



COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

College Interpretation of Proposed Dental Hygienists Regulation Amendments

Why is this called an “interpretation document”?

The legislated process for proposed regulation amendments requires that any changes to regulations must be drafted and posted for consultation by the BC Ministry of Health. The College’s role in this process is to provide its interpretation on how these regulations would be applied should they be implemented by government.

All feedback regarding the proposed amendments to the Dental Hygiene Regulations should be sent to the **Ministry of Health by December 2nd, 2019** via:

Email: PROREGADMIN@gov.bc.ca

Or by fax or ordinary mail to the attention of:
Executive Director, Professional Regulation and Oversight
Ministry of Health
1515 Blanshard Street
PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Fax: 250-952-2205

Why are the bylaws being changed?

The College Board has posted proposed bylaw changes to align the College bylaws with the proposed amendments to the Dental Hygiene Regulation to further enhance public safety. Details on the proposed bylaws amendments can be found on the College website.

Are the changes to the regulations effective today?

No. At this time the changes to the Dental Hygiene Regulations are only a proposal posted for public feedback. Registrants should continue to practice under the current regulations and bylaws until further notice.

When will the changes come into effect?

The deadline for feedback on the proposed amendments to the Dental Hygiene Regulations is December 2nd, 2019. The Ministry of Health will consider all feedback and determine next steps.

The College will work collaboratively with the Ministry to harmonize implementation of any approved changes to the regulations and/or bylaws. Further information will be provided to the public and registrants regarding the timeline as soon as possible.



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What does it mean to remove the "365-Day Rule"? What will that mean for my practice?

Included in the proposed changes to the regulation is the removal of the 365-Day Rule. If this change is implemented by government, there no longer would be a regulatory requirement for clients to obtain a dental exam prior to receiving dental hygiene care.

While there is no regulatory requirement, dental hygienists must continue to practice collaboratively using a client-centered approach.

Further to that principle, section 6 in the proposed amendments would require registrants practicing in an 'independent practice' to recommend a dental exam to their clients.

It looks like Section 5 is brand new. What does this section mean?

Section 5 is the core of the Dental Hygienists Regulation as it outlines all the restricted activities registrants are permitted to perform. There have been substantial changes to this section and the restricted activities go beyond the two that are listed in the current regulations. Below is the College's brief interpretation of each restricted activity in the order that they appear in the proposed amendments:

Diagnosis

As the ability to diagnose is a restricted activity, the proposed amendments provide certainty that the diagnosis of gingivitis and periodontitis is within the dental hygiene scope of practice.

For the purposes of the Dental Hygienists Regulation, the dental hygiene diagnosis focuses on a condition or disease that can be resolved from care that a dental hygienist is authorized to provide. Therefore, dental hygienists are able to diagnose gingivitis and periodontitis under the proposed regulation.

It is important to note that registrants are still able and expected to identify or recognize other oral conditions outside the 'range of normal' and make the appropriate recommendations and referrals. However, that process is different from the formal diagnosis for the purposes of the regulation.

Scaling, debridement, root planing

The restricted activity of scaling, debridement and root planing remains in the proposed amendments reflecting no change compared to the current regulations.

Administer a Substance

This restricted activity will ensure dental hygienists will continue to be able to administer a substance, which is defined as air and water, by irrigation. This ability is crucial to the safe provision of dental hygiene care. As administration of a substance is a restricted activity, the proposed amendments provide certainty that it is in the dental hygiene scope of practice.



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Dislocation of TMJ

The reduction of a complete dislocation of the temporomandibular joint (TMJ) is a restricted activity. Should this dislocation occur during the course of dental hygiene care, the proposed amendments now provide certainty that a registrant will be permitted to reduce the dislocation using manual therapy.

X-rays

The provision of X-rays is a restricted activity. The proposed amendments provide certainty that a registrant is able to self-initiate the application of intra-oral X-rays. These X-rays may only be applied for assessment and diagnostic purposes in the practice of dental hygiene.

This section also provides that upon authorization from another health professional who is able to provide that authorization, dental hygienists may apply extra-oral x-rays. This authorization will most commonly come from a dentist but could be provided by other health professionals in certain circumstances.

This section requires that the College establish practice standards, limits and conditions in order to bring this section into force. The College is in the process of developing those standards, limits and conditions and will be conducting a streamlined consultation process on that document in the coming months. These standards, limits and conditions will provide clear information on the process and requirements for applying X-rays.

Local Anaesthesia

The administration of a drug is a restricted activity. Under the proposed amendments, dental hygienists maintain the restricted activity of being able to self-initiate the administration of oral local anaesthesia (L/A).

However, the limit that required a dentist to be on-site while L/A was being administered has been removed. This would mean that a dental hygienist could provide L/A without a dentist being in the office. If this limit removed, it is important that the dental hygienist must be prepared to act in the case of the emergency. Please see the proposed changes to the College