

Supervision of Intra-oral Dental Assisting Practice in Canada

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Abstract: The dental assisting profession has a rich and vibrant history making an important and significant contribution to the dental profession for almost two centuries. Today's dental assistant is a multi-skilled professional with a scope of practice that is expanding as the dental profession continues to evolve and change. The standards of practice for the delivery of intra-oral services by dental assistants in Canada include a variety of models of supervision adopted by the provincial jurisdictions for the regulation of the profession. The supervision requirements vary amongst jurisdictions. Some regulators require the direct supervision of a dentist for all intra-oral dental assisting procedures while others embrace a hybrid of both direct and general supervision. A third variation is the requirement for a mandatory employment relationship, however supervision is not mandated. A call for dialogue among all stakeholders is recommended to determine whether changes to the existing requirements for supervision of intra-oral services could provide benefits for practice efficiency, labour mobility and access to care for vulnerable populations.

Keywords: dental assistant; supervision; direct supervision; general supervision; professional regulation; intra-oral services; extra oral services; access to care; regulation

1 Introduction

This study is presented by the Canadian Dental Assistants Association (CDAA) as an exploratory comparative analysis of how intra-oral dental assisting procedures are supervised in Canada. While there are similarities in the levels of supervision required in a number of jurisdictions requirements differ considerably in others. Supervisory requirements of healthcare providers are typically covered in the standards of practice within the practice legislation. As dental assisting is not regulated in all jurisdictions in Canada additional information relating to the oversight of the profession was obtained from other sources where possible. A brief overview of the history of dental assisting is presented as well as an outline of the current situation relating to the regulation of the profession. A review of existing literature is included although availability of pertinent information was minimal.

2 Method

This review was initiated with the development of a research question intended to provide direction for the project:

“Is there a consistent approach to the requirements for supervision of dental assistants performing intra-oral procedures in Canadian jurisdictions?”

The primary sources of information were the websites of the regulatory authorities of dental assistants as well as associations responsible for the certification of dental assistants in Canada. The information was summarized and then verified by representatives from each jurisdiction prior to inclusion in this report.

The electronic databases of PubMed and CINAHL (1950 to 2013) and the public web were systematically searched to retrieve published and grey literature relating to the supervision of healthcare providers in Canada both generally and for dental assistants specifically. This literature search retrieved a very limited amount of information relating to dental assisting; however the topic was covered more extensively from a general perspective. Search terms included a combination of the following terms: dental assistants, supervision, dental auxiliaries, organization and administration, professional autonomy, professional regulation or government regulations, health personnel, health occupations, allied health personnel, professional competence, professional standards.

3 Background

The profession of dental assisting has made a significant and historically important contribution in the delivery of dental care. Though it is not clear when the first assistants began working chairside, we do know that Dr. Norman W. Kingsley (1829–1913, known as the Father of Orthodontics) outlined the duties of a dental assistant in 1883 in the following manner: “*She stands at the side of the chair during an operation and her ability to fill all the requirements of an assistant at the moment is unexcelled*”. During World War I dental assistants assisted the dental officers at chairside. ¹

In 1926, Marion Edwards, a dental assistant from Toronto, initiated the networking of dental assistants in eastern Canada, and in 1945 a meeting held in Winnipeg to organize a national association. Ms. Edwards was elected the first president of the Canadian Dental Nurses & Assistants’ Association. Penny Waite, a dental assistant from Saskatchewan and president of CDAA from 1965 to 1966 envisioned a national certification credential for the profession and in 1969 established the Council on Certification. ²

The profession has evolved with increasing responsibility and scope of practice, and the gradual shift to post-secondary formal education as the entry-level licensing requirement. Today’s dental assistant is defined as a multi-skilled professional possessing a diverse knowledge base. The CDAA Occupational Analysis (2007) describes dental assistants as practitioners who effectively perform clinical, administrative procedures and practitioner autonomy through assignment and delegation of duties and responsibilities within provincial legislation. The development of the profession represents the response to the dynamic nature of dentistry, changes in regulatory structures, new technologies, and the expectations of the Canadian consumer. ^{3, 4}

Dental Assistants function primarily in one of two levels of skills and competencies in Canada. Level 1 dental assistants perform primarily extra-oral (chairside) services while Level 2 dental assistants perform both extra-oral and intra-oral services. ⁵

Educational programs are expected to prepare dental assistants to meet the standards of practice established by regulatory authorities. ⁶ Dental assisting education is delivered in a number of different types of programs in Canada including:

- educational programs presented in publically funded community colleges or proprietary institution which are accredited by the Commission on Dental Accreditation for Canada (CDEC)
- educational programs presented in community colleges or proprietary institutions not accredited by CDAC

Registered/licensed dental assistants may also qualify for advanced expanded functions with the completion of courses approved by provincial regulatory authorities.

