

SUBMISSION TO CONVERSATION ON HEALTH



Certified Dental Assistants of British Columbia

"The mission of the Certified Dental Assistants of BC is to advance, develop, and promote the profession, the membership, and the organisation."

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Introduction

The Certified Dental Assistants of BC (CDABC) is an incorporated not for profit association representing the professional interests of its over 2200 members and advocating on their behalf in the local, provincial, and national arena. For over 35 years the CDABC and its predecessors in British Columbia have served as the professional membership body for certified dental assistants.

Currently, certified dental assistants are regulated by the College of Dental Surgeons of BC (CDSBC) through the *Rules Made under the Dentists' Act*. With the introduction of the government's "umbrella" legislation in the *Health Professions Act (HPA)*, the CDSBC has been required to draft new bylaws and regulations under the *HPA*. As a final stage of bylaw development, stakeholders are invited to comment on the proposed dentists' bylaws.

In its role as advocate for the profession, the CDABC made comment in March 2007 to the draft dentists' bylaws and regulations under the *HPA*. The CDABC document detailed the challenges inherent in the draft dentists' bylaws and provided a thorough analysis of selected sections relating to certified dental assistants and their professional practice. ([Available at www.cdabc.org.](http://www.cdabc.org))

Certified dental assistants perform a great variety of tasks within the practice of dentistry. Services range from such basic tasks as preparing the treatment area, passing instruments to dentists, to more complex tasks such as sterilisation procedures and intra-oral patient care procedures. These direct patient care services include tooth polishing, placement and removal of dental dams and clamps, and application of topical anaesthetics and fissure sealants. There is a high degree of independence and delegated autonomy in certified dental assisting professional practice.

In the era of HIV/AIDS, Hepatitis and other highly infectious diseases, the public demands and expects efficiency and safe practice from its oral health care providers. Certified dental assistants meet that demand through formal education, continuing education, and by making important assessments about patient care every day.

Executive Summary

The focus of the CDABC's submission to the Conversation on Health is threefold;

- to draw attention to the **under-utilisation of the professional skills** of certified dental assistants;
- to draw attention to the continued endorsement by the College of Dental Surgeons of BC of **delegating procedures that are critical to patient safety and well being to unqualified and unregulated individuals** and,
- to highlight the need for the profession of certified dental assisting to gain appropriate **autonomy in its regulation**.

Under-utilisation of professional skills

Certified dental assistants practise primarily in private dental offices under the direct supervision of their dentist employers. A significant part of certified dental assistant training and education concerns prevention and oral health promotion, in addition to instruction in direct patient care services. Yet the circumstances are very limited in which a certified dental assistant may legally provide oral health promotion and preventive services to the public outside the private dental office. At present, services that are provided by certified dental assistants in the public arena are limited to the provincial government's public oral health programs under the direction of the Dental Consultant. However, only a very few certified dental assistants, employed by health authorities and approved by the Dental Consultant, provide services in such programs.

The draft dentists' bylaws reference certified dental assisting practice within government public health programs. They do not, however, address the overwhelming needs of specific target groups. These include the homeless, the working poor, the disadvantaged, new immigrants, and First Nations. All are marginalised populations in British Columbia who have little or no access to oral health promotion and preventive services.

Additionally, in this section of the draft dentists' bylaws, there are significant omissions relating to protocols and delivery of service in long-term care, seniors' residential care institutions, and home care despite a growing need for professional assistance in all of these chronic care situations.

The draft dentists' bylaws provide no reason why certified dental assistants' participation in public oral health programs should be so limited, provided the proper training and education requirements are set out in the draft dentists' bylaws. A Ministry report *Towards Better Health Care for British Columbians* emphasised the importance of preventive measures in improving overall public health. The government created public oral health programs in various long-term care facilities, aboriginal communities, as well as dental public health screening programs for children. For

economic reasons, dentists are unwilling or unable to provide the access to oral health services required by such programs. Certified dental assistants are particularly well suited to the provision of safe and effective public oral health services, but the barriers created by the draft dentists' bylaws and the supervision requirements prevent certified dental assistants from practising their profession to the full extent of their capabilities, thereby limiting access to care.

Delegation to unqualified, unregulated personnel

The draft dentists' bylaws continue to endorse the delegation of services to unqualified unregulated, unlicensed personnel known as dental assistants. The most disturbing aspect of this endorsement is that it perpetuates a risky situation wherein dentists may delegate a critical task such as infection control for the entire dental office to someone who potentially is untrained and has not demonstrated a recognised standard of performance or competency in this task. Other problems and potential risks to the public which are associated with delegation to unqualified personnel will be dealt with in more detail in the following pages.

