Renewals Open November 14th

Council Elections – Districts 1, 5 and 6

Protecting Clients: What You Need to Know About the College’s Sexual Abuse Prevention Plan and Upcoming Changes to the Law
The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

La mission de l’Ordre des hygiénistes dentaires de l’Ontario consiste à réglementer l’exercice de la profession d’hygiène dentaire de sorte à favoriser l’état de santé global et la sécurité du public ontarien.

IN THIS ISSUE

-President’s Message ................................................................. 3
-Registrar’s Message .................................................................. 5
-CDHO Council Highlights .......................................................... 7
-Council Elections to Be Held in Districts 1, 5, 6 ................................. 8
-The Do’s and Don’ts of Advertising ................................................ 10
-WARNING! Don’t Treat Your Spouse ............................................... 12
-Quality Assurance Matters ......................................................... 13
-Protection of Clients: What You Need to Know About the College’s Sexual Abuse Prevention Plan and Upcoming Changes to the Law ................................................................. 15
-CDHO’s Whistleblower Policy ....................................................... 18
-CDHO’s Guideline – Interprofessional Collaboration ......................... 20
-Registration 2016 ...................................................................... 23
-Lifting the Curtain on Discipline Hearings ......................................... 24
-We’ll Be Checking That You’re Covered ......................................... 25
-Professional Liability Insurance Requirements ................................. 25
-What Is Professional Misconduct? ................................................. 26
-Updates to the Public Register ..................................................... 29

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Mariene Heics (RDH)

District 3
Jennifer Turner (RDH)

District 4
Evie Jesin (RRDH)
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Anne Venton
Saeed Walji
Yvonne Winkle

RDH = Registered Dental Hygienist
RRDH = Reg. Restorative Dental Hygienist

For more information on Council and Council Meeting Dates, please go to www.cdho.org.

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A nywhere I go these days, a common question keeps coming up, and I certainly do not mind, but I thought I would address it in my President’s message. Why did Council raise the registration fees?

In a previous Milestones article, the following information was prepared for the publication. On March 4, 2016 Council voted to amend Bylaw No. 5, Article 16.2 as follows: annual fees for a general or specialty certificate will be $400.00 and annual fees for an inactive certificate will be $200.00. These changes will come into effect for the registration period starting January 1, 2017. Council struggled with the timing of this increase after hearing from a number of registrants who felt that fees should have been increased earlier and at a more gradual rate. It was obvious that Council did not do a good job over the past six years in letting registrants know that we were subsidizing fees with money we had kept in reserve. This reserve money was left over from the money that was placed in investment funds 20 years ago that grew in times of higher interest rates. This money was set aside in reserve in 1994 in anticipation that the College might have to use it to fight the “order” issue. We have been very fortunate that our College has managed its money very well as this is the first fee increase since the beginning of time with the College, twenty-three years. There was one fee reduction of $50.00 in the year 2000.

On a positive note, we are clearly aware of the future projections for the next ten years on what our registration fees will be. This proposal also sees an increase to the general and speciality certificate by an additional $15.00 in 2020 and $20.00 in 2023. Council is invested in self-regulation and recognizes the cost of meeting its regulatory obligations and is confident that the ten-year projection plan will support the College’s needs. If you go back and visit your previous Milestones issues, which are also available on cdho.org, you can review the breakdown of the registration fee, what other regulated health professions fees are and how our fees allow the College to be able to meet its mandate. Council reviewed all options for how and when a dental hygienist could pay their fees. Did you know that the majority of the 13,000 dental hygienists pay their registration fee to practise dental hygiene in Ontario within the two weeks prior to the deadline of January 1st even though registration opens up 45 days prior to the deadline date?

...continued on next page
Where Do Fees Go?

I have been asked if the fees were increased because of the Quality Assurance Program being too strict for dental hygienists. In Ontario, the Regulated Health Professions Act, 1991 (RHPA) requires all health regulatory colleges under the Act to develop and to maintain a Quality Assurance Program to ensure the provision of optimal quality care to the public and to promote continuing quality improvement among its members.

The CDHO regulates the dental hygiene profession by setting the requirements to be registered as a dental hygienist and establishing practice standards for safe, ethical care for all Ontarians through:

- Rigorous certification;
- Ongoing knowledge building;
- Quality assurance activities;
- Articulating and promoting practice standards;
- Establishing requirements for entry to practice; and
- Enforcing practice standards and professional conduct.

Council has and will continue to read and review feedback from consultations that are put out by the College Bylaw and changes will be implemented as necessary. Keep in mind the mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

Sincerely,

Jennifer Turner
As many of you know, The Ministry of Health and Long-Term Care appointed a task force in December 2014 to look at the issue of patient/client sexual abuse and identify ways to better prevent and respond to these incidents. The task force report was received by the government this summer and the ministry has recently released the recommendations resulting from the report. While there are a good number of details yet to be worked out, I can tell you that the task force’s recommendations can be grouped into six key themes:

1. **Empowering patients in the health regulatory system** through added supports for legal counselling, therapy, and creating a patient bill of rights.

2. **Strengthening requirements under the Regulated Health Professions Act, 1991**: (e.g., expanding the sexual acts that would require mandatory revocation of a certificate of registration).

3. **Strengthening leadership and accountability** throughout the health regulatory system (e.g., create quality indicators linked to sexual abuse; establish oversight mechanisms for unregulated providers).

4. **Increasing transparency throughout the health regulatory sector** via greater public disclosure of information.

5. **Improving the complaints, investigation and discipline processes for sexual abuse cases** (e.g., establishing an independent tribunal for sexual abuse hearings, independent investigatory body for sexual abuse cases).

6. **Enhancing knowledge and education** around sexual abuse through changes to professional education.

At this point, the ministry is accepting all the recommendations in principle and will be taking action over the next few months on specific initiatives.

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The ministry intends to bring forward legislative amendments later this year that, if passed, would:

- Expand access to counselling and therapy by allowing the funding for these services to begin when a complaint of sexual abuse is made;
- Expand the list of acts of sexual abuse that will result in a mandatory revocation of a regulated health professional’s licence;
- Remove the ability of a college to impose ‘gender-based restrictions’ on a regulated health professional’s licence in response to disciplinary findings involving sexual abuse of a patient;
- Increase fines for regulated health professionals and facilities that fail to report a suspected case of sexual abuse involving a patient to a college;
- Increase transparency by adding to what colleges must report on their public register and websites; and
- Clarify the boundaries of the patient-provider relationship.

What the recommendations and the ministry have not addressed is whether the clarification of the boundaries of the patient-provider relationship will permit regulated health professionals to provide care to spouses. We have been told, however, that the regulations for spousal exemptions that this College and some of the other colleges have submitted are on hold for the time being while the ministry focuses on the implementation of the recommendations of the Task Force.