The National Dental Assisting Examining Board (NDAEB) was established on November 15, 1997 assuming the responsibility for the administration of a national examination for Level 2 Dental Assistants in Canada. The NDAEB has nation-wide representatives from the Dental Assisting Regulatory Authorities, the Canadian Dental Assistants' Association, the Canadian Dental Association, the Commission on Dental Accreditation of Canada, dental assisting educators from accredited and non-accredited educational institutes, and from the public. Canadian provinces that certify/register dental assistants have agreed to acknowledge this professional credential through a Mutual Recognition Agreement (MRA). The NDAEB exam is presently required for all new dental assisting graduates seeking registration/licensure or certification in the provinces of British Columbia, Alberta, Saskatchewan, Ontario, Manitoba, New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador.⁷

To be eligible for the NDAEB certificate, dental assistants must have successfully completed formal education in the following mandatory skills:⁷

1. Chairside dental assisting
2. Exposing dental radiographs
3. Oral hygiene instruction
4. Dietary counselling relative to oral health
5. Selective coronal polishing
6. Application and removal of dental dam
7. Taking of preliminary impressions
8. Application of treatment liner
9. Application and removal of matrix and wedge
10. Application of fluoride
11. Application pit and fissure sealant
12. Application of desensitizing agents
13. Application of topical anaesthetic
14. Tooth whitening using trays

4 Regulation and Oversight of Dental Assistant in Canada

The Conference Board of Canada, in their 2007 report of *“Achieving Public Protection through Self-Regulation”* state healthcare professionals are regulated on the premise that it is in the “public interest” to do so. The report goes on to say that the fundamental legislative principle within every Canadian jurisdiction with respect to health-care profession regulation is the “protection of the public from harm” in the delivery of healthcare.⁸ Regulation enhances public safety, improves patient care and ensures minimum standards for professionals.⁶ Registered (licensed) dental assistants, in accordance with their standards of practice and codes of ethics, may not diagnose a condition nor prescribe treatment.⁹

The regulation of dental assisting practice has been in place in some Canadian jurisdictions for more than 40 years. The profession received regulatory recognition in British Columbia in 1970 followed in 1971 with the regulation of dental

assistants in Saskatchewan. Dental assisting has continued to evolve as a regulated profession in the majority of provinces in Canada in the subsequent decades.

It is estimated that there are approximately 26,000 to 29,000 dental assistants in Canada. Currently eight Canadian provinces have some form of regulation of the dental assisting profession. Legislative structure includes statutes supplemented by regulations, bylaws and codes of practice as the particular statutes might authorize^{4, 10}. In Alberta and Saskatchewan dental assistants are self-regulated with the establishment of dental assisting colleges to oversee the regulatory processes for the profession. In the provinces of British Columbia, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador dental assistants are regulated under dental regulatory authorities.

Some jurisdictions embrace traditional models of licensure or certification while others have adopted the “controlled acts” model of regulatory oversight. The terms used to describe functions of regulation also vary greatly from one jurisdiction to another creating a very complex mosaic. The model of regulation will determine the terms under which these services may be performed. The regulatory documents will include the requirements for entry to practice, continued competence (continuing education), permitted and prohibited activities, requirements for the levels of supervision, title protection, malpractice insurance requirements and disciplinary processes.^{10, 11} It is beyond the scope of this review to present a detailed analysis of each jurisdiction’s regulatory framework.

