

Stakeholder Feedback on the Regulation of Dental Assistants under the Regulated Health Professions Act, 1991 (RHPA)

Responses from Organizations

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Health Professions Regulatory Advisory Council (HPRAC)



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Respondent: Saskatchewan Dental Assistants' Association

1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?

Dental treatment is invasive and involves bodily fluids such as saliva and blood. Individuals living with blood borne diseases will from time to time be patients in a dental office. The risk associated with improper sterilization procedures or inadequate infection control is significant. These tasks should be delegated to trained, current and qualified personnel.

In the ODAA application, I note that in Ontario Level I Dental Assistants are allowed to expose process and mount radiographs. In the balance of Canada, these skills are considered controlled acts and are only delegated to trained, registered and licensed intra oral dental assistants (level II); this skill is of significant risk to the public and should be restricted to regulated personnel. The Ontario Ministry should be aware that other jurisdictions such as Saskatchewan will not recognize HARP qualifications for radiography.

2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?

There is no doubt that ODAA has demonstrated that it is in the public interest that dental assistants be regulated. Other jurisdictions regulated and licenced dental assistants as early as 1969 and regulation is clearly past due.

3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.

There is no serious mechanism in Ontario through which the public could assume any protection; I believe that the ODAA submission has successfully demonstrated this point. Today dental offices are large, multi-disciplinary practices. The level of busyness has precluded the hands on supervision that existed in past decades. In today's environment, all practitioners need to be knowledge-workers, rather than based on an antiquated model of direct supervision. Relative to certification, where are the assurances that all individuals practicing as dental assistants are certified? Without a methodology for confirmation of the qualifications, the current process is ineffective. While certification is a standard across Canada, the majority are complimented by a registration/licensure and a continuing competency process.

4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.

Working within a regulatory structure is the standard for dental assisting in Canada. The ODAA application has clearly demonstrated that regulation under the RHPA is appropriate. The purpose of legislative regulation is public protection. Through the granting of regulatory responsibility, the government is entrusting the profession with the responsibility of ensuring public safety. The dental assistant profession has the responsibility to ensure that their members are safe practitioners. They will also have the legal authority to impose processes that require their members to maintain their competency. The Association has the ability and responsibility to develop and administer their own bylaws. They must maintain and administer a member registry. They must elect their own representatives to a governing council. A transparent regulatory process will define the criteria by which registration will occur and licenses will be awarded. The profession will be empowered to institute processes which ensure the educational programming for dental assisting within Ontario meets a standard. The application addresses the mechanisms that standardize entry to the profession, national standard of accreditation, National Board examinations and Clinical Practice Evaluations. They will also ensure the enactment of processes that ensure that lapsed dental assistants meet current industry standards prior to re-instatement.

Similar to other health professionals, every dental assistant should be held accountable for his or her actions; regulation will provide the patient with recourse

relative to a complaint. Regulation will provide processes that ensure that every public complaint is addressed through a Professional Conduct Committee and provides process that ensures the existence of a standing Discipline Committee that will convene as required, should a complaint be referred from the Professional Conduct Committee.

I should note that in Canada new regulation for dental assistants has moved away from supervision; rather the more appropriate terminology is delegation and authorization. This is based on the reality that the dental assistant is trained to perform a specific skill, is licensed to perform said skill and provided that the dentist has examined the patient and delegated the procedure, supervision should not be required. With delegation and more opportunity to apply critical thinking skills I would presume that every practicing dental assistant will be required to hold professional liability insurance in order to provide maximum protection to both the patient and the dental assistant.

5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.

In general, governments tend to believe that no profession should exert authority over another profession. In addition, governments require that an association demonstrate a professional maturity, their membership must be supportive, and for the most part, there must be acceptance from professional colleagues. Given the size of the ODAA membership, the longevity of the association and ODAA's role in the Ontario dental community, there is no question that they are poised economically, have the knowledge base and commitment to achieve regulation. Given that it is achievable in Alberta and Saskatchewan I have no doubt that ODAA will capably handle the task.

6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.

Through regulation, ODAA will have a higher retention of members. As dental assisting employment opportunities are expanded into long term care and vulnerable populations, the expanded ODAA membership will be poised to work as part of multidisciplinary health care teams. A delegation process for dental assisting scope of practice will address several 'access to care' issues that exist within vulnerable populations. With regulation, Ontario dental assistants holding level 2 licensure will be eligible for registration and licensure in the rest of Canada; conversely, under the labour mobility agreement dental assistants from other provinces will be licensable in Ontario. With registration/licensure in Ontario the profession of dental assisting will finally have access to the manpower data that is required to evaluate and predict the needs of the profession with respect to licensure, duties, salaries, employment equity and education.

7. Do you have any other comments?

The regulatory authorities for dental assisting in Saskatchewan and Alberta have title protection on the profession of "dental assistant". Untrained employees cannot call themselves "dental assistants". We perform "authorized practices" that have been delegated by a dentist. The legislation ensures accountability on the part of the dental assistant. The legislation provides the public with a process for accountability and a line of responsibility for treatments undertaken. Dental assistants are aware of the conditions under which treatment is administered, they know the difference between appropriate actions and inappropriate. They are well aware of their training and their limitations.

Consideration should be given to title protection which should include Registered Dental Assistant, Dental Assistant and Certified Dental Assistant since ODAA also undertakes a certification process.