Appropriate regulatory autonomy

The CDABC is committed to its goal for the profession of certified dental assisting to seek self-determination through self-regulation. While the CDSBC has been responsible for the regulation of certified dental assisting over the past 35 years it has been due largely to the continued efforts and persistence of the certified dental assistant community that regulation has advanced at all for this profession. Therefore, it is critical to continue to pursue the appropriate level of autonomy within regulation.

A cooperative effort is needed

The Ministry of Health and the Certified Dental Assistants of BC must undertake a cooperative effort to make appropriate changes to regulations and bylaws for the governance of the practice of certified dental assisting. The result will be optimal access to cost effective care, enhancement of public protection, and mitigation of risk of harm.

Specific Needs; Specific Solutions:

How certified dental assistants can help.

Dental Public Health

A consistent theme of the respondents to the Conversation on Health public website is the need for an increased focus on primary care to achieve a healthy outcome for individuals and a sustainable health care system for BC. In certified dental assisting practice, primary care is the delivery of education over a wide range of topics influencing outcomes for healthy living. In oral health care, topics include but are not limited to, nutritional information across the spectrum of ages, prevention of dental disease and how that relates to overall health and well being, information about the detrimental effects to the oral cavity and general health from the use of tobacco products, and information about and screening for early childhood caries. There is also an important role for certified dental assistants to play in the cursory screening for oral cancers and in oral self care during and after oncology treatment. Yet the regulations for certified dental assistants under the draft dentists' bylaws do not allow these professionals to practise in environments most suited to providing education to the targeted audiences: schools and daycare facilities, First Nations, not for profit community programs conducting focus groups with adult participants or projects for infants or toddlers, or independently created smoking cessation initiatives.

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Specific review of the draft dentists' bylaws relating to government funded Dental Public Health Programs indicates that a certified dental assistant wishing to practice in one of these programs must first complete a "provincial in-service cursory screening module." Yet the three services that are to be performed, which include oral health promotion, fluoridated varnish application and survey activities, are elements of every certified dental assistant's education. The restrictive nature of the requirement of this bylaw is inconsistent with stated government policy related to access to care and demonstrates a lack of inclusive vision of a larger picture. The limited content of the Cursory Screening Module and the requirement for its completion to practice in the public health environment in effect denies access to care and maintains a stranglehold on the advancement of public education utilising certified dental assistants. Of the approximately 6000 certified dental assistants who are licensed with the CDSBC, only 43 have the cursory screening designation on their licence and to date only 31 (less than 1% of the practising population!) are employed by health authorities. This is a shockingly small number of professionals practising in an environment where so much could be accomplished with appropriate emphasis on sustainability to meet the government's objectives of a healthy population. The draft dentists' bylaws fail to provide an interpretation of "public health programs". In fact, it is unclear what the parameters of these programs are or the mechanisms for the evaluation and monitoring of the programs or the personnel.

Ongoing anecdotal evidence from certified dental assistants illustrates that there is little opportunity in many communities for them to practise their profession in areas of oral health education even though specific studies such as the *Children's Dentistry Task Force Report*¹ published by the Association of Dental Surgeons of BC in 2001 forcefully present the need for these services. A similar conclusion can be drawn from a report prepared in 2001 for the Ministry of Health by the Department of Oral Health at UBC in the Faculty of Dentistry titled, *Strategies to Enhance the Oral Health of British Columbians, specifically Aboriginal Peoples, Tobacco-Users, and those of Low Socioeconomic Background*.²

Though the need has been clearly demonstrated, there is still no mechanism contemplated through the draft dentists' bylaws to determine standards, provide guidelines, or to permit certified dental assistants to practise as independent contractors providing protective intervention services in specialised programs for infants and children. Nor is there any such mechanism for practise in First Nations communities, long-term care facilities, or under-serviced and marginalised populations such as new immigrants, the poor, and rural and remote communities.

The public health services included in the draft dentists' bylaws identify three key areas of public need. However, " cursory screening of children " in the survey activities fails to go far enough. This cursory screening should include all ages, not just children. Entire demographics of BC's needy populations are cast adrift by this omission.

