direct supervision of a registered / licensed dentist.
- In most jurisdictions, both levels of dental assistants are required to work under the supervision of a registered / licensed dentist or dental surgeon. Some jurisdictions also allow dental hygienists, dental therapists, prosthetists and denturists to employ dental assistants.
- Though “supervision” remains undefined in most jurisdictions’ statutes and regulations, some jurisdictions (e.g. Michigan, Virginia, Minnesota) required lesser and greater levels of supervision (i.e., “general”, “indirect”, “direct” and “personal” levels of supervision), depending on the level of risk of the procedure. Other jurisdictions (e.g. Nova Scotia) define “supervision” as requiring the employing dentist to be physically present on the premises while the dental assistants engage in their work.
- Where “direction” is required of dental assistants’ duties, the employing dentist, dental hygienist or denturist must be on-site and able to assist (Dental Assistant Profession Regulation [DAPR], Alberta, 2005).

## Radiography

- In Canada, level 2 certification (intra-oral dental assistant) prepares dental assistants to safely expose process and mount radiographs (Canadian Dental Assistant Association [CDAA], 2007).
- Alberta uses slightly more permissive language by authorizing its regulated members to apply “any form of ionizing radiation in medical radiography” under the direction of a registered dentist, dental hygienist or denturist (DAPR, 2005).
- Some jurisdictions (British Columbia, California) require level 1 dental assistants to successfully complete additional training in Dental Radiography and/or successfully complete an examination by the regulator.

## Entry to Practice Requirements

- Level 1 (chair-side) dental assistants are not normally required to obtain formal training to gain employment. Training is usually provided on the job.
- In all jurisdictions reviewed, level 2 dental assistant candidates must obtain a high school diploma (or equivalent), a diploma in dental assisting (college level) and successfully complete an examination administered by either a national (e.g. National Dental Assisting Examination Board [NDAEB] in Canada) or state level examiner. Those who have completed their training at a non-accredited educational institution may be required to attain additional training by the regulator prior to gain full registration (e.g. New Brunswick) and submit to a clinical practice evaluation.

## Practice Settings

- Dental assistants are primarily employed in the offices of licensed / registered dentists and dental surgeons.
- A minority of jurisdictions (e.g. Alberta, Ontario, Australia, Minnesota) permit other dental professionals (e.g. denturists, dental hygienists, prosthetists) to employ dental assistants.



## Description of Findings<sup>3</sup>

### Current Status of the Profession

With few exceptions (Alberta, Saskatchewan), dental assistants are not permitted to fully self-regulate as a profession. For the most part, dental assistants are either regulated under the auspices of regulators of dentists and dental surgeons or share regulatory responsibilities in a shared model involving other dental professions, mainly dentists, dental surgeons and dental hygienists. Dental assistants typically work in a dentist's or dental surgeon's practice, though some may be employed by other dental professions (i.e. denturists, dental hygienists, dental therapists, or prosthetists). Dental assisting includes two primary levels of qualification, each with differing capabilities and competencies. Higher level dental assistants (level 2) must normally obtain a college-level diploma and successfully complete a national or jurisdiction-specific certification process. Though formal training is not typically required, level 1 dental assistants may, in some jurisdictions, perform higher risk procedures after successfully completing additional training, under direct supervision by the employing dental professional. Table 2 (below) highlights where dental assistants are regulated, the name of the regulator and outlines whether a professional title is protected under statute.

Table 2: Overview of Regulation and Regulatory Bodies

Jurisdiction	Regulated	Body	Total Registrants/ licensees (Year)	Title Protection
Ontario	No	N/A	8,300***	No
PEI	Yes	Dental Association of PEI		No
Nova Scotia	Yes	Provincial Dental Board of Nova Scotia	826 (2011)	Yes
New Brunswick	Yes	New Brunswick Dental Society	472 (2011)****	No
Newfoundland and Labrador	Yes	Newfoundland and Labrador Dental Board	738 (2010)	No
Quebec	No	N/A	n/a	No
Manitoba	Yes	Manitoba Dental Association	1,150 (2011)	Yes
Saskatchewan	Yes	Saskatchewan Dental Assistants Association	1,143 (2011)	Yes
Alberta	Yes	Alberta College of Dental Assistants	4,999 (2009-2010)	Yes
British Columbia	Yes	College of Dental Surgeons of British Columbia	6,698 (2009-2010)	Yes
Alabama	No	Board of Dental Examiners of Alabama*	n/a	No
California	Yes	Dental Board of California	n/a	Yes
New York	Yes	New York State Board for Dentistry	1,064 (2011)	Yes
Michigan	Yes	Michigan Board of Dentistry	1,400 (2011)	Yes
Minnesota	Yes	Minnesota Board of Dentistry	7,000 (2011)	No
Virginia	No	Virginia Board of Dentistry**	n/a	No

<sup>3</sup> For detailed information regarding each jurisdiction, see *Information by Jurisdiction*.

Jurisdiction	Regulated	Body	Total Registrants/ licensees (Year)	Title Protection
Australia	No	N/A	n/a	No
South Africa	Yes	Professional Board for Dental Therapy and Oral Hygiene	n/a	Yes
U.K.	Yes	General Dental Council	46,112	Yes

\* Dental assistants are not regulated, although under section 34-9-43(5) of the Code of Alabama, the Board of Dental Examiners of Alabama approves dental assisting courses of study (Board of Dental Examiners of Alabama, personal communication, January 4, 2011).

\*\* On March 3, 2011, Level II dental assistants will be regulated in Virginia (Virginia Board of Dentistry, personal communication, January 25, 2011).

\*\*\* As an unregulated group, the Ontario Dental Assistants Association estimates 8,300 persons practiced as dental assistants in 2010.

\*\*\*\*Level 2.

## Title Protection

Statutory language protecting the title of “dental assistant” or a variant thereof (“certified dental assistant”, “registered dental assistant”, “licensed dental assistant”) was found in 10 jurisdictions, while 9 jurisdictions provide no title protection. No evidence was gathered to indicate title-related fraud was or has been a problem for regulators.

## Current Methods of Regulation

Our jurisdictional review suggests that there is no uniform or standard model of regulation among dental assistants. Health professional regulation can be viewed as a regulatory continuum of complete autonomous self regulation at one end, self administration in the middle, and direct government control at the other end (see Figure 1). In jurisdictions we reviewed, all three models of regulation exist. A large majority of regulators in this review tend to fall into the *self-administration* category due to their reliance on government approval for changes to regulations or regulatory by-laws (as opposed to internal operational by-laws). However, regulatory bodies in this category are financially self-sustaining and trusted to independently perform its statutory functions (e.g. registration, quality assurance, investigations and discipline). Of the reviewed jurisdictions, only the General Dental Council (U.K.) and the New Brunswick Dental Society resemble the *autonomous self-regulation* model. None of the reviewed jurisdictions were found to resemble the *direct government regulation* model.

Figure 1: Government involvement in health professions regulation



Source: Conference Board of Canada, 2008

Since *autonomous self-regulation* is not the model of choice in most jurisdictions, but dental assistants are regulated nonetheless, a second level of analysis is needed to further distinguish between regulatory models. Based on the model introduced in Figure 3, jurisdictions we reviewed can be situated along a continuum to compare the degree of involvement of other dental professions in the regulation of dental assistants.

Figure 3: Degree of involvement of dental assistants in the regulation of their profession



At one end of the spectrum, dental assistants have almost no role in governance of their profession. In this model, dental assistants are not invited to sit on boards or governing councils and are not normally included in committee work. At the other end of the spectrum, dental assistants play a central role in regulating the profession, including (but not limited to): direct involvement in the development and alteration of regulations/by-laws and participation on committees. In this model, no other health profession is included in regulatory decision-making. Between these extremes, dental assistants may share regulatory decision-making authority with other health professions (i.e. dentists, dental surgeons and dental hygienists). Dental assistants may sit on some or all internal committees, including the governing council/board (see Table 3 below).

Table 3 – Degree of Involvement of Dental Assistants in the Regulation of their Profession

Jurisdiction	Limited involvement by dental assistants	Interprofessional regulation of dental assistants	Self-regulation by dental assistants
Ontario*	n/a	n/a	n/a
PEI	•		
Nova Scotia		•	
New Brunswick	•		
Newfoundland and Labrador	•		
Quebec	•		
Manitoba		•	
Saskatchewan			•
Alberta			•
British Columbia		•	
Alabama*	n/a	n/a	n/a
California	•		
New York	•		
Michigan		•	
Minnesota		•	
Virginia	•**		
Australia*	n/a	n/a	n/a
South Africa		•	
U.K.		•	

\* Where dental assistants are not regulated, this table is not applicable.

\*\* As of March 3, 2011, dental assistants will be required to register in Virginia under the Dental Board of Virginia

The table above illustrates an equal distribution between regulatory models where dental assistants are not permitted to sit on governing councils/boards or statutory committees, and those where dental assistants share regulatory duties with other dental professions at the executive level, and sit on taskforces, working groups and some statutory committees (i.e. entry to practice, quality assurance, discipline). Alberta and Saskatchewan remain the only jurisdictions where dental assistants chair all committees and executive boards without a requirement to include other health professions.<sup>4</sup>

### Relevant Legislation, Regulations, or By-laws

No clear pattern was discernable as to the preferred legal mechanism to regulate level 2 dental assistants. Where regulation exists, a combination of statute, regulations, administrative rules and regulatory by-laws are employed. The process to approve or ratify these regulatory tools also differs greatly, and may depend upon the degree of government involvement in the approvals process. In Canada and the U.K., level 2 dental assistants are regulated under statute, while regulations are used to provide detailed parameters relating to specific areas of practice and professional conduct. Jurisdictions in the U.S. typically provide

<sup>4</sup> In both jurisdictions, publicly appointed council members also sit on the respective governing boards, as well as a representative from the Canadian Dental Assistants' Association.

enabling language in the state Code or an Act, followed by more detailed practice parameters located in Administrative Rules.

### *Mutual Recognition Agreements in Canada*

## Scope of Practice

Although variations in the scope of practice of dental assistants were not found to be sizable across jurisdictions, scopes of practice seem to be defined in widest terms where dental assistants self-regulate (Alberta, Saskatchewan) or function without formal regulation (Alabama, Australia). Since dental assistants primarily function under the direction of another dental professional, the totality of their tasks and duties may not be captured in statute.<sup>5</sup> This is particularly true for level 1 (chair-side) dental assistants, since training and education are provided on the job.

### *Level 1 Dental Assisting*

Upon review of the selected jurisdictions, little information was found relating to the scope of practice of level 1 dental assistants.

Ontario, Manitoba and New Brunswick are among the few jurisdictions that explicitly list the extra-oral duties as well as some intra-oral procedures (see *bolded and italicized* text in Table 4 below) in the scope of practice. Common procedures/tasks in the scope of practice of level 1 dental assistants include:

- Chair-side assisting;
- Patient education on oral health;
- Preparation of workspace, including trays;
- Equipment maintenance;
- Suctioning;
- Recording patient data;
- Exposing radiographs;
- Applying and removing rubber dams; and
- Holding curing light.

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<sup>5</sup> Key informant interviews will be used to gather information relating to the additional duties performed by individual dental assistants within the context of their practice setting.

Table 4: Scopes of Practice of Level 1 Dental Assistant in Three Jurisdictions

Ontario (Ontario Dental Assistant Association, 2011)	Manitoba (Manitoba Dental Association, n.d.)	New Brunswick (NB Dental Society, By-law 17)
Handing instruments to the dentist or hygienist; and, Other extra-oral duties as required by the dentist	Chair-side assisting	All the extra-oral duties, tasks and functions prescribed by a dentist including reception and chair-side assisting
Patient and community education on oral health (extra-oral)	Counsel, instruct and demonstrate for the maintenance or improvement or oral health	Giving of oral health instructions
Preparation of the working area	Preparation of trays; Prepare and manipulation of dental materials; Custom trays – (fabricate); and, Beaching trays - (fabricate)	
Sterilization of instruments	Maintain and care for dental equipment	
Recording data on patient's record or chart	Taking and recording of vital signs, and recording of oral histories	
Suctioning the oral cavity		Use of a high volume suction tube
Holding curing light		Holding of lights for the polymerization of photo sensitive resins
Preparation of filling materials		
Performance of simple laboratory procedures		
Placement and removal of articulating paper for occlusal adjustment		
Supporting the impression tray in the mouth		
Holding a surgical flap that has been prepared and reflected by a dentist		
	Fabrication of occlusal rims	
	Minor repairs to dentures	
	Office management functions	
	Processing and mounting of radiographs	
	Fabrication of study models	
	Application of universal precautions;	
	<i>Expose radiograph</i>	<i>Placement and exposure of dental x-rays after successful completion of a Board-approved course of study in dental radiology</i>
	<i>Apply and remove rubber dams</i>	<i>Assisting of a dentist or dental hygienist in the placement or removal of a rubber dam</i>
		Application of dental plaque disclosing solutions
		Application of anti-cariogenic agents

It is possible that many other procedures are being performed by level 1 dental assistants under direct supervision of their employing dental professional.

Though most jurisdictions do not directly address the scope of practice of level 1 dental assistants, Nova Scotia explicitly prohibits performance of any intra-oral duties by non-registered (i.e. level 1) dental assistants. Prior to 2000, the Royal College of Dental Surgeons of Ontario permitted the registration of *Preventive Dental Assistants*. Their scope of practice includes the following:

- Chair-side Dental Assisting (Level I)
- Mechanical polishing of the coronal portion of the teeth (not including any instrumentation)
- Placement and removal of rubber dam
- Taking preliminary impression of teeth for study models
- Topical application of anti-cariogenic agents; and,
- Oral hygiene instruction with an intra-oral component.

### *Level 2 Dental Assisting*

In contrast to level 1 dental assistants, all jurisdictions provide a scope of practice for level 2 dental assistants which tends to include level 1 duties and intra-oral procedures. The Dental Assisting National Board (2010) (see Appendix B) and the Canadian Dental Assistants Association (2010) (see Appendix C) each provide a list of skills and competencies that comprise the scope of practice of dental assisting.<sup>6</sup> The goal of this section is to identify trends in relation to the skills and competencies of level 2 dental assistants. Table 5 illustrates which skills are included in the scopes of practice of the 19 jurisdictions under review.

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<sup>6</sup> The DANB identified 70 skills and competencies. The CDAA identified 38 skills and competencies.