Additionally, the scope of practice of the Ontario Dental Assistant needs to embrace the national standards as approved by all dental assistant regulatory authorities in Canada.

Respondent: College of Dental Hygienists of Ontario (CDHO)

1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?

The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 12,000 dental hygienists registered in the province. Dental hygienists are governed under the *Regulated Health Professions Act, 1991 (RHPA)* and the *Dental Hygiene Act, 1991 (DHA)*. Dental hygienists have been a regulated profession in Ontario since 1951.

Most dental hygienists work closely with both dental assistants and dentists, and thus have a unique perspective on the issues facing the Advisory Council in its deliberations on what to recommend to the Minister. Due to its regulatory mandate, the CDHO views its role in this submission as one of providing practical information, its unique perspective, and insights into ensuring that any decision to regulate the dental assisting profession is viable and effective in the long term.

In summary, the CDHO is of the view that there is a strong case for the regulation of dental assistants under the *RHPA*. However the CDHO has significant concerns about the effectiveness and sustainability of the mentorship model that the Ontario Dental Assistants Association (ODAA) has proposed with the Royal College of Dental Surgeons of Ontario (RCDSO) and thus dentistry.

On the latter point, the history of the regulation of dental hygienists might be helpful. Prior to the proclamation of the *RHPA* and *DHA*, dental hygienists were regulated by the same body that regulates dentistry, the RCDSO. The Health Professions Legislation Review concluded that it is inappropriate for a profession, such as dental hygiene, to be regulated by the body responsible for regulating the predominant employer group. This position has subsequently been confirmed and reinforced by the Competition Bureau of Canada and is the prime reason for dental hygiene's independent self-governance across Canada (8 provinces with 2 pending). Being regulated by one's primary employer, could create the perception that employers may put their economic interests ahead of the interests of the public. The same issue could also be true for dental assistants when regulated by their primary employer, as is currently the case in six provinces. Consequently, the CDHO supports independent, self-regulation under the *RHPA* for dental assistants in Ontario.

Yes. The submissions made by the ODAA on this point, are in the CDHO's view, compelling. There are a number of aspects of the practice of dental assisting in which there is a significant risk of harm if not done competently and professionally. For example, dental assistants do take and process radiographs. Currently, dental assistants must meet the qualifications and standards specified by regulations under the *Healing Arts Radiation Protection Act (HARPA)* to do so. However, the *HARP Act* is seriously out of date and does not include the safeguards required by, nor take into account, the emerging trends in moral oral radiography. Consequently, dental assistants who are not formally educated in all other aspects of infection control, basic human physiology and oral anatomy may not be sufficiently cognizant of the most efficient and effective methods to ensure client/patient safety. In addition, Certified Dental Assistants (CDA) do perform many intra-oral procedures, though the CDHO does not consider many of the procedures listed by the ODAA to fall within the definition of "controlled acts."

The issue of infection control within any oral health clinical setting is of paramount importance. By virtue of their formal education in an accredited dental assisting program and successful completion of the National Dental Assisting Examining Board Examination, Certified Dental Assistants are fully conversant in the standard infection control procedures as defined by the Center for Disease Control in Atlanta, the gold standard in this field. While it

may be possible for a person with no formal dental assisting education to manage an infection control program within an oral health setting, that person will not have the theory behind the actions, nor be able to make safe choices within the public interest if an adverse situation should arise. In addition, a non-regulated person is contractually responsible to her/his employer and not to the public at large. The same standards, responsibilities and accountabilities that apply to other health professionals who are currently regulated, should also apply to dental assistants.

2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?

Again, the submissions made by the ODAA on this point are, in the CDHO's view, compelling. Therefore the CDHO is providing comments on only two aspects of this issue.

In the ODAA submission, there is a discussion about the role of the regulator in other Canadian jurisdictions. Unfortunately, HPRAC's inter jurisdictional review was quite minimal. Historically, with the exception of Quebec and Ontario, dental assistants have been regulated in Canada. Part of the issue in Ontario, is that Ontario was slow to adopt the Level II or CDA level of dental assisting and this has impacted on the issue of inter jurisdictional labour mobility. It is very difficult to understand why dental assistants would be regulated across Canada, but not in Ontario, where their numbers are sufficient to support a College and where there are sufficient accredited dental assisting programs to maintain the number of practitioners required.

The argument, proposed by some employers, that untrained, unregulated personnel are required in other parts of the province to fulfill their employment needs, is not a valid consideration in the discussion at hand. Colleges have many ways of addressing legitimate human resource challenges while serving and protecting the public interest. Human resource challenges should never be allowed to trump public protection and safety. The members of the ODAA have demonstrated in their submission that regulation of the profession would ensure quality and consistency but also encourage dental assistants to move to areas of greatest need.

3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.

Again, the submissions made by the ODAA on this point are, in the CDHO's view, compelling. The argument has been raised that the dentist is ultimately responsible and that dental assistants are regulated through the supervision of the dentist/employer. The CDHO respectfully disagrees. As noted above, the prime reason that dental hygienists sought self-regulation was because there is inadequate assurance of public protection when the employer has the final say when it comes to health issues, especially if reducing input costs is a priority for an employer in a competitive marketplace.

The ODAA did state in its submission that the CDHO had offered to assist them in their quest for self-regulation but that the ODAA chose to not take that option. This is quite true. However, the CDHO has always supported the issue of self-regulation for dental assisting and continues to do so.