The ministry has also let us know that it will be engaging an expert to work with government and health regulatory colleges to create consistent, transparent and impartial processes that all colleges must follow when dealing with complaints, investigations and disciplinary matters involving the sexual abuse of a patient. We have been told that this is an interim response to the recommendations regarding the creation of independent organizations to investigate, prosecute and adjudicate sexual abuse cases. We do not know at this point what the government’s long-term response might be.

We have also been told that a second phase of work will begin in 2017 and will focus on responding to the remaining recommendations of the task force. Many of the recommendations involve significant changes to colleges’ operations, and we have been told that we will have to respond within tight timeframes.

I know you have heard me say before that this College is committed to finding ways to improve our regulatory effectiveness and transparency. Let me tell you today that we stand firmly in this commitment.

The CDHO has always taken the sexual abuse of clients seriously and has spent time and resources on our sexual abuse prevention plan aimed at educating dental hygienists on what constitutes sexual abuse and the College’s zero tolerance policy. To that end we have been successful. In the history of this College, only one sexual abuse complaint has come before the Discipline Committee and the decision of that Committee clearly demonstrates this College’s understanding of, and adherence to, the mandatory provisions of the RHPA.

From all we know, the government intends to work quickly on implementing the recommendations. Indeed, in the last few weeks, RHPA registrars have already had a teleconference with the ministry and have been asked for additional information regarding our sexual abuse prevention programs, policies and procedures. I would like to assure you that our response was swift and fulsome and we are ready when called upon, to “step up to the plate” and be part of the collective working towards better processes and outcomes.

The CDHO’s primary role is the protection of the public and as such, takes the sexual abuse of clients very seriously. I am confident that together with the ministry and other regulators, we will build a framework that will better prevent and respond to incidents of sexual abuse.
Council met on September 30, 2016 at the One King West Hotel. Council approved the Registrar’s monitoring reports on Financial Condition and Human Resources Parameters as evidence of compliance with the policies.

The Executive Committee reported that public appointee Tote Quizan will complete his final term on Council October 4, 2016. Tote has served on Council for ten years and served as a member of the Executive Committee in 2015 and 2016. Council will formally recognize Mr. Quizan’s contributions to Council at the December Awards and Recognition luncheon.

The Quality Assurance Committee reported that for the 2016 Assessment year, of the 759 QA records requested, 743 had met the assessment guidelines, 5 were still in the assessment process and 11 are participating in directed learning activities.

The Registration Committee reported that since its last report to Council, 279 new applicants were registered to practise, 15 resignations were accepted and 125 registrants were authorized to self-initiate.

The Inquiries, Complaints and Reports Committee (ICRC) reported that since the June 3, 2016 report to Council, it has completed its investigations in ten (10) cases resulting in the following outcomes: three (3) no further action; two (2) no further action with Undertaking; one (1) written caution; two (2) SCERP and Caution-in-person; and two (2) referrals to Discipline.

ICRC has confirmed receipt of nine (9) complaints, eight (8) Quality Assurance referrals and began three (3) Registrar Report investigations.

The Registrar reported that the College has received the report and the recommendations coming from the Sexual Abuse Task Force and welcomes the opportunity to work with the Ministry and other RHPA regulators to find ways to better prevent and respond to client/patient sexual abuse cases.

The College has been advised that the Proposed Spousal Exception regulation that was submitted to the government in October 2015 is being put on hold by the Ministry as it puts its attention and resources to the Sexual Abuse Task Force Report and Recommendations. Dental hygienists cannot treat their spouse under current legislation.

The Registrar reported that plans are underway for the College to visit the districts in 2017 to provide updates and dialogue with registrants and will be accepting invitations from local societies.
Council Elections
To Be Held in Districts 1, 5, 6

Why Regulation Matters
The regulation of health professionals matters because it protects the public’s right to quality health care services.

Ontario’s 26 health regulatory colleges have been granted the privilege of self-regulation to help ensure excellence in care delivery. With this privilege comes the responsibility and legal authority to protect the public by:

- Setting and enforcing standards and guidelines for the practice and conduct of their members.
- Making sure that regulated health professionals meet their training and educational standards before they can practise or use a professional title.
- Developing programs to help members continually improve their skills and knowledge, upholding the quality of care.
- Acting when the members of the public have a concern about their health care.

What Is Your Role in Self-Regulation?
For self-regulation to work, members of the profession must, without the influence of the profession or their own personal/professional interests, govern the profession by putting public interest first and foremost. The Regulated Health Professions Act provides for each of the 26 health professions to have a governing Council that is made up of members of the profession and the public. As a member of this College, you can take an active role in protecting the public by serving on Council. Each year, elections are held in rotation in the electoral districts. This year an election will take place in districts 1, 5 and 6.

Participate Two Ways
If you are on the electoral list for a district where an election is being held, you will be notified by either email or mail, depending on your preferred contact method. Registrants in the districts where an election is being held can participate in two ways: as a candidate who stands for election and/or by casting a vote.

Registrants who wish to stand for election to Council must register, by the nomination deadline, by submitting the nomination papers that include the names and signatures of five nominators who are registrants of the College with eligibility to vote in that district. More information can be found on the College website under the Council tab.
Voting for a candidate has never been easier. Each registrant who is eligible to vote will receive an invitation to vote using our electronic ballot system from our secure third-party provider that will include a link to the electronic voting site. Once there, voters will be asked to authenticate their identity. If authentication is successful, the voter will be presented with a list of any ongoing elections. If the voter hasn’t yet voted, s/he may click on the election and a tamper-proof electronic ballot will appear. When s/he submits a ballot, the results are encrypted and kept anonymous. The voter is issued a receipt and is now blocked from voting for this election again. Thanks to a responsive web design that adjusts according to the type of device being used, the voting website delivers an optimal viewing and interaction experience on a desktop computer, tablet, and smartphone.

The College encourages the registrants of districts 1, 5 and 6 to get involved in the upcoming elections. By participating, either as a candidate or through voting, you are demonstrating your commitment to self-regulation and the protection of the public.

What Does a Council Member Do?
Council members contribute to the self-regulation of the dental hygiene profession in a host of meaningful ways.

They participate in decision making about:
- standards of practice and professional conduct,
- competencies for entry to practice and ongoing practice,
- the development of governance policies, regulations and bylaws.

Members of Council also fulfill a critical role through participation on statutory Committees, including:
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Registration Committee
- Quality Assurance Committee
- Executive Committee
- Fitness to Practise Committee
- Patient Relations Committee

In addition, there are other specific expectations that potential candidates should be prepared to fulfill, which include:
- placing personal and professional interests aside in favour of public interests,
- maintaining confidentiality,
- arranging personal and professional schedules to meet Council’s time commitments,
- reviewing preparatory materials in advance of meetings,
- participating in discussion and decision making,
- implementing and supporting Council and Committee decisions and directives,
- demonstrating accountability to the public through transparent decision-making processes.