Table 5: Level 2 Dental Assistant Skills and Competencies by Jurisdiction

Skill / Competency	Canada											US					Other		
	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	AL	CA*	NY	MI*	MN*	VA*	AU	SA	UK
					PDA**	L.2													
1. Chairside	•	•	•	•	•	•	•	•	•	•	•	•	8	•	•	•	•	•	•
2. Radiography	•	•	•	•	•	•		•	•	•	•	1	•	1	•	1	•	•	16
3. Preliminary Impressions	•	•	•	•	•	•		•	•	•	•	13	•	13	•	•			16
4. Rubber Dam	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•			•
5. Treatment Liners	•	•	•	•		5		•	•	•	•	15			1				
6. Matrices & Wedges	•	•	•	•		5		•	•	•	•	•	•	1	•	•			
7. Selective Rubber Cup Polishing	•	•	•	•	•	•	•	•	•	•						•			
8. Oral Hygiene Instruction	•	•	•	•	•	•	•	•	•	•	•		•			•	•	•	•
9. Dietary Counselling	•	•	•	•	•	•	•	•	•	•									
10. Fluoride Application	•	•	•	•	•	•	•	•	•	•	•	•			•	•			8
11. Fabricate & Insert Bleaching Trays	6	•	•	•		8		•	•	•						•			16
12. Pit & Fissure Sealants	•	•	•	•		•	•	•	•	•				•	•	•			
13. Topical Anaesthetic	•	•	•	•		•		•	•	•	•	•		•		•			16
14. Desensitizing Agents	•	•	•	•		•		•	•	•	•	•	•	1		•			
15. Suture Removal	•	•	•	•				•	•		•	•	•	•	•	•			16
16. Take & Record Vital Signs	•	•	•	•				•	•		•		•			•			
17. Acid Etch Prepared Cavities	•	•	•	8				•						•		•			
18. Pulp Vitality Testing	•	•	1											1		•			
19. Polish Amalgams		3	1			•		•	4			17				14			
20. Retraction Cord Placement		•	1									11		•		•			
21. Remove Retraction Cord	•	•	•									11		•		•			
22. Fabricate, Cement & Remove Provisional Crowns	7	•	1								9	18	1	•		•			
23. Temporary Restoration		•	1								•			•	•				
24. Take & Record Gingival Plaque Indices	•	•	•	•															•

Numbers in Table 5 refer to notes on p. 17



Skill / Competency	Canada											US					International		
	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	AL	CA*	NY	MI*	MN*	VA*	AU	SA	UK
					PDA**	L.2													
25. Applying anti-microbial Agents	•	•	•	•									•	•					
26. Remove Periodontal Dressings	•	•	•								•	•	•	•	•	•			
27. Face Bow Transfer	•	•					1					•							
28. Ortho Module	1	1	1	1			1		1	1	10	1	•	•	8	•			•
29. Place & Finish Amalgam Restorations			1											1	1	•			
30. Restorative Implant Assisting Tech. Module		1	1																
31. Level 'C' CPR	•	4	•	•											•				
32. Periodontal Screening & Recording (PSR)		•																	
33. Fabricate Mouthguards	•	•	•	•	•			2	•										•
34. Fabricate Occlusal Rims	•	•	•	1	•			2	•										•
35. Recall Consultations with Dentists	•	•	•	•													•		
36. Public Health Screening	1	•	•	•															
37. Assessing and Reporting Oral Health Status	•	•	•	•							•		•		•				•
38. Preventative (Scaling) Module		1		1			1												
39. Place and remove alveolar socket dressing											•								
40. Oxygenating Agents (excluding endodontic therapy)											•								
41. Apply anti-inflammatory agents.											•								

Numbers in Table 5 refer to notes on p. 17

Skill / Competency	Canada											US					International		
	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	AL	CA*	NY	MI*	MN*	VA*	AU	SA	UK
					PDA**	L.2													
42. Monitor/Assist in the administering of nitrous oxide and oxygen											•	•	1	1	•	1			
43. Administering of nitrous oxide and oxygen															1				
44. Insert into the mouth of the patient wax models of dentures, partial dentures or any other structures and make adjustments outside the mouth of the patient to such wax models											10								
45. Monitor patient sedation/anaesthesia												12			•	1	1		•
46. Perform intraoral and extraoral photography.												•				•	•		•
47. Place patient monitoring sensors.												•							
48. Polishing specific teeth with a slow-speed rotary hand piece														•		15			
49. Drying canals with paper points														•	•	•			
50. Initiate and place intravenous infusion line in preparation for intravenous medications and sedation.															1				
51. Perform mechanical polishing to clinical crowns not including instrumentation.															14				

Numbers in Table 5 refer to notes on p. 17

Skill / Competency	Canada											US					International			
	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	AL	CA*	NY	MI*	MN*	VA*	AU	SA	UK	
					PDA**	L.2														
52. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only														•	•	•				
53. Place cotton pellets and temporary restorative materials into endodontic access openings															•					
54. Place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges															•					
55. Placing and shaping composite resin restorations																•				
56. Apply and cure primer and bonding agents										•						•				
57. Apply bleach/whitener, bleach with light but not laser and instruct patient on bleaching procedures														•		•				
58. Instruct patients in placement and removal of retainers and appliances after dentist has fitted and made adjustments in the mouth																•				
59. Making, trim and polish plaster and stone models of the mouth and teeth from impressions taken by a dental clinician;																	•			
60. Shade Taking																				•
61. Tracing cephalographs																				•

Numbers in Table 5 refer to notes on p. 17

Skill / Competency	Canada											US					International			
	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	AL	CA*	NY	MI*	MN*	VA*	AU	SA	UK	
					PDA**	L.2														
62. Constructing vacuum formed retainers to the prescription of a dentist																				•
63. Application of anticariogenics after oral prophylaxis, when ordered by a licensed dentist														•						
64. Etching and placing adhesives prior to placement of orthodontic brackets														1						
65. Perform oral health assessments in school-based, community health project settings												17								
66. Size and fit endodontic master points and accessory points												19								

**Notes:**

- 1- Completion of module or training required.
- 2- Only extra-oral procedure.
- 3- Using rubber tips & cups; no shaping or finishing.
- 4- Recommended but not mandatory for licensure.
- 5- Level 2 Certified Dental Assistants (CDAs) in Ontario are trained in this skill but are not permitted to perform it.
- 6- Licensed CDAs may only fabricate bleaching trays.
- 7- CDAs with a minimum of one year full-time chair-side experience may fabricate single unit provisional restorations, including try-in, adjusting occlusion outside the mouth, temporary cementation, removal of provisional cement, and removing provisional restorations. Prosth module required for additional duties.
- 8- With dentist supervision when initiated in the office.
- 9- Construct and place temporary crowns (excluding stainless steel crowns placed with intentions of reasonable permanency.); Contour stainless steel or chrome crowns but cannot cement them
- 10- Pursuant to written or verbal instructions or directions from the dentist; provided, however, (1) that the dental hygienist or dental assistant shall not use these wax models of dentures, partial dentures or any other structure to register the jaw relationships or occlusal relationships of the patient; and (2) that before such wax models may be used for the

manufacture of dentures, partial dentures or other structures the dentist shall personally consult with the patient, examine such wax models, and make such additional adjustments as may be required.

11- Under supervision of a dental hygienist working in alternative practice.

12- Supervising licensed dentist must be chair-side.

13- Also permitted to take final impressions for indirect restorations (California- also for tooth-borne removable prosthesis).

14- Removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing.

15- Polish coronal portion of teeth with rotary hand piece and rubber prophylaxis cup or brush.

16- On the prescription of a Dentist.

17 – May only be performed by Registered Dental Assistant in Extended Functions (RDAEF). May be performed under direct supervision of a Registered Dental Hygienist (RDH) or RDH in Alternative Practice

18 - May only be performed by Registered Dental Assistant in Extended Functions (RDAEF). Specifically, RDAEFs may cement endodontic master points and accessory points.

19 - May only be performed by Registered Dental Assistant in Extended Functions (RDAEF).

\* Varying levels of supervision (e.g. “general”, “direct”, “personal”, “indirect”) are mandated by this state, according to the risk posed by a task.

\*\* Preventive Dental Assistants were listed with the Royal College of Dental Surgeons of Ontario prior to 2000.

Table 5 (above) reveals the skills and competencies that tend to be included in the scope of practice of a large majority of jurisdictions (at least 15 of 19):

- chair-side / extra-oral care;
- operate x-ray equipment and perform dental radiologic procedures;
- taking impressions for study casts or diagnostic casts; for space maintainers, orthodontic appliances, and occlusal guards;
- placing and removing rubber dams;
- placing and removing matrices and wedges;
- oral hygiene instruction;
- fluoride application;
- topical anaesthetic;
- suture removal;
- desensitizing agents; and
- orthodontic module

The above list may serve as a baseline for skills and competencies reviewed jurisdictions expect of their level 2 dental assistants. However, certain skills and competencies tend to be included in jurisdictions of similar geography. For example, *Selective Rubber Cup Polishing, Dietary Counselling, Fabricate and Insert Bleaching Trays* are regularly included in the scope of practice of Canadian provinces, but are not mentioned in the scopes of practice of non-Canadian jurisdictions.

Likewise, U.S. jurisdictions acknowledge skills and competencies that are not included in Canadian scopes of practice. For example, *monitoring / assisting in the administration of nitrous oxide and oxygen* is listed in the scopes of practice of all reviewed U.S. states, but is not captured in Canadian provincial scopes of practice. Minnesota, in particular, goes further by authorizing dental assistants to *administer* nitrous oxide / oxygen, under supervision of a dentist or dental surgeon (Minnesota Rule 3100.8500, subp. 1). This is not to say the task is not being regularly performed by dental assistants in Canada. It is, rather, not recognized by regulatory bodies as a component of the scope of practice of Canadian level 2 dental assistants.

This speaks to an overarching theme of high variability in scopes of practice between jurisdictions. For example, Table 5 illustrates more than a dozen examples of skills and procedures that are included in the scope of practice in only one jurisdiction.<sup>7</sup> That is to say, some jurisdictions are alone in their inclusion of a particular skill or competency in their defined scope of practice. This may be due to the wide range of duties asked of dental assistants, depending on the practice specialty of their employing dental professional. Given that dental assistants work under the supervision of other dental professions, there is evidence to support a concern that jurisdictions' statutory framework and language may be inadequate to fully reflect the scope of practice of dental assistants.

### *Supervision and Autonomy*

Some jurisdictions (e.g. Minnesota) permit supervision that varies according to the risk posed by the performance of a particular procedure. For the most part, jurisdictions require the supervising professional to be physically on the premises, and available to intervene (i.e. general supervision).

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<sup>7</sup> Examples of procedures include *tracing cephalographs* in the United Kingdom, *placing and shaping composite resin restorations* in Virginia, and *placing patient monitoring sensors* in California.

Regulatory by-laws in British Columbia differentiates activities that may be undertaken by dental assistants under delegation (to be performed autonomously) from those that are authorized to be performed under direct supervision by a qualified health professional. In both instances, the employing health professional is ultimately responsible for activities performed by the dental assistant (By-laws of the College of Dental Surgeons of British Columbia, n.d.).

Likely due to their higher associated risk, examples of procedures most likely to require additional supervision and training include the following:

- cutting of body tissue or to perform surgical or other invasive procedures on body tissue in or below the surface of teeth, for the purpose of performing dental probing, including periodontal screening and recording;
- fitting of a fixed or removable partial or complete denture for the purpose of determining the preliminary fit of the device; and,
- fitting of a periodontal appliance for the purpose of determining the preliminary fit of the device; and
- fitting of an orthodontic appliance for the purpose of determining the preliminary fit of the device. (DAPR, 2005).

### Controlled / Reserved / Restricted Acts

Of the 19 jurisdictions under review, 5 (British Columbia, Alberta, Manitoba, Ontario and Québec) employ a 'controlled', 'reserved' or 'restricted' acts model that articulates controlled or restricted acts that are authorized to dental assistants. These approaches identify certain higher risk procedures whose performance is then limited in law to specified professions. For example, in Ontario, dental assistants are not authorized to independently perform any controlled act listed in *RHPA, 1991*. Unlike several jurisdictions, they may not self-initiate the application of treatment liners because this procedure falls within a controlled act. Dental assistants are also prohibited from self-initiating the application of matrices and wedges (Ontario Dental Assistants Association [ODAA], 2011) for the same reason.

While dental assistants may obtain advanced certification in a number of procedures, some jurisdictions explicitly prohibit certain related acts. For example, Californian dental assistants may obtain certification to provide advanced assistance in orthodontic procedures, but are explicitly prohibited from self-initiating the following activities:

- (1) Diagnosis and comprehensive treatment planning;
- (2) Placing, finishing, or removing permanent restorations;
- (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue;
- (4) Prescribing medication; and,
- (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law

## *Performing Restricted Acts under Delegation*

Despite the restrictions on the performance of certain acts, dental assistants may nevertheless perform these tasks if authority has been delegated by an authorized health professional. For example, where dentists or dental hygienists are confident certain regulator-defined guidelines have been satisfied, they may delegate the authority to apply matrices and wedges to a dental assistant under their employ. In this scenario, responsibility for patient safety and quality assurance ultimately remains with the delegating health professional rather than the dental assistant.

## **Radiography**

All jurisdictions permit level 2 dental assistants to expose, process and/or mount radiographs (x-ray images), via regulation, administrative rules or regulatory by-laws, rather than in statute. Some jurisdictions require level 1 dental assistants to successfully complete additional education. In the U.S., for example, certification can be obtained through the American Registry of Radiologic Technologists or DANB Radiation Health & Safety examination processes. In Canada, certain jurisdictions (e.g. New Brunswick) permit level 1 dental assistants to “place and expose” (*New Brunswick Dental Act, 1985, By-law 17*) radiographs, assuming they provide evidence of successful completion of a Board-approved course.

A minority of jurisdictions apply additional limits on what a dental assistant may do or say in relation to a radiograph. For example, Manitoba explicitly prohibits dental assistants from identifying information in a radiograph that is significant to dental hygiene care (Manitoba Dental Association, 2010). Alberta’s *Dental Assistants Profession Regulation* uses slightly more permissive language, permitting its regulated dental assistants to “apply any form of ionizing radiation in medical radiography”. Radiography by dental assistants seems to be a task that does not require direct supervision by a dental professional, but rather through general supervision (presence of the premises).

## **Entry to Practice**

Across all 19 jurisdictions, level 1 dental assisting seems to require no formal training or education beyond a high school diploma. Skills are taught by the employing dental professional on the job. Regulator-approved training modules and courses in various fields (e.g. orthodontics, periodontal care, and radiography) are available as continuing education. Some professional associations require continuing education credits as a condition for membership renewal.

Level 2 dental assistants typically require college-level education from an accredited institution, as well as certification through national or state-level examiners. The Dental Assisting National Board provides this type of certification to U.S. dental assistant candidates. In Canada, the National Dental Assisting Examination Board provides a similar service. Where candidates have not completed their education at accredited institutions, certain jurisdictions require clinical practice examinations of candidates’ skills. Still, interest in certification seems less than widespread. As of 2005, of 266,000 dental assistants working in the U.S., only 31,000 (12%) had obtained national certification, though approximately 100,000 had obtained one or two of the three required certification components (DANB, 2005).



## Practice Setting

Dental assistants work primarily in the practices of dentists and dental surgeons. In recent years, a growing number of jurisdictions (e.g. New Brunswick, California, Alberta, British Columbia, Ontario, and Australia) moved to permit employment of dental assistants by other dental professionals, like dental therapists (Minnesota), dental hygienists (Ontario), denturists (Alberta) or prosthetists (Australia). In addition, dental assistants may be employed in public health units and community oral health clinics.

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## Appendix A: Information by Jurisdiction

### Jurisdiction

#### Ontario

### Current Status of the Profession

- Currently not regulated under the *RHPA1991*.
- Employers individually define the responsibilities and duties of each dental assistant. Certification is not mandatory to practice as a level 1 dental assistant in Ontario.
- The Ontario Dental Assistants Association (ODAA) identifies five positions fulfilled by dental assistant (ODAA, 2011):
  1. level 1 (chair-side, extra-oral);
  2. level 2 (chair-side and intra-oral);
  3. preventive dental assistants;
  4. dental receptionist / front desk administrative assistant
  5. treatment coordinator

### Relevant Legislation and Regulations (if any)

None

### Scope of Practice<sup>8</sup>

Since dental assistants are not statutorily regulated, the scope of practice is individually defined by dental assistants' employer(s). Employers determine whether dental assistants may perform some or all of these skills.

Level I (Chair-side Dental Assistant):

- Preparation of the working area
- Sterilization of instruments
- Handing instruments to the dentist or hygienist
- Suctioning the oral cavity
- Preparation of filling materials
- Performance of simple laboratory procedures
- Recording data on patient's record or chart
- Patient and community education on oral health (extra-oral)
- Other extra-oral duties as required by the dentist
- Holding curing light
- Placement and removal of articulating paper for occlusal adjustment
- Supporting the impression tray in the mouth

<sup>8</sup> The term "scope of practice" identifies the range of activities that a qualified practitioner may legally perform. A scope of practice may be established through legislation or through internal regulations adopted by a regulatory body (CBOC, 2007).