The issue then becomes one of the nature of the regulatory mechanism to achieve this end. Based on our experience since 1993 and before, the CDHO is concerned with the ODAA's proposal to have a "creative collaboration with the RCDSO," yet be self-regulating. The RCDSO regulates the practice of dentistry, and dentistry is the primary employer of dental assistants. In their submission, the ODAA has indicated that the RCDSO would share resources and space with the new College of Dental Assisting of Ontario.

While the proposed "creative collaboration" might work, the current experience by dental assistants in British Columbia, who had the opportunity for self-regulation but chose to stay with the dental regulator at the time, demonstrates that collaboration with the primary employer's regulatory authority requires a delicate balance. Due to their experience within the College of Dental Surgeons of British Columbia, the dental assistants there have repeatedly acknowledged that this was a mistake and have requested another opportunity for self-regulation. It is unfortunate that HPRAC did not explore this particular situation in its inter jurisdictional review.

In sum, the CDHO wishes to register with HPRAC serious misgivings about the proposal to have "creative collaboration" with the RCDSO and suspects it is an approach that will not prove effective or viable in the long term.

Another option, if self-regulation is to be granted by the government but in a non-autonomous model, is to combine dental assisting with another non-oral health *RHPA* college. There could be shared space, shared public members and shared administration.

4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.

Yes. The *RHPA* provides a useful structure for the regulation of a profession like dental assisting. As dental assisting is a profession which deals exclusively in health issues, then the *RHPA* is the most appropriate piece of legislation. The *RHPA* includes a requirement for the development and implementation of a Quality Assurance Program. As continuing education and professional development is not mandatory for all dental assistants currently working in Ontario, this would be an excellent adjunct to ensuring quality care.

5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.

There is no doubt that self-regulation is costly. However, the benefits to the public out-weigh the increased cost to regulate the profession. With over 15,000 dental assistants in the province, there is the potential for ample registrants to support the work of a college and subsequent statutory functions. The members of the ODAA, which accounts for approximately 8,500 dental assistants in Ontario have supported national certification, continuing education, practice standards, ethical practice and collaboration with other health care professionals. Consequently, there is a strong core of dental assistants prepared to take on the responsibilities and accountability required with regulation.

6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.

The applicant notes the potential harm that could be caused to the public by employers hiring individuals to act as dental assistants who have no formal dental assisting education and who have no accountability to anyone but the employer. This argument is quite compelling though some employers will definitely not agree as it may force them to re-evaluate their staffing complements. There is also the danger that non-regulated dental assistants may be importuned to perform procedures beyond their knowledge, skill and judgment.

As noted above, jurisdictional labour mobility under the Agreement on Internal Trade (AIT) will be enhanced. Dental assistants from Ontario will be at the same level as those in other Canadian jurisdictions and dental assistants from across Canada will be able to move to Ontario and provide safe effective dental assisting services.

7. Do you have any other comments?

Some current employers of dental assistants have disparagingly compared the issue of dental assisting regulation to that of dental hygiene self-regulation. The inference is that if dental assistants become regulated in Ontario that it will create more problems for the employer, as there are already two (RCDSO & CDHO) regulatory colleges making "demands" in the "employer's" office. However, it is not unusual for a health care facility to employ professional from various disciplines regulated by the *RHPA*. The issue of increased salaries has been raised by some employers. Due to the available numbers of practitioners in the province and the inability of regulatory authorities to restrict the number of registrants, the benefits to the public of regulation outweigh any perceived economic disadvantages. Regulation is for one reason and one reason only – to protect the public.

Respondent: Canadian Dental Assistants Associations

1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?

Many acts within an oral health environment present the risk of harm to the public if not performed by properly trained professionals. It is the contention of the Canadian Dental Assistants Association (CDAA) that all dental assisting procedures involve a number of intra-oral tasks that present the potential for contact with bodily fluids. Moreover, dental assistants conduct radiography work that requires the knowledge of an experienced and trained professional so as to protect the public. As such, dental assisting warrants the need for regulation. We support the Ontario Dental Assistants' Association application because it clearly demonstrates that the work of Dental Assistants can pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA.

Studies and positions taken by other organizations in oral health confirm CDAA's position. Dental Assistants are trained to use routine practices regarding

infection control recognized under new HPRAC guidelines. Among the many roles of Dental Assistants, they are at the forefront of infection control in dental offices.

To ensure public safety, dental assistants must learn the fundamental concepts of radiology, sterilization and disinfection in a formal institution.

Specifically regarding intra-oral dental assisting, the CDAA supports the position that ALL Level II programs, public and private, should be accredited by the Commission on Dental Accreditation of Canada (CDAC) and that the National Dental Assisting Examining Board (NDAEB) certificate be the mandatory minimum entry standard in every province and territory.

2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?

In Ontario, dentists can presently hire people without formal education to do the work of dental assistants. CDAA finds it extraordinary that a province like Ontario should be so behind what are the acceptable national standards. Regulation of dental assistants in Ontario would ensure protection of the public by defining the criteria needed for licensure; ensuring that educational programs meet national standards, by adopting accreditation of programs as a requirement; ensuring that the appropriate examinations have been completed and requiring continuing education. ODAA has done well in recent years to encourage dental assistants to undertake formal education and maintain their credentials so as to protect the public but until there are mandatory credentialing requirements, there is always a potential that some will ignore standards that protect the public.

