



March 29, 2022

Caitlin Cleveland
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Dear Caitlin:

Thank you for your letter requesting feedback from the Ontario Dental Hygienists' Association (ODHA) regarding the conditions under which dental hygienists should have the authority to practise independently in the Northwest Territories (NWT).

Firstly, we appreciate your recognition of the important role dental hygienists play in the delivery of high-quality oral health care. Dental hygienists graduating from accredited dental hygiene programs possess extensive competencies and are well positioned to practise independent of dentists.

Our feedback is structured in two sections: background on dental hygiene practice in Ontario, followed by specific recommendations related to independent practice in the NWT.

Dental Hygiene Practice in Ontario

The scope of practice of dental hygiene in Ontario is:

The practice of dental hygiene is the assessment of teeth and adjacent tissues and treatment by preventive and therapeutic means and the provision of restorative and orthodontic procedures and services (Dental Hygiene Act, 1991).

Dental hygienists have access to the following authorized acts (Source: *Dental Hygiene Act, 1991*)

In the course of engaging in the practice of dental hygiene, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

- 1. Scaling teeth and root planing including curetting surrounding tissue.*
- 2. Orthodontic and restorative procedures.*
- 3. Prescribing, dispensing, compounding or selling a drug designated in the regulations. 1991, c. 22, s. 4; 2009, c. 26, s. 4 (1).*

Further details are found here: <https://www.ontario.ca/laws/statute/91d22>

Beyond the authorized acts listed above, Ontario dental hygienists can also provide services such as:

- Implement the dental hygiene process of care which includes conducting an initial dental hygiene assessment/examination, dental hygiene diagnosis, planning treatment, implementing the plan, and evaluating the treatment
- Oral cancer screening
- Take dental impressions
- Fabricate mouth guards
- Application of anticariogenic/antimicrobials agents to hard tissues
- Chemotherapeutic/photodisinfection therapy
- Interim stabilization technique (temporary restoration)
- Sealants
- Orofacial myofunctional therapy
- Subgingival periodontal irrigation
- Desensitization of teeth
- Teeth whitening
- Diet counselling related to oral health
- Tobacco use cessation counseling

Dental hygienists who have met the requirements of the College of Dental Hygienists of Ontario (CDHO) are eligible to self-initiate scaling and root planing. The details about self-initiation requirements are found in CDHO's document:

<https://www.cdho.org/docs/default-source/pdfs/reference/self-initiation/selfinitiationpackage.pdf>

Dental hygienists who have met these requirements to self-initiate can practise independently, either in their own physical clinic or by delivering mobile services (or combination of both). Some may continue to work in dentists' offices but practise autonomously within that setting. Dental hygienists in Ontario can also work in other practice settings, such as public health, hospitals, research, education, and corporate.

All dental hygienists in Ontario have the authority under the *Healing Arts Radiation Protection (HARP) Act* to perform radiographs (x-rays). Currently, dental hygienists cannot order radiographs. We believe this negatively impacts access to care, especially for dental hygienists in independent practice because they require an order from a dentist or other prescriber as outlined in the *HARP Act*.

There are three classes of registration in Ontario: general, specialty, and inactive. The regulations identify the requirements for each class of registration in Ontario:

<https://www.ontario.ca/laws/regulation/940218#BK11>.

All dental hygienists in Ontario are required to have professional liability insurance. This is included as part of ODHA membership. CDHO requires a minimum of \$1,000,000 per

occurrence and an annual aggregate coverage of at least \$5,000,000. Further details are found on page 34 of the By-Law 5, which can be accessed here: <https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf>

In Ontario, the *Regulated Health Professions Act*, 1991 requires each regulatory college to develop a quality assurance program (QA) to ensure regulated health professionals remain competent to practice. Each regulatory college was able to establish its own QA program and the requirements vary depending on the college. CDHO has provided several options regarding how dental hygienists can meet the QA requirements. Details about CDHO's current QA program are found here: https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qaprogram_guidelines.pdf. The CDHO is currently undertaking a review of its QA program; therefore, the requirements and components of the program may change in the future.

ODHA believes dental hygienists should have expanded scope and ODHA is currently advocating for legislative changes to include the following authority for:

- ordering radiographs (x-rays) in the oro-facial complex;
- communicating a diagnosis within the scope of practice of dental hygiene;
- prescribing, dispensing, compounding and selling the following broad categories, but not necessarily be limited to the following: anti-infectives including antibacterials, antivirals, antibiotics, anti-fungals and anticariogenics, within the scope of practice of dental hygiene; and
- ordering and administering local anaesthesia by injection within the oro-facial complex.

The proposed changes will enhance the scope of practice and enable qualified dental hygienists to provide more comprehensive care to their clients. This is particularly important where the service location is outside the traditional dental office, in a remote or rural setting, or in underserved communities, or to provide services to those who are homebound or in long-term care homes.

Recommendations for Dental Hygiene Practice in the NWT

In modernizing the legislation governing dental hygienists in the NWT, you have the opportunity to improve access to care by allowing qualified dental hygienists to have a broad scope, thereby enabling them to better meet their clients' needs. Permitting dental hygienists to practice independently from dentistry would also increase employment opportunities and enhance access to care, especially in small or remote communities because dental hygiene practice is very portable.

Careful consideration should be given on conditions under which a dental hygienist can operate independently such as hours of experience before practising independently and other educational requirements in addition to those required as part of entry to practice into the profession. Barriers should not be created by onerous requirements for dental

hygienists to practice independently. You may wish to consider whether other professions are required to complete a certain number of hours prior to practising independently. Professional development is important to maintaining competency and should be based on the learning needs of dental hygienists working in the NWT.

Dental hygienists who have graduated from an accredited program should have the knowledge, skills, and judgement to decide when to proceed with treatment (self-initiation without an order from a dentist).

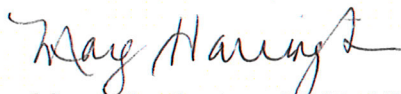
You may wish to have a general class of registration and expand the scope to allow all registered dental hygienists who have upgraded their education or completed a program that prepares them to perform certain procedures such as administering local anaesthesia.

Please do not hesitate to contact us if you have any questions as you move forward.

Sincerely,

 R.R.D.H.

Carrie Vondrau, RRDH
President



Marg Harrington, MHS, MHE
Executive Director