- Instruction in care and maintenance of pre-fitted appliances
- Holding a surgical flap that has been prepared and reflected by a dentist

The following outlines the skills acquired with certification by the National Dental Assisting Examination Board (NDAEB):

#### Level II (Intra-Oral Dental Assistant with NDAEB Certificate)

- Chair-side Dental Assisting (Level I)
- Mechanical polishing of the coronal portion of the teeth (not including any instrumentation)
- Placement and removal of rubber dam
- Taking 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 materials topically to prepare the surface of the teeth for pit and fissure sealants
- Application of pit and fissure sealants
- Application of desensitizing agents
- Whitening of the coronal portion of the teeth using materials generally available to the public without prescription

#### Optional Level II Duties in Ontario (with NDAEB certificate)

- Polishing restorations
- Oral irrigation

Additional dental assistant positions recognized in Ontario include:

#### PREVENTIVE DENTAL ASSISTANT DUTIES (PDA)

(Listed with RCDSO prior to January 1, 2000)

- Chair-side Dental Assisting (Level I)
- Mechanical polishing of the coronal portion of the teeth (not including any instrumentation)
- Placement and removal of rubber dam
- Taking 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 managing 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 policy 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-advise" and mail-in referrals
- Educates patients in practice policies such as finance and appointment as evidence by patients complying with policies.

### Controlled Acts/Restricted Acts

The ODAA indicates that dental assistants may not perform the following because they are controlled acts:

- the application of treatment liners (no pulpal involvement)
- the application of matrices and wedges (ODAA)

### Radiography

According to the ODAA web site, Level II (intra-oral dental assistants with NDAEB certification) can perform dental radiography (according to the Canadian Dental Assistants' Association web site, Level II dental assistants expose, process and mount dental radiographs for use in dental treatment (Canadian Dental Assistants' Association, n.d.).

## Entry to Practice Requirements

- employers define the educational requirements of dental assistants
- Two levels of certification are available to dental assistant candidates, each requiring a different type of certification
- Level 1 dental assistant certification is available through the ODAA. In addition to successful completion of the required courses and training (see below), level 1 candidates must pass a certification examination (ODAA 2011):

Dental Related Meetings / Conferences	Credits
ODAA Affiliate Education Meetings (min. 2hrs)	3
Dental Conference / Convention (per day to a maximum of 10)	5

Courses: (Dental, Health, Office Administration)	Credits
In-Office Dental, Health or Business Related Seminar (less than 2 hrs)	1
Lunch and Learn	1
Internet Courses (maximum 3 per year)	1
Workplace Hazardous Materials Information System (WHMIS)	1
Education Course 2-5 hours, including CPR and First Aid Courses	3
Education Course 6-8 hours or 1 full day	5
Education Course 2 full days or more	10
Secondary School / College / University / Technical Credit Course	12

Individual Study Programs	Credits
ODAA Home Study Course	5
Written Report on Health/Dental Video (1 per year)	3
ODAA Journal Post Test / Survey	2

Volunteer Work within ODAA and/or Dentistry	Credits
Volunteer work	1-10

- To maintain level 1 certification, ODAA requires its members must earn 15 credits per year. Credit-earning activities include: attending workshops, seminars, lunch and learns, conferences, continuing education or home study courses, attending affiliate meetings and conferences, performing

- community service, etc.
- Level II dental assistant candidates must fulfill all National Dental Assisting Examining Board (NDAEB) exam requirements. To be eligible for the NDAEB certificate, dental assistants must have successfully completed the national examination as well as formal education in the following mandatory skills (NDAEB, 2011):
    - Chair-side dental assisting
    - Expose dental radiographs
    - Oral hygiene instruction
    - Dietary counseling relative to oral health
    - Selective coronal polishing
    - Applies and removes dental dam
    - Takes preliminary impressions
    - Applies treatment liner
    - Applies and removes matrix and wedge
    - Applies fluoride
    - Applies pit and fissure sealant
    - Applies desensitizing agents
    - Applies topical anaesthetic
    - Performs tooth whitening using trays
  - Ontario dental assisting educational programs are offered at both Community Colleges and Private Career Colleges and are generally 10 months in length.
  - Admission requirements may vary from college to college but generally applicants must have the Ontario Secondary School Diploma with Grade 12 English, Biology and Chemistry.
  - There are approximately 574 hours of academics and 172 hours of pre-clinical and clinical practice. Generally, students complete an 80-hour placement as part of the curriculum.

## Practice Settings

In 2007, the *Dental Hygiene Act, 1991* was amended to permit dental hygienists to perform certain duties (scaling teeth and root planning, including curetting surrounding tissue) without a dentist present. Therefore, in Ontario, dental assistants may work at dental hygiene clinics as well as in a dentist's office.

## Jurisdiction

Prince Edward Island

## Current Status of the Profession

Dental assistants in Prince Edward Island are regulated under the *Dental Profession Act, R.S.P.E.I. 1988*, Section 2(7) of the Act provides that the Dental Association of Prince Edward Island is the governing body of the dental profession. The Association may pass by-laws providing for the establishment, development, registration and control of any ancillary dental bodies which may be created by the Association.

By-law 10 of the Dental Association of PEI regulates registered dental assistants.

## Relevant Legislation, Regulations and By-laws

*Dental Profession Act, 1988* and By-law 10 under the Act (PEI Dental Association, personal communication, October 12, 2010).

## Scope of Practice

Section 2 of the by-law provides that registered dental assistant may perform all of the functions of the practice of dentistry for which the person has completed the required course of study approved by the Council except for various acts that are listed below under the category "Restricted Acts".

## Restricted Acts

Dental assistants may not perform the following acts outlined in s. 2(a-g) of the by-law:

2(a): diagnosis or treatment planning for the prevention, alleviation or correction of any disease, pain, deficiency, deformity, defect, lesion, disorder or physical condition of, in or from any human tooth, jaw or associated structure or tissue

2(b) prescribing or advising the use of any prosthetic denture, bridge or any other oral prosthetic appliance;

2(c) providing facilities for; or the taking or making of, any impression, bite, case, or design preparatory to, or for the purpose of, or with a view to the making, producing, reproducing, construction, fitting, furnishing, supplying, altering, or repairing of any such prosthetic denture, bridge, or other oral prosthetic appliance;

2(d): severing or cutting hard or soft tissue;

2(e): prescribing or administering drugs;

2(f): scaling, finishing or adjusting of final restorations; and

2(g): scaling or removal of calcareous deposits on the teeth.

## Radiography

According to the Dental Council of PEI, dental assistants in the province may take both intra-oral and extra oral x-rays (Dental Council of P.E.I., personal communication, Jan 4, 2011).

## Entry to Practice Requirements

- Section 7(a-e) of the by-law provides that any person who satisfies the Board that they are of good moral character, furnishes evidence that they have pursued and completed a course of study for certified dental assistants approved by the Council, passes an examination prescribed by Council and applies to the Council in the prescribed form, in addition to paying a \$15 fee, shall be entitled to receive from the Council a license to perform the duties of a registered dental assistant.

## Practice Settings

Section 4 of By-law 10 under the *Dental Profession Act, 1988* states the following:

“Subject to the provisions of By-Law 5, a person entitled to perform the duties of a registered dental assistant may so perform in the employ of and under the direct control and supervision of a dentist duly registered and licensed under the *Dental Act*. “

Section 5(a) of By-law 10 under the *Dental Profession Act, 1988* provides that dental assistants may work in provincial or municipal authorities or institutions or in a school board or hospital authority with the written permission of the Council. Section 5(d) of By-law 10 provides that dental assistants who work in these settings must be directly supervised and controlled by a dentist registered and licensed under the *Dental Act*.

The Dental Council of PEI advised HPRAC that although the by-laws do not provide specific information on this point, dental assistants may work for orthodontists (Dental Council of P.E.I., personal communication, Jan 4, 2011).

## Jurisdiction

Nova Scotia

## Current Status of the Profession

The Provincial Dental Board, established by the *Dental Act*, 1992, is responsible for the licensing of dental assistants. Both dentists and dental assistants are represented on the Board.

**General:** Section 45(1) of the *Dental Act*, 1992, provides that the Board may make regulations regarding qualifications for registration of Dental Assistants, prescribing the standards of ethics, conduct, competence and proficiency to be maintained by dental assistants. Section 6(3) of the Dental Assistants Regulations provides that a licensed dentist shall be responsible for all aspects of care given by a licensed dental assistant employed or working under supervision of a licensed dentist and the licensed dentist shall be held accountable for the quality and delivery of that care.

**Complaints and Discipline:** Section 5(1) of the Discipline Regulations provides that any person may file a complaint in writing with the Registrar concerning a dentist, dental hygienist, or dental assistant.

Section 14 of the Dental Assistants Regulations (N.S. Reg. 92/94) provides that the Discipline Regulation under the *Dental Act* applies to dental assistants.

There are four offences under the Discipline Regulations. They include unprofessional conduct, infamous conduct, breach of advertising standards, and a breach of the Code of Ethics.

**Professional Misconduct:** Section 1A(i) under the Dental Assistants Regulations lists the activities which may constitute unprofessional conduct by a dental assistant.

**Titles:** Section 4 of the Dental Assistants Regulations sets out the titles to be used by dental assistants as follows. "A dental assistant registered under the Act may use the designation dental assistant, licensed dental assistant or registered dental assistant."

## Relevant Legislation, Regulations and By-laws

*DA*, 1992, c. 3; Dental Assistants Regulations, N.S. Reg. 92/94; Discipline Regulations, N.S. Reg. 3/2002.

## Scope of Practice and Authorized Acts

According to s. 5(1) of the Dental Assistants Regulations, a licensed dental assistant may perform the following intra-oral duties:

- (a) placing and removing a rubber dam;
- (b) taking an impression;
- (c) exposing dental radiographs;
- (d) preparing a simple bite registration;
- (e) applying any of the following:

- (i) anticariogenic agents;
- (ii) treatment liners where there is no pulpal involvement;
- (iii) matrices and wedges;
- (iv) pit and fissure sealants;
- (v) disclosing agents;
- (vi) topical aesthetic; and
- (vii) desensitizing agents.

- (f) coronal whitening using non-prescription materials;
- (g) reversible dental procedures not listed in clauses (a) through (f) at the direction of the dentist;
- (h) oral health and hygiene instruction;
- (i) subject to Section 10, rubber cap polishing of the coronal surfaces of the teeth;<sup>9</sup>
- (j) dietary counselling related to dentistry; and,
- (k) any duties that the Board prescribes.

S. 6(3) of the Regulation provides that a licensed dentist shall be responsible for all aspects of care given by a licensed dental assistant employed or working under the supervision of a licensed dentist and the licensed dentist shall be held accountable for the quality and delivery of that care.

### Restricted Acts

Section 5(2) of N.S. Reg. 92/94 provides that nothing in s. 5(1) should be construed to authorize a licensed dental assistant to undertake or a licensed dentist to delegate any of the following:

- (a) diagnosis or treatment planning;
- (b) severing or cutting hard or soft tissue;
- (c) prescribing or administering drugs;
- (d) prescribing or designing any intra-oral appliance or prosthesis;
- (e) placement, condensing or carving any restorative material;
- (f) placement or removal of bonded orthodontic appliances or cementation or removal of orthodontic bands or brackets, or the activation of orthodontic archwires;
- (g) the use of any rotary or mechanical device in the oral cavity except as permitted in subsection (1)(i); and
- (h) scaling of hard or soft deposits on teeth.

Further, s. 5(3) of the Regulation prohibits non-registered persons employed in dental offices from performing any intra-oral duties.

### Radiography

As noted above, section 5(1)(c) of N.S. Reg. 92/94 provides that a licensed dental assistant may expose dental radiographs.

<sup>9</sup> Section 10 of N.S. Reg. 92/94 provides that a licensed dental assistant shall not perform rubber cup polishing of the coronal surfaces of the teeth of any patient without first satisfying the Registrar that he or she has completed a training program on the subject approved by the Board.



## Entry to Practice Requirements

- Section 8(1) of N.S. Reg. 92/94 provides that a person who has completed an accredited dental assistants' program and who holds the National Dental Assisting Examination Board certificate is eligible to be registered in the Dental Assistants' Register.
- Section 8(4) of N.S. Reg. 92/04 provides that a person who has graduated from a non-accredited dental assistants' program is required to hold the National Dental Assisting Examination Board Certificate and, in addition, may be required to pass a clinical examination, complete an upgrade program or both, in order to be eligible to be registered in the Dental Assistants' Register.

## Practice Settings

As noted above, s. 6(3) of the Dental Assistants Regulations (N.S. Reg. 92/94) provides that a licensed dentist is responsible for all aspects of care given by a licensed dental assistant working under the supervision of the dentist.

## Jurisdiction

New Brunswick

## Current Status of the Profession

Dental assistants are regulated under the authority of the *New Brunswick Dental Act, 1985* (New Brunswick Legislative Assembly, personal communication, November 5, 2010).

The New Brunswick Dental Society is the governing body of dental professions in the province. Section 4(5) of the *New Brunswick Dental Act, 1985*, provides that a dental assistant nominated by the New Brunswick Dental Assistants Association is appointed to the Society's Board of Directors. Section 5(1) allows the Board to make by-laws i) governing and regulating admission and (ii) establishing one or more categories of membership. Section 5(1)(o)(ii) of the provides that the Board may make by-laws prescribing, governing and regulating dental assistants and the duties, tasks, services and functions that may be performed by dental assistants and the conditions under which they may be performed.

## Relevant Legislation, Regulations and By-laws

*New Brunswick Dental Act, 1985* and By-law 17<sup>10</sup> under the Act.

(In 1996, the *New Brunswick Dental Act, 1985*, was amended by legislation which received Royal Assent on December 19, 1996 (1996, c. 82). These amendments, which are not included in the paper copy of the 1985 legislation, deal with the sexual abuse of patients).

## Scope of Practice and Authorized Acts

According to s. 3(1) of By-law 17, a chair-side assistant shall be permitted to perform the following in a dentist's office:

- all the extra-oral duties, tasks and functions prescribed by a dentist including reception and chair-side assisting;
- the use of a high volume suction tube;
- the holding of lights for the polymerization of photo sensitive resins;
- the assisting of a dentist or dental hygienist in the placement or removal of a rubber dam;
- the placement and exposure of dental X-rays after successful completion of a Board-approved course of study in dental radiology;
- the application of dental plaque disclosing solutions, the giving of oral health instructions;
- the application of anti-cariogenic agents; and
- such other duties, tasks and functions as may be set out in the rules.

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<sup>10</sup> New Brunswick has revised the dental assisting by-laws and is awaiting final approval from their Board of Directors. At the time of approval, the above information will be rendered outdated, as new by-laws will come into force.

Section 3(b) of the by-law provides that a Certified Level II assistant shall be permitted to perform in a dentist's office all of the duties, tasks and functions which may be performed by a chair-side assistant and the following duties, tasks and functions which are to be performed under the DIRECT supervision of a dentist:

- a) the taking of preliminary impressions;
- b) the application and removal of a rubber dam;
- c) the placement of pit and fissure sealants, after assessment has been made for caries by a dentist. Polishing may be performed by a Certified Level II assistant.
- d) the placement and removal of matrices and wedges;
- e) polishing prior to application of anti-cariogenic agents, if and only if, assessment of oral conditions and removal of calculus has been completed by a dentist or dental hygienist.
- f) polishing of clinical crown of teeth, with rubber cup or brush, if and only if, the dentist or dental hygienist has made assessment as to presence or absence of calculus and the dentist or hygienist has removed this calculus;
- g) the application of topical anaesthetic;
- h) preparation and placement of treatment liners
- i) post operative suture removal;
- j) application of desensitizing agents;
- k) application of acid etching for restorative purposes;
- l) fabrication and insertion of bleaching trays; and,
- m) such other duties, tasks and functions as may be set out in the rules.

Section 8 of the by-law provides that dental assistants who have completed an orthodontic module approved by the Board may be permitted to perform certain intra-oral duties under the direct supervision and control of a dentist. The duties are listed on p. 25 of the by-law.

Section 9 of the by-law provides that dental assistants who have completed an approved periodontic module at an accredited institution and have the written recommendation of their employing dentist may perform certain intra-oral duties. These duties are outlined in s. 9 of the by-law.

**Complaints:** Section 36(1) of the *New Brunswick Dental Act 1985* provides that the Board will maintain a standing Complaints Committee. The Committee shall be composed of dentists and at least one person who is not a member according to s. 36(2).