CDAA stands with the Ontario Dental Assistants Association (ODAA) and dental assistants in Ontario to work collaboratively to ensure that dental assisting become a regulated health profession in Ontario. The public has the right to know that dental assistants in the employ of Ontario dentists and hygienists are qualified and licensed health care professionals.

3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.

We feel ODAA has made a strong case for why the existing situation in Ontario is unacceptable. Ontario remains one of only two stalwarts against one form or another of dental assistant regulation. The Canadian Dental Assistants Association looks forward to the day where we eventually see all dental assistants meet national standards for education and certification in Ontario. We believe this will greatly enhance patient care and directly benefit dentists. Certified dental assistants reduce the dentist's exposure to liability and increase patient turnover.

It would be difficult to find a medical doctor in Canada who would argue that they or their patients would be better off if nurses had no formal education. Yet there are some in Ontario who continue to endorse the notion that dentists can and should be responsible for training dental assistants. We believe ODAA's position calling for an independent college is the most reasoned and appropriate proposal because there will be a means of ethical and professional oversight given to the work of dental assistants. It addresses the obvious need for the profession to have a body of its own in protection of the public interest. Some may argue that certification, amending or creating rules regarding supervision or placing dental assisting under the regulation of another profession would be the answer. CDAA contends that an independent body is best positioned to protect the health of Ontarians as such an organization provides a clear line of accountability from the public to the profession. We believe it is time to modernize this position and place it on par with the rest of Canada.

4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.

Yes, we believe ODAA has made a strong case for regulation under the RHPA. The health of the public and the community is too important to be left in the hands

of untrained people. Formally educated dental assistants have the knowledge of the fundamental concept: There is a difference between sterilization and disinfection. These tasks are conducted behind walls unsupervised. The public believes that the dental assistant is an expert, is formally trained and understands that fundamental concept. It should be mandatory that every dental assistant, in every dental practice be formally educated and have recognized licensure.

Furthermore, organizations such as HPRAC will benefit by the fact that licensure will allow dissemination of information to a known body of individuals.

5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.

We believe ODAA has made a strong business case for how the profession can and needs to be self-regulated. The fees proposed are in line with those paid in other provinces with self regulating dental assisting bodies. The numbers of dental assistants in Ontario would also suggest that the proposed regulating body would be financially stable. Indeed, other provincial regulators operate with far fewer dental assistants and the fees charged to them does not present an undue hardship upon them. ODAA has been in operation since 1927 representing close to 8300 dental assistants in the province of Ontario.

But beyond the business case and success of ODAA as an organization, there are serious labour mobility issues HPRAC must consider all of which have important economic impacts on Ontario and on oral health care in Canada.

The profession of Dental Assisting has worked diligently to conform to the requirements of the Agreement on Internal Trade, specifically the Labour Mobility clause and as such has initiated a Mutual Recognition Agreement. This agreement has been signed by the 8 provinces that recognize Dental Assisting as a regulated profession, and endorsed by the 2 provinces where the profession remains unregulated. One of those is the Province of Ontario. Quebec, the remaining province, is currently reviewing regulation of dental assistants as well. Consequently, the absence of regulation for Dental Assistants in Ontario brings the credibility and validity of this landmark agreement into question.

Ontario dental assistants experience barriers to labour mobility because dental assisting is not a regulated health profession in Ontario. This not only negatively affects Ontarians but places additional burdens on other regulatory jurisdictions.

6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.

In Ontario, dentists can hire anyone they want. Most know the dentist is trained. There is a diploma on the wall and everyone know that dentists have to attend dentistry school and study for years before they get a license. What about the person who hands the dentist all the things that she or he puts into the mouths of patients? Are they trained, qualified or accredited? In some cases they are well trained. It is the result of post-secondary education. They have diplomas and they are taking part in on going professional training programs. They know what they are doing and that is very important for they are delivering dental health care to the public. The chair side assistant is a health care professional! Or are they? It depends where you live in Ontario and what kind of a dentist you attend.

In most parts of Canada, chair side assistants must be either licensed or accredited. They must have studied and passed an approved exam to work in a dental office and deliver dental care. In Ontario, this is not necessarily the case. Infection control in other medical assisting professions is recognized as an element of public interest. Yet when it comes to dental assisting, Ontario's regulations seem silent. Having dental assistants regulated means they will be required to have continuing education that keeps them up to date on areas of interest to protecting the public.

7. Do you have any other comments?
<p>Canadian Dental Assistant's Association is delighted that HPRAC is presently exploring the regulation of Ontario dental assistants. The CDAA is the federation of provincial and military dental assisting organizations supporting the provinces in the advancement of the profession. CDAA is also the advocate for dental assisting at the national level and contributes to the oral health of Canadians.</p> <p>One key strategic goal of CDAA is to have dental assisting be a regulated health profession in all provinces. Presently, dental assisting is not regulated in Ontario and Quebec. Regulation is fundamental in ensuring that health care providers maintain a level of professionalism and competence to serve and protect the public. Dental assistants are valued and essential members of the dental health team and have attained increased responsibility with the evolution of the profession. They are essential health care providers in the areas of infection control and are now able to perform a number of intra-oral skills.</p> <p>Regulation of dental assistants in Ontario would ensure protection of the public as well as the profession by defining the criteria needed for licensure; ensuring that educational programs meet the national standards, by adopting accreditation of programs as a requirement; ensuring that the appropriate examinations have been completed and requiring continuing education.</p>