The certified dental assistant may provide oral hygiene and dietary instruction for the prevention of caries. Oral hygiene and dietary instruction can and should encompass much more than the prevention of tooth decay. Dentistry concerns itself with a holistic approach to oral health for the prevention and management of many diseases. To limit the valuable resource of knowledge of certified dental assistants who can provide excellent educational tools for patients is an unconscionable waste of precious human and financial health resources.

Certified dental assistants can play a major part in any program designed to assist new immigrants in understanding Canadian standards in oral health care and hygiene. Potentially poor oral health care practices and lack of education and retention of different cultural values in this area can have a negative impact on overall health resulting in an increased burden on the health care system.

Basic quality nutrition and good lifestyle habits play an important part in good oral health. Underscoring this theme, Dr. Geoff Appleton, current president of the British Columbia Medical Association (BCMA) stated at the end of June that "implementing childhood health programs now to tackle obesity" and support for smoking cessation initiatives are prime health concerns that the BCMA will be focussing on to improve

1 R. Harrison, et al, Children's Dentistry Task Force Report (Vancouver, 2001), Association of Dental Surgeons of British Columbia

2 M. MacEntee, R. Harrison, C. Wyatt, Strategies to Enhance the Oral Health of British Columbians, specifically Aboriginal Peoples, Tobacco-Users, and those of Low Socioeconomic Background (Vancouver, 2001), Faculty of Dentistry, University of British Columbia

the overall health of BC. Certified dental assistants have the skills and knowledge to introduce important groundwork in both of these areas. Utilising these professionals in targeted programs and initiatives could prove to be very cost effective and enhance sustainability of crucial prevention services.

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It is accepted that tooth decay and gum disease contribute to serious health concerns such as diabetes, atherosclerosis (hardening of the arteries), and heart disease. As BC faces escalating health care costs and increased demand for costly treatment options for major medical conditions, the adage that an “ounce of prevention is worth a pound of cure” makes a great deal of sense. It is the present and anticipated regulation of the practice of certified dental assisting that limits access to primary care: education, prevention and oral health promotion.

In the Report, *Health Security for British Columbians, Special Report: Consumer Participation, Regulation of the Professions, and Decentralization*, Professor J.T. McLeod examined the issue of professional regulation and stated:

It must be emphasized that any professional legislation which unduly restricts the scope of practice of skilled personnel may be contrary to the public interest in greater supply and accessibility of service through the development of team practice.³

The draft dentists’ bylaws place unnecessary and unduly restrictive constraints on the practice of certified dental assisting with a result that certainly is not in the public interest.

Greater options for certified dental assistant practice in public health are not included in the draft dentists’ bylaws. The omission underscores the point that bylaws with a wider and inclusive vision would be a positive enhancement for public access to preventive services. In failing in this most fundamental manner – to be both broad and inclusive in purpose – dentists’ draft bylaws mean that services a certified dental assistant is allowed to perform in this arena fall far short of optimal comprehensive primary service.

³ J.T. McLeod in Richard D. Foulkes, *Health Security for British Columbians, Special Report: Consumer Participation, Regulation of the Professions, and Decentralization* (Victoria, 1973)

One of the greatest oversights in the draft dentists' bylaws is the lack of any statements about the provision of service by certified dental assistants in residential and long-term care settings. There is an important role for certified dental assistants to play in oral care maintenance and disease prevention in geriatric and special needs populations, not only in long term care but residential and home care as well. Leaving this important aspect out of the draft dentists' bylaws demonstrates a lack of understanding of, and commitment to this vulnerable group's need for greater access to care. Limiting the participation of certified dental assistants to government-approved dental public health programs restricts the public's access to oral health promotion and preventive services.

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Unqualified, unregulated personnel

The draft dentists' bylaws emphasise the accountability of certified dental assistants through the licensing process, participation in mandatory continuing education, adhering to a code of ethics and practice standards and in complaints investigation and discipline. As regulated professionals, certified dental assistants are accountable to the public they serve. Section 8 of the draft dentists' bylaws states, "All persons providing services to members of the public are personally responsible and accountable for providing an appropriate standard of treatment..." This includes everyone regulated by these draft dentists' bylaws: dentists and certified dental assistants. It does not include dental assistants, yet these individuals do provide services that are potentially harmful to the public.

The draft dentists' bylaws state that a dentist may delegate the performance of a service from a particular list of services to a dental assistant. However, there is no standard required for qualification, training, or experience for a dental assistant to be "an individual who assists a dentist with the provision of services, but who is not a certified dental assistant."