**Discipline:** Section 37(1) of the *New Brunswick Dental Act 1985* provides that the Board will maintain a standing Discipline Committee. The Committee shall be composed of dentists and at least one person who is not a member according to s. 37(2).

## Restricted Acts

The *New Brunswick Dental Society Act* (s. 5(1)(o)(iv)) allows the Board to make by-laws regarding the duties, tasks, services and functions that dental assistants are prohibited from performing; however, it does not appear that the by-law contains any provisions restricting dental assistants from engaging in certain activities.

## Radiography

Section 3(a)(v) of By-law 17 provides that chair-side assistants may place and expose dental x-rays in a dentist's office after completing a Board-approved course of study in dental radiology. ["Place" is not defined in the by-law] A Certified Level II assistant can also place and expose X-rays according to s. 3(b) of the By-law.

## Entry to Practice Requirements

Chair-side assistant: no formal training.

Certified Level II assistant: a dental assistant who possesses a National Dental Assisting Examining Board Certificate (Level II)

A Certified Level II dental assistant who is currently licensed/registered in a Canadian jurisdiction other than N.B. who applies to be registered in N.B. shall satisfy the Registrar's Office of proof of 900 hours of clinical practice in the preceding three years.

## Practice Settings

By-law No. 17 provides that dental assistants work in a dentist's office.

Bill 29, passed in May 2009, established the New Brunswick College of Dental Hygienists; this legislation allows for self-initiated dental hygiene practice. Because almost all of the health professional statutes in N.B. are private Acts (with the exception of midwifery), HPRAC would have to obtain a copy of this legislation either from the New Brunswick College Dental Hygienists (<http://www.ndhcb.ca/en/authorities.php>) or the N.B. Legislative Library. In the alternative, to find out whether assistants work for hygienists, we could call the College.

## Jurisdiction

Newfoundland and Labrador

## Current Status of the Profession

Dental assistants are regulated under the authority of the *Dental Act, 2008*, the *Dental Auxiliaries' Regulations*, and the Dental Regulations under the *Dental Act, 2008*.

Section 12 of the *Dental Act, 2008*, provides that the Newfoundland and Labrador Dental Board may (with the approval of the Minister) make regulations (a) defining who is a dental auxiliary; (b) prescribing the qualifications necessary for dental auxiliaries to be registered and licensed, including conditionally licensed; (c) providing for the registration and licensing; (d) prescribing the services that may be provided; (e) establishing the standards of conduct and competence for dental auxiliaries; (f) defining professional misconduct for dental auxiliaries; (g) defining the activities which constitute a conflict of interest and prohibiting the engagement of a dental auxiliary in those activities; and (h) concerning other matters with respect to dental auxiliaries that the board considers necessary.

Professional misconduct is dealt with in s. 22 of the Dental Auxiliaries Regulations. S. 24 of the Regulations provides that dental auxiliaries shall be subject inquiry and disciplinary hearings provisions as outlined in section 16 of the Dental Regulations.

## Relevant Legislation, Regulations and By-laws

*Dental Act, 2008*, S.N.L. 2008, c. D-6.1  
Dental Auxiliaries Regulations, C.N.L.R. 1013/96  
Dental Regulations, C.N.L.R. 1103/96.

## Scope of Practice and Authorized Acts

Section 21(1) of the Dental Auxiliaries' Regulations provides that Level I dental assistants and dental assistants without formal training may provide the services that are listed below. These services are outlined in the Canadian Dental Association Level I Dental Assisting Competency Profile. Section 21(2) provides that the services must be provided under the direct supervision of a practitioner licensed under the Act.

- (a) provide dental health education to patients;
- (b) assist with patient care procedures;
- (c) assist with laboratory procedures;
- (d) assist with practice management procedures; and
- (e) assist with clinical support procedures including
  - (i) suctioning of the oral cavity;
  - (ii) passing of instruments;
  - (iii) mixing of dental materials;
  - (iv) development of exposed X-ray film; and
  - (v) pouring of study models and casts in dental stone.

A Level II dental assistant may provide the services listed above; in addition, s. 21(3) of the Regulations

provides that they may perform the following services under the direct supervision of a practitioner licensed under the Act:

- (a) carry out the exposure, processing and mounting of dental radiographs;
- (b) take preliminary impressions for study casts;
- (c) provide dental nutritional counselling;
- (d) provide topical application of anticariogenic agents;
- (e) take and record vital signs;
- (f) apply desensitizing agents;
- (g) application and removal of rubber dams;
- (h) application and removal of matrices and wedges;
- (i) selective rubber cap polishing;
- (j) oral hygiene instruction;
- (k) application of treatment lines, excluding pupal involvement; and
- (l) in relation to orthodontic module, where a Level II dental assistant has successfully completed the appropriate training as required under section 7; [of the Regulation]
  - i) preparation of tooth surface for placement of orthodontic bands;
  - ii) place and remove separators;
  - iii) fit orthodontic bands before cementation;
  - iv) remove orthodontic attachments;
  - v) cement orthodontic bands;
  - vi) remove excess cement with hand instruments;
  - vii) positioning and exposing of extra-oral films;
  - viii) tying in of archwires fitted by orthodontist;
  - ix) removal of orthodontic archwires; and
  - x) adaptation and removal of orthodontic ligatures.

## Restricted Acts

There do not appear to be any restrictions in the legislation. The *Dental Act, 2008*, does not include a regulation-making power in this regard, although the board may make regulations “concerning other matters with respect to dental auxiliaries that the board considers necessary” (*Dental Act, 2008*, s. 12(h)).

## Radiography

Section 21(3)(a) of the *Dental Auxiliaries Regulations* provides that a dental assistant who is registered and licensed by the Board may carry out the exposure, processing and mounting of dental radiographs.

## Entry to Practice Requirements

The requirements to be fulfilled by Level II dental assistants are outlined in section 7(1) of the *Dental Auxiliaries' Regulations*. The Dental Board requires that an applicant applying for registration and licensure as a dental assistant shall either i) show proof of graduation from a Level II full-time dental assistants program or show proof of graduation from a non-accredited Level II dental assistants' training program which is i) fully recognized by the board and ii) provides necessary training in intra-oral duties set out in s. 21(3) of the regulation. In addition, applicants from a non-accredited program must comply with other

requirements that the Board considers appropriate.

## Practice Settings

The Dental Auxiliaries Regulations (referred to above) provides that dental assistants must work under the supervision of a dentist. In June 2010, the College of Dental Hygienists of Newfoundland and Labrador was established by statute (*An Act Respecting Certain Health Professions*). It is clear that dental hygienists may not employ dental assistants in Newfoundland and Labrador.

## Jurisdiction

Québec

## Current Status of the Profession

Québec has a reserved activity model which is similar to the controlled acts system; the scheme allows reserved activities to be assigned to more than one profession (CBOC, 2007).

According to the Vice-President of the Association des Assistant(e)s Dentaires du Québec (AADQ) (personal communication, Dec. 7, 2010), dental assistants are not regulated in the province.

## Relevant Legislation, Regulations and By-laws

The Office des Professions is the regulatory body for professions in the province. In the early 2000s the AADQ approached the Office des Professions and asked to be regulated as a separate professional order. This request was refused on the basis that the Professions Council did not wish to see the establishment of a new College.

On May 5, 2010, the Association des Assistant(e)s Dentaires du Québec met with the Office des Professions to discuss alternative ways of regulating the profession. The means by which this could be achieved would be the drafting of a delegation policy document governing delegation by dentists to both dental hygienists as well as to dental assistants.

## Scope of Practice and Authorized Acts (or Professional Activities in which Assistants are Involved)

The Association des Assistant(e)s Dentaires du Québec has asked for recognition of fourteen acts that dental assistants normally perform. These acts are as follows:

- a) taking impressions;
- b) polishing teeth;
- c) taking of radiographs;
- d) topical application of fluoride treatment;
- e) sealing of pits and fissures in teeth enamel;
- f) topical application of a desensitizing substance;
- g) installation and removal of a dental dam (digue);
- h) placement of moulds (matrices) and wedges;
- i) acid etching;
- j) removal of retraction cord;
- k) positioning and removing wires and orthodontic

Further, these Acts would be performed under the following conditions:

- a) the dental assistant holds a dental assisting diploma from an institution that is accredited by the Ministry of Education, Leisure and Sport;
- b) the dental assistant is supervised at all times by a dentist who is responsible for all acts



- delegated; further, the dentist must be on site while the delegated acts are being performed; and
- c) the dental assistant must act under a verbal or written order (Association des Assistant(e)s Dentaires du Québec, personal communication, Jan. 10, 2011).

### Restricted Acts

None at present, since as noted earlier, the profession is not regulated in the province.

### Radiography

The Association des Assistant(e)s Dentaires du Québec advised HPRAC that radiography is one of the acts which dental assistants normally perform (AADQ, personal communication, Jan. 10, 2011).

### Entry to Practice Requirements

Currently, according to the AADQ, there is no legal regulation of the educational background of dental assistants. However, the website of the AADQ ([www.aadq.ca](http://www.aadq.ca)) recommends a course accredited by the Ministry of Education as opposed to courses that may be offered by other dental professionals.

### Practice Settings

It appears that dental assistants work in dentists' offices and not in dental hygienists' offices since according to the AADQ, hygienists do not have the autonomy that their peers in Ontario do.

## Jurisdiction

### Manitoba

## Current Status of the Profession

Dental Assistants are regulated by Board of the Manitoba Dental Association. The Association has both regulatory and advocacy functions with respect to the dental profession, although its activities in relation to dental assisting are mainly regulatory (Regulatory Reform Initiative, Government of Manitoba, personal communication, February 2, 2011). The government does not have an oversight role with respect to the making of by-laws by the Dental Association, since the dentistry profession is not yet under the *RHPA* umbrella. Section 6(2) of the *Dental Association Act* provides that at least one member of the Board must be a dental assistant.

General: Section 9(2)(a.1) and (b) of the *Dental Association Act* provides that Board of the Manitoba Dental Association may make by-laws regarding i) the establishment of different classes of membership, the qualifications for membership, and the rights and privileges that attach to each class; ii) fees to be paid by dental assistants; and iii) the professional liability protection that a dental assistant must purchase. In addition, s. 9(2)(l) provides that the Board may make by-laws with respect to the professional liability protection that a dental assistant must purchase.

The Manitoba Dental Association has enacted the following by-laws in relation to dental assistants which may be accessed on their Internet site: i) General By-law A-06 (registration); By-law A-07 (provisional registration); B-06 (registration and certification fees); C-07 (continuing education); D-07 (Professional liability insurance) C-07 (regarding an election of a dental assistant to serve on the Manitoba Dental Association Board); and E-07 (nomination papers).

Complaints/Discipline: Section 9(1)(a) of the *Dental Association Act* provides that the Board may exercise disciplinary jurisdiction over dental assistants. Section 9(1)(f) provides that the Board may suspend the licence, certificate of registration or permit of a dental assistant who does not pay the registration fee. Section 24.2(1) provides that any person may make a complaint in writing to the Registrar about the conduct of a dental assistant. If a complaint against a dental assistant is referred to the complaints committee, the committee must consist of dental assistants and public representatives, according to s. 24.3(3) of the *Dental Association Act*. Further, according to s. 24.4(1) of the Act, the complaints committee may direct that an investigation be made into the conduct of a dental assistant. The complaints committee may appoint a person to conduct the investigation as well as engage legal counsel and employ other expert assistance.

Title Protection: Section 15.2 (3) of the *Dental Association Act* provides as follows: "A dental assistant may use the title "Registered Dental Assistant". Section 34 of the *Dental Association Act* states: "Any person who wilfully or falsely pretends to be a dentist, dental assistant or dental corporation, or assumes any dental title, addition or description other than the person actually possesses and is legally entitled to, is guilty of an offence".

## Relevant Legislation, Regulations and By-laws

*Dental Association Act*, C.C.S.M. c. D30.<sup>11</sup>

By-laws of the Manitoba Dental Association with respect to dental assisting.

Scope of Practice Grid (Manitoba Dental Association, personal communication, Feb. 10, 2011).

## Scope of Practice and Authorized Acts

General: Section 2(5) of the *Dental Association Act* provides that a dentist is responsible for the work of a dental assistant done under the dentist's supervision.

S. 9(2) of the *Dental Association Act* provides that the Board may make by-laws providing for the rights, privileges, restrictions and conditions attaching to each class of membership in the Board. The by-laws (described above) do not describe the scope of practice for dental assistants. However, the Board of the Manitoba Dental Association has developed a policy document regarding the scope of practice.

According to the Manitoba Dental Association Scope of Practice, Level I dental assistants may engage in the following extra-oral (or chair-side) duties:

- bleaching trays (fabricate)
- chair-side assisting
- counsel, instruct and demonstrate for the maintenance or improvement of oral health;
- custom trays – (fabricate)
- maintain and care for dental equipment
- prepare and manipulation of dental materials
- minor repairs to dentures
- recording of oral histories
- fabrication of mouthguards
- fabrication of occlusal rims
- office management functions
- processing and mounting of radiographs
- fabrication of study models
- preparation of trays
- application of universal precautions
- taking and recording of vital signs

Level II dental assistants may perform all of the above. In addition, they may engage in the following:

- plan dental hygiene care in consultation with a dentist
- provide diet and nutritional counselling as it relates to oral health

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<sup>11</sup> Although they have not been repealed, the *Dental Health Workers Act*, C.C.S.M. c. D31 and Man. Reg. 448/99R under that Act are no longer operative.

## Intra Oral Procedures

Level 1 dental assistants may perform the following:

- expose radiographs; and
- apply and remove rubber dams.

Level II dental assistants may perform the following:

- aiding in assessing a patient's oral health status and report observations to the dentist
- apply anticariogenic agents
- insert bleaching trays
- selective extrinsic dental stain/plaque deposit removal
- preliminary and process impressions
- orthodontic procedures formally taught in the Orthodontic module
- apply pit and fissure sealants
- place and remove wedges and matrices
- place cavity liners, bases, and adhesives
- expose radiographs
- apply and remove radiographs
- scaling - subgingival on healthy gingiva<sup>12</sup>
- remove sutures
- apply topical anaesthetics
- apply topical desensitizing agents

## **Restricted Activities**

It does not appear that any of the by-laws restricts the activities of dental assistants. However, the Scope of Practice for Dental Assistants (policy document of the Manitoba Dental Association) indicates that dental assistants are not permitted to identify information in a radiograph that is significant to dental hygiene care (see below).

## **Radiography**

According to the Manitoba Dental Association Scope of Practice for dental assistants, dental assistants may process and mount radiographs, although they are not permitted to identify information in a radiograph that is significant to dental hygiene care (Manitoba Dental Association, personal communication, Feb. 11, 2011).

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<sup>12</sup> In order to do this, dental assistants must take a scaling module approved by the Manitoba Dental Association. The components of the Preventive Dentistry Scaling Module Scope of Practice are outlined in a document forwarded to HPRAC by the Manitoba Dental Association.

## Entry to Practice Requirements

Section 15.2(1) of the *Dental Association Act* provides that an individual who meets the qualifications for registration as a dental assistant in the by-laws is entitled to be registered on the dental assistants register and to have particulars of his or her qualifications entered into the register if he or she a) completes application form and submits it to the Registrar; ii) provides evidence of his or her qualifications that is satisfactory to the Registrar; and c) pays the fee required by the by-laws.

By-law A-06 of the Manitoba Dental Association provides that in order to be registered as a dental assistant, an applicant must provide evidence satisfactory to the Registrar that they have the following qualifications:

- successful completion of an accredited dental assistant program. There are two variations on this requirement:
  - the applicant graduated before December 31, 2006 [in this case, the program was accredited by the Commission on Dental Accreditation of Canada or the Commission on Dental Accreditation of the American Dental Association]; or
  - the applicant graduated after January 1, 2007 from an accredited dental assistant program and possesses the National Dental Assistant Examining Board certificate; or
  - the applicant graduated from a non-accredited dental assistant program, possess the NDAEB certificate and has passed the Clinical Practical Examination.