Respondent: Board of Directors of Drugless Therapy - Naturopathy
1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?
<p>Yes. Regulation by an RHPA College is necessary to address the inadequacies of the HARP Act and thereby mitigate the risk of harm of dental assistants taking and processing radiographs.</p> <p>Ensuring the highest standards of infection control within a clinical setting is of paramount importance, particularly within the current health care environment. Although RHPA regulation per se may not be required to ensure adequate standards of infection control, a College can be expected through its Standards of Practice and Quality Assurance mechanisms to articulate and enforce consistent and effective practices.</p> <p>The ODAA application refers to intra-oral procedures that are being performed via delegation by assistants who may not have the knowledge skill and judgment to perform the procedures safely and competently. The potential risk of harm to patients supports the need for regulation to protect the public interest.</p>
2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?
<p>Yes. The ODAA has made a sufficiently strong case to satisfy the Board's view that there is a need for regulation in order to protect the public. In the absence of another, viable model of regulation for health care professions, the RHPA appears to be the only choice.</p>
3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.
<p>The BDDT-N is convinced by the case made by the ODAA that the current framework of delegation and supervision by dentists may not adequately serve and protect the public interest because of the apparent risk in the current framework of employer interests superseding the interests of public safety and protection.</p>
4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such

as body of knowledge and scope of practice, education requirements etc.
Yes.
5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.
With over 15,000 dental assistants in the province, the proposed College should have no difficulty funding effective regulation, or having an ample pool of registrants to support the College and its functions and to populate its statutory committees. The role of the ODAA thus far in supporting national certification, continuing education, practice standards and ethical practice positions the profession well for the transition to statutory regulation.
6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.
Yes. RHPA regulation of dental assistants can be expected to benefit the wider health care system in the following ways:
<ul style="list-style-type: none"> • Ensuring that a minimum threshold of competency required to serve and protect the public exists and is applied consistently and rigorously across the Province. • Ensuring access to a transparent and effective public complaints process for anyone who experiences a misadventure at the hands of a practitioner. • Ensuring, through entry to practice requirements, Standards of Practice, Guidelines and quality assurance mechanisms, that practitioners have the knowledge, skills and judgment to perform their duties safely and effectively. • Ensuring the public interest prevails over employers' interests. • Enhancing the visibility of the profession, which in turn will enhance interprofessional collaboration, public awareness and better informed health care choices by members of the public. • Contributing to inter-jurisdictional professional mobility and to effective health human resources management.
7. Do you have any other comments?
No.

Respondent: Canadian Business School
1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?
We submit the Dental Assistant Program should NOT be regulated under the Regulated Health Professions Act, 1991. Accreditation certainly should NOT mandated under the CDAC.
2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?
3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.

4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.
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7. Do you have any other comments?

Respondent: College of Chiropractors of Ontario and on behalf of the Ontario Podiatric Medical Association and the Ontario Society of Chiropractors
1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?
<p>This submission to HPRAC has been prepared by the College of Chiropractors of Ontario (hereinafter referred to as the "College" or "COCOO"), in collaboration with the two professional associations that represent chiropractors and podiatrists in the Province, namely the Ontario Society of Chiropractors ("OSC") and the Ontario Podiatric Medical Association ("OPMA"). The College regulates 576 registrants pursuant to the Regulated Health Professions Act (RHPA) and the Chiropractic Act, 1991.</p> <p>Because of the pending Chiropractic/Podiatry review, the College, OSC and OPMA are carefully monitoring other HPRAC reviews that involve examinations of scopes of practice, controlled acts and protected titles.</p> <p>Our interest in the dental assistants referral was also prompted by the second part of the Minister's referral, namely asking HPRAC to:</p> <p>"... take into account the activities (dental assistants) take with respect to x-rays and other forms of energy and the circumstances in which these are being done."</p> <p>We also wish to comment on the collaborative model of regulation that the Ontario Dental Assistants Association has proposed.</p> <p>Finally, we note that dental assistants are currently regulated, either independently or with another profession, in every province except Ontario and Québec. That, in itself, suggests a prima facie case for regulation. In addition, statutory regulation in Ontario would facilitate inter-jurisdictional mobility with the other regulated provinces. Although the ODAA may not have made an overwhelming case for RHPA regulation, we believe that a sufficiently strong case has been made to pass the risk of harm threshold.</p>

We do not claim to have sufficient clinical expertise to comment on whether the intraoral procedures performed by dental hygienists relate to all or a portion of any existing RHPA controlled acts, or otherwise constitute a material risk of harm if performed by inadequately trained practitioners.

The ODAA claims that dental assistants' role in infection control argues for RHPA regulation. We fully appreciate the importance of infection control in today's health care delivery environment and agree that the existence of an RHPA College that sets and enforces effective infection control standards should be supported in the public interest.

Dental assistants' taking and processing radiographs, however, strikes us as the most compelling "risk of harm" argument for RHPA regulation. We acknowledge that dental assistants who have the training prescribed by the Healing Arts Radiation Protection Act (HARPA) are currently authorized by that Act to take radiographs ordered by dentists. In theory, HARPA alone provides sufficient regulatory oversight and there isn't a need for another regulatory overlay in the form of the RHPA. Nevertheless, we also are very much aware that HARPA is seriously outdated legislation that has not kept pace with innovations in technology, nor with the evolution in professions' education, scopes of practice and competencies. Accordingly, the creation of an RHPA College for dental assistants to ensure adequate training, standards to practice and Quality Assurance to take radiographs safely and effectively is a necessary surrogate to HARPA to protect public safety.