DID YOU KNOW?
Council Member meeting attendance is tracked and reported on the CDHO website. The practice of publishing attendance records was put in place in 2016 as part of the College’s transparency agenda. Visit the Council tab to see statistics for 2015 and 2016.

CDHO Council Elections Timetable 2016

<table>
<thead>
<tr>
<th>Nominations/Ballots</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call for nominations sent to all eligible registrants in Electoral Districts 1, 5 and 6</td>
<td>Friday, September 16</td>
</tr>
<tr>
<td>Nomination deadline for Electoral Districts 1, 5 and 6</td>
<td>Monday, October 17</td>
</tr>
<tr>
<td>Ballots sent to all eligible registrants in Electoral Districts 1, 5 and 6</td>
<td>Wednesday, November 2</td>
</tr>
<tr>
<td>Election Day (deadline for ALL ballots to be received)</td>
<td>Wednesday, November 16</td>
</tr>
</tbody>
</table>

Professional Members’ Term of Office

<table>
<thead>
<tr>
<th>District</th>
<th>Name</th>
<th>District Encompasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Southwestern</td>
<td>The counties of Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth.</td>
</tr>
<tr>
<td>5</td>
<td>Central Eastern</td>
<td>The counties of Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland, and the regional municipality of Durham.</td>
</tr>
</tbody>
</table>
The Do’s and Don’ts of Advertising

by Robert Farinaccia RDH, BSc

Adapted from the June 2011 Milestone’s article titled “The Do’s and Don’ts of Advertising”
Since the introduction of self-initiation in September 2007, dental hygienists have had an increase in practice options, allowing the public to have better access to preventive oral care. These different practice options have also allowed dental hygienists the opportunity to advertise their services. The Oxford Advanced Learner’s Dictionary defines the word advertising as “telling the public about a product or a service in order to encourage people to buy or to use it.” Nowadays, there are many mediums which an individual may use to tell the public about their particular product or service. However, one must keep in mind that registrants of a health profession, regulated under the Regulated Health Professions Act, 1991, must advertise in accordance with their College’s advertising regulations and guidelines. Often times, a dental hygienist will work for a company/corporation that will advertise on the dental hygienist’s behalf. It is very important to understand that even in this situation the dental hygienist is responsible for ensuring the College advertising regulations are followed.

Over the last few years, the CDHO has received numerous phone calls raising issues with dental hygienists’ websites, pamphlets, and newspaper advertisements. Previously when these issues were brought to our attention, if not filed as a formal complaint, the CDHO practice advisors were giving courtesy calls to the dental hygienists whose advertisements were of concern to notify them of the issues. However, due to the overwhelming amount of calls it has become impossible to give courtesy calls any longer. Concerns raised respecting advertisements which contravene the regulations will be dealt with by the Inquiries, Complaints and Reports department.

With that being said, registrants are urged to consult the CDHO advertising, professional misconduct and conflict of interest regulations prior to publishing any materials. In 2014, the College also created advertising guidelines to provide some assistance to dental hygienists and these guidelines should be consulted as well. The CDHO practice advisors are available to offer advice on the interpretation of these regulations and guidelines. Registrants are also welcome to forward a copy of their advertisements to the practice advisors to review content for advice prior to publishing. The CDHO will not approve an advertisement, but will alert you to areas which may pose potential problems or concerns.

The following is a list of some of the most common issues found in registrants’ advertisements:

- Stating things that are false or misleading (e.g. stating that one’s services are CDHO approved) — (the CDHO does not approve or endorse any service).
- Stating things that cannot be verified because of their nature (e.g. the use of subjective words like ‘gentle’, ‘affordable’, ‘relaxed’ and ‘comfortable’ can be problematic. Your interpretation of these words will no doubt vary with how your clients interpret them, and that makes them unverifiable. This would also include making cost comparisons without supporting your statement. Be sure to include the cost of the entire service, including any additional services or products associated with the product or service whose price you are advertising).
- Making guarantees to treatment outcomes, as the advertised treatment may not be suitable for all clients and may in fact be contraindicated or unnecessary. This may create false expectations (e.g. ‘tooth whitening – 20 shades brighter’).
- Having a testimonial by a client or former client, or by a friend or relative of a client or former client (e.g. “My dental hygienist Mary is so gentle that I never feel any pain during my cleaning. I would highly recommend her services”). Testimonials are contrary to the advertising regulation, and this is true of many regulated health professions advertising regulations.
- Demeaning another profession (e.g. asking “Why see a dentist when you can see a dental hygienist?”).
- Implying your services, products, or equipment are superior or unique compared to another dental hygienist’s (e.g. stating that one offers advanced sterilizing equipment or one offers superior whitening techniques).
- Holding oneself out to be something they are not by offering services that are not within their scope of practice (e.g. stating that you offer weight loss counseling as part of your dental hygiene treatment).
- Using the terms “New Client Exam” or “Oral Assessment” as these terms may imply that a dental diagnosis will take place instead of a dental hygiene diagnosis. It is preferable to use the terms New Client Dental Hygiene Exam or Oral Dental Hygiene Assessment, that way clients will not be misled.
- Making guarantees to treatment outcomes, as the advertised treatment may not be suitable for all clients and may in fact be contraindicated or unnecessary. As well, this may create false expectations (e.g. “tooth whitening – 20 shades brighter”).
- Advertising with a name different than the one you are registered with (e.g. You are registered with the College as Jane Smith but using Jane Doe, your former surname, on your advertisements).

...continued on next page
- Having distasteful terms or tag lines in advertisements that may affect the credibility of dental hygiene services or may be offensive to the public. Business names are also subject to the same regulations and guidelines as advertisements, and may be subject to review by the College (e.g. Foxy Roxy’s Dental Hygiene Services).

- Using agencies like Groupon, WagJag, etc., to promote a dental hygiene practice or sell coupons to attend the practice. This can be problematic if the agency is receiving a share of the cost of the coupon. This is contrary to the advertising regulation because you are paying (the agency) for the referral of a client.

What if a dental hygienist notices that another dental hygienist’s advertising may be contrary to the College’s advertising regulations? Like anyone else, the registrant always has the option to file a formal complaint with the College. The complaints process is readily available on the CDHO website. However, it has been the practice advisors’ experiences that inappropriate advertising has been, for the most part, unintentional and a courtesy call is usually appreciated. A call to your peers to give her/him a professional “heads up” and suggest that s/he contact one of the College’s practice advisors who can help them interpret the College’s regulations and guidelines would be a welcomed and professional courtesy.

