



March 1, 2022

Caitlin Cleveland
 MLA
 Kam Lake, NWT
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RE: Modernizing the Dental Auxiliaries Act for Increased Access to Preventative Healthcare

Dear MLA Cleveland,

CDHA is very pleased to hear that there is an opportunity to revisit the Dental Auxiliaries Act to modernize its content and add provisions whereby dental hygienists will be able to practice to their full scope and provide better access to dental hygiene services independent of a dentist to the population of the Northwest Territories. We greatly appreciate your commitment to shifting from reactionary healthcare to inclusive prevention-based healthcare and recognize the role dental hygiene plays in preventative healthcare.

You are correct when mentioning that the section below is outdated:

NWT - Dental Auxiliaries Act

Practice under direction of dentist

6. No dental hygienist shall practice dental hygiene except under the direction and control of a dentist who assumes direct professional responsibility for the patients in respect of whom the services are being provided. R.S.N.W.T. 1988, c.33(Supp.), s.99; S.N.W.T. 2010, c.14, s.3(1).

In all provinces (except PEI), Canadian dental hygienists can provide preventive dental hygiene care and services without the direct supervision, direction, or control of a dentist. However, certain restrictions or conditions can be found in certain Dental Hygiene Acts or Regulations across the country, which are outlined below. These provisions are in place to ensure that the safety of the population receiving care is not jeopardized.

In December 2019, the Federation of Dental Hygiene Regulators of Canada (FDHRC) retained the services of CamProf Inc. to update the 2010 Canadian Dental Hygienists Association Entry-to-Practice Competency document. The revised Entry-to-Practice Canadian [Competencies](#) for Dental Hygienists were published in December 2021. All ten provinces, members of the FDHRC, where dental hygiene is regulated, approved the document and its content. With the publication of these new competencies, dental hygiene education, regulation, certification, and accreditation standards and processes are now being updated to ensure they reflect the current competency wording and intent. It is important to note that even if this is a new iteration of the national dental hygiene competencies, its underlining principles and overall

competencies remain the same as the 2010 version of the same document. Dental hygienists are educated and expected to practice according to a process of care model where they are fully accountable for their actions, and responsible to assess, diagnose, plan, implement, and evaluate dental hygiene care and services. Furthermore, they provide safe, comprehensive, and personalized dental hygiene care to clients of all ages based on the current evidence without the supervision or control of a dentist.

For approximately the past 25 years, the scope of practice of dental hygienists has evolved to include the provision of independent services and treatments to clients and communities. Currently, dental hygiene is regulated by dental hygienists in all jurisdictions in Canada, except PEI and the territories.

These newly published competencies serve as a benchmark for dental hygiene practitioners, and inform Canadian dental hygiene programs' curriculum development, national dental hygiene certification and accreditation programs, and quality improvement activities for practising individuals. All provinces agree that dental hygienists are autonomous, primary health care professionals that work in partnership with individuals, groups, and communities as well as care providers, other professionals and people involved in the circle of care in order to provide safe, effective, and ethical oral health care services. Dental hygienists have the skills, knowledge, behaviours, attitudes, and judgment to provide comprehensive dental hygiene care that includes the assessment, diagnosis, planning, implementation and evaluation of dental hygiene care and services to clients of all ages, all backgrounds, and all levels of difficulties. Dental hygienists are fully accountable for the services they provide to their clients, and to other individuals in the circle of care, and are responsible to provide care within the limitations of their own provincial scope of practice or qualifications.

More specifically, all dental hygienists educated in Canada are able to initiate the following services within the dental hygiene process of care approach, unless there are contraindications to proceed:

ASSESSMENT:

- *Onboarding clients*
- *Review and update the personal, health, and dental histories*
- *Take vital signs*
- *Assessment of determinants of health including wellness habits, nutrition, use of tobacco products, and more*
- *Complete extraoral and intraoral assessments that involve the gathering or updating of information relating to the client's general and oral health, the hard and soft tissues of the head, neck and oral cavity, the assessment of the periodontal structures*
- *Complete other diagnostic tests, including, but not exclusively, pulp vitality tests, bacterial tests to determine caries risk, and enzyme tests to determine periodontal disease*
- *Take, process, and interpret extraoral and intraoral radiographs*

- Take dental impressions for study models, sport mouthguard, or dental trays
- Take intraoral and extraoral dental photographs

DIAGNOSIS AND TREATMENT PLANNING

Once assessment data is gathered and documented, the dental hygienist critically analyses the findings and formulates a dental hygiene diagnosis that will serve for the development of a comprehensive individualized care plan. **The dental hygienist is responsible to determine if there are any contraindications to providing dental hygiene care, or any adaptation needed to proceed with or initiate dental hygiene care, consult with other professionals, and refer clients, as deemed appropriate.** Following the care plan presentation, both the client and the dental hygienist will mutually agree on the interventions, and consent to treatment will be obtained and documented in the client's chart.

IMPLEMENTATION

Ultimately, the dental hygienist is responsible for the provision of comprehensive, safe, and effective dental hygiene care and services according to the plan. During the implementation phase, the dental hygienist will provide services following current infection control practices, manage the client's pain, anxiety, and fears, provide oral health information and instruction to restore the client's oral and overall health.

Dental hygienists also provide the following treatments:

- Oral debridement, scaling, and root planning to restore periodontal health
- Remove dental stains
- Recontour and polish dental restorations
- Apply anticariogenic, desensitizing, and antimicrobial agents
- Apply pit and fissure sealants on teeth at risk for decay
- Place temporary restorations
- Clean and identify removable prostheses

It is also important to note that dental hygienists are fully prepared to intervene in situations where first aid or other emergency procedures are needed.