2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?

Yes.

The most compelling arguments made by the ODAA for independent regulation are that the current environment:

- allows dentists to employ "dental assistants" who have not been adequately trained for the jobs they are asked to do; and
- means that dental assistants' roles and accountabilities are defined primarily by their employment contracts.

The Health Professions Legislation Review determined that it was inappropriate for health care employees to be regulated by their employers' regulator. The Bureau of Competition Policy has reached similar conclusions.

What is perhaps missing from the ODAA application is an examination of other regulation models (e.g. registry, statutory title protection, mandatory certification) and why they fall short of achieving the objectives specified by HPRAC.

3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.

Yes.

The argument has been made in other submissions to HPRAC that the current framework, where dentists are ultimately responsible for whatever dental assistants do and where dental assistants are effectively "regulated" through supervision by the dentists who employ them, is adequate. Those submissions have not explained how the public interest is protected if and when the interests of the dentist/employer and the public interest diverge.

<p>Regulation will define the scope of practice and authorized acts for the profession, plus the criteria necessary to enter and continue to practise the profession, will establish direct accountability to a College whose exclusive mandate is to serve and protect the public interest and will provide a publicly accessible complaints and disciplinary process for dental assistants.</p>
<p>4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.</p>
<p>We would have liked to have seen a more fulsome examination of other regulatory alternatives. Nevertheless, regulation under the RHPA still represents the gold standard in Canada in terms of public protection.</p>
<p>5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.</p>
<p>Our response is equivocal.</p> <p>On one hand, with approximately 15,000 dental assistants currently practising in the Province, the proposed College would instantly become one of the largest RHPA Colleges and would be larger than any of the other oral care Colleges. With that magnitude of registrants, the College should have no difficulty being adequately funded, nor should there be any dearth of members to run for or be appointed to Council and committee positions. The historical role of the ODAA in terms of continuing education, setting practice standards, requiring ethical practice and supporting national certification, seems to position the profession well for an easy transition to the RHPA.</p> <p>On the other hand, we are perplexed by the ODAA's proposal for a collaborative regulatory relationship with the Royal College of Dental Surgeons of Ontario. We are all in favour of interprofessional and Inter-College collaboration. Nevertheless, this proposal would seem to undercut the professional independence case for regulation and would also appear to undercut the claims made about the profession's readiness for and commitment to RHPA regulation.</p>
<p>6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.</p>
<p>Yes. The proposal would both bring consistency to and likely elevate the competencies of those employed as dental assistants, could enhance interprofessional collaboration, labour mobility (to meet Ontario's commitments and help address any HR issues in Ontario) and put in place an effective regulatory regime that serves and protects the public interest in the practice of dental assisting.</p>
<p>7. Do you have any other comments?</p>
<p>No, we do not have any further comments.</p>

Respondent: College of Respiratory Therapists of Ontario

Thank you for the opportunity to comment on this important topic.

Respiratory Therapists do not often encounter oral care professionals in their regular practice except in 2 possible scenarios: as members of the interprofessional team in more invasive dental procedures, where the RT may be providing conscious sedation to the patient, and in the application of the IHI Ventilator Associated Pneumonia (VAP) prevention protocol. The latter is commonly found in a critical care setting, a common practice for Respiratory Therapists but not for oral care professionals.

As such, the only recommendation we would have with respect to skills and competencies would be those related to interprofessional collaboration and those relating to infection control, specifically in regard to the critical care setting and for patients receiving mechanical ventilation.

Respondent: Denturist Association of Ontario

1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?

Dental Assisting poses a potential risk of harm to the health and safety of the public, which can be mitigated by regulation of the profession under the RHPA.

There is significant disparity in the level of training, education and qualifications for dental assistants practising in Ontario. This varies from dental assistants with on-the-job training (i.e. no formal education or qualifications) to graduates of accredited dental assisting programs who have demonstrated their competency, and have successfully completed the National Dental Examining Board (NDAEB) written examination. There are no enforceable standards to ensure that persons receiving on-the-job training meet the level of instruction/standards taught in dental assisting programs. There also may be disparity between accredited and non-accredited programs. Dental assistants with no formal education, and graduates of non-accredited programs who have not completed the NDAEB written examination and the Clinical Practice Evaluation (CPE), have not been qualified by an objective authority to ensure that they are safe and effective practitioners.

Dentists are able to delegate infection control and waste management responsibilities to dental assistants who have no formal education in disease transmission and asepsis. The absence of qualifications for entry-to-practice and uniform standards of practice for infection control and exposing radiographs is of particular concern to the risk of harm and safety of the public.

The Healing Arts Radiation Protection (HARP) Act provides the authority for dentists to prescribe the exposing, mounting, and processing of radiographs to dental assistants who have graduated from radiography programs approved by the Commission or the Director of X-ray Safety. The former HARP Commission reviewed curricula and monitored radiograph programs in educational facilities; however, it no longer exists. The likelihood of the Commission being resuscitated in the foreseeable future appears unlikely. In any event, the HARP Act has not kept pace with changes and advances in technology and educational programs. A dental assisting regulatory body could mitigate risk of harm and improve public safety by establishing evidence-based radiography competencies for dental assisting, and by ensuring that all dental assistants meet these requirements through entry-to-practice standards, continuing competency and continuing education.