In conclusion, the practice advisors are glad to review any content before it is printed. Please keep in mind that while they can offer advice on how to adhere to regulations, they do not approve any advertisements. The ultimate responsibility of the content of any advertisement falls on the individual registrant.

WARNING!
Don’t Treat Your Spouse

Registered dental hygienists CANNOT TREAT THEIR SPOUSES.

It’s considered PROFESSIONAL MISCONDUCT.

A law, called the Regulated Health Professions Act, which regulates the practice of dental hygienists, nurses, massage therapists, doctors, physiotherapists, optometrists, pharmacists and many other health professionals, says that health professionals are NOT PERMITTED to treat their spouses. It is considered to be SEXUAL ABUSE.

(Right now, only dentists can treat their spouses. An exemption was passed that permits this. NO OTHER profession can.)

If you treat your spouse, your practice could be investigated. The case could be put before the Discipline Committee of the College and your certificate of registration could be revoked – taken away – for a minimum of 5 years. This means that you could not practise as a dental hygienist or state that you are a registered dental hygienist for at least five years.

A note explaining the revocation and the reason for the revocation would be published on the College’s public register (Find a Registered Dental Hygienist).

The College cannot say this strongly enough: DO NOT treat your spouse.
Update on 2016 Quality Assurance (QA) Assessments

In January of 2015, notice was sent to 757 registered dental hygienists in the province (whose registration number ended in a “5” or “7”) requesting submission of their QA records for assessment due January 31, 2016.

Here is the status of the 757 records requested as of September 9, 2016:

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met the assessment guidelines</td>
<td>564</td>
</tr>
<tr>
<td>Met the assessment guidelines with an additional submission</td>
<td>113</td>
</tr>
<tr>
<td>Still in assessment phase</td>
<td>0</td>
</tr>
<tr>
<td>Resigned</td>
<td>68</td>
</tr>
<tr>
<td>In remediation</td>
<td>12</td>
</tr>
<tr>
<td>Deferred to another assessment period</td>
<td>0</td>
</tr>
<tr>
<td>Assessed with deficiencies</td>
<td>118</td>
</tr>
</tbody>
</table>

2017 Mandatory Self-Assessment

The 2017 Self-Assessment Tool will be available in the SMILE Portal in mid-November and is mandatory to complete for every dental hygienist registered in Ontario, regardless of their registration status or employment situation (i.e., active, inactive, suspended, working in dental hygiene, not working in dental hygiene or living outside of the province). It must be completed before January 31, 2017.

You can access the 2017 Self-Assessment by selecting “2017” in the “Select Year To View” drop-down menu on the dashboard. You will be asked to verify your employment status and practice address. Once this step is completed, your 2017 Self-Assessment will become available as Step 2.

Completing the Self-Assessment Tool not only shows the College your compliance with the Quality Assurance Program, but the tool will also create suggested learning goals for you to consider for 2017 (based on your answers). Your responses to the questions are NEVER submitted to the College. The College will only receive a report from Skilsure (the third-party site that houses the SMILE Portal) notifying us that the 2017 Self-Assessment has been completed by you. You are welcome to use, modify or delete any or all of the suggested learning goals. The Self-Assessment contains 109 questions and takes approximately 15–20 minutes to complete. Once ALL of the questions are answered, you must select the I’m all done option on the bottom of the page to complete it. The College or Skilsure will not send email confirmation for completion of your 2017 Self-Assessment. Your dashboard in the SMILE Portal will reflect completion of your Self-Assessment.

As per the Quality Assurance Committee’s decision, those registrants who fail to complete their 2017 Self-Assessment by the January 31st deadline can expect notification from the College that they will be asked to submit their Quality Assurance records for the 2018 Quality Assurance Peer and Practice Assessment period.

Are You Submitting Your Quality Assurance Records in 2017?

For registrants who were selected to submit in January of 2017 (i.e., your registration number ends in either “4” or “9”) you are required to submit your Quality Assurance records via the SMILE Portal by January 31, 2017. The SMILE Portal will allow you to submit beginning January 1, 2017. You will be asked to read and check off a declaration before you are able to submit your records to the College for assessment. The College or Skilsure will not send email confirmation of the submission of your 2016 Quality Assurance records. Your dashboard in the SMILE Portal will reflect the submission of your records.

2018 Selection

The Quality Assurance Committee will draw two numbers, by a highly scientific random selection process (the numbers are drawn out of a hat), from the remaining numbers 0, 1, 2, 3, 6, or 8 (i.e., these numbers were not chosen in 2015 or 2016). If your registration ID ends in either of the two numbers that are drawn, you will be notified in January by mail or email (depending on the preference of correspondence you selected with the College) of your requirement to submit your Quality Assurance records for the 2018 Peer and Practice Assessment (due January 31, 2018). If you are not sure which preference you have indicated, you can go to www.cdho.org and click on the “Self Service” button on the top right of our main page to verify this. More information regarding the 2018 selection will be communicated in the College’s e-brief in January 2017. As well, the dashboard of your SMILE Portal will indicate QA Records Due: Jan. 31, 2018, if you have been selected.
Cathy Goldberg, Manager, Programs and Exams, giving her presentation “Using Mentorship to Increase the Public’s Access to Care” at the Council on Licensure, Enforcement & Regulation’s Annual Educational Conference in Portland, Oregon on Thursday, September 15, 2016.

The CDHO Jurisprudence Education Module updates are nearly completed. The update includes an all-new self-build study guide to help you successfully complete the exam. This module is not only for new registrants – combined with the Registrants’ Handbook, it is a great (and free) source of continuing education for all dental hygienists wanting to refresh their knowledge. You will be able to access the Jurisprudence Education Module, Examination and Study Guide directly from your Self-Service Portal. Watch your e-briefs for more details and the release date.

The Zika virus is in Ontario…
For more information, visit the CDHO Knowledge Network to find the Zika Virus Fact Sheet.

The CDHO Knowledge Network
Find the clinical information you need at:
www.cdho.org
Public attention to the issue of client/patient safety has increased significantly in the last few years and the ability of regulatory colleges to adequately address professional misconduct issues have been questioned in a very public forum by the media. Especially matters dealing with sexual abuse of clients/patients. According to some media reports, there has been a decrease in public confidence in the current system’s ability to deal effectively with these cases. In response to this, Health Minister Eric Hoskins commissioned a special task force to address ways to prevent and better respond to the sexual abuse of clients/patients.


What Constitutes Sexual Abuse?
Under the RHPA, the definition of sexual abuse is not as simple as it sounds. When one thinks of sexual abuse, immediately the notion of forced or undesired sexual behaviour may come to mind. However, this definition takes on a broader meaning and can include any of the following conduct with respect to a client:

- Having sex of any form with a client
- Touching a client in a sexual way
- Making comments of a sexual nature* to a client or in the presence of a client
- Behaving in a sexual way towards a client

*Sexual nature does not include touching, behaviour, or remarks of a clinical nature appropriate to the services being provided.