EVALUATION

Dental hygienists are responsible to assess the outcomes of dental hygiene care and compare results of care to initial findings, client's goals, and expectations, and expected clinical outcomes. Further interventions of dental hygiene care will be planned, as well as on-going maintenance appointments, consultation and/or referral to other professionals.

For all the competencies listed above, dental hygienists in all provinces, except PEI, are able to provide them without the supervision, control, or approval from a dentist.

It is important to note that some provinces have provisions or conditions if a dental hygienist is wanting to go into business and own their independent dental hygiene practice (totally independent from a dentist). Furthermore, you mentioned that some provinces have certain limitations or conditions for dental hygienists to be able to do the following: own their private dental hygiene practice, provide extended services like the administration of local anesthesia, use of sedation, and administration of certain drugs related to dental hygiene care.

These conditions or limitations on a license to practise/certificate of registration can range from having specific credentials or qualifications, additional training, a minimum number of hours practising in a team environment, etc.

Please find outlined below the current regulatory landscape regarding independent practice or initiating dental hygiene care independently in Canada.

Current conditions to operate an independent dental hygiene practice:

- In BC: The dental hygienist must have a degree in dental hygiene (if not grandfathered before the changes to the act).
- In MB: The dental hygienist must have practiced as an employee in a dental practice for a minimum of 3000 hours.
- In SK: The dental hygienist must be under contract with a dentist or have formal agreement with a dentist regarding referral or consultation processes (Note: The Dental Discipline Act 1997 will be amended as soon as the regulatory body submits their revised Bylaws to government to remove this clause. With that change dental hygienist will be able to own their dental hygiene practice without any conditions or limitations. This is currently in process).

Current conditions imposed by some provinces before a dental hygienist can initiate dental hygiene care or certain competencies on his/her own initiative:

- In ON: For the provision of the authorized act of “scaling teeth and root planing, including curetting the surrounding tissue”, dental hygienists that want to proceed on their own initiative must fulfill the supplemental requirements/qualification around self-initiation. A dental hygienist that is not authorized to self-initiate the authorized act of scaling, root planing, and curetting soft tissue, must obtain an order from a dentist to proceed.
Note: All other dental hygiene competencies can be initiated independently unless there are any contraindications to proceed.
- In NS and NB: For the provision of the profession-specific act of “scaling teeth and root planing, including curetting the surrounding tissue”, dental hygienists that want to proceed on their own initiative must fulfill the supplemental requirements/qualification around self-initiation. A dental hygienist that is not authorized to self-initiate the authorized act of scaling, root planing, and curetting soft tissue, must obtain clearance from a dentist or a physician to proceed.

Current conditions regarding the administration of local anesthesia:

- To be qualified and authorized to administer local anesthesia, the dental hygienist must have successfully completed an approved local anesthesia program (BC, AB, SK, MB, NB, NS, NL)
- Most provinces have a specific designation attached to the license to practise/certificate of registration of the dental hygienist deemed qualified to do so.
- The administration of local anesthesia is not permitted in ON, QC, and PEI.

As for the administration of conscious sedation/nitrous oxide sedation, it is important to note that a dental hygienist can provide dental hygiene services on clients that undergo sedation, but Alberta is the only province where the dental hygienist is permitted to administer conscious sedation to clients. All dental hygienists working with or on clients that are undergoing sedation must be duly qualified.

Furthermore, in Alberta, dental hygienists can improve their career opportunities by seeking and successfully completing complementary qualifications and apply to have further designation on their license to practice/certificate of registration.

These advanced competencies are:

- Prescription of medications used in dental hygiene practice
- Prescription and administration of nitrous oxide/oxygen for conscious sedation
- Performance of restorative procedures
- Performance of orthodontic procedures

On the topic of continuing competence, each dental hygiene regulatory bodies have their own quality assurance/quality improvement program. Strategies vary and are put in place to foster the development of current knowledge, skills, and attitudes to ensure the delivery of evidence-informed dental hygiene care They include:

- Minimum number of hours/credits for approved professional development activities
- Quality improvement examination every 5 years
- Submission of a learning portfolio every 5 years
- Written assignment/examination on Ethics and Jurisprudence
- Annual certification for CPR
- Etc.

As you can see, there are as many regulatory frameworks as there are provinces. But most importantly, all provinces must, at a minimum, satisfy the scope of practice outlined in the national dental hygiene competencies' document, and each province can opt to have complementary qualifications, that the successful candidate may get recognition for by the regulatory body. Furthermore, regulatory bodies can impose special designations, conditions or limitations on a licence to practise/certificate of registration that will either expand or limit the scope of practice of the dental hygienist. They are also responsible to develop standards of practice that will help shape the boundaries, the processes, and express what are the best

practices that dental hygienists must follow to practise safely and without their scope of practice and experience.

CDHA is very pleased to hear that you are working to improve access to preventative oral health care. Please do not hesitate to Sylvie Martel, our Director of Dental Hygiene Practice, if you require more information or guidance in your quest to draft a proposed amendment to the Dental Auxiliaries Act to broaden the scope of practice of dental hygienists in the Northwest Territories.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ondina Love', written in a cursive style.

Ondina Love, CAE
Chief Executive Officer

cc. Sylvie Martel, Director of Dental Hygiene Practice