## Practice Settings

The types of practice settings available to dental assistants include:

- solo dental practices (practices with only one dentist)
- group practices (practices with two or more dentists)
- specialty practices, such as oral and maxillofacial surgery (removal of teeth and correction of facial deformities), orthodontics and dentofacial orthopedics (straightening teeth with braces or other appliances), endodontics (root canal treatment), periodontics (treatment of gum problems), prosthodontics (replacement of lost teeth) and pediatric dentistry (treatment of children)
- public health dentistry, including settings such as schools and clinics which focus on the prevention of dental problems within entire communities
- hospital dental clinics, assisting dentists in the treatment of bedridden patients; and
- dental school clinics, assisting dental students as they learn to perform dental procedures (Manitoba Dental Association, n.d.)

## Jurisdiction

Saskatchewan

## Current Status of the Profession

Dental assistants are regulated by the Saskatchewan Dental Assistants Association, a body that is created by statute.

The *Dental Disciplines Act* regulates various dental professions including the profession of dental assistant. The Act is the statutory basis of the Saskatchewan Dental Assistants Association. S. 8(1) of the Act provides that the business of an association is managed by its Council. Lieutenant Governor in Council appoints the public members of the Council under s. 9(1) of the Act.

Code of Ethics/Complaints/Discipline/QA: S. 15(2)(d) of the Act allows the Council to make regulatory by-laws providing a Code of Ethics. S. 15(2)(e) allows by-laws regarding the manner and method of practice for members, including the supervision or direction of staff. S. 15(2)(f) allows by-laws to be made with respect to the review, investigation and disposition of complaints as well as their mediation. 15(2)(j) allows by-laws with respect to the assessment of the competency of members. S. 15(2)(n) is the basis for by-laws with respect to conflict of interest. S. 15(2)(q) enables by-laws with respect to professional liability insurance.

Appendix I to the SDAA by-laws is a Code of Ethics.

**Title Protection:** S. 22(4) of the Act protects the use of the title “dental assistant” or any word, title, designation or otherwise that would imply that the person is a member of the Saskatchewan Dental Assistants Association.

**Complaints:** S. 15(2)(f) of the *Dental Disciplines Act* provides that regulatory by-laws may be made prescribing procedures for the review, investigation and disposition of complaints by the professional conduct committee as well as with respect to hearings by the discipline committee with respect to complaints matters.

## Relevant Legislation, Regulations and By-laws

*Dental Disciplines Act*, S.S. 1997, c. D-4.1.

Regulatory By-laws of the Saskatchewan Dental Assistants’ Association.

## Scope of Practice and Authorized Acts

Section 23(4) of the *Dental Disciplines Act* provides that a dental assistant is authorized, subject to the terms, conditions, and limitations of the person’s license, to assist and to perform the intraoral assisting services that include:

- (a) the introduction and manipulation of dental materials and devices in the mouth;
- (b) orthodontic and restorative procedures consistent with an approved education program in dental assisting; and

- (c) the exposure, processing and mounting of dental radiographs in accordance with the *Radiation Health and Safety Act, 1985*.

### Restricted Activities

S. 24(1)(a) of the *Dental Disciplines Act* provides that no person shall perform an authorized practice (or authorized act) unless they are a member of an association whose members are authorized to do so. In addition, an authorized practice may not be performed if the person's license prevents the member from doing so. In the alternative, they may perform the authorized practice if delegated to do so in accordance with the association's by-laws, according to s. 24(1)(b).

### Radiography

Section 23(4)(c) of the *Dental Disciplines Act* provides that a dental assistant is authorized to expose, process and mount dental radiographs in accordance with the *Radiation Health and Safety Act, 1985*.

### Entry to Practice Requirements

S. 15(2) of the *Dental Disciplines Act* provides that subject to the Act, regulatory by-laws may be made by each Council with respect to qualifications, standards, and competency tests for registration as well as licensing.

Section 1 of the by-laws deals with eligibility for registration. There are four categories of membership: i) full practicing; ii) restricted practising; iii) non –practising; and iv) honorary life.

### Practice Settings

Dental Assistants may work for a dentist or for an employer, defined in s. 25(1) of the *Dental Disciplines Act* as the Government of Saskatchewan, the Government of Canada, a regional health authority, an association, a municipality, an Indian band, the operator of a personal care home, a board of education, or a university.

## Jurisdiction

Alberta

## Current Status of the Profession

Dental assistants are regulated by the College of Alberta Dental Assistants, a body that is created by statute.

Dental assistants are regulated under the *Health Professions Act, 2000*. The College of Alberta Dental Assistants (CADA) is the regulatory body that sets the requirements for registration. CADA also has responsibility for the development, monitoring and evaluation of professional standards. This includes such areas as practice requirements, discipline, continuing competence and quality assurance (CADA, 2010).

The *Dental Assistants Profession Regulation, AR 252/2005*, Section 2, establishes three categories of dental assistants as follows: general, provisional, and courtesy. Applicants for registration in the general category must comply with the requirements outlined in section 3 of the regulation.

**Complaints:** S. 54(1) of the *Health Professions Act, 2000*, allows complaints regarding a member of a regulated health profession.

**Code of Ethics:** S. 133(1) of the *Health Professions Act, 2000*, provides that a Council may, in accordance with the procedures set out in the by-laws, develop and propose the adoption of a code of ethics and standards of practice for a regulated profession and may develop and propose amendments to an adopted code of ethics or standards of practice. The College of Alberta Dental Assistants has adopted the CDAA Code of Ethics and included edits to meet the regulatory needs of the College of Alberta Dental Assistants (CADA, n.d.).

**Quality Assurance:** Section 15 of the Regulation deals with continuing competence.

**Title:** Section 30 of the *Dental Assistants Profession Regulation, AR 252/2005*, under the *Health Professions Act* provides that subject to certain conditions, a regulated member on the general register may use the following title and abbreviation: establishes the following title for a General Registrant and Provisional Registrant:

- (i) registered dental assistant;
- (ii) R.D.A.;

a regulated member on the provisional register may use the following title and abbreviation:

- (i) dental assistant;
- (ii) D.A.

## Relevant Legislation, Regulations and By-laws

*Health Professions Act*, R.S.A. 2000, c. H-7.

Dental Assistants Profession Regulation, Alberta Regulation 252/2005



## Scope of Practice and Authorized Acts

Section 12 (1) of the *Dental Assistants Profession Regulation* provides that regulated members may perform the following restricted activities under the direction of a dentist, dental hygienist or denturist:

- (a) the application of any form of ionizing radiation in medical radiography;
- (b) the cutting a body tissue or to perform surgical or other invasive procedures on body tissue in or below the surface of teeth, for the purpose of performing dental probing, including periodontal screening and recording;
- (c) the fitting of a fixed or removable partial or complete denture for the purpose of determining the preliminary fit of the device;
- (d) the fitting of a periodontal appliance for the purpose of determining the preliminary fit of the device; and
- (e) the fitting of an orthodontic appliance for the purpose of determining the preliminary fit of the device.”

S. 12(2) of the Regulation provides that subject to subsection (3), a registered member who has advanced training approved by the Council may perform the restricted activity of cutting body tissue or performing surgical or other invasive procedures on body tissue or below the surface of teeth for the purpose of scaling teeth under the direction of a dentist or dental hygienist authorized to perform that restricted activity.

S. 12(3) specifies additional conditions that must be fulfilled in order for a dental assistant to perform the restricted activity of cutting body tissue or performing surgical or other invasive procedures on body tissue or below the surface of the teeth for the purpose of teeth scaling.

S. 13 of the Regulation provides that regulated members must ensure that they are competent to perform restricted activities. They must ensure that the activities are appropriate given their area of practice.

## Restricted Activities

There are no prohibitions on dental assistants engaging in any activities in either the Act or the regulation.

## Radiography

Section 12 (1) (a) of the *Dental Assistants Profession Regulation* provides that regulated members may apply any form of ionizing radiation in medical radiography.

## Entry to Practice Requirements

Section 3 of the Dental Assistants Profession Regulation provides that an applicant for registration as a regulated member on the general register must

- (a) have completed a one-year program of studies in dental assisting approved by the Council,
- (b) have successfully passed a written examination in dental assisting approved by the Council, and
- (c) meet at least one of the following:

- (i) within the 3 years immediately preceding the date the Registrar receives the complete application, have met the requirements set out in clause (a);
- (ii) within the 3 years immediately preceding the date the Registrar receives the complete application, have successfully completed refresher education or experiential upgrading approved by the Council;
- (iii) within the 3 years immediately preceding the date the Registrar receives the complete application, have been employed as a dental assistant for 900 hours;
- (iv) demonstrate to the satisfaction of the Registrar or Registration Committee that the applicant is competent to practice as a dental assistant.

## Practice Settings

Section 12(1) Dental Assistants Profession Regulation refers to dental assistants working under the supervision of a dentist, dental hygienist or denturist who is authorized to perform or to order the performance of restricted activities.

“Most dental assistants are employed in private practice dental offices. Some are employed by community health agencies, hospital clinics, dental insurance companies, dental and denture labs and dental supply companies” (Alberta Occupational Profiles, 2010).

## Jurisdiction

British Columbia

## Current Status of the Profession

Certified Dental Assistants in BC are regulated by the College of Dental Surgeons of BC. The College is established under the provincial *Health Professions Act, 1996*, and is responsible for overseeing all regulatory issues related to the dental profession in BC (Certified Dental Assistants of British Columbia, n.d.). The Act requires each College to have a board. The board has the same function as a College Council in Ontario.

Section 7.02 of the By-laws of the College of Dental Surgeons of British Columbia set out the four classes of certified dental assistants (a) practicing certified dental assistants (b) temporary certified dental assistants (c) limited certified dental assistants; and, (d) non-practicing certified dental assistants.

Section 7.03 of the By-laws provides as follows:

“(1) The certified dental assistant certification committee is responsible for granting certification, including reinstatement of certification, to certified dental assistants under this Part.

(2) The certified dental assistant certification committee must grant certification as a certified dental assistant in a class of certified dental assistants established under section 7.02 to every person who (a) applies to the college for certification as a certified dental assistant in the applicable class, in accordance with this Part, and

(b) satisfies the certified dental assistant certification committee that the applicant meets all applicable conditions or requirements under these by-laws for certification as a certified dental assistant in the applicable class of certified dental assistants.”

Section 7.03(3) a-g of the By-laws sets out further requirements a certified dental assistant must deliver to the registrar in order to be certified.

**Discipline:** Section 32(1) of the *Health Disciplines Act* provides that a person who wishes to make a complaint against a registrant must deliver the complaint in writing to the College Registrar. Part X of the By-laws deal with discipline.

**Quality Assurance:** Section 19(1)(k.2) provides that a board may make by-laws establishing a quality assurance program, subject to the regulations of the Minister. Part IX of the by-laws deals with quality assurance.

**Ethics:** S.13.01 (1) of the By-laws provides that certified dental assistants must conduct themselves in accordance with standards of professional ethics. According to the College of Dental Surgeons of British Columbia, the purpose of not embedding ethical expectations in legislation is to facilitate amendments in light of evolving expectations and requirements (College of Dental Surgeons of British Columbia, n.d.).

**Titles:** Section 7.05 (6) of the By-laws establishes the title for a certified dental assistant: “A practising

certified dental assistant may use only the title “certified dental assistant”, or the abbreviation “CDA”.”

Section 7.07 (4) of the By-laws establishes the title for a temporary certified dental assistant: “A temporary certified dental assistant may use only the title “temporary certified dental assistant”, or the abbreviation “CDA(T)”.”

Section 7.08 (6) of the By-laws establishes the title for a limited certified dental assistant: “A limited certified dental assistant may use only the title “limited certified dental assistant”, or the abbreviation “CDA(L)”.”

Section 7.09 (3) of the By-laws establishes the title for a non-practising certified dental assistant: “A non-practising certified dental assistant may use only the title “non-practising certified dental assistant”.”

## Relevant Legislation, Regulations and By-laws

*Health Professions Act*, RSBC 1996, c 183.

By-laws of the College of Dental Surgeons of British Columbia.

## Scope of Practice and Authorized Acts

General: The by-laws separate the activities that may be undertaken by dental assistants into two categories: delegated and authorized. Activities which a dentist may delegate to a Dental Assistant may be done without dentist supervision, but authorized activities may only be done by a Dental Assistant under the supervision of a dentist. In both cases the dentist is ultimately responsible for the quality of care provided by that person (see s. 8.02(1) of the by-laws).

Section 8.05(1) of the by-laws of the College of Dental Surgeons of British Columbia describe the following services that a dentist may authorize a dental assistant to do under the supervision of a dentist:

- dispensing restorative materials into a prepared cavity;
- applying topical anaesthetic;
- placing and removing dental dams and dental dam clamps;
- supporting and removing impression materials after the dentist has placed them;
- exposing dental radiographs, if the dental assistant has completed a Dental Radiography Module.

Section 8.06(1) of the by-laws also describe the services that a dentist may delegate to a practising certified dental assistant or to a temporary certified dental assistant. Section 8.06(2) describes the services that a dentist may authorize the practising certified dental assistant to do under the supervision of a dentist.

Section 8.09 of the by-laws outline the services that a dentist may delegate to and authorize a practising certified dental assistant to do who has successfully completed an Orthodontic Module. For example, a dentist may delegate the task of instructing in the use and care of orthodontic appliances to a dental assistant who has successfully completed an orthodontic module.

Section 8.10 of the by-laws describes services that a dentist may authorize a practicing certified dental assistant to do who has completed the prosthodontic module.

Section 8.04 of the by-laws outline a time frame in which delegated or authorized services must be provided by a dental assistant. A dentist must not delegate or authorize a dental assistant to provide any service that includes a restricted activity unless the dentist ensures that the service will be provided within sixty days after the dental assistant receives instructions from the dentist. In the alternative, the service may be provided in a shorter period of time after the instructions are received. In addition, the dentist must examine the patient during the course of the appointment at which the service is provided unless the patient is returning for treatment that was previously authorized by the dentist and no further examination is required.

### Restricted Activities

The term “restricted activities” in BC legislation is equivalent to the Ontario “controlled acts”. Restricted activities are clinical activities that present a significant risk of harm and are therefore assigned by the government to specified health professions (College of Dental Surgeons of British Columbia, n.d.).

The by-laws of the College of Dental Surgeons of British Columbia do not contain any provisions regarding procedures that may not be performed under the delegation or authorization of a dentist.

### Radiography

Section 8.05 of the by-laws provides that a dentist may authorize a dental assistant to expose dental radiographs under the supervision of a dentist. A dentist may also delegate this task to a dental assistant under section 8.06(1)(c) of the by-law. Although the supervision of a dentist is not required in the case of a delegated task, the dentist remains responsible for the quality of the work performed under s. 8.02(1).

Section 8.11 of the by-laws provides that a dentist may authorize a dental assistant who has successfully completed a Dental Radiography Module to expose dental radiographs under the supervision of a dentist.

### Entry to Practice Requirements

Sections 7.05 to Section 7.09 of the By-laws of the College of Dental Surgeons of British Columbia set out the requirements for practicing in one of the four categories of certified dental assistant

### Practice Settings

As is the case in Ontario, dental hygienists may practice autonomously in B.C. (British Columbia Dental Hygienists’ Association). According to the BC College of Dental Surgeons, it is unlikely, however, that dental hygienists would hire an assistant to work under their supervision since there is no regulatory framework allowing hygienists to delegate tasks to assistants, in contrast to the by-laws (described above) which allow dentists to delegate certain tasks to dental assistants which may be completed without supervision by a dentist (Personal communication, Jan. 7, 2011).

## Jurisdiction

Alabama

## Current Status of the Profession

The profession of dental assisting is not regulated, although under section 34-9-43(5) of the *Code of Alabama*, the Board of Dental Examiners of Alabama approves dental assisting courses of study (personal communication, January 7, 2011).

Title Protection: There do not appear to be any provisions with respect to the use of title by dental assistants.