The regulatory authorities of Ontario, Quebec, the three Northern Territories and the Canadian Forces do not provide regulatory oversight for the profession. Professional standards of practice have been established for in Ontario by the Royal College of Dental Surgeons of Ontario (RCDSO) identifying the responsibility of dentists in relation to the assignment of intra-oral services to dental assistants. Additionally in Ontario 7,700 dental assistants in the Province do maintain provincial certification administered through the Ontario Dental Assistants Association (ODAA) which is a credential with requirements for annual renewal and proof of continuing education. This certification is widely recognized in this jurisdiction and many employers require this credential as a condition for employment. The regulation of dental assisting in the province of Quebec is currently under consideration. The Canadian Forces provide oversight for dental assisting services through a formal job description. The three northern territories do not provide specific guidelines relating to this profession.

The title used to describe dental assistants who have qualified to deliver Level 2 dental assisting services is inconsistent throughout Canada. In British Columbia and New Brunswick a qualified dental assistant is referred to as a “Certified Dental Assistant (CDA) while in other Canadian jurisdictions where dental assisting is a regulated profession the appropriate title is “Registered Dental Assistant (RDA). In Ontario, while dental assisting is a non-regulated profession, the term “Certified Dental Assistant” is used to describe dental assistants who have attained provincial certification.

5 Models of Supervision of Intra-oral Procedures

An important aspect of the standards of the profession of dental assisting is the requirement for clinical supervision in the delivery of intra-oral services. Patient safety and quality of care are critical factors in determining what procedures should be delegated and under what form of supervision.¹² The Code of Ethics of the Canadian Dental Association (CDA) Article

6 Delegation of Duties

Delegation of Duties states: “Dentists must protect the health of the patients by delegating duties or procedures only to those persons qualified by skill, training and licensure.”¹³

While there is similarity in a number of jurisdictions regulating dental assisting in Canada relating to the requirements for supervision of intra-oral procedures, there is considerable variation in three jurisdictions. We also see differences within the jurisdictions where dental assisting is not regulated, and where recommended requirements are described in standards of practice or job descriptions.

When comparing the requirements of supervision from one jurisdiction to another it is important to be aware of variations in the use of pertinent terminology. There are differences in the use of such terms as delegation, order, authorization and assignment. Bird and Robinson, in the *Modern Dental Assisting* textbook (ninth edition) define delegation as entrusting another person to perform a skill or procedure. The Newfoundland Dental Board state that “above all, it is the dentist’s responsibility to delegate only a person they know is competent to perform the service - and to ensure that any service provided is carried out appropriately and effectively”. The Royal College of Dental Surgeons of Ontario state that “assign” means the direction, authority or permission given by a dentist to a person for the performance of an intra-oral procedure. These terms are used extensively throughout the regulatory and oversight documents pertaining to dental assisting practice in Canada.^{14, 15, 16} A glossary of terms is included in Appendix A to provide clarification.

7 Levels of Supervision

Clinical supervision may take a number of forms in the oral healthcare setting. In their policy statement on Allied Dental Personnel (2002) the American Dental Association has identified levels of supervision pertaining to dental assistants including personal supervision, direct supervision, indirect supervision, and general supervision.¹⁷

Personal supervision is defined as a type of supervision in which the dentist is personally operating on a patient and authorizes the dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct Supervision generally means a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant. The American Dental Association differentiate direct and *indirect supervision* in the final phrase of the definitions with direct supervision including an evaluation of the task completed by the assistant and indirect supervision requiring evaluation of the performance of the assistant.

General Supervision typically means a dentist (or practitioner) is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures and will evaluate the performance of the dental assistant.

7.1 Clinical Supervision of Level 1 Dental Assistants

Chairside assisting implies personal supervision for the performance of services provided while assisting a dentist or other oral healthcare provider at chairside. One Canadian jurisdiction where dental assisting is regulated (BC) permits a limited scope of intra-oral services for Level 1 dental assistants. These services include placing and removing dental dams and clamps, exposing dental radiographs (if the dental assistant has completed an approved dental radiography module), applying topical anaesthetic, as well as supporting and removing impressions materials after the dentist has placed them. Direct supervision of a dentist is required for Level 1 dental assistants performing these services. These individuals are not licensed and may not use the title of a Certified Dental Assistant. ¹⁸

7.2 Clinical Supervision of Level 2 Dental Assistants

The scope of intra-oral procedures performed by Level 2 dental assistants in the jurisdictions across Canada differs considerably. An overview of the permitted procedures in each jurisdiction is provided in the CDAA Skills Grid (Appendix B). Intra-oral procedures performed by Level 2 dental assistants require either direct or general supervision in most Canadian jurisdictions. In Saskatchewan, while mandating the requirement that the dental assistant must be employed by a dentist or an organization where a dentist is under contract, a specific requirement for supervision is not stipulated. ^{19, 20}