Dental assistants are members of a dental community that includes dental hygienists, dental technologists, denturists, and dentists. A clear understanding of the dental assisting scope of practice is necessary for inter-professional collaboration, and delegation and assignment of dental assistant duties. The Royal College of Dental Surgeons of Ontario (RCDSO) has dentist guidelines for the delegation of intra-oral dental assisting duties; however, the RCDSO does not regulate dental assistants. The dental assistant profession without regulation lacks any form of public accountability through enforceable complaints, discipline and fitness to practice processes. Conceivably, dental assistants who cause harm could move and continue to practise.

2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?

Public interest would be served by regulating the profession of dental assisting. Entry-to-practice standards will evaluate the qualifications (competency, skill, knowledge and judgment) of all dental assistants entering the workforce. The public will be assured of the safety and effectiveness of dental assistants.

Regulating the profession will ensure that all practising dental assistants perform their duties to common standards of practice, which is not the case today. Continuing competency and continuing education requirements will provide quality assurance that dental assistants are competent and current with new techniques, materials, and trends.

The public, the profession, and inter-professional collaboration would benefit from a more clearly-defined dental assistant scope of practice. Dental assistants work with other dental professions as members of an oral health team. To function safely and effectively the team needs to know the scope of practice of the members, any overlap and the delegation and the assignment of duties. Accordingly, the public would benefit from the appropriate delegation and assignment of duties.

Although the RCDSO has established guidelines for the delegation of intra-oral dental assisting duties, they are not monitored. Regulation of the profession of dental assisting would create accountability to more than the dentist employer.

A dental assisting regulatory body would serve Ontario public interest by defining the profession's scope of practice, and by establishing and enforcing qualification standards for entry-to-practice, standards of practice, and professional accountability.

3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address

<p>risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.</p>
<p>Although the Ontario Dental Assistants Association (ODAA) certifies Ontario dental assistants, approximately half of the dental assistants in the province are not certified. They have entered the workforce without evaluation of their competency and qualifications, they are not monitored, and they have no accountability beyond the employer-employee relationship. Regulation of the dental assistant profession will address these issues, and title protection would safeguard against unauthorized practice. The public would be assured that dental assisting duties are performed only by certified dental assistants.</p> <p>The dental assistant profession requires a regulatory framework for appropriate public accountability. The ODAA complaints and discipline policies are currently the only mechanism. However, many dental assistants are not members of the ODAA and are not subject to any form of accountability. Even ODAA members who are subject to some “disciplinary action” could simply resign their membership in the ODAA, thereby avoiding any sanctions and be able to continue to practise as before. ODAA policy lacks the inherent enforceability of the RHPA and profession-specific regulations to investigate complaints and to discipline all members of the dental assistant profession.</p>
<p>4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.</p>
<p>Regulation under the RHPA is appropriate for the dental assistant profession.</p> <p>Regulation of the profession will define the scope of practice of dental assistants and clarify the role of dental assisting within the context of the oral health team. It will ensure the competency of new dental assistants entering the profession, continuing competency and provide accountability.</p> <p>A dental assistant regulatory body would define occupational standards and educational requirements necessary for the standardization of dental assistant programs. It could review curricula of radiograph programs, a function of the former HARP Commission. The regulatory body could oversee the revision and standardization of dental assistant radiography education.</p>
<p>5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members’ commitment and ability to support the costs and development of statutory regulation.</p>
<p>Regulation of the dental assistant profession is practical and feasible to implement under the RHPA.</p> <p>Economies of scale make the cost of dental assistant self-regulation possible. There are large numbers of dental assistants in Ontario to populate elected positions on the Council and positions with various College standing and ad hoc committees. The ODAA reported that it has 7,700 certified members; there are an estimated 15,000 dental assistants in the province. The ODAA has deferred revenue for self-regulation and is prepared to provide seed funding in the range of \$250,000 - \$400,000. It has drafted a feasible budget and financial plan.</p> <p>Self-regulation with inter-professional collaboration to develop infrastructure, regulations, by-laws, policies and procedure is a practical operational model. The ODAA states in its submission that “conflicts are inherent with being regulated by one’s employer”; and yet it proposes a mentorship model with the RCDSO. It seems that inter-professional collaboration with a health regulatory body (not a dental related regulator) would better support independent self-regulation by</p>

limiting potential conflicts of interest, control, and/or turf issues. Outside the realm of oral health, there are many established health regulatory Colleges that could fulfill a mentorship role. The Federation of Health Regulatory Colleges of Ontario (FHRCO) is another source. The FHRCO has the expertise, and a credible track record of providing mentorship to existing and newly regulated health professions.

6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.

Regulation of the dental assistant profession will strengthen inter-professional collaboration with members of the oral health team. Traditionally dental assistants have worked only in dental offices. However, with self initiating dental hygienists opening dental hygiene clinics, the opportunity arises for dental assistants to be employed by dental hygienists as well. Also level II dental assistants are beginning to be employed by denturists. This inter-professional collaboration will improve the quality of service and access to care for the public of Ontario.

