

STUDY OF BEST PRACTICES AND FEDERAL BARRIERS RELATED TO THE SCOPE OF PRACTICE AND SKILLS TRAINING OF HEALTHCARE PROFESSIONALS

Oral Presentation

Thank you, Mr. Chair. I am Ann Wright, Director of Dental Hygiene Practice at the Canadian Dental Hygienists Association (CDHA). To my right is Victoria Leck, RDH and Manager of Professional Development. CDHA is the collective national voice of more than 26,000 dental hygienists in Canada, representing over 17,000 individual members. Dental hygiene is the sixth largest regulated health care profession, and dental hygienists play a vital role in helping to maintain and improve the oral and overall health of Canadians.

Dental hygienists are educated at four universities and thirty-three colleges across Canada, and practise in a variety of settings, including public health agencies, independent dental hygiene practices, traditional dental practices, hospitals, long-term care facilities, educational institutions, and research centres. Dental hygiene care is not limited to providing preventive services such as scaling, root planing, tooth sealants, and fluoride applications. We also examine clients for oral cancer and are committed to facilitating behavioural change through tobacco cessation and nutritional counselling. In addition, CDHA has participated in Minister Ambrose's Family Violence and Child Abuse Prevention Roundtable discussions. Because the physical signs of family violence often occur in the head, neck, and face, dental hygienists are in a key position to identify and report on these signs and symptoms.

We are very pleased to have the opportunity to meet with you today and highlight the areas in which the federal government can provide leadership to better meet the health needs of all Canadians.

Current Health Status of Canadians

Poor oral health can cause pain, diminish workplace productivity and general quality of life, and is now recognized as a risk factor for diabetes, cardiovascular and lung diseases. In its report published in 2014, the Canadian Academy of Health Sciences identified the major issues and inequalities in relation to oral health and access to oral health care in Canada.¹ Compared to the rest of the Canadian population, vulnerable groups, including seniors, Aboriginal people, and the homeless, are more likely to avoid dental care due to cost and have untreated dental decay, gum disease, and pain.

Although health care in Canada is delivered primarily by the provinces, the federal government does have populations for which it is directly responsible for providing health services. Veterans benefit from programs managed by the Department of Veterans Affairs; First Nations and Inuit communities receive health care through Non-Insured Health Benefits (NIHB) programs. Insofar as Canada's Indigenous populations are concerned, the First Nations and Inuit oral health surveys have shown repeatedly that they experience poorer oral health as compared with Canadians as a whole.^{2,3}

Compared with other OECD countries, Canada ranks among the highest in mean per capita spending on dental care, but the majority is funded by private insurance plans, which are not accessible to Canada's

neediest.⁴ Canada requires leadership from the federal government to ensure that all Canadians have equitable access to appropriate health care professionals who can provide the highest quality care in the right setting and at the right time based on their personal needs.

a) Federal Role in the Scope of Practice of Canadian Healthcare Professionals

A profession's scope of practice encompasses the activities that practitioners can perform based on educational preparation and legislative authority.⁵ In Canada, a profession's scope of practice is shaped by social, legislative, regulatory, and financial forces which have often hindered the optimization of resources and the overall improvement of care.⁵

Currently, dental hygiene scopes of practice vary considerably across Canada and these differences become apparent when comparing provincial and territorial legislation. For example, Albertans have direct access to a dental hygienist, with the broadest scope of practice in Canada. Dental hygienists in that province hold prescribing authority for Schedule One drugs, can take and interpret radiographs, and provide local anaesthesia to alleviate oral pain during health procedures. In contrast, federal programs, such as those offered by Veterans Affairs, prohibit dental hygienists from practising to their full scope by permitting only the most basic level of dental hygiene services for veterans. These services are based on the lowest common denominator of dental hygiene scope of practice.

Moreover, First Nations communities often have little and/or infrequent access to oral health providers. Yet the Non-Insured Health Benefits (NIHB) program for First Nations does not recognize dental hygienists as direct oral health care providers even if they live on or near First Nations communities, except in the province of Alberta. We urge the federal government to move quickly to ensure that all NIHB Program recipients have the same access to oral health services across the country.

In the north, supervisory provisions require dental hygienists to work under the direction of a dentist exclusively which severely limits public access to oral health care. This requirement has been removed from almost all provincial legislation leaving Canada's northern populations decades behind the rest of the country.

b) Best Practices on the Use of Scope of Practice (Canada and internationally)

The goal of a successful health care system is to deliver safe, effective, and efficient care. The best use of the health professions' scopes of practice embraces innovative solutions to meet the evolving needs of the public.⁵

For example, despite current regulatory barriers in the Far North, CDHA has partnered with Health Canada and the Government of Nunavut in an innovative oral health project for children between the ages of 0 and 7, living in 19 Nunavut communities.

The Government of Nunavut is funding a project where dental hygienists provide preventive services which include temporary restorations, called interim stabilization therapy (IST), to prevent pain and

preserve tooth structure until the child can be seen by a dentist. The project, launched in 2014, has encouraging preliminary results, and is a compelling example of the creative and effective use of health human resources to meet the demands of a specific population. We have enclosed a photo collage from this project.

Dental hygienists advocate for a national dental hygiene standard of practice that maximizes scope of practice to ensure that all Canadians, no matter where they reside, can receive equitable oral health care services.

c) Federal Role and Support for Skills Training and Curriculum Development

The alignment of optimal scopes of practice with innovative models of care through educational, legal, regulatory, and economic structures will require time and cooperation from all stakeholders.⁵ Education is governed provincially, but with dental hygiene programs offered in eight provinces and 37 institutions, there is a federal role for standardized curriculum and accreditation, as well as opportunities to invest in linking education with scope of practice, regardless of jurisdiction.

In addition, the federal government is ideally positioned to take a leadership role in supporting pan-Canadian health human resources planning and innovations in interprofessional models of care to achieve "better health, better care and better value." The sustainability of the health care system requires cost-effective models of practice, and we recommend that the federal government assume a greater role in health human resources planning, and in the support of interprofessional collaboration. The ultimate goal of an equitable and sustainable system is for the transformation of scopes of practice and models of care to best meet the needs of Canadians.

To summarize, CDHA is submitting three recommendations for your consideration:

1. Federal Role in Scope of Practice

The federal government must recognize dental hygienists as service providers and extend oral health services to the populations that it serves through its federal health care programs;

2. Best Practice on the Use of Scope of Practice

In order to ensure that all Canadians have equitable access to the right professional providing the highest quality care in the right setting and at the right time, the federal government must review and amend outdated legislation related to scope of practice, particularly in the Far North;

3. Federal Role and Support For Skills Training and Curriculum Development

The federal government must invest in education and training that supports comprehensive scopes of practice, and must play a greater role in pan-Canadian health human resources planning.

While we recognize that health care is primarily regulated and delivered at the provincial and territorial levels, the federal government does have a key leadership role to play. With the oral health disparities experienced by our First Nations and Inuit populations and rising health care costs, it is imperative that we work together to ensure that all Canadians have access to oral health services. We still have

significant work to do to guarantee that Canada has the “right mix of health care providers, with the right skills, in the right place, and at the right time.”

Once again, Mr. Chair, on behalf of the Canadian Dental Hygienists Association, we thank you for allowing us to contribute to this discussion, and we look forward to working with the federal government and other stakeholders to implement these identified recommendations.

References

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