## Relevant Legislation, Regulations and By-laws

Code of Alabama: The powers of the Board of Dental Examiners of Alabama are listed in section 34-9-43 of the Code.

The *Alabama Dental Practice Act, 2009* is the *Rules of the Board of Dental Examiners of Alabama*. Section 270-X-3.10 lists the duties of Allied Dental Personnel.

Infection Control: All dental offices must conform to and comply with the current recommendations and guidelines of the Centres for Disease Control relating to infection control practices for dentistry and/or dental offices.

## Scope of Practice and Authorized Acts

The *Alabama State Dental Practice Act, 2009* (a.k.a. the *Rules of the Board of Dental Examiners of Alabama*) lists the activities that dental assistants and hygienists may perform in s. 270-X-3.10. All intra-oral procedures must be performed under the direct supervision of a duly licensed dentist.<sup>13</sup> The Act does not distinguish between the acts of a hygienist and an assistant.

## Restricted Activities

The *Alabama State Dental Practice Act, 2009* (The Rules of the Board of Dental Examiners of Alabama) prohibit dental assistants from using laser technology.

## Radiography

270-X-3.10(2)(o): Dental Assistants and Hygienists may make dental radiographs.

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<sup>13</sup> The term “direct supervision” is defined as “supervision by a dentist who authorizes the intraoral procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines the patient during the procedure and takes full professional responsibility for the completed procedure. (See 270-X-3.06 of the Rules of the Board of Dental Examiners of Alabama).

## Entry to Practice Requirements

It appears that the Board of Examiners does not establish the rules with respect to the licensure of dental assistants. Section 34-9-43(2) provides that the Board may prescribe rules for the qualification and licensing of dentists and dental hygienists; it does not refer to dental assistants.

## Jurisdiction

California

## Current Status of the Profession

Dental Assistants are regulated by the Dental Board of California under the *Dental Practice Act*, which is part of the Business and Professions Code.

1742(a-c) of the Business and Professions Code provides that the duties of the Dental Board of California with respect to the regulatory oversight of dental assisting include the establishment of rules with respect to the requirements for dental assistant licensure and renewal, allowable dental assistant duties, settings, supervision levels, and the appropriate standards of conduct for dental assistants.

1751 of the Business and Professions Code provides that the Board must review the allowable duties for dental assistants every seven years and shall update the regulations to keep them current with the state of dental practice.

**Title Protection:** 1771 of the Business and Professions Code provides as follows: “Any person, other than a person who has been issued a license or permit by the board, who holds himself or herself out as a registered dental assistant, orthodontic assistant permit holder, dental sedation assistant permit holder, or registered dental assistant in extended functions, or uses any other term indicating or implying he or she is licensed or permitted by the board as such, is guilty of a misdemeanor.”

## Relevant Legislation, Regulations and By-laws

Business and Professions Code, section 1740-1777; Regulations of the Dental Board of California (Title 16: Professional and Vocational Regulations).

According to the web site of the Dental Board of California, the Board has proposed public hearings with respect to draft regulations in the following areas: infection control, dental assisting educational programs and courses, retroactive fingerprinting of licensees, and disciplinary guidelines (Dental Board of California, Laws and Regulations, n.d.).

Effective January 1, 2011, according to the Board, statutes that set new requirements for Registered Dental Assistant Educational Programs, Infection Control courses, orthodontic assistant permit course, dental sedation permit courses, and registered dental assistant in extended functions programs will be repealed. The Board is currently proposing to adopt new regulations that would reinstate these course and program requirements. The Board is completing the public comment period for the proposed regulations. The Board anticipates filing the regulations package with the Office of Administrative Law for review and approval within sixty days.



## Scope of Practice and Authorized Acts

Section 1067 of the Regulations sets out the following classes of persons:

Dental Assistant: an unlicensed person who may perform basic supportive dental procedures specified by the regulations under the supervision of a licensed dentist (basic supportive dental procedures are fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated); Section 1750.1 of the California Business and Professions Code, sets out the activities a dental assistant may perform as of January 1, 2010.

Registered Dental Assistant (RDA): a licensed person who may perform all procedures authorized by the provisions of the regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist. Section 1752.4 of the *Business and Professions Code* outlines the duties of an RDA (Registered Dental Assistant) as of January 1, 2010

Registered Dental Assistant Extended Function (RDAEF): a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the Board and satisfactorily performed on an examination designated by the Board (Dental Board of California, n.d.).

Section 1753.5 of the Code outlines the scope of practice of an RDAEF as of January 1, 2010. Section 1753.6 outlines additional procedures that a RDAEF may perform if they have completed a board-approved course in these additional procedures.

Section 1750.2 of the Business and Professions Code provides that the Board may issue an orthodontic assistant permit to any person who files an application and fulfills certain eligibility requirements. 1750.3 of the *Code* sets out the activities an orthodontic assistant may perform as of January 1, 2010 under the direct supervision of a licensed dentist.

1750.5- sets out the activities a dental sedation assistant may perform as of January 1, 2010 under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer conscious sedation or general anaesthesia in the dental office.

## Restricted Activities

Section 1750.1(f) of the Business and Professional Code provides that the duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:

- (a) Diagnosis and comprehensive treatment planning.
- (b) Placing, finishing or removing permanent restorations.
- (c) Surgery or cutting on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- (d) Prescribing medication.
- (e) Starting or adjusting local or general anaesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with

each other and except as otherwise provided by the law.

## Radiography

According to s. 1750.1(a)(2) of the *Business and Professions Code*, a dental assistant may operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with certain requirements.

## Entry to Practice Requirements

The Board reviews all applications for licensure in dental assisting categories, according to s. 1732(a)(1) of the Code. The Board also develops and administers examinations, as well as setting pass points.

Sections 1076-1079.3 of the Regulation sets out the application requirements for the classes of dental assistants. For example, the requirements for licensure as a dental assistant or hygienist include the payment of fees, provision of two sets of fingerprints, and a record of previous practice if applicable. RDA Applicants must file their completed application with the Board not later than 60 days before the examination. RDAEF applicants must apply 45 days before the exam.

## Practice Settings

It appears that in California, dental hygienists can work independently. Section 1750.1(d) of the Administrative Rules for Dental Assistants provide that under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

## Jurisdiction

New York

## Current Status of the Profession

Dental Assistants are regulated by the New York State Board for Dentistry under the *Dental Practice Act*.

The New York State Education Department's Office of the Professions investigates and prosecutes professional misconduct in all professions except medicine. The Board of Regents, which licenses individuals in 48 professions, is responsible for the final disposition of all disciplinary matters. The penalties for professional misconduct include revocation of the professional's license (New York State Professional Misconduct Enforcement System, n.d.).

**Title Protection:** Section 6608(1) of the *Dental Practice Act* provides as follows: "only a person certified pursuant to section sixty-six hundred eight-b of this article shall use the title "certified dental assistant".

**Misconduct:** Section 29.2 of the New York State *Rules of the Board of Regents* lists 13 acts that qualify as misconduct.

## Relevant Legislation, Regulations and By-laws

*Dental Practice Act* and the *Regulations of the Commissioner*.

## Scope of Practice and Authorized Acts

Section 6608 of the *Dental Practice Act* defines the practice of certified dental assisting as follows:

The practice of certified dental assisting shall include the following supportive services to a licensed dentist while under the direct personal supervision of the licensed dentist:

- providing patient education;
- taking preliminary medical histories and vital signs to be reviewed by the dentist;
- placing and removing rubber dams;
- selecting and prefitting provisional crowns;
- selecting and prefitting orthodontic bands;
- removing orthodontic arch wires and ligature ties;
- placing and removing matrix bands;
- taking impressions for study casts or diagnostic casts;
- removing periodontal dressings;
- such other dental supportive services authorized by the dentist consistent with regulations promulgated by the Commissioner.

Section 61.13 of the Regulations of the Commissioner specifies additional duties that a certified dental assistant may perform, including taking x-rays in accordance with s. 3515(4)(c) of the *Public Health Law*.

## Restricted Activities

Section 6608 of the *Dental Practice Act* provides that dental assistants may not diagnose and/or perform surgical procedures, irreversible procedures or procedures that would alter the hard or soft tissue of the oral and maxillofacial area or any other procedures determined by the department.<sup>i</sup>

## Radiography

Dental assistants may take X-rays, according to s. 61.13 of the Commissioner's Regulations.

## Entry to Practice Requirements

Section 6608(b) of the *Dental Practice Act* provides that an applicant shall fulfill the following requirements to qualify for certification as a certified dental assistant:

- file an application with the department;
- be at least seventeen years of age;
- pay a fee of \$45 to the department for initial certification;
- have received a high school diploma or its equivalent, and have successfully completed an approved one year course of study in dental assisting in a degree-granting institution or a board of cooperative educational services program which includes at least 200 hours of clinical experience, or an equivalent approved course of study in a non degree-granting institution which shall not be a professional association or a professional organization or an alternative course of study in dental assisting that is acceptable to the department which includes at least 1000 hours of relevant work experience; and
- pass an examination given by an organization which administers examinations for certifying dental assistants and which is acceptable to the department.

## Practice Settings

According to s. 6608 of the *Dental Practice Act*, "the practice of certified dental assisting may be conducted in the office of any licensed dentist or in any appropriately equipped school or public institution, but must be done under the direct personal supervision of a licensed dentist."

## Jurisdiction

Michigan

## Current Status of the Profession

Dental Assistants are regulated by the *Public Health Code Act 368 of 1978*. The Code provides that the Michigan Board of Dentistry may make administrative rules with respect to dental assistants. Section 333.16621 establishes the Michigan Board of Dentistry; dental assistants are two of the 19 voting members on the Board.

Title Protection: R 338 11233 Rule 1233 (2) provides as follows:

“Pursuant to section 16264 of the act, a registered dental assistant who has received a bona fide degree or certificate of dental assisting from a duly recognized and accredited school of dental assisting and who has completed all requirements for licensure may use the letters “R.D.A” after his or her name in connection with the practice of dental assisting”.

Code of Ethics: The Michigan Dental Association has adopted the American Dental Association (ADA) “Code” which includes The Principle of Ethics, the Code of Professional Conduct and the Advisory options.

## Relevant Legislation, Regulations and By-laws

Public Health Code, Act 368 of 1978  
Department of Community Health Dentistry Rules (Administrative Rules)

## Scope of Practice and Authorized Acts

The Rules provide that certain tasks may only be delegated to an assistant by a dentist if the procedures are performed under general supervision. (This term is defined to require the dentist to be physically present in the office when the procedures are performed). Other tasks require direct supervision. In addition to requiring the physical presence of the dentist, direct supervision requires the dentist to examine the patient before and after the procedure is performed. The Rules also provide for the “assignment” of services, allowing licensed dentists to be physically absent from the office or treatment room while a registered dental assistant performs any of the following duties on a patient of record who has had the procedure(s) explained to them by the dentist:

- a) Operation of dental radiographic equipment (See radiography requirements below)
- b) Making impressions for study and opposing models
- c) Placement and removal of rubber dam
- d) Removing excess cement from supragingival surfaces of a tooth with non-rotary instruments
- e) Polishing specific teeth with a slow- speed rotary handpiece immediately before procedures that require acid etching, for placement of sealants, placement of resin-bonded orthodontic appliances, and placement of direct restorations by the dentist
- f) Application of anticariogenics after oral prophylaxis, when ordered by a licensed dentist

- g) Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following the procedure for the purpose of occlusal adjustment
- h) Inspecting and charting the oral cavity using a mouth mirror and radiographs
- i) Replacing existing temporary restorations and existing temporary crowns and temporary bridges
- j) Removing orthodontic elastics, ligatures and elastic or wire separators
- k) Replacing elastic or wire separators

Tasks that a Dental Assistant may Perform under General Supervision:

- a) Operation of dental radiographic equipment (See radiography requirements below)
- b) Instructing in the use and care of dental appliances
- c) Trial sizing of orthodontic bands
- d) Making impressions for study and opposing models
- e) Application of topical anesthetic solutions (non-aerosol)
- f) Holding the matrix for anterior resin restorations

In addition, the following intra-oral procedures cannot be delegated to an assistant unless the procedures are performed under direct supervision:

- a) Placement and removal of orthodontic separators
- b) Placement and removal of orthodontic elastics, ligatures and arch wires
- c) Dispensing aligners

The following tasks may be assigned to a registered dental assistant under general supervision:

- a) Placement and removal of nonmetallic temporary restorations
- b) Sizing of temporary crowns and bands

The following tasks may be assigned to a registered dental assistant under general supervision if the assistant has successfully completed an approved course:

- a) performing pulp vitality testing;
- b) placing and removing matrices and wedges;
- c) applying cavity liners and bases;
- d) placing and removing nonpinephrine retraction cords;
- e) applying desensitizing agents;
- f) making an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays;
- g) drying endodontic canals with absorbent points; and,
- h) etching and placing adhesives before placement of orthodontic brackets.

The following intra-oral procedures may be assigned to a registered dental assistant under direct supervision:

- a) Placement and removal of periodontal dressings
- b) Temporary cementation and removal of temporary crowns and bands

- c) Removal of sutures
- d) Apply in-office bleaching
- e) Cement orthodontic bands or initial placement of orthodontic brackets

The following intra-oral procedures may be assigned to a registered dental assistant under direct supervision if the dental assistant has completed an approved course as well as an assessment of clinical competence:

- a) placing, condensing, and carving amalgam restorations;
- b) making final impressions for indirect restorations; and
- c) assisting and monitoring of the administration of nitrous oxygen analgesia by the dentist or registered dental hygienist to a registered dental assistant (assuming completion of an approved course in this area by the assistant).

### Restricted Activities

R. 338.11401 (Rule 1401) provides that a dentist shall not delegate or assign the following functions to an assistant or a registered dental assistant unless authorized by these rules or the Code:

- (a): diagnosing, or prescribing for, any of the following:
  - i. disease
  - ii. pain;
  - iii. deformity;
  - iv. deficiency;
  - v. injury;
  - vi. physical condition;
  - vii. cutting of hard and soft tissue;
  - viii. removal of any of the following (see list in Rules).

### Radiography

According to the Dental Assisting National Board (2011), dental assistants are authorized to legally operate dental x-rays equipment and perform dental radiological procedures in the state of Michigan if they successfully complete a course in dental radiography that is substantially equivalent to a course taught in a CODA-accredited program.

### Entry to Practice Requirements

R 338.11235 outlines the requirements for licensure as a registered dental assistant. The content of the examination administered by the Board is outlined in R. 338.11239(2).

### Practice Settings

According to the state government, “dental assistants work under the supervision of a dentist. They may work with a dental hygienist or a dental laboratory technician. Employment may include working in private dental offices, public health clinics, dental schools, the armed forces, hospitals, or nursing homes.” (Government of Michigan, n.d.)

## Jurisdiction

Minnesota

## Current Status of the Profession

Dental Assistants in Minnesota are regulated by the Minnesota Board of Dentistry. The Board's authority is outlined in section 150A.02 of the Minnesota statutes.

Chapter 150A.01 of the Minnesota statutes define two classes of dental assistants: dental assistant and licensed dental assistant.

Minnesota Statute 2009 Chapter 150A.06, subdivision 2a, describes the licensing process for a licensed dental assistant which is as follows:

- An applicant must be a person of "good moral character" who has graduated from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association.
- The applicant must submit an application and fee as prescribed by the Board and must also present the diploma or certificate of dental assisting to the Board.
- The applicant must take an examination, which will test the applicant's knowledge of the laws of Minnesota relating to dentistry and to the rules of the Board. An applicant cannot take the examination more than twice without completing further education and training as specified by the Board.

**Discipline:** In general terms, the grounds for suspension, revocation, or the imposition of a condition on the license of a dental assistants are in section 150A.08, subdivision 1 of the Minnesota Statutes. The grounds include fraud or a criminal conviction, substance abuse, improper prescriptions, "conduct unbecoming" as defined in Board rules; "gross immorality"; a physical, mental or emotional disability that affects the ability of the dental assistant to perform the services for which they have been licensed; failure to maintain adequate safety and sanitary conditions, failure to produce records requested by the Board, and providing misleading information.