The one exception is radiography which is a reserved act under the *Dentists' Regulation*. The dental assistant must successfully complete the CDSBC approved Dental Radiography Module to perform delegated skills in radiography. However, there are still grave implications for public safety in the delegation of this skill to dental assistants. From the point of view of public protection, it is imperative that anyone practising a reserved act under the *Dentists' Regulation* successfully complete standardised education. Dangerously absent from these draft dentists' bylaws is the lack of any mechanism to ensure continuing competency by dental assistants who expose the public to ionising radiation (x-rays). Dental assistants are not regulated. In essence, their employer is the one who sets the standard for provision of service. The issue here is the lack of a recognised standard set by an unbiased agency. As the bylaw is contemplated, it is not an optimal situation for the public who expects the highest standards of competence of anyone delivering care.

Performing infection control procedures is the first of the 15 services listed for delegation to unqualified persons and certified dental assistants. Its continued inclusion in the list of skills that can be delegated to a dental assistant demonstrates a failure to recognise how critical infection control procedures have become in this day of highly infectious disease and threats of pandemics. Its inclusion also fails to acknowledge the public's expectation that anyone performing services in this area is qualified to do so. With increased risk of transmission of virulent and deadly infections such as SARS, HIV, and Hepatitis B, a person ignorant of proper protocols, techniques, and of basic understanding of disease transmission puts everyone in the dental office, staff and patients alike, at risk. The degree of risk to the public and the significance of such basic infection control techniques such as proper hand washing is evidenced by the current initiative outlined by the Centre for Disease Control's report on BC nursing actions to certify those practitioners providing health care where the threat of infectious disease transmission is frighteningly high when proper hand washing techniques and protocols are ignored. Infection control is serious business in any environment and should be entrusted only to those who demonstrate competence and knowledge.

The dental assistant may be delegated to provide intra-oral services to patients without a dentist present such as "providing individualised oral care instruction, including intra-oral brushing and flossing of teeth, and instruction in the use, care and maintenance of dentures;" In this instance the same lack of demonstrated competence in infection control and prevention of disease transmission in an intra-oral situation puts the public at unacceptable risk. *Any* intra-oral service delivered by unqualified persons under direction (that is without a dentist present in the facility) carries the same risk of harm to the public.

Other specific services described in the list are performed under supervision of the dentist. (Supervision requires a dentist to be present in the facility.) However, the same concerns exist relating to lack of qualification and demonstrated, ongoing competency. This is not an acceptable level of protection for the public.

The CDABC submits that the above arguments are sufficiently compelling to require that only one standard of dental assisting be recognised. The standard must be that of an educated and qualified dental assistant certified by the regulator. Therefore, references to dental assistants in the dentists' draft bylaws must be modified with this single standard as the benchmark.

The regulatory environment

A discussion of appropriate regulatory autonomy in the context of the profession's goals often focuses on the need to demonstrate or prove "risk of harm". That is, in decision making about appropriate levels of autonomy in regulation and in this case, self-regulation, it appears to be incumbent upon the profession to prove that there is such a significant risk of harm to the public that it would warrant the creation of a college of certified dental assistants. While the response to the draft dentists' bylaws makes it clear why maintaining an outdated, dangerous regulatory model poses a risk

of harm to the public, this present discourse suggests that risk of harm is not the only point on which the decision must turn. Public interest must be included in the equation. A definition of public interest is not only that which guarantees lack of bias or apprehension of bias but also guarantees a demonstration of professionalism through rigorously established standards. These are standards in education, practice, competency, morals, and ethics.

Public interest is enshrined in professional regulation and no less in the draft dentists' bylaws. To wit: Throughout the draft dentists' bylaws, obligations are set out for certified dental assistants relating to important matters of public protection: the need to meet stated standards for application for licence, the duty to report, adherence to quality assurance mechanisms including mandatory continuing education, the payment of annual licensing fees, or dues and levies, adherence to ethical and moral standards, practice standards, and the requirement to be professionally responsible, etc. What is lacking is agreement on the valid determinants for decision making about appropriate autonomy in regulation for certified dental assisting. It must be agreed that equal if not greater weight be placed on the above mentioned aspects of public interest than the risk of harm in decision making processes around appropriate regulatory autonomy. It is the profession of certified dental assisting that knows itself best and is in the best position to articulate statements about its regulation in the public interest.

Any discussion of risk of harm often focuses on how many complaints are received by the CDSBC about certified dental assistants. The CDSBC reported that there are not many complaints either initiated by certified dental assistants or about certified dental assistants. This is not because there are not any to be made. In a practising population of roughly 6000 individuals, mistakes are made. Not only does the public have little understanding of their recourse for complaint about a certified dental assistant, but the profession itself has little certainty that complaints will be taken seriously, dealt with expeditiously or fairly.