The regulatory authorities of Manitoba, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador consistently state that all intra-oral procedures permitted in the scope of practice for Level 2 dental assistants must be performed under the “direct supervision of a dentist”. ^{16, 21-24}

In Manitoba the registered dental assistants may perform, under the effective supervision of a dentist licensed by the Manitoba Dental Association, those procedures for which a dentist can delegate as outlined in Manitoba Dental Association Scope of Practice (revised Nov. 2001). The regulation goes on to state “therefore, a dentist must be physically present in the dental office and available while patient services are being provided by the registered dental assistant”. ²¹

Bylaw 17 of the New Brunswick Dental Society states that “direct supervision and control” when used in this by-law shall mean that a dentist is present in the office or premises where the dental assistant is carrying out the duties, tasks and functions. ²²

In the Nova Scotia section 6(3) of the Dental Assistants Regulations (N.S. Reg. 92/94) states that a licensed dentist is responsible for all aspects of care given by a licensed dental assistant working under the supervision of the dentist. N.S. Reg. 424/200 states that “For the purposes of this regulation, supervision of a licensed dentist means the dentist is physically present within the office premises while the licensed dental assistant engages in the practice of dental assisting.” ²³

In Prince Edward Island, subject to the provisions of By-Law 5 of the PEI Dental Association, a person entitled to perform the duties of a registered dental assistant “may so perform in the employ of and under the direct control and supervision of a dentist duly registered and licensed under the Dental Act”. ²⁴

The Newfoundland and Labrador Dental Auxiliaries' Regulation (2012) refers to "direct supervision" meaning a practitioner is physically present and providing the necessary direction and support within the office premises while a person is providing services permitted by these regulations.¹⁶

In contrast to the unilateral requirement for direct supervision in the five jurisdictions described above, British Columbia and Alberta each embrace a form of a controlled acts regulation of the dental profession presented under their respective Health Professions Acts. In these jurisdictions intra-oral dental assisting procedures are separated into two categories and the requirement for supervision is dependent upon which classification the procedure falls within.^{18, 25, 26}

In British Columbia the categories are identified as "authorized and supervised" or "delegated". Those services that must be authorized and supervised require direct supervision by a dentist. Intra-oral services that may be delegated in this jurisdiction require an order or prescription from the dentist (general supervision). The Certified Dental Assistant (CDA) must provide the service within 60 days of the service being prescribed.¹⁸

In Alberta intra-oral procedures are separated in the categories of "restricted" or "non-restricted". Those services that are considered to be restricted in Alberta require the direct supervision of a dentist, dental hygienist or denturist provided the services being supervised are within the scope of the supervisor. Those procedures that are non-restricted require an order from a dentist, dental hygienist or denturist, again provided the services being prescribed are within the scope of that individual. There are no stated time restrictions for service delivery once prescribed.^{25, 26}

It is of interest to review the services that fall within the two categories in each of these two jurisdictions and to note the great variation in this aspect of the regulation as well. Exposing dental radiographs for example is a service that may be delegated (general supervision) in British Columbia however it is considered to be a restricted service (requiring direct supervision) in Alberta.

An extensive number of procedures are permitted in the BC scope of practice including an orthodontic module and a prosthodontic module (both requiring additional training). The British Columbia regulations identify only three services that may be performed by CDAs under general supervision: exposure of dental radiographs, selective rubber cup polishing, and application of anti-microbial agents. As stated above, these must be done within 60 of being prescribed by the dentist. All other procedures require the direct supervision of a dentist.¹⁸

Registered dental assistants in Alberta are also permitted to perform an expansive scope of intra-oral procedures including an orthodontic module, a preventive dentistry module and dental probing. General supervision is the requirement for the majority of duties in Alberta. The only exceptions requiring direct supervision are radiography, fitting of fixed or removable partial or complete denture for the purpose of determining the preliminary fit of the device and the specific services provided within the orthodontic and the preventive dental modules.^{25, 26}