Sexual Abuse Prevention Program
The College has a long-standing sexual abuse prevention program that falls under the scope of the Patient Relations Committee. Each year the plan is evaluated to ensure it complies with the requirements under the Regulated Health Professions Act, 1991 (RHPA) aimed at preventing and/or dealing with the sexual abuse of clients. The Patient Relations Committee takes its responsibility for developing and implementing measures to prevent and address sexual abuse very seriously and is preparing to revise its current plan to include any changes that may be made to the RHPA resulting from the task force report.

Currently the College’s Sexual Abuse Prevention Plan includes:

1. Educational Requirements for Students
The College publishes an Instructor’s Guide to the Prevention of Sexual Abuse of Clients that is sent to all dental hygiene programs annually to be incorporated into their Ethics and...continued on next page
Jurisprudence course. As well, new applicants are required to successfully complete the online jurisprudence course and score 100% on the online examination, which includes references to the College’s Sexual Abuse Prevention Plan and a registrant’s obligations under the RHPA.

In 2015, a Practice Advisor from the College visited dental hygiene institutions in Ontario in an effort to introduce future dental hygienists to the College and the programs and resources it offers. Sexual abuse prevention, boundary crossings, the importance of good communication skills and roles and responsibilities of health care professionals are topics that were covered.

2. Education and Guidelines for the Conduct of Registrants
The College publication “Registrants’ Handbook” is an educational resource that stresses the professional obligations of dental hygienists practising in Ontario, including boundary crossing and sexual abuse. The College published guidelines entitled Prevention of Sexual Abuse of Clients and Professional Boundaries for Dental Hygienists in Ontario. These resources are available on the CDHO website under “My CDHO”.

The online jurisprudence course and online examination which includes references to the College’s Sexual Abuse Prevention Plan and a registrant’s obligations under the RHPA are also educational tools included in the Sexual Abuse Prevention program.

Articles such as this are published annually in Milestones, informing registrants about sexual abuse prevention, requirements of mandatory reporting and any provisions in the legislation regarding sexual abuse of clients, and are part of the program.

3. Training for College Administration
Members of administration attend educational and information sessions which deal with the sensitivity of handling complaints of sexual abuse.

4. Provision of Information to the Public
Information about the College’s role in preventing sexual abuse is available on its website. The College has a document titled Understanding Boundary Violations and Sexual Abuse available to the public. This document can be found by selecting “For the Public” under the “Public Education Program” heading.

The College also distributes public interest articles to local newspapers for publication, and utilizes opportunities to work with other organizations involved in public education.

5. Funding for Therapy and Counselling
The College maintains a fund for dental hygiene clients who have experienced sexual abuse by a registrant of this College for therapy and counselling. Currently, this is deemed to be equal to approximately $16,060. Survivors of sexual abuse are currently eligible once there has been a finding of guilt by a panel of the Discipline Committee against the dental hygienist.

6. Evaluation
The Sexual Abuse Prevention Program is evaluated on multiple levels. The evaluation of registrant education initiatives includes surveying registrants every five years to determine registrants’ awareness of client/provider boundaries and sexual abuse, statutory obligations under the RHPA and knowledge of the complaints process. Evaluation also includes incorporating questions relating to what constitutes sexual abuse and what zero tolerance means into interactive presentations (given by the College throughout Ontario) and webinars such as “Setting the Record Straight”. In addition, the College engages in ongoing evaluation by monitoring the investigation and processing of sexual abuse complaints.

New Action by the Province to Prevent Sexual Abuse of Patients
In fall 2016, the Ontario government intends to introduce legislative changes (in response to the task force report) that would:

- Add to the expanded list of acts that will result in the mandatory revocation of a regulated health care professional’s licence.
- Remove the ability of a college to allow a regulated health professional to continue to practise on patients of one gender after an allegation or finding of sexual abuse.

- Increase fines for health professionals and organizations that fail to report a suspected case of patient sexual abuse to a college.

- Increase transparency by adding to what colleges must report on their public register and website.

- Clarify the time period after the end of a patient-provider relationship in which sexual relations are prohibited.

- Fund patient therapy and counselling from the moment a complaint of sexual abuse is made.¹

The Ministry will be engaging with health regulatory colleges, patients, clients and other key partners to make legislative, policy and program changes within the next several weeks.

It is anticipated that additional initiatives will be introduced in 2017. The College will keep dental hygienists informed of any of these changes.


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**What Should a Dental Hygienist Do if they Believe a Health Care Professional Has Sexually Abused a Client (under the RHPA’s definition of sexual abuse)?**

If a dental hygienist has obtained information, while practising their profession, that a regulated health care professional may have committed an act of sexual abuse, then according to the RHPA, the dental hygienist must submit a written mandatory report within 30 days to the Registrar of the offending health care practitioner’s College. If there is reason to believe the abuse will continue or abuse of other clients may occur, the report must be submitted immediately. If the dental hygienist does not know the name of the alleged health care practitioner, there is no requirement to submit a mandatory report.

**Writing a Mandatory Report**

The mandatory report related to a possible case of sexual abuse must contain:

- the name of the dental hygienist filing the report;
- the name of the practitioner who is the subject of the report;
- an explanation of the alleged sexual abuse; and
- when consent is given by the client, the name of the client who may have been sexually abused.

Ensure that the client gives permission to include her/his name in the report and get written consent as an indication. If the client does not agree to have her/his name in the report, the dental hygienist must still submit the report but must not include the client’s name. The fact that the dental hygienist tried to obtain consent but the client refused, should be included in the report as well.

If a mandatory report is brought to the attention of the College and a dental hygienist is found guilty by the Discipline Committee of sexually abusing a client, the mandatory penalty is revocation of the dental hygienist’s certificate of registration for a minimum of five years. Failing to report sexual abuse of clients/patients is an offence under the RHPA and has a punishable fine of up to $25,000 for a first offence and up to $50,000 for a second offence.
Whistleblower Policy

Policy Statement
The College of Dental Hygienists of Ontario (CDHO) is committed to high ethical standards. Employees and representatives of CDHO are expected to conduct themselves with honesty and integrity in fulfilling their responsibilities and to comply with all applicable laws and regulations. CDHO encourages employees, Council members and/or stakeholders to raise concerns they have in regard to the subjects identified as Reportable Matters covered by this Policy. When raising such a concern in good faith, an employee, Council member and/or stakeholder takes on the role of “Whistleblower”. CDHO assures that a Whistleblower will be protected from harassment or victimization to the greatest extent possible.