The CDABC undertook a detailed analysis of the draft dentists' bylaws. This analysis revealed a highly flawed document that was out of sync with new approaches to health and failed to satisfy the test of unbiased regulation in the public interest. Piecemeal edits to the draft dentists' bylaws will be insufficient to cure the ills of this document. A new, more inclusive approach is necessary. It is the CDABC's assertion that the only course of action is to remove certified dental assisting regulation from the authority of the CDSBC and support the creation of a college of certified dental assistants under the *HPA*. At this time, the Health Ministry is reluctant to pursue this option. Therefore another approach is required if these draft dentists' bylaws and the regulation of certified dental assisting are to be nothing more than a complete antithesis to the government's intention to find new ways to guarantee access to safe, sustainable care for all British Columbians.

Recommendations and Conclusions

Recommendations to the Conversation on Health

Under-utilisation of professional skills of certified dental assistants:

1. Review the draft dentist's bylaws relating to certified dental assistants' practice in public health. Through collaborative research, create standards for enhanced education and training for expanded practice in this specific area.
2. Develop a broad based inclusive vision for certified dental assisting practice in public health, especially where it relates to marginalised populations.
3. Include in this vision an interpretation of government funded public health programs, mechanisms for their evaluation and monitoring and for the evaluation of personnel practising in these programs.
4. Through collaborative research, create standards for enhanced education and training for expanded practice in long-term care, seniors' residential care and home care environments.
5. Create bylaws reflecting the importance of access to care and sustainability that allow certified dental assistants to practise most effectively in the wider public domain in the area of oral health promotion and delivery of preventive services.
6. Provide an update on existing research in the areas of children's dentistry and the enhancement of dental health in First Nations, tobacco users, and the working poor.
7. Review/develop bylaws to address issues identified through this update as key factors to initiating and maintaining good oral health.

Delegation of dental procedures to unqualified and unregulated individuals

1. Recognise only one standard of dental assisting in regulation which is that of an educated and qualified dental assistant certified by the regulator.
2. Modify references to dental assistants in the dentists' draft bylaws with this single standard as the benchmark.

Appropriate autonomy in certified dental assisting regulation

1. Embrace a definition of public interest that not only guarantees lack of bias or apprehension of bias but also guarantees a demonstration of professionalism through rigorously established standards. These are standards in education, practice, competency, morals, and ethics.
2. Enter into a discussion about and agree upon valid determinants for decision making about appropriate autonomy in regulation for certified dental assisting. These determinants must include placing as much weight on aspects of public interest mentioned in #1 as are placed on the risk of harm.

3. Place the profession of certified dental assisting in the best position to articulate statements about its regulation in the public interest because it knows itself best.
4. Remove certified dental assisting regulation from the authority of the CDSBC and support the creation of a college of certified dental assistants under the *HPA*.
5. Engage with the CDABC to determine a new approach for the regulation of certified dental assisting in order to find new ways to guarantee access to safe, sustainable care for all British Columbians.

Conclusions

- ✓ Certified dental assistants have the skills and knowledge to provide important services outside the traditional setting of a private dental clinic.
- ✓ The draft dentists' bylaws that continue to be administered by the dentist employer group through the College of Dental Surgeons of BC do not allow for the maximisation of delivery of oral health promotion and preventive services in the wider community environment by certified dental assistants.
- ✓ Access to care is denied to those with the most pressing need by the professionals who can do the job and in the most cost effective manner.
- ✓ Access, education, and sustainability; three prime interests demonstrated in public postings on the Conversation on Health website are being overlooked in the draft dentists' bylaws in favour of maintaining the status quo of a silo based, outmoded, regulatory model.
- ✓ There is a direct impact for the safety and well being of dental patients by maintaining the status quo by the continued endorsement for delegation of patient care services to an unqualified person who has not been required to meet a recognised standard for qualification, training, or experience.

It is essential to pursue the appropriate level of autonomy within regulation for certified dental assistants. It takes courage to move into different, improved and perhaps uncomfortable ways of doing business. It takes much more than just courage to move from positions to positives.

The goal of good regulation – mitigation of risk of harm and attention to the public interest – is attainable for the profession of certified dental assisting. Respectful engagement by all parties in the necessary dialogue can examine the issues and embrace mutual positions to reach a positive conclusion satisfactory to all.