Saskatchewan employs another approach to the supervision of intra-oral dental assisting procedures. Registered dental assistants are also permitted to perform an extensive list of intra-oral services in this jurisdiction. These procedures are referred to as authorized acts. The Saskatchewan Dental Disciplines Act states that a dental assistant is authorized,

subject to the terms, conditions and limitations of that person's licence, to assist and to perform intraoral services. Dental Assistants can perform authorized acts consistent with formal education and according to their license. The Dental Disciplines Act and the regulatory bylaws of the Saskatchewan Dental Assistants Association (SDAA) are silent on supervision and therefore the SDAA takes the position that supervision is not required. Saskatchewan Health has confirmed that dental assistants can "self-initiate" authorized acts while in compliance with Section 25 (2) of the dental disciplines act which states the employment requirement: a dental assistant may only perform the practices that he or she is authorized to perform where he or she is employed by or practices under a contract with a dentist, or an employer that employs or has established a formal referral or consultation process with a dentist.^{19, 20, 27}

In jurisdictions where dental assisting is not regulated, and standards of practice exist to provide oversight for permitted intra-oral procedures, direct supervision is the dominate requirement.

The province of Ontario also employs a "controlled acts" approach to the regulation of health professions. The *Regulated Health Professions Act* (1991) states that it an offence for a person to perform a controlled act unless the person is a regulated professional who is permitted to perform the act. Non-controlled intra-oral procedures are deemed to be in the "public domain" and can therefore be performed by non-regulated health professionals. Two of the core intra-oral procedures, namely the application of treatment liners and the application and removal of matrices and wedges, are considered by the Royal College of Dental Surgeons of Ontario (RCDSO) to be "controlled acts" and these cannot be performed by Level II dental assistants. The majority of services outlined in the NDAEB minimum standard (mandatory skills) are permitted. When intra-oral procedures are assigned to a Level II dental assistant the assigning dentist must be present in the office suite and ensure, before the patient leaves the office, that the assigned procedures were safely and competently performed.¹⁵ Additionally, in Ontario another category of dental assistant (Preventive Dental Assistant) was recognized prior to January 1, 2000 and continues to be authorized to permit a limited scope of intra-oral services with the same requirement for supervision as the Level II dental assistants.

Ontario hygienists who hold a license with the authorization to self-initiate may employ dental assistants and may assign intra-oral procedures under their direct supervision. The procedures must be within the dental assistants' permitted scope and within the self-initiated scope of the hygienists.²⁸

At the present time, only chairside extra-oral services can be performed by dental assistants in Québec thus, no intra-oral services including taking radiographs are allowed for dental assistants.²⁹

The Canadian Forces (CF) presents a formal job description in which they identify the intra-oral procedures that are permitted by dental assistants as well as the parameters under which these services may be delivered. Though CF dental clinics are operated provincially, the oversight is the responsibility of the employer. All permitted intra-oral procedures may be performed by qualified dental assistants under "general supervision". The authorized acts for dental assisting are to be performed only consequent to the order of a duly licensed dentist or dental specialist. Once the appropriate order has been provided, the dentist or dental specialist does not necessarily have to be present when the services are being rendered. It is the duty of all dental assistants to refer patients to a dentist or dental specialist following the unsupervised placement of temporary restorations, temporary cementation of crowns and bridges and for any bleeding control.³⁰

The health authorities for of the Yukon, North West Territories and Nunavut have not indicated the presence of any additional guidelines relating to expanded functions for dental assistants. Clinics operated by Health Canada in these locations abide by the regulations in place in these jurisdictions. ³¹⁻³³

A comprehensive presentation of the requirements for supervision, as defined within the regulatory or guideline documents, is presented in Appendix C of this review.

8 Additional Discussion

The response to the research question presented in the introductory paragraph of this paper is that a consistent approach to the supervision of intra-oral dental assisting practice does not reflect the current situation in Canada. Great variability does exist from jurisdictions where all intra-oral services require the direct supervision of a dentist, to jurisdictions where hybrid models exist incorporating both direct and general supervision as well as the supervision of other dental professionals, to one model where supervision is not a stated requirement, though an employment relationship is understood.

Responsibility for the standards of practice rests with provincial and territorial authorities. While there is no requirement for a universal approach to practice supervision the profession has benefitted from finding common ground on a number of matters relating to regulation across jurisdictions.