**Title Protection:** According to the Executive Director of the Minnesota Board of Dentistry, there is no formal title protection either in Minnesota law or the administrative rules. Applicants who become registered with the Board may use the title "licensed dental assistant". As noted below, they may perform a broader range of activities than assistants who are not licensed. It does not appear, however, that the use of the title "licensed dental assistant" by non licensed assistants has been an issue for the Board (Minnesota Board of Dentistry, personal communication, February 21, 2010).

## Relevant Legislation, Regulations and By-laws

Minnesota Statutes, 2010, chapter 150A.01  
Minnesota Administrative Rules



## Scope of Practice and Authorized Acts

Chapter 3100.8400- Subpart 1 of the Minnesota Administrative Rules describe the permissible duties of an “assistant” who has not been licensed.

### Duties of a licensed dental assistant under general supervision:

Chapter 3100.8500 of the Minnesota Administrative Rules provides that a licensed dental assistant may perform the following procedures without the dentist being present in the dental office if the dentist knows about and has consented to the procedures:

- cut archwires on orthodontic appliances;
- remove loose bands on orthodontic appliances;
- remove loose trackers on orthodontic appliances;
- re-cement intact temporary restorations;
- place temporary fillings, not including temporization of inlays, onlays, crowns and bridges;
- take radiographs;
- take impressions for casts and appropriate bite registration, not to include impressions and bite restorations for final construction of fixed and removable prostheses;
- deliver vacuum-formed orthodontic retainers; and
- place and remove elastic orthodontic separators.

**Duties of a licensed Dental Assistant under Indirect Supervision:** A licensed dental assistant may perform certain services if a dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed. These duties are listed in chapter 3100.8500- subpart 1a.

**Duties of a licensed Dental Assistant under direct supervision:** A licensed dental assistant may perform certain services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient. These are listed in Chapter 3100.8500- Subpart 1b.

**Duties of a licensed dental assistant under personal supervision:** a licensed dental assistant may support the work of a dentist who holds a valid general anaesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in treatment, including the administration of medication into an existing intravenous line, an enteral agent, or emergency medications. See chapter 3100.8500, subp. 1c.

Levels of supervision are defined in the *Dental Practice Act* Chapter 3100.0100, Subpart. 21.

## Restricted Activities

According to the Minnesota Board of Dentistry, “the State of Minnesota only recognizes permissive (allowable) expanded functions and not non-permissive (prohibited) expanded functions.

## Radiography

A licensed dental assistant may take radiographs under the general supervision of a dentist (see s. 3100.8500, subpart 1f, of the Minnesota Administrative Rules, above).

Further, an unlicensed dental assistant who fulfills certain requirements may take dental radiographs under the general supervision of a dentist if the person. See chapter 3100.8500, subpart 3.

### Entry to Practice Requirements

To earn status as a Licensed Dental Assistant in the state of Minnesota, dental assistants must:

Pass the national DANB Certified Dental Assistant (CDA) exam

*AND*

Graduate from a MN CODA-accredited dental assisting program

*OR*

Graduate from a CODA-accredited program in a state other than MN *and*, upon MN Board review of curriculum, complete additional coursework

*OR*

Graduate from a non-CODA-accredited dental assisting program or complete office training *and* complete a MN Board approved course in Expanded Functions in Minnesota

*AND*

Pass the MN Licensure exam (formerly known as the MN Registration exam)

*AND*

Pass the MN Jurisprudence Exam

*AND*

Apply for registration to the MN Board of Dentistry (Dental Assisting National Board , n.d.)

An unlicensed dental assistant in the state of Minnesota may perform basic supportive dental procedures under the supervision of a licensed dentist. There are no education or training requirements for this level of dental assisting.

### Practice Settings

In addition to working under various kinds of supervision by a dentist, the Minnesota statutes also provide that a dental assistant may work under the supervision of a dental therapist. A dental therapist may supervise dental assistants to the extent permitted in a collaborative management agreement between a dentist and a dental therapist. A licensed dental therapist cannot supervise more than four registered dental assistants (Minnesota Statutes, s. 150A.10, n.d.).

## Jurisdiction

Virginia

## Current Status of the Profession

## Relevant Legislation, Regulations and By-laws

*Code of Virginia*, Chapter 27 of Title 54.1.

Virginia Board of Dentistry Regulations on the Registration and Practice of Dental Assistants.

## Scope of Practice and Authorized Acts

19VAC60-20-210: In all instances, the licensed dentist assumes ultimate responsibility for determining the specific treatment the patient will receive, which aspects of the treatment will be delegated to qualified personnel, and the direction required for such treatment.

18VAC60-20-230. Delegation to Dental Assistants:

“Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direct or general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 (text reproduced below) and those which may only be delegated to dental hygienists as listed in 18 VAC60-20-220.”

18VAC60-20-230 also provides that the following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience and examinations:

- performing pulp capping procedures;
- packing and carving of amalgam restorations;
- placing and shaping composite resin restorations;
- taking final impressions;
- use of a non-epinephrine retraction cord; and
- final cementation of crowns and bridges after adjustment and fitting by the dentist.

## Restricted Activities

S. 18VAC60-20-190 of the proposed regulations lists the following duties that only a licensed dentist may perform:

- final diagnosis and treatment planning;
- performing surgical or cutting procedures on hard or soft tissue;

- prescribing or parenterally<sup>14</sup> administering drugs or medication;
- authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;
- operation of high speed rotary instruments in the mouth;
- administering and monitoring general anaesthetics and conscious sedation, except where otherwise authorized;
- condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth, with the exception of placing, packing and carving amalgam and composite resins by dental assistants II with advanced training;
- final positioning and attachment of orthodontic bonds and bands; and
- final adjustment and timing of crowns and bridges in preparation for final cementation.

## Radiography

18 VAC 60-20-195 of the Regulations sets out options for a dental assistant to become certified in radiation. To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Virginia, a dental assistant *must*.

Successfully complete a course or exam in radiology as part of a CODA-accredited dental assisting program  
*OR*

Earn certification from the  
American Registry of Radiologic Technologists

*OR*

Successfully complete a Virginia Board-approved radiation course and pass the national DANB Radiation Health & Safety (RHS) exam (Dental Assisting National Board, n.d.).

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<sup>14</sup> Parenteral technique of administration occurs when drug administration bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

## Entry to Practice Requirements

18VAC60-20-61: Educational Requirements for Dental Assistants II: In order to enter an educational program to qualify as a dental assistant II an applicant must be a Certified Dental Assistant (this qualification is conferred by the Dental Assisting National Board). Further, applicants must complete the following:

- at least fifty hours of course work in dental anatomy and operative dentistry, which can be completed online;
- laboratory training;
- clinical experience applying the techniques learned in the preclinical coursework and laboratory training, which may be completed in a dental office;
- successful completion of examinations testing knowledge of the areas outlined above.

The dentist shall attest to the successful completion of these modules.

Applicants for registration as a dental assistant II shall provide evidence of a current credential as a CDA conferred by the Dental Assisting National Board, or another certification from a credentialing organization recognized by the American Dental Association which is acceptable to the Board.

18 VAC 60-20-135 sets out the criteria for dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anaesthesia.

## Practice Settings

54.1-2729.01A of the Virginia Code provides that dental assistants may work either for dentists or for dental hygienists. The draft regulations (18VAC60-20-200) provide that a dentist may utilize up to four dental hygienists or dental assistants II practicing under the general supervision of the dentist at any one time.

It is important to note, however, that dental hygienists can practice autonomously only in circumstances outlined in 54.1-2722 of the Code of Virginia (providing oral health education and preliminary dental screenings).

## Jurisdiction

Australia

## Current Status of the Profession and Method of Regulation

General: Australia has a national system of health professional registration and accreditation. The professions that are covered by the national registry system include chiropractic, dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, and psychology, (Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions, n.d.).

In Australia, dental assistants, who are also sometimes referred to as dental nurses, are currently not required to be registered under any authority (NSW Dental Assistants Association, personal communication, January 12, 2011).

Infection control: According to the Australian Dental Association (ADA), one of the duties of a dental assistant is to ensure that proper standards of infection control are maintained.

## Relevant Legislation, Regulations and By-laws

None

## Scope of Practice and Authorized Acts (Professional Activities Undertaken)

According to the ADA:

5.1.2 With additional education and training in clearly defined areas to Certificate IV level in the vocational sector, and in accordance with the National Competency Standards, the duties of dental assistants extend to:

- dental assisting – oral health promotion;
- dental assisting – dental radiography;
- dental assisting – technical procedures;
- dental assisting – general anaesthesia and conscious sedation; and
- dental assisting – dental practice administration.

5.1.3 Duties shall comprise established procedures associated with chair-side assisting, infection control and practice administration.

5.1.4 A dental assistant must work under the supervision of a dentist or suitable allied dental personnel as detailed in Appendix 2 to this Policy Statement. (ADA, 2007)

A dental assistant's role includes a variety of duties that are focused on infection control, management and support for the flow of efficiency in the delivery of dental health services by the clinicians. The dentist is the primary clinician with whom the dental assistant is most likely to work, however there is an increased utilisation of the dental assistant with dental hygienists, dental therapists and dental prosthetists. The

specific tasks dental assistants carry out can vary widely depending on their workplace, all along their dental career path and may include the following:

- coordination of patients to help them comply with prescribed treatment plans and maintenance schedules;
- assisting dentists, hygienists and therapists during a variety of treatment procedures;
- preparation of the dental surgery both before and after treatments;
- ensuring proper standards of infection control are maintained;
- processing instruments after use;
- handling and prepare dental materials used in treatments;
- organising and transfer instruments during complex dental procedures;
- exposing, process and catalogue radiographs (X-rays);
- making, trim and polish plaster and stone models of the mouth and teeth from impressions taken by a dental clinician;
- photographing exterior and interior oral structures to profile stages of treatment and outcomes;
- teaching oral hygiene techniques to help people maintain healthy teeth and gums; and
- educating patients on oral and systemic health issues.

The ADA further addressed the need and rationale for supervision (ADA, 2007):

The legal and ethical responsibilities associated with the actions and omissions of a dental assistant are attributed primarily to the supervising dentist. Any allied dental personnel or employer involved in the supervision of the dental assistant may also be liable.

Compliance with Board and statutory regulatory bodies is essential. Consultation to clarify any matters related to a dental assistant's qualifications, experience and competence to perform advanced scopes of duties or undertake on the job training may be required to attain nationally based Certificate IV qualifications in Dental Radiography and Technical procedures such as taking an impression for study models.

The clinical responsibilities for the patient remain with the dentist, dental therapist and dental hygienist providing the treatment and/or providing supervision at all times. All advanced duties undertaken by a dental assistant should be in accordance with a written treatment plan prepared by a dentist. During the performance of an advanced duty by a dental assistant, a dentist should be on the premises to:

- Provide supervision,
- Provide advice and consultation in relation to authorised dental assistant activities,
- Be available for referral in relation to other matters falling outside the competence of an individual dental assistant.

All the above supervisory responsibilities of dentists apply equally to dental prosthetists conducting independent practice.

## Restricted Activities

None

## Radiography

A Certified III Dental Assistant may, expose, process and catalogue radiographs (X-rays).

## Entry to Practice Requirements

In a policy statement, the Australian Dental Association defines the educational requirements of dental assistants as follows:

All dental assistants should be encouraged and supported to gain entry qualifications in dental assisting or recognition of equivalence, which has been issued by an Australian registered training organisation. Qualifications in dental assisting are particularly suited to the Australian Apprenticeship/Trainee pathway, which involves on-the-job and off-the-job training. There are several levels of dental assistant educational and clinical experience that are recognised.

1. A dental assistant undergoing on-the-job training for at least six months and has no prior work related experience. During the period of training a qualified dental assistant may support the training of an unqualified and inexperienced dental assistant.
2. A dental assistant undergoing on the job training and off the job training for a period of at least 12 months. During the period of training a qualified dental assistant may support the training of an unqualified and inexperienced dental assistant.
3. A dental assistant qualified in a nationally based Certificate III in Dental Assisting or its equivalent working under the supervision of a dentist, dental therapist or dental hygienist. Minimum units include:
  - 1.1 Communicate and work effectively in health,
  - 1.2 Comply with infection control policies and procedures in health work,
  - 1.3 Process reusable instruments and equipment in health work,
  - 1.4 Participate in OHS processes,
  - 1.5 Prepare for and assist with oral health care procedures,
  - 1.6 Assist with dental radiography,
  - 1.7 Assist with the administration in dental practice,
  - 1.8 Apply first aid.
4. A dental assistant qualified in a nationally based Certificate IV in Dental Assisting or its equivalent working at an advanced level under the supervision of a dentist, including:
  - 4.1 Dental Assisting - dental radiography
  - 4.2 Dental Assisting - oral health promotion,
  - 4.3 Dental Assisting - technical procedures (also known as 'extended duties')
  - 4.4 Dental Assisting - general anaesthesia and conscious sedation,
  - 4.5 Dental Assisting – dental practice administration. (ADA, 2007)

By email, the NSW Dental Assistants' (Professional) Association states that: "there is no mandatory training level required although assistants are encouraged to undertake Certificate III in Dental Assisting either as fee paying students or traineeships (Government funded). This qualification is not mandatory. The majority



of dental assistants are trained "on the job" by employers and senior staff."

According to the NSW Dental Assistants' (Professional) Association, the requirements for entry to the Certificate III courses in Dental Assisting are as follows:

- The applicant must be at least 18 years of age, although in some cases, younger candidates will be considered. .
- The minimum educational qualification is a year 10 school certificate or equivalent (a higher School Certificate is preferred).
- It is desirable to have employment in a dental practice with a minimum of 3 months experience.
- Students are required to be employed as a dental assistant by the end of first term.
- The minimum requirements for International Students include English language competency as well as fulfillment of a residency requirement."

### Practice Settings

Dental Assistants may work in a variety of dental setting: private and specialist dental practices, hospital dental clinics, community dental clinics, school dental service, teaching institutions (university dental school, oral health education unit) and the defence force (Royal Australian Army, Royal Australian Air Force, Royal Australian Navy) (Dental Assistants Association QLD, Inc., 2011).

## Jurisdiction

### South Africa

## Current Status of the Profession and Method of Regulation

Under the *Health Professions Act, 1974* (Act 56 of 1974), dental assistants are regulated by the Health Professions Council of South Africa, Professional Board for Dental Therapy and Oral Hygiene.

South Africa currently has two categories of registration for Dental Assistants: Dental Assistant and Student Dental Assistant.

**Code of Ethics:** Dental Assistants fall under the *Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974*.

**Misconduct:** The Professional Board sets, maintains and applies fair standards of professional conduct and practice in order to effectively protect the interests of the public. According to the Health Professions Council website, the Board has the power to institute disciplinary proceedings regarding any complaint, charge or allegation of unprofessional conduct against any person registered with Council. If a registered practitioner transgresses the rules as laid down by the Board, the practitioner will be subjected to a disciplinary process in the regulation.

A regulatory framework governs the disciplinary processes. Any of the following acts may lead to a disciplinary process (please note that this list is not exhaustive):

- unauthorized advertising;
- over servicing of patients;.
- criminal convictions;
- improper relationships with patients;
- improper conduct of practitioners;
- operational procedure without patient's permission or consent;
- disclosure of information in regard to a patient without his or her permission;
- incompetence;
- charging excessive fees;
- insufficient care towards patients;
- racial discrimination;
- rude behaviour towards patients; and
- perverse incentives and kickbacks.

**Title Protection:** *Health Professions Amendment Act 29 of 2007* section 33 (f) (3) amended the Health Professions Act, 1974 to provide as follows:

"No registered person shall take, use or publish in any way whatsoever any name, title, description or symbol indicating or calculated to lead persons to infer that he or she holds any professional qualification which is not shown in the register [in connection with] as registered against his or her name, nor shall any

registered person practice as a specialist or hold himself or herself out to be a specialist unless his or her speciality has been registered as prescribed."