The Whistleblower Policy covers instances where an employee, Council member and/or other stakeholder has evidence of and reports a concern about any CDHO staff, Council member, Non-Council member and/or retained consultant (including external auditors) that involves one or more of the following Reportable Matters:

- Accounting, auditing or other financial reporting misconduct or fraud;
- Receiving gifts from vendors which could create a bias or a conflict of interest (perceived or actual);
- Unethical conduct in violation of CDHO policy;
- Disclosure of confidential CDHO information;
- Violations of federal and/or provincial laws that could result in fines or civil damages payable by CDHO, or that could otherwise harm CDHO’s reputation; or
- Danger to the health and safety of employees, Council members, stakeholders and the general public.

Reporting by a Whistleblower that is not made in good faith will be considered a serious offence and the individual will be subject to discipline up to and including termination for cause in the case of employees, and severing the relationship, in the case of others.

Purpose
To encourage employees, Council members, and stakeholders to make a formal statement or report to CDHO about Reportable Matters.

Procedure
A Whistleblower may submit their report in writing to the Registrar/CEO or Deputy Registrar by completing a Whistleblower Incident Form. This form can be emailed, mailed or hand-delivered.
A Whistleblower may wish to remain anonymous. CDHO will treat all reports received from Whistleblowers in confidence to the greatest extent possible. In all cases, the person who is alleged to have committed the Reportable Matter(s) will be made aware of the incident at the appropriate point in the investigation.

Whether a Whistleblower chooses to remain anonymous or not, they should give as much detailed information in their report as possible. Information that should be included:

- Where and when the Reportable Matter(s) occurred;
- Name(s) and title(s) of all individuals involved;
- How and when the Whistleblower became aware of the Reportable Matter(s);
- All relevant details that will assist in a complete and thorough investigation.

Upon receipt of a report about a Reportable Matter, one of the following processes shall occur:

**Reportable Matters Involving Staff, Agents of the College or Vendors**
The Registrar/CEO or Deputy Registrar shall be responsible for promptly conducting an investigation and for resolving most types of reports made under this Policy. In certain circumstances, the Registrar/CEO or Deputy Registrar may refer the investigation of the matter to an employee or a third party depending upon the nature of the Reportable Matter. Under no circumstances will a matter be investigated by an employee of CDHO who is involved in the Reportable Matter.

At the conclusion of each investigation, all related documentation will be maintained for safekeeping in a confidential manner by Human Resources.

**Reportable Matters Involving Council Members and Non-Council Committee Members**
The Registrar/CEO or Deputy Registrar shall be responsible for promptly bringing the reportable matter to the President and or the Vice-President who will take actions described in the College's Bylaw No. 5.

**Questions relating to the Whistleblower Policy should be directed to:**

Lisa Taylor  
Registrar/CEO  
College of Dental Hygienists of Ontario  
69 Bloor Street East, Suite 300  
Toronto, ON  M4W 1A9  
Tel: 416 961-6234, ext. 239  
Email: Registrar@cdho.org

Jane Keir  
Deputy Registrar  
College of Dental Hygienists of Ontario  
69 Bloor Street East, Suite 300  
Toronto, ON  M4W 1A9  
Tel: 416 961-6234, ext. 235  
Email: DeputyRegistrar@cdho.org

**August 2016**
Dental hygienists are primary oral health care providers and play an integral role within a patient’s/client’s circle of care. With a well-documented link of oral health to overall health, there is a need now, more than ever, for dental hygienists to participate in interprofessional collaboration. As such, dental hygienists have a responsibility to develop and maintain professional relationships with other health care professionals to ensure optimal patient/client care outcomes, safe practices and mutual respect and trust.

Interprofessional collaboration can be defined as:

"the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of their client/family/population. This process involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient’s participation".1

All health care professionals must strive to understand, appreciate and respect the roles that they each play in improving a patient’s/client’s health and well-being. This document is intended as a guide to help dental hygienists work effectively and collaboratively with members of health care teams to ensure that mutual patients/clients are receiving the most complete and optimal care possible.

Respect your role and the role of others in interprofessional client care

Successful collaboration occurs when health care professionals understand one another’s disciplines and embrace and support the roles of each profession toward patient/client health. In a healthy interprofessional collaborative relationship, health care professionals set aside egos and communicate respectfully in order to learn from one another.

- Listen, respect and acknowledge the diversity, expertise and contributions of all health care professionals and encourage a client to have other health care professionals involved in their care and decision-making process.

- Use your expertise and knowledge to benefit other health care professionals in helping them establish and meet mutual patient/client goals.

- Understand your limitations.

Guideline: Interprofessional Collaboration

- Share information that addresses the patient’s/client’s wishes, needs, and best interests as criteria for informing both their perspective, and yours.

- Welcome a second opinion if your patient/client is unsure about treatment options and use this opportunity to learn from hearing a different perspective.

Whatever your role is, in terms of the therapeutic relationship, the patient/client will be counting on you to have a full understanding of his or her treatment plan.

Communicate with each other in a collaborative, responsive and respectful manner

Effective communication and teamwork are essential for creating a “culture of safety”\(^\text{2}\) that supports the safe delivery of patient/client care. Respectful interprofessional communication fosters an environment where a patient/client is able to make well-informed decisions regarding their health care.

- Discuss with your patients/clients, the benefits of sharing information with other health care professionals within their circle of care.

- Use effective and secure communication techniques when requesting or replying to a consultation. Ensure privacy and confidentiality is maintained.

- Respond to requests for copies of reports and records in a professional timely manner. Charging the patient/client a fee for the copies may be acceptable, but the fee should be limited to the actual cost of the copies. Consider providing a copy of the chart for free or at cost.

- When requesting a consultation, recognize that all health care professionals are as busy as you. Set aside time for consultation and provide guidance as to what is the best time to get in touch with you.

- Ensure that consultations run smoothly and efficiently by being prepared before communicating with another health care professional (e.g. client file accessible).

- At the end of each interaction with another health care professional, evaluate how the interaction went and reflect on what could be improved to facilitate or make subsequent interactions more efficient and effective.

Delegation

Delegation can address evolving health care needs by extending authority to perform controlled acts within existing legislative frameworks. Some health professions have the ability to delegate authorized acts to others within their legislation.

- (Giving) Ensure a delegate’s performance readiness, competence and ability to manage outcomes before providing a delegation.

- (Receiving) Ensure you are competent before accepting a delegation.

### Referrals

Health care professionals work with their patients/clients to establish a plan that includes disease prevention, therapeutic interventions, and overall well-being. Referring to other health care professionals allows all health care needs to be met and ensures optimal outcomes.

- Make a prompt referral to the most appropriate health care professional for diagnosis and treatment when something is beyond your scope of practice or outside your area of knowledge.
- Respect a patient’s/client’s autonomy and choice when making referrals. If a patient/client has a health care professional they would like to be referred to, respect their wish.
- Include with referrals, appropriate and relevant documentation outlining reasons for the referral.