The Mutual Recognition Agreement (MRA), October 2008, signed by nine Canadian dental assisting regulatory authorities recognizing the NDAEB certificate as the initial licensing requirement for Level 2 (intra-oral) dental assistants has added greatly to the realization of labour mobility for dental assistants in Canada. The NDAEB, in their 2012 Annual Report stated that 31,141 certificates have been issued between 1997 and December 31, 2012. The Canadian Dental Association report 19,563 dentists are currently licensed in Canada which serves to provide perspective to this statistic, and is a true testament to the success of this collaborative approach. Additionally the requirement for this credential has been very helpful in bringing consistency to the educational requirements for the profession, though clearly more work is needed in this area. The signatories of the MRA stated their support for the Commission on Dental Accreditation of Canada (CDAC) dental assisting program accreditation process and encouraged all dental assisting programs to become CDAC accredited. While the scope of practice of registered (certified) dental assistants varies greatly in our country (Appendix B), the requirement for the NDAEB certificate has helped to bring greater consistency in this area as well. ³⁴⁻³⁶

It is understood that the requirements for the supervision of the intra-oral services dental assistants provide may not contribute to the goal of labour mobility. It could however be of value to regulatory authorities in jurisdictions currently requiring direct supervision for all intra-oral procedures to enter into a dialogue with jurisdictions embracing a more diverse approach to clinical supervision. This collaboration could identify benefits as well as any challenges that have been experienced. It may also be prudent to consider the impact supervisory requirements have on practice productivity as well as to the contribution that dental assistants could potentially make in providing access to dental care for underserved populations in Canada.

Guay and Lazar (2012) state that a key path through which ancillary personnel increase productivity in a dental practice is by performing function that would otherwise be performed by the dentist. They go on to suggest that the effects of delegation are substantive and directly related to the level of delegation.¹²

The Canada Health Measures Survey 2010 indicates that while most Canadians have access to professional dental care and, as a result have good oral health; this is not the reality for a minority of Canadians. The groups within this minority for whom access to dental care is a known problem include: seniors, low-income populations, people with special needs, children and Aboriginal peoples. It may be beneficial to assess the potential contribution dental assistants could make in reducing barriers for vulnerable populations. McEntee et al. (2011), in their scoping review on oral care in long-term care facilities, suggest the influence of regulations on the scope and standards of practice among dental personnel who are not dentists is a gap in knowledge requiring further investigation in addressing disparities in long term care facilities.^{37, 38}

It is not the purpose of this analysis to state a position regarding the various models of supervision discussed, or suggest the impact change could have on the profession.

9 Recommendations for Further Research:

1. Stakeholder feedback and perspective regarding existing models of supervision
 - a. Regulatory Authorities
 - b. Dental Assistants
 - c. Dentists
 - d. Other members of the dental team
 - e. The public
2. Evaluation of Quality of Care
 - a. Analysis of the existing methods of supervision in relation to whether there is any indication that treatment is compromised with general supervision or self-direction
3. Evaluation of Practice Productivity
 - a. Analysis of whether dental practice productivity is correlated to the varying supervisory models currently practiced in jurisdictions in Canada
4. Identification of best practices for delegation/assignment of dental assisting services in other countries
5. Analysis of opportunities for contribution to the disparities in access to care for vulnerable populations
 - a. Comparison of jurisdictions where general supervision and self-initiation are permitted to those where direct supervision is required for all intra-oral services to determine if there are opportunities for dental assistants to contribute to the oral healthcare delivery in vulnerable communities

Dialogue, collaboration and consideration of standardization within this critical aspect of dental assisting practice oversight are recommended. The development of a second research question would facilitate this call to action:



“Is a consistent approach to harmonizing the definitions and practices of supervision an achievable or desirable goal for the dental assisting profession in Canada?”