### Relevant Legislation, Regulations and By-laws

*Health Professions Act, 1974 (Act 56 of 1974);*

*Health Professions Amendment Act 29 of 2007;*

Health Professions Council of South Africa, Requirements for Registration of Dental Assistants.

The consolidated statute is obtainable from the Government Printer (Health Professions Council of South Africa, personal communication, 21 February 2011).

### Scope of Practice and Authorized Acts

According to the Health Professions Council of South Africa, the following acts shall be deemed to be acts pertaining to the scope of practice for dental assistants:

- preparation and maintenance of the dental surgery and application of infection control procedures in the dental surgery;
- assisting the supervising practitioner in all clinical dental disciplines and procedures;
- mixing and handling of dental material;
- performing of administrative functions in practice management and processing of dental radiographs;
- assisting supervising practitioner during emergencies in the dental surgery;
- implementing of occupational health and safety procedures and promoting oral health;
- professional communication with patients and supervising practitioners; and
- complying with judicial and ethical aspects associated with dentistry in the country.

### Restricted Activities

None

### Radiography

Dental Assistants may process dental radiographs (Health Professions Council of South Africa, n.d.).

### Entry to Practice Requirements

**General:** According to the Requirements for Registration of Dental Assistants, a document of the Health Professions Council, dental assistants must successfully complete a certificate in dental assisting from a South African postsecondary educational institution.

**Grandparenting:** Any person who worked as a Dental Assistant for a minimum period of five years without being registered in this capacity may apply to the Board for registration as a Dental Assistant, provided that

a letter/s issued on an official letterhead/s and duly signed by the Dentist or HR Department, confirming the years of work experience as a fulltime Dental Assistant, is submitted. However, no person shall qualify for this registration after six (6) months from date of publication of the revised regulations (revised regulations have not been promulgated yet). According to the Health Professions Council of South Africa, the grandparenting provision is being phased out. Revised regulations, which do not permit grandparenting, must be approved by the Health Professions Council of South Africa at a meeting in early March, 2011. If this proposal is approved, it will be forwarded to the National Department of Health. The National Department of Health will publish the draft revised regulation in the Government Gazette, and will invite public comment (Health Professions Council of South Africa, personal communication, Feb. 14, 2011).

Alternatively universities may at their discretion assess the qualification and other qualifications acquired on the basis of recognition of prior learning and allow the applicant to sit the examination only.

The requirements for registration as a Student Dental Assistant are as follows:

- a. All students enrolling for the National Certificate in dental assisting at an accredited training institution are required to register as Student Dental Assistants, within 4 months following such enrolment.
- b. All persons who have worked as Dental Assistants for a period less than five years without being registered may apply to the Board for registration as Student Dental Assistants within four (4) months from a date as may be determined by Council and published in the Government Gazette requiring such registration [please note that this grandparenting provision is being phased out] (Health Professions Council of South Africa, Professional Board for Dental Therapy and Oral Hygiene, 2009).

## Practice Settings

The web site of the Health Professions Council refers to the following practice settings: dental practices, dental therapy practices, and oral health establishments.

## Jurisdiction

United Kingdom

## Current Status of the Profession

Dental Nurses are regulated by the General Dental Council under the General Dental Council (Professions Complementary to Dentistry) Regulations 2006, the authority for which is the *Dentists Act 1984*, c. 24. Section 36A (2)-(3) of the legislation provides that the General Dental Council may make regulations specific to the Professions complementary to dentistry.

We were not able to obtain a consolidated version of the Dentists Act, 1984, including the amendments made in 2005. According to an Explanatory Memorandum to the Dentists Act 1984 (Amendment) Order 2005, the changes of that year brought dental nurses under the umbrella of the General Dental Council in order to strengthen the regulation of professions complementary to dentistry (PCD).

According to *Professions Complementary to Dentistry Regulations 2006* under the *Dentists Act 1984*, the General Dental Council may make regulations specific to the Professions complementary to dentistry.

**Professional Conduct and Discipline:** Complaints regarding the conduct of dental nurses may be made to the General Dental Council under Part 3A of the Dentists Act 1984. Section 28 of the National Health Service Reform and Healthcare Professions Act 2002 provides that an ordinary member of the public may make complaints which the Council will investigate (*National Health Service Reform and Healthcare Professions Act, 2002*). Any member of the public may make a complaint to the GDC. Every complaint is assessed and a decision is made whether there are fitness to practice issues which should be referred to the Investigating Committee. (GDC, personal communication, April 20, 2011).

**Standards:** *Standards Guidance* provides an ethical guidance that all registrants, including dental nurses, are expected to follow. The GDC issues this guidance for dental care professionals (DCPs) under section 36M of the Act. In *Standards for Dental Professionals*, it is stated at 1.6 that all registrants should “make sure your patients are able to claim any compensation they may be entitled to by making sure you are protected against claims at all times, including past periods of practice”. The requirement for insurance is therefore an ethical requirement and not a legal requirement, meaning that anyone who does not have appropriate coverage be investigated under the fitness to practice procedures.

Dental Nurses fall under the The General Dental Council (Fitness to Practice) Rules Order of Council 2006 (SI 1663 of 2006).

Sanctions imposed by the General Dental Council are subject to review by the Council for Health Care Regulatory Excellence. Section 28 of the National Health Service Reform and Healthcare Professions Act 2002 provides that an ordinary member of the public may make complaints which the Council will investigate (*National Health Service Reform and Healthcare Professions Act, 2002*).

## Relevant Legislation, Regulations and By-laws

*Dentist Act 1984*, as amended.

General Dental Council (Professions Complementary to Dentistry) Regulations 2006.  
General Dental Council (Fitness to Practice) Rules Order of Council 2006 SI 1663 of 2006.  
General Dental Council, Scope of Practice.

## Scope of Practice and Authorized Acts

The General Dental Council issues *Standards Guidance* and *Scope of Practice* document under section 36M of the *Dentists Act, 1984*. Both documents serve as the expected professional standard for registrants. Upon receipt of a complaint, the GDC assesses the issue and may investigate the matter through our fitness to practice procedures.

Dental nurses are registered dental professionals who provide clinical and other support to other registrants and patients. They may perform the following functions:

- preparation and maintenance of the clinical environment, including the equipment;
- infection-control procedures to prevent physical, chemical and microbiological contamination in the surgery or laboratory;
- charting, including keeping full and accurate patient records;
- preparation, mixing and handling of dental materials;
- provision of chairside support to the operator during treatment;
- preparation of equipment, materials and patients for dental radiography;
- processing of dental radiographs;
- monitoring, supporting and reassuring patients, including during an emergency;
- supporting colleagues, including during a medical emergency; and
- making appropriate referrals to other health professionals.

Additional skills dental nurses could develop during their careers include the following:

- additional knowledge of oral health education and oral health promotion;
- assisting in the treatment of patients who are under conscious sedation;
- further skills in assisting in the treatment of patients with special needs;
- intra-oral photography;
- shade taking;
- placing of a rubber dam;
- measuring and recording plaque indices;
- pouring, casting and trimming study models;
- removing sutures after the wound has been checked by a dentist;
- applying fluoride varnish as part of a programme which is overseen by a consultant in dental public health or a registered specialist in dental public health;
- constructing occlusal registration rims and special trays;
- repairing the acrylic component of removable appliances; and
- tracing cephalographs.

Additional skills on prescription

- taking radiographs to the prescription of a dentist;
- applying topical anaesthetic to the prescription of a dentist;

- constructing mouthguards and bleaching trays to the prescription of a dentist;
- constructing vacuum formed retainers to the prescription of a dentist; and
- taking impressions to the prescription of a dentist or a CDT (where appropriate).

Dental nurses do not diagnose disease or treatment plan. All other skills are reserved to one or more of the other registrant groups (General Dental Council, 2009).

### Restricted Activities

Dental nurses do not diagnose disease or treatment plan. All other skills are reserved to one or more of the other registrant groups.

### Radiography

According to the General Dental Council's Scope of Practice document, Dental Nurses may process dental radiographs and prepare equipment, materials and patients for dental radiography.

### Entry to Practice Requirements

The National Health Service website provides the following information:

There are usually no academic qualifications needed to work as a trainee dental nurse, but in order to progress beyond trainee status, applicants are required to study for an approved course in dental nursing (see below). Part-time courses will typically require GCSEs at grade D-G (or equivalent) for entry, although others may require GCSEs at grade A-C (or equivalent) as a minimum. Full-time courses may require evidence of A' level/AS level study.

To work as a dental nurse, applicants must be registered with the General Dental Council (GDC); in order to register, successful completion of a course approved by the GDC is required.

There are two ways to gain these qualifications:

- One way is to secure a position as a trainee dental nurse - usually in a general dental practice - and then study on a part-time basis (day release or evenings) for the National Certificate awarded by the National Examining Board for Dental Nurses (NEBDN), NVQ level 3 in Dental Nursing, level 3 VRQ in Dental Nursing or QCF level 3 Diploma in Dental Nursing. These courses are run by some dental hospitals and further education colleges. The national certificate is awarded to dental nurses who have passed the examination and completed the equivalent of two years of full-time surgery experience (National Health Service, n.d.).
- The other way is to complete a General Dental Council approved full-time course which is currently being offered by some universities.

### Practice Settings

According to the National Health Service, "Dental nurses can be employed in general practice, hospitals or the community dental services and can also train as a dental nurse in the armed forces." (National Health Service, n.d.)

## Appendix B: Dental Assisting National Board - Dental Assisting Functions List

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/ jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown



## Appendix C: Canadian Dental Assisting Legal Scope of Practice

1. Chairside
2. Radiography
3. Preliminary Impressions
4. Rubber Dam
5. Treatment Liners
6. Matrices & Wedges
7. Selective Rubber Cup Polishing
8. Oral Hygiene Instruction
9. Dietary Counselling
10. Fluoride Application
11. Pit & Fissure Sealants
12. Topical Anaesthetic
13. Suture Removal
14. Desensitizing Agents
15. Take & Record Vital Signs
16. Acid Etch Prepared Cavities
17. Pulp Vitality Testing
18. Polish Amalgams
19. Retraction Cord Placement
20. Remove Retraction Cord
21. Fabricate, Cement & Remove Provisional Crowns – Prosthodontic Module
22. Temporary Restoration
23. Take & Record Gingival Plaque Indices
24. Applying anti-microbial Agents
25. Remove Perio Dressings
26. Face Bow Transfer
27. Orthodontic Module
28. Place & Finish Amalgam Restorations
29. Restorative Implant Assisting Tech. Module /
30. Level 'C' CPR
31. Periodontal Screening & Recording (PSR)
32. Fabricate Mouthguards
33. Fabricate Occlusal Rims
34. Recall Consultations with Dentists
35. Public Health Screening
36. Preventative (Scaling) Module
37. Fabricate & Insert Bleaching Trays
38. Assessing and Reporting Oral Health Status

## Appendix D: Additional Jurisdictions

In addition to the 19 jurisdictions reviewed for this report, HPRAC commenced cursory research on the regulation of dental assistants in several countries. Because of the challenges associated in obtaining complete information on all aspects of regulation, HPRAC did not include these countries in the jurisdictional review. Below are the key findings:

- **Netherlands:** The Dental Assistant profession is well established in The Netherlands with over 16,000 employed as of 2004 (Kravitz and Treasure, 2009). Dental Assistants have a wide range of duties; including a category of “reserved procedures”, which a Dental Assistant can only perform when authorized by a Dentist (Kravitz and Treasure, 2009). Their training is certified and is available in colleges, although the majority of Dental Assistants are training on-the-job. According to the Ministry of Health, Welfare and Sport of the Netherlands, Dental assistants are not regulated (Netherlands Ministry of Health, Welfare and Sport, personal communication, February 1, 2011).
- **Switzerland:** As of 2008 there were over 5,000 dental assistants active in Switzerland (Kravitz and Treasure, 2009). The body that represents Switzerland’s Dental Assistants is the Swiss Society of Dental Assistants. Dental Assistants do not need to register in order to practice in Switzerland (Kravitz and Treasure, 2009). However, according to the Federal Office of Public Health, the performance of radiography is regulated by health professionals including Das (personal communication, February 1, 2011). The training program, which is federally recognized, lasts 3 years with an exam at the end for qualification.
- **Sweden:** There were over 11,000 active Dental Assistants in Sweden as of 2005 (Kravitz and Treasure, 2009). Since January 2008, there has been a common national education for Dental Nurses. However, according to the Swedish Dental Association, Dental Assistants are not regulated (Swedish Dental Association, personal communication, January 27, 2011).
- **Finland:** Finland’s Dental Assistants must follow 2.5 years of training both under a dentist and with institutional support, and must register their diploma by the National Agency of Medico-Legal affairs (Kravitz and Treasure, 2009). According to the website of the National Supervisory Authority for Welfare and Health, dental assistants are a protected occupational title. This designation does not restrict those with the requisite training, experience and skills from practicing as dental assistants, but they are not permitted to use the protected title. Professionals with a protected title are entered into the central register of health care professionals (National Supervisory Authority for Welfare and Health [NSAW], 2011). In 2006, there were over 6000 registered dental assistants (Kravitz and Treasure, 2009).
- **Norway:** Dental Assistants in Norway are referred to as Dental Health Secretaries and are regulated by the Norwegian Registration Authority for Health Personnel under the *Health Personnel Act, 1999* (Norwegian Registration Authority for Health Personnel [NRAHP],

2004). Dental Health Secretaries fall under the Act's misconduct and discipline regulations. The *Transitional Regulations Relating to Authorisation and Licence of Practitioners of Newly Regulated Professions in the Health Sector, no. 1376* Section 5, stipulate the entry to practice requirements. Education requirements are fulfilled in High School or through five years of work experience.

- **Denmark:** As of 2008, over 4,000 Dental Assistants were active in Denmark (Kravitz and Treasure, 2009). The training of Dental Assistants may take place either at a school for Dental Assistants, Dental Hygienists or Dental Technicians (Kravitz and Treasure, 2009). The School of Oral Health Care at the University of Copenhagen outlines some of the tasks a Dental Assistant performs and the education they undertake (University of Copenhagen, n.d.). Dental Assistants do not need to register with the Ministry of Health in order to practice.
- **Lithuania:** In Lithuania, dental assistants in Lithuania are a regulated health profession. In order for them to practice they must be registered with the Lithuania Dental Chamber and have a license to practice (Kravitz and Treasure, 2009). The length of training to become a Dental Assistant is three years and it must take place in a college for dental assistants (Kravitz and Treasure, 2009). "New protocols on competencies, duties and responsibilities of dental assistants were adopted in the end of the year 2007" (Kravitz and Treasure, 2009). HPRAC was unable to obtain more detailed information; we did not receive a response to our inquiries.

HPRAC also conducted research on the regulation of Dental Assistants in various other non-European countries but did not include these countries in the jurisdictional review. Below are the key findings:

- **Israel:** At present, there are approximately 4,000 licensed dental assistants in Israel. Dental assistants do not need a license to be employed in Israel. Nevertheless, a significant number of assistants choose to complete a recognized course and pass a licensing exam. It is expected that a change in regulation will require all dental assistants to be certified by the Ministry of Health (Israel Ministry of Health, n.d.).
- **Malaysia:** Dental Assistants in Malaysia can work in the public and private sector (Ministry of Health of Malaysia, 2005). If they choose to work in the public sector they must undergo formal training at a college in combination with practical training at dental clinic. However, those who choose to work in the private sector are not required to receive any formal qualification, but learn on the job instead. According to the Malaysian Dental Council, Dental Assistants are not regulated (Ministry of Health of Malaysia, 2005).
- **New Zealand:** According to the New South Wales Dental Assistants Association, Dental Assistants in New Zealand are not regulated (New South Wales Dental Assistants Association, personal communication, January 12, 2011). New Zealand is very similar to Australia in their approach to the dental Assistant profession. As is the case in Australia, there is no mandatory training requirement; however Dental Assistants are encouraged to receive the level 3 certification.

- Singapore: Dental Assistants are not regulated in Singapore. HPRAC was unable to locate any information on the occupation related to training, duties, or number of practitioners.

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**Ontario**

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