### Be prepared for potential difference of opinion

Differences of opinion may occur in interprofessional collaboration when health care professionals bring their own experience and knowledge to the table. All members of a patient’s/client’s circle of care have a common goal to provide the best and most effective care possible. Each professional bears the same responsibility to engage collaboratively to determine the treatment that is most appropriate and in the patient’s/client’s best interests.

- Appreciate that differences can be enriching and can enhance decision making and patient/client care.
- Maintain a respectful dialogue, asking and listening to one another’s point of view, always putting the patient’s/client’s needs first.
- Use this opportunity to educate about your scope of practice and be educated about the other health care professional’s scope of practice.

If a difference of opinion cannot be resolved to your satisfaction, do not take any action that you feel will compromise the patient’s/client’s best interests. You may need to seek additional input from a third party. Document all clinical decisions in the patient/client record in accordance with the CDHO Standards of Practice.

**September 2016**
Registration 2016

by Terri-Lynn Macartney

2017 Renewals

Renewals for 2017 will be available online by mid-November and your renewal is due on or before January 1, 2017. To access the online renewal, log in to your Self-Service Portal using your six-digit registration ID number and your password. Once logged in, you will see the link to renew available in your menu under the Registration heading.

Resigning from the College

If you do not intend to renew for 2017, you must resign your certificate of registration by January 1, 2017. Failing to renew is not the same as resigning from the College, so be sure to complete your resignation in your Self-Service Portal by clicking on the Resign link available under the Registration heading in your menu.

Late Renewals

If you do not renew on time, a $100 late penalty fee will apply effective January 2nd.

Suspension for Non-Payment

Failure to either renew or resign will result in the suspension of your certificate of registration. A suspension for non-payment is displayed permanently in your registration history on the Public Register. You are not permitted to practise dental hygiene in Ontario while your certificate is suspended. There is a $500 penalty fee for reinstating a suspended certificate of registration.

Forgot Your Password?

This is the most common reason registrants contact the College during the renewal period, even though the College is not able to give out passwords by telephone! If you do not remember your password, use the Forgotten Password button on the Self-Service login page and follow the prompts on screen to have a temporary password emailed to you.

DID YOU KNOW?

You are required to update your information with the CDHO within 14 days of any changes to email address, business and residence addresses and telephone numbers. To do so, go to cdho.org and log in to your Self-Service Portal.
The CDHO holds discipline hearings which are open to the public. Most hearings are held in the Council Chamber at the College of Dental Hygienists of Ontario, 69 Bloor Street East, Toronto, Ontario.

All matters currently set for a hearing before a panel of the Discipline Committee are listed on the College’s website under Upcoming Hearings.

Sometimes, hearings do not proceed on the date indicated. If you plan to attend, or for further information, please contact us at:

The College of Dental Hygienists of Ontario
69 Bloor St East, Suite 300
Toronto, ON M4W 1A9
Toll free: 1 800 268-2346
hearings@cdho.org

The College is required to publish the results of public hearings held by its Discipline Committee. The College publishes summaries of decisions and provides links to full-text versions of its decisions under the member’s profile on Find a Registered Dental Hygienist and on its Discipline Decisions webpage.

Recent Discipline Hearings

The College recently held two discipline hearings, the first of which was held on August 23, 2016. A panel of the Discipline Committee of the College (the “panel”) held a public hearing to decide whether Ms. Christine Plasaj had engaged in professional misconduct by failing to:

1) comply with a direction of a College Committee; and
2) cooperate with a College investigation.

Ms. Plasaj did not attend the hearing. At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel determined that Ms. Plasaj had engaged in professional misconduct, and ordered that her certificate of registration be revoked effective immediately. The panel also ordered $9,500 costs payable to the College within 30 days of the hearing, on or before September 23, 2016.

The written Decision and Reasons of the panel will be published once it is finalized.

On September 8, 2016, a panel of the Discipline Committee of the College (the “panel”) held a public hearing to decide whether Ms. Nicole Barnett had engaged in professional misconduct by:

1) failing to comply with a direction of a College Committee to complete a specified continuing education or remediation program; and
2) practising while her certificate of registration was suspended, using the title dental hygienist and holding herself out as a dental hygienist.

Ms. Barnett attended the hearing, and admitted that she engaged in professional misconduct. At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel determined that Ms. Barnett had engaged in professional misconduct, and ordered that:

1) She appear before a panel of the Discipline Committee immediately following the hearing to be reprimanded, with the fact of the reprimand and a summary of the reprimand on the public register of the College;
2) her certificate of registration be suspended for three (3) months, to commence on the date that Ms. Barnett’s certificate of registration with the College is reinstated; and

3) her certificate of registration be suspended until Ms. Barnett successfully completes three (3) courses, at her own expense, as described below:
   a) the Professional / Problem-Based Ethics Program (“ProBE”) offered by the Center for Personalized Education for Physicians;
   b) the College’s online Jurisprudence Education Module; and
   c) a Quality Assurance Course pre-approved by the Registrar.

4) The panel also ordered $1,000 in costs payable to the College within six (6) months of the hearing, on or before March 8, 2017.

5) The written Decision and Reasons of the panel will be published once it is finalized.

For information about the College’s discipline process, please see the College’s website at http://cdho.org/for-the-public/complaints-about-a-dental-hygienist/discipline.

We’ll Be Checking That You’re Covered

What? The College will soon be conducting routine professional liability insurance audits.

Why? To protect the public, and ensure that all registered dental hygienists have professional liability insurance that complies with the requirements set out in the College’s Bylaw.

When? In the next few months.

How? The College will randomly select a percentage of registrants to verify that they have the requisite professional liability insurance.

How Does This Affect Me? If you are contacted by the College, you will be asked to provide a copy of your professional liability insurance certificate to the College within a certain period of time.

If you have any questions or concerns, please call us. We can be reached at: 416-961-6234 or toll free at 1-800-268-2346.

Professional Liability Insurance Requirements

1. minimum of no less than $1,000,000 per occurrence;
2. annual aggregate coverage of no less than $5,000,000;
3. a deductible of no more than $4,000 per occurrence;
4. run-off coverage (sometimes called enduring or tail coverage) for a minimum of two years;
5. provided by an insurer licensed with the Financial Services Commission of Ontario or the office of the Superintendent of Financial Institutions Canada; and
6. a sexual abuse therapy and counselling fund endorsement that,
   a. provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
   b. provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

A fair and transparent complaints process is available to help clients who feel they may not have received the care they had the right to expect.
What Is Professional Misconduct?

by Eva Rosenstock

Professional misconduct is one of those terms that everyone has some idea of what it means, but may not fully know the details. Summaries of discipline cases offer a partial view into some of the ways in which professional misconduct may be defined, but do not offer a full picture. So what is “professional misconduct” in dental hygiene? Do you know where to find a list of the acts of professional misconduct?