10 Acknowledgements

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12 APPENDIX A: Glossary of Terms

Intra-oral Procedures (Services)	specific procedures delegated to a qualified dental assistant that require increased skill and training (i.e.: radiography, pit and fissure sealants, placement and removal of dental dam)
Personal Supervision	generally means a dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure
Direct Supervision	generally means a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant and evaluates their performance before dismissal.
Indirect supervision	A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.
General Supervision	generally means a dentist (or practitioner) is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures and will evaluate the performance of the dental assistant (ADA citation, MDA citation).
Personal Supervision	generally means a dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure
Self-Initiation	means the qualified dental assistant may proceed with intra-oral procedures within her permitted scope of practice without direct supervision or an order from a dentist or other healthcare provider.
Direction	means a dentist, dental hygienist or denturist is on-site and able to assist. (Alberta regulations)
Prescription or Order	is detailed written instruction provided by a dentist to allied dental personnel, and usually specifies the treatment to be performed. (Australia Dental Policy Statement)
Delegation	<ol style="list-style-type: none"> 1. Authorization or entrustment of another person to perform a specific skills or procedure (Modern Dental Assistant, 9th Edition) 2. Is defined as transferring the responsibility of performing an activity to another while retaining accountability for the outcome. (Conference Board of Canada) 3. Is the decision to transfer an intervention that is within the scope of practice of one health care professional (delegator) who has the authority to perform the intervention to another health care team member (delegatee) for whom this intervention is outside her/his scope of practice or scope of employment. (NS Registered Nurses Assignment and Delegation document)
Assignment	A direction by a health practitioner to another person to perform a procedure
Restricted Activities	are clinical activities that present a significant risk of harm and are therefore assigned by the government to specified health professions only (College of Dental Surgeons of BC)
Controlled Acts	are those acts that present such a serious threat of harm to patients that they must be performed by properly trained and qualified regulated health professionals (Royal College of Dental Surgeons of Ontario)
Standards of Practice	describe the authority vested by a regulatory authority in health professionals who practice in that jurisdiction (Pew)
Scope of practice	the roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. For members of a regulated profession these roles, functions, accountabilities and limitations are also defined by legislation (from NS RN Assignment and Delegation document)



13 APPENDIX B: CDAA Skills Grid

Canadian Dental Assisting Legal Scope of Practice by Province - 2014
Portée de compétences légales d'assistantes dentaires au Canada - 2014

