



**THE CANADIAN DENTAL HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES**

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Mr. Daryl Beckett

Director, Professional Regulation

Ministry of Health Services

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Ms. Jennifer Lawrence

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Dear Mr. D. Beckett and Ms. Jennifer Lawrence

I am writing to you on behalf of the Canadian Dental Hygienists Association to provide comment on the draft dental hygiene regulations and by-laws. We have analyzed the suggested changes and provided our recommendations and rationale in Appendix A. We congratulate you on beginning the process for revising these important bylaws that have the potential to increase access to care. We believe that it is critical to develop bylaws that provide public safety, while not compromising the principle of access to care. We also believe that some of the areas in the draft bylaws fall short of changes that are occurring across the country and compromise B.C.'s existing reputation as one of the leaders in the development of progressive regulations/bylaws.

We would like to inquire about what the next stage is in the development of the bylaws. We look forward to working collaboratively with you.

Sincerely,



Ann Wright (Acting) Executive Director

CC:

Cindy Fletcher, British Columbia Dental Hygienists Association, #301 – 9600 Cameron Street, Burnaby, BC V3J 7N3, Cindy Fletcher [cfletcher@bcdha.bc.ca]

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## **Appendix A**

### **CDHA's Response to draft British Columbia, Dental Hygiene Regulations and Bylaws**

#### **PROCESS FOR THE REVISION OF THE BYLAWS**

According to the College of Dental Hygienists of British Columbia (CDHBC) ACCESS 2010 winter edition, the proposed Bylaws were developed as a result of a meeting with the Minister of Health and BCDH A in 2008. At that time, the Minister of Health requested that the College sit down with officials from the Ministry of Health and the College of Dental Surgeons of British Columbia (CDSBC) to see if a framework could be developed to address public safety concerns as well as access-to-care issues.

#### **Recommendation:**

The College of Dental Hygienists of British Columbia and the two provincial stakeholder groups, the British Columbia Dental Hygienists Association and the Dental Hygiene educational programs should be at the centre of the development of the revised regulations and bylaws. Stakeholders, such as the College of Dental Surgeons of British Columbia (CDSBC) should be consulted at stage two of the process.

#### **Rationale:**

As a self-regulated profession, the bylaw revision process should include a broad representation from all aspects of the dental hygiene profession, and include dental hygiene leaders in areas such as community practice, research, education, and policy. The primary stakeholders in this revision process should be the British Columbia Dental Hygienists Association. The second stage of the process should include consultation with other stakeholders, including employers, such as the CDSBC.

We believe that a negotiated process with CDSBC has a high risk of resulting in a flawed outcome. Dentistry has a conflict of interest in developing dental hygiene bylaws. Most dental offices hire dental hygienists who generate considerable revenue for their business and these financial interests compete with public interests. Sheridan Scott, Commission of the Competition Bureau of Canada provides support for this argument, when she writes, “The ability of dental hygienists employed by dentists to generate net revenues for the dental practices creates a powerful economic incentive for the dentists to restrict the ability of dental hygienists to compete in the market. The growing importance of dental hygiene services to consumers also creates incentives for dental hygienists to seek the ability to self-initiate. Open and effective competition between and among these professions will likely promote the efficient, low cost and innovative supply of dental hygiene services to meet consumers' needs.”<sup>1</sup>

The process of bylaw revision must ensure that one group of participants cannot control the regulatory process and manipulate it to their advantage. We recommend a process that is free of conflicting priorities and clearly places the public as the number one priority.

We are not opposed to consultation with employers in the process of making changes to regulations; however requiring a negotiated process with CDSBC places the CDHBC in the position of potentially compromising public access issues in favour of financial interests for dentistry. Dental hygiene is a self-regulated profession that has earned the right to make decisions about their regulations, through a consultation process, not a negotiated process. There is no other regulated health profession in Canada that is denied the right, as dental hygienists, have been to develop regulations through a fair process.

## **365 DAY RULE**

### **Recommendation**

CDHA calls for the removal of the 365 Day Rule.

### **Rationale**

The 365 Day Rule is an unnecessary barrier to dental hygiene care. The rule denies the public access to the oral health care provider of their choice and unnecessarily restricts competition for dental hygienists in private business.

The 365 Day Rule does not provide any additional public safety and protection, as dental hygienists are qualified to determine when to refer to the dentist. The 365 Day Rule ignores the qualifications of the dental hygienist, which presently ensure that appropriate referrals are made.