You can find them in two places. They are detailed in the General Regulation under the Dental Hygiene Act, Part V, titled Professional Misconduct. The regulations detail 53 separate acts of professional misconduct that apply to the practice of dental hygiene.

They are also found in the law that governs the College, called the Regulated Health Professions Act, 1991 (or RHPA). The RHPA details that it is an act of professional misconduct to sexually abuse a patient (or client), to fail to cooperate with the Quality Assurance Committee or any assessor appointed by that committee, to have been found guilty of an offence relevant to a dental hygienist’s suitability to practise and to have been found by another regulator to have engaged in an act of professional misconduct that would also be considered to be professional misconduct by the CDHO.

Legislation and regulations can be hard to read, but the College encourages you to review the RHPA, all Regulations and the Standards of Practice from time to time. You are also encouraged to call a practice advisor if you have a question. And remember, until a Regulation is actually passed it is not law. Currently this applies to the treatment of one’s spouse. As of the date of writing, it is still considered sexual abuse to treat your spouse even though a change to the regulations has been proposed.

The College recognizes that being under investigation is a troubling experience. The College’s mission is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. This means all matters of concern – complaints and any reports (such as mandatory reports from employers, and mandatory self-reports from dental hygienists) must be investigated.

Here are some of the most common areas of professional misconduct that the College investigates:

1. Inappropriate Billing

Inappropriate billing can include submitting or helping with the submission of false or misleading accounts, charging or accepting excessive or unreasonable fees, failing to advise a client of the fee upon request, failing to itemize an account if requested and refusing to perform a service urgently required unless all or part of the fee is paid before treatment.

If the records demonstrate that the dental hygienist has reasonably and accurately billed for services, then it is unlikely that the committee which reviews issues about alleged professional misconduct, called the Inquiries, Complaints and Reports Committee (ICRC), would direct that any action be taken. However, the ICRC considers it an extremely serious risk to the public if there is any indication that a client was intentionally and/or carelessly billed inappropriately. In those circumstances, the ICRC might direct remediation, that a dental hygienist be cautioned in person (called an “oral caution” or “caution-in-person”) or refer specified allegations to the Discipline Committee.

2. Informed Consent and Record Keeping

While the College assumes that all dental hygienists know they should “inform before they perform” and assumes they do, if the records do not state that informed consent was received, it...
Continuity of care among all health care professionals is extremely important. The ICRC takes poor recordkeeping seriously.

3. Providing Information and Your Practice Name

Using a name other than what is set out in the public register or failing to identify yourself and provide your registration number are also acts of professional misconduct. Occasionally, the College receives information that a registered dental hygienist is advertising under a different name than that provided to the College. It is your responsibility to ensure that any client or member of the public can look your name up on the public register. The College must have your current name and contact information. It is an act of professional misconduct not to provide the address and telephone number of the College if requested.

4. Breach of College Rules/Requirements

The acts of professional misconduct also include acts related to the obligations registrants have to the College. For example, failing to pay any money owing to the College, failing to ensure information provided to the College is accurate, failing to reply appropriately and responsively within the time specified (or within 30 days) and failing to comply with an order or a direction of a Committee of the College are all acts of professional misconduct. This particularly comes up on occasions when registrants do not comply with an order or direction of the Quality Assurance Committee. You must always respond to a College inquiry or requirement in a timely manner.

Even if you are suspended for non-payment of fees, you are considered a registrant of the College and subject to all rules and regulations. Any registrant that wishes to resign from the College must do so either through the online portal or by writing to the College.

The College must investigate all areas of concern whenever there is a complaint or a report. However, if there is no indication that an act of professional misconduct occurred, it is unlikely that the ICRC would take any action.

Where can you find a copy of the Regulated Health Professions Act and the Dental Hygiene Act (and regulations)? The easiest place to locate them is on the Government of Ontario e-laws website (https://www.ontario.ca/laws), and they can be accessed by using the links on www.cdho.org. If you ever have any questions about professional misconduct, please contact our practice advisor or our investigations and complaints staff.

RDH Expertise for RDHs

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

416-961-6234 or 1-800-268-2346

Cathy Goldberg RDH
ext. 238 – cdgolberg@cdho.org
the College’s promise to dental hygiene clients

You can expect to receive quality preventive oral hygiene care from health professionals who are registered with the College of Dental Hygienists of Ontario (CDHO).

how we keep this promise

✓ All dental hygienists must be registered with the CDHO to practise in Ontario.
✓ Only persons currently registered with the CDHO may use the title “dental hygienist” or any variety of translation of “dental hygienist” including the initials RDH (Registered Dental Hygienist).
✓ Every dental hygienist in the province must meet the CDHO’s entry-to-practice requirements.
✓ A list of currently registered dental hygienists is available to the public.
✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and inform the public.
✓ The continuing competency of your dental hygienist is monitored and supported by the College throughout her/his professional career.
✓ Information about oral health and access to dental hygiene care is promoted to the public.
✓ A fair and transparent complaints process is available to help clients who feel they may not have received the care they had the right to expect.
✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to safe and effective oral health care.
Updates to the Public Register

**New Registrants**
*June 16 to September 15, 2016*

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The Public Register contains information about all College Members. This information is made public in accordance with the Regulated Health Professions Act (RHPA) and College Bylaws. Maintaining the public register fulfills the College’s mandate to regulate the dental hygiene profession in the public interest and demonstrates the profession’s commitment to transparency and accountability.

For more information on how to use the Public Register, go to the College’s website and click on the tab “For the Public / Public Register / How to Use the Public Register”.

DID YOU KNOW?

Reinstated
June 16 to September 15, 2016

Alfie, Ana 010885
Barrett, Holly 013743
Bolton, Jennifer 017762
De Ciantis, Jennifer 012608
Dominguez Murillo, Maria 015355
Dorozime, Primerose 015661
Garrett, Kayla 013731
Martin, Taija 013382
Pink, Laura 006131
Spallino, Matteo 008201
Trudell, Kelsey 017457
Vashisth, Anjali 009711

Resignations
June 16 to September 15, 2016

Cross, Adrienne C 002123
Dumont, Alison 007881

Revoked with Cause
Effective August 23, 2016

Plasaj, Christine Lynn 011316

Suspended with Cause
Effective September 9, 2016

Barnett, Nicole Marie 012547

Evenden, Joanne Carolyn 010219
Fenner, Debbie 002788
Fitton, Susan Leigh 008636
Gonzalez Salas, Luis Orlando 017226
Knight, Katrina Ann 009206
MacDonald, Ann 006680
Molina, Normita 014840
Neudorf, Nicolette T 004523
Polkki, Cheryl Amber 016146
Rogers, Kim Allison 005414
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