Skill/Compétence	BC*	AB	SK	MB	ON			QC	NB	NS	PE	NL
					CDAA I	CDAA II	CDAA III					
Chairside / Extra-orale	●	●	●	●	●	●	●	●	●	●	●	●
Radiography / Radiographie	●	●	●	●	●	●	●	●	●	●	●	●
Preliminary Impressions / Empreintes préliminaires	●	●	●	●	●	●	●	●	●	●	●	●
Dental Dam / Digue	●	●	●	●	●	●	●	●	●	●	●	●
Treatment Liners / Traitement protecteur	●	●	●	●	●	●	5	●	●	●	●	●
Matrices & Wedges / Matrices et coins	●	●	●	●	●	●	5	●	●	●	●	●
Selective Coronal Polishing / Polissage sélectionné de couronnes dentaires	●	●	●	●	●	●	●	●	●	●	●	●
Oral Hygiene Instruction / Instruction d'hygiène buccale	●	●	●	●	●	●	●	●	●	●	●	●
Dietary Counselling / Instruction en nutrition	●	●	●	●	●	●	●	●	●	●	●	●
Fluoride Application / Application de fluor	●	●	●	●	●	●	●	●	●	●	●	●
Fabricate & Insert Bleaching Trays / Fabriquer et mise en place les porte-empreintes de blanchiment	●	●	●	●	●	●	●	6	●	●	●	●
Pit & Fissure Sealants / Scellements de puits et fissure	●	●	●	●	●	●	●	●	●	●	●	●
Topical Anaesthetic / Anesthésie topique	●	●	●	●	●	●	●	●	●	●	●	●
Desensitizing Agents / Agents de désensibilisation	●	●	●	●	●	●	●	●	●	●	●	●
Suture Removal / Retirer les points de suture	●	●	●	●	●	●	●	●	●	●	●	●
Take & Record Vital Signs / Prendre et noter les signes vitaux	●	●	●	●	●	●	●	●	●	●	●	●
Acid Etch Prepared Cavities / Burinage à l'acide de la cavité	●	●	●	●	8	●	●	●	●	●	●	●
Pulp Vitality Testing / Détection de la vitalité pulpaire	●	●	●	●	●	●	●	●	●	●	●	●
Polish Amalgams / Polir amalgame	●	3	1	●	●	●	●	●	●	4	●	●
Retraction Cord Placement / Mise en place la corde de rétraction	1	●	1	●	●	●	●	●	●	●	●	●
Remove Retraction Cord / Retirer la corde de rétraction	●	●	●	●	●	●	●	●	●	●	●	●
Fabricate, Cement & Remove Provisional Crowns - Prostho Module / Fabrication, mise en place et retraitement de couronnes provisoires	7	●	1	●	●	●	●	●	●	●	●	●
Provisional Restoration / Restauration Provisoire	●	●	1	●	●	●	●	●	●	●	●	●
Take & Record Gingival Plaque Indices / Enregistrer les marges gingivales	●	●	●	●	●	●	●	●	●	●	●	●
Applying anti-microbial Agents / Application d'agent anti-microbiens	●	●	●	●	●	●	●	●	●	●	●	●
Remove Perio Dressings / Retraitement de pansements périodontales	●	●	●	●	●	●	●	●	●	●	●	●
Face Bow Transfer / Transfer d'arc facial	●	●	●	●	●	●	●	1	●	●	●	●
Ortho Module / Module orthodontie	1	1	1	1	●	●	●	1	●	1	1	●
Place & Finish Amalgam Restorations / Place et sculpter restaurations à l'amalgame	●	●	1	●	●	●	●	●	●	●	●	●
Restorative Implant Assisting Tech. Module / Module Technologie d'assistance en implant de restauration	●	●	1	●	●	●	●	●	●	●	●	●
Level 'C' CPR / RCP niveau 'C'	4	4	●	●	●	●	●	●	●	●	●	●
Periodontal Screening & Recording (PSR) / Dépistage et documentation en parodontie	●	●	●	1	●	●	●	●	●	●	●	●
Fabricate Mouthguards / Fabrique les protège-dents	●	●	●	●	●	●	●	2	2	●	●	●
Fabricate Occlusal Rims / Fabrique les boudins	●	●	●	1	●	●	●	●	2	●	●	●
Recall Consultations with Dentists / Rendez-vous de rappel	●	●	●	●	●	●	●	●	●	●	●	●
Public Health Screening / Dépistage de santé publique	●	●	●	●	●	●	●	●	●	●	●	●
Assessing and Reporting Oral Health Status / Évaluer et documenter le niveau de santé buccale	●	●	●	●	●	●	●	●	●	●	●	●
Preventative (Scaling) Module / Module (détartrage) préventif	●	1	●	1	●	●	●	1	●	●	●	●
Coronal Whitening or Bleaching / Blanchiment Coronaire	●	●	●	●	●	●	●	●	●	●	●	●



APPENDIX B: CDAA Skills Grid (continued)

Mandatory skills for NDAEB Certificate / Compétences requises pour certificat de BNEAD.

*Skills may be performed by licensed CDA's only.

- 1 Completion of module or training required / Instruction requise.
- 2 Only extra-oral procedure / Procédures extra-orales seulement.
- 3 Using rubber tips & cups; no shaping or finishing / Utilisant instruments en caoutchouc. Polir et façonner ne sont pas permis.
- 4 Recommended but not mandatory for licensure / Recommandé mais pas obligatoire pour la licence.
- 5 CDA II's in Ontario are trained in this skill but are not permitted to perform it. / Les ADA de niveau II, en Ontario, reçoivent la formation dans cette tâche mais n'ont pas la permission de l'exécuter.
- 6 Licensed CDA's may only fabricate bleaching trays. / Les ADAs licencié(e)s peuvent fabriquer exclusivement des plateaux de blanchiment.
- 7 CDA's with a minimum of one year full-time chairside experience may fabricate single unit provisional restorations intraorally, including try-in, adjusting occlusion outside the mouth, temporary cementation, removal of provisional cement, and removing provisional restorations. Prosthodontic module required for additional duties. / Les ADAs possédant un minimum d'une année d'expérience à temps plein d'assistance à la chaise, peuvent fabriquer une unité de restauration provisoire intra-buccale, incluant essai, ajustement de l'occlusion hors bouche, cimentation temporaire, retrait du ciment provisoire et retrait des restaurations provisoires. Le module de prothodontie est nécessaire pour accomplir des tâches additionnelles.
- 8 With dentist supervision when initiated in the office. / Sous la direction du dentiste lorsque exécuté en clinique.