This rule does not follow principles of client centered care, since there are clients who may need to see a dentist more frequently and clients who do not. The legislation should better reflect the clients' needs. Regulations should put the clients' needs first and not perpetuate an arbitrary

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<sup>1</sup> Scott, Sheridan, 2006 <http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02033.html>

regulation that serves to protect dentists' business interests. In 2006, Sheridan Scott, Commissioner of the Canadian Competition Bureau provides support for this argument when she reports, "The 365 day rule may harm consumer welfare in that it could restrict the ability of consumers to choose how often they access dental hygiene care based on their needs and resources. The 365 day rule forces those who cannot access dental care to forego access to dental hygiene care, as well. ...the Bureau advocates regulation that should address legitimate concerns without restricting competition anymore than required to achieve public safety objectives."<sup>2</sup>

The 365 Day Rule creates oversight of the dental hygiene profession by a competing profession. This may be perceived by dentistry as increasing safety for some patients but the costs to total welfare outweigh the benefits.

There is no other province in Canada that attempts to limit the clients' ability to see a dental hygienist, based on the period of time since the last visit to the dentist. There is no evidence that public safety is compromised in these other areas of Canada.

The 365 Day Rule provides a financial benefit to the dentist and is not grounded in any substantiated oral health need.

The 365 Day rule also restricts freedom of choice for the public in choosing the health professional that they feel best suits their needs. It also forces the public to pay a high fee for the services of a dentist, when they may in fact only require a lower cost service of a dental hygienist. The public is treated unfairly with this rule and forced to pay higher costs for oral health services.

## **NEW REGISTRATION CATEGORY**

### **By-Law**

40. (1) An applicant may be granted registration in the full registration (365 day rule exempt) class if the applicant

- (a) is a full registrant, or meets the requirements for full registration in section 39,
- (b) submits the applicable fees set out in Schedule D, and
- (c) provides evidence satisfactory to the registration committee that the applicant
  - (i) has current cardiopulmonary resuscitation qualifications consistent with those required of continuing care staff,
  - (ii) has at least 3500 hours of clinical dental hygiene practice experience in the 5 year period prior to the date of application under this section, and
  - (iii) holds a bachelor of dental hygiene degree, or has demonstrated the following abilities at a level equivalent to that ordinarily expected of a holder of a bachelor of dental hygiene degree, as assessed by an agency approved by the board:
    - (A) ability to safely and effectively assess, diagnosis, plan, implement and evaluate dental hygiene care for clients with complex needs or disabling conditions;

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<sup>2</sup> Scott, Sheridan, 2006 <http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02033.html>

- (B) ability to work effectively as a member of an interprofessional health care team;
- (C) ability to apply the standards of infection control and safe practice in alternative practice settings;
- (D) ability to make appropriate and timely referrals through the identification of abnormalities, conditions and circumstances which are outside the scope of dental hygiene practice or limit the registrant's ability to provide safe dental hygiene care.

**Recommendation:**

CDHA commends CDHBC on inclusion of the requirement for a bachelor of dental hygiene degree, or a level of equivalent to that ordinarily expected of a holder of a bachelor of dental hygiene degree.

Once the competencies for A to D are developed we recommend that a process be put into place whereby once a diploma educational institution is determined to meet these competencies, that future applicants from the same institution will not be required on an individual basis to prove that they also meet the requirements.

**Rationale:**

The rationale provided below sets aside the debate regarding whether or not the 365 Day Rule should exist, and responds only to the new registration category within the "365 Day Rule".

This new registration category acknowledges that individuals with a bachelors degree in dental hygiene possess different abilities than individuals with a diploma education. These two levels of education differ not only in content breadth, and depth, but also in the length of the program. The differences between a degree and diploma dental hygiene education are documented in research by Zul Kanji. This research study reports that dental hygienists who obtained a degree through the degree-completion program reported the following experiences, including a broader education, being exposed to a wider scope of knowledge within and outside of dental hygiene theory. They also experienced a more independent learning environment, with a stronger focus on literature review and critical thinking, compared to their experiences in their dental hygiene diploma education.<sup>3</sup> Critical thinking abilities are essential to better meet public health care needs. Taking into consideration the outcomes of this research, it appears reasonable to develop regulations that acknowledge that a degree education prepares dental hygienists to manage different levels of responsibility.

**Comment:** In response to requests from the College of Dental Hygienists of Ontario and the College of Dental Hygienists of Nova Scotia CDHA developed a Self-Initiation educational course. This course responds to the evolution of the profession in the area of providing services independently of dentists. CDHA looks forward to reviewing the CDHBC guidelines and requirements that will be developed to determine if courses and programs meet the requirements in A to D (above). This will assist us to better align our Self-initiation course with these competencies so that we can submit the course to you to determine equivalency.

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<sup>3</sup> Zul Kanji, BSc, DipDH, RDH; Susanne Sunell, BA, DipDH, MA, EdD; Geertje Boschma, PhD, RN; Pauline Imai, DipDH, BDSc (DH), MSc, RDH; Bonnie J. Craig, DipDH, MEd, RDH. *Dental hygiene baccalaureate degree education in Canada: Motivating influences and experiences*. 2010; 44, no.4: 147-155

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**By-Law**

40 (1) (c) (ii) has at least 3500 hours of clinical dental hygiene practice experience in the 5 year period prior to the date of application under this section,

**Recommendation:**

The requirement for 3,500 clinical practice hours in the previous 5 years should be removed from the bylaws.

**Rationale:**

The 3,500 clinical practice hours will unnecessarily delay dental hygienists provision of services and hamper access to care. Individuals who cannot secure employment with a dentist will be at risk of losing their clinical skills, as this regulation will unnecessarily delay their ability to open their own business and impede access to care. In addition many long standing dental hygienists with extensive experience will not meet the 3500 practice hours in the previous 5 years unless they are working more than 2 days per week. This places a significant restriction on these part-time individuals.

The requirement for 3,500 clinical practice hours will effectively delay public access to the provider of their choice. Individuals who have low rates of oral disease may not require the services of a dentist; however, this bylaw forces these individuals to obtain services from a dental office, which may not suite their particular oral health needs and may lead to increased dental expenses. In addition, there are some communities and residential care facilities where dentists are not practicing and this bylaw significantly delays access to dental hygiene care in these communities.

The 3,5000 clinical practice hours creates a relationship between the dental hygienists and the employer where the dental hygienist is effectively indentured to the dentist for the period of time that it takes to fulfill these practice hours. No other degree level health professional is required to fulfill clinical practice hours upon graduation and there is no reasonable rational for requiring dental hygienists to complete these practice hours. In addition, UBC's dental hygiene degree program requires students to participate in an extended placement in special care in the community, where students work with clients from the full range of life stages and clients from special groups such as clients with addictions or abuse issues. These experiences fulfill the requirement for extended practice hours.

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**RADIOGRAPHY****Recommendation**

The new regulations should include a clause that enables dental hygienists to independently provide radiography.

**Rationale:**

Dental hygienists who graduate with a degree in dental hygiene from the University of British Columbia receive education that prepares them to provide radiography, including radiation protection guidelines. The decision to use radiographs is determined based upon the individual client's needs. If clients do not receive access to this service, it compromises the dental hygienists ability to properly treat and refer clients to other health professionals.

For the last 5 years, Dental hygienists in Alberta have been independently and safely providing radiographs to clients, with no concerns for public safety. Omitting radiography from the dental hygienists scope of practice excludes qualified dental hygienists from practicing to their full scope of practice and restricts health care facilities in the optimum use of health care personnel. Omitting radiography from the bylaw changes places public safety and protection at risk.

**PRESCRIPTION DRUGS AND NITROUS OXIDE****Recommendations:**

The regulations should include a clause that allows dental hygienists to prescribe some drugs that are required in the dental hygiene practice (for example antimicrobials, anticariogenic agents, local anaesthetic and antibiotics) and to administer nitrous oxide sedation, with additional education.

**Rationale:**

Dental hygiene regulations in Alberta enable dental hygienists to write some prescriptions, including local anaesthetic and nitrous oxide sedation, with additional education. Dental hygienists have proven for the past 5 years that they can accomplish this task successfully without compromising public safety. In addition, dental hygienists in Nova Scotia can prescribe antimicrobial agents, desensitizing agents, and anticariogenic agents.

We encourage the CDHBC to begin discussions as soon as possible with other health professionals who have prescribing rights, such as physicians, nurses, and pharmacists, as this issue requires resolution as soon as possible.

**LOCAL ANAESTHETIC****Bylaw**

Dental hygienists do not need the authorization of a dentist in order to administer LA. However, a dentist must be on site in order for a dental hygienist in the full as well as the new 365 day exempt category, to administer it.

**Recommendation:**

The new regulations should include a clause that enables all dental hygienists to administer local anaesthetic (LA) (independently of a dentist).

**Rationale:**

Dental hygienists in BC receive education preparing them to provide LA, including medical emergency management. Omitting this from the regulation ignores the fact that dental hygienists are qualified in this area. Some of the procedures that dental hygienists perform can cause pain and minor discomfort to the client. If LA is not readily available to the client, the pain they experience may prevent them from receiving the care they require. Omitting local anaesthetic excludes qualified professionals from practicing to their full scope of practice and it restricts health care facilities in the optimum use of health care personnel. Omitting LA from the regulation denies the public adequate protection against pain and places them at risk of experiencing unnecessary pain.