The dental assisting profession is regulated in all the Canadian provinces excluding Ontario and Québec. Dental assistants are self-regulated in Alberta and Saskatchewan. Dental assisting in Ontario has not kept pace with the profession in other provinces. The ODAA proposes the eventual same scope of practice for Ontario dental assistants as that in all other regulated Canadian jurisdictions. Implementing a national standard will support labour mobility and eliminate barriers to Ontario dental assistants wanting to work in other provinces and territories. It will empower the dental assistant profession in Ontario to meet federal government requirements for labour mobility.

7. Do you have any other comments?

Respondent: Durham College

1. In your view, does the applicant meet the 'risk of harm' threshold? In other words, has the applicant demonstrated that Dental Assistants pose a risk of harm to the health and safety of the public if the profession is not regulated under the RHPA?

In the Dental Environment the risk of any form of pathogen transfer is exceptionally significant with respect to contamination, cross contamination and direct transfer. This is exemplified by the continuous daily exposure to living tissues including; blood, saliva, oral epithelial tissue and bone, which through a number of procedures will create airborne, direct and indirect exposure to potentially harmful pathogens. Proper sterilization and infection control procedures must be taught and regulated to ensure the public's safety and to prevent the transmission of disease. For public safety and protection, the profession should be regulated to ensure that Dental Assistants have appropriate education in the areas of microbiology, disease transmission and infection control measures. Infectious outbreaks in recent years emphasize the importance of eliminating public health risk by ensuring health care providers are qualified and educated.

Dental Radiography procedures, specifically exposure of dental radiographs must only be permitted by Dental personnel that are trained and successful in an

<p>accredited program that closely follows H.A.R.P. regulations and C.D.A.C. approval. There should be a uniform national standard and regulation would ensure that qualified educators teach this component in Dental Assisting programs. Dental health professionals; including Dental Assistants, Dental Hygienists, and Dentists must follow the same guidelines and requirements that legislate and regulate their professional practice and skills to expose dental radiographs. The exposing of radiographs should be a controlled act in all provinces for public safety and better standardization.</p>
<p>2. In your view, has the applicant demonstrated convincingly that it is in the public interest that Dental Assistants be regulated under the RHPA?</p>
<p>The ODAA has clearly demonstrated that it is in the public's best interest that dental assistants be regulated.</p>
<p>3. From your perspective, has the applicant convincingly demonstrated that existing mechanisms (e.g., certification, supervision, etc.) are insufficient to address risk of harm arising from the practice of the Dental Assistant profession? You may comment on issues such as alternatives to regulation under the RHPA.</p>
<p>It is clear from the ODAA's submission that there are many loop holes in the process of certification. While we differentiate from the Level I and Level II Dental Assistant, it is apparent that there are no boundaries or regulations that are significantly clear to practitioners or the public that define a Dental Assistant's legitimate scope of practice, leaving a vast horizon for accountability. While "hands on supervision" and "on the job training" are essential precipices for improvement in all Dental professions, there must be defined guidelines and rules in place to ensure that the best dental health care provisions are administered and public safety is always ensured.</p> <p>Professional regulation with standards mandating professional development and continuous skill development must absolutely be considered in furthering this process. Self-regulation of Dental Assistants will promote accountability of it's registrants.</p>
<p>4. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is appropriate for the profession? You may comment on issues such as body of knowledge and scope of practice, education requirements etc.</p>
<p>The RHPA legislatively mandates regulation which ensures public safety.</p> <p>The ODAA has successfully demonstrated that requirement in conjunction with RHPA legislation.</p> <p>Through the granting of regulatory responsibility, the government is entrusting the profession with the responsibility of ensuring public safety. The dental assistant profession has the responsibility to ensure that their members are safe practitioners. They will also have the legal authority to impose processes that require their members to maintain their competency. The Association has the ability and responsibility to develop and administer their own bylaws. They must maintain and administer a member registry. They must elect their own representatives to a governing council. A transparent regulatory process will define the criteria by which registration will occur and licenses will be awarded. The profession will be empowered to institute processes which ensure the educational programming for dental assisting within Ontario meets a standard. The application addresses the mechanisms that standardize entry to the profession, national standard of accreditation, National Board examinations and Clinical Practice Evaluations. They will also ensure the enactment of processes that ensure that lapsed dental assistants meet current industry standards prior to re-instatement.</p>
<p>5. In your view, does the applicant convincingly demonstrate that regulation under the RHPA is practical and feasible to implement for this profession? You may comment on issues such as economic implications and members' commitment and ability to support the costs and development of statutory regulation.</p>
<p>Yes, it seems to be clearly demonstrated that regulation under the RHPA is both practical and feasible. ODAA has been the certifying body, however being voluntary, this does not replace regulation and still leaves voids putting the public at risk. Dental assisting students are strongly encouraged to maintain professional memberships and the ODAA membership statistics show growth demonstrating members' commitment to the profession.</p>

6. From your perspective, does the applicant convincingly demonstrate the extent of the impact by which the regulation of Dental Assistants will have on Ontario's wider health system? You may wish to comment on such issues as inter-professional collaboration, labour mobility, access to care, health human resource productivity and health outcomes.

Dental assistants work in a close and collaborative relationship with both Dentists and Dental Hygienists to support clients' oral health care. Regulation will work to enhance this partnership and give Dental Assistants the opportunity to provide oral care in alternative settings, reaching clients that don't easily access care. In addition, the standardization of Dental assisting through regulation will provide better labour mobility between provinces.

7. Do you have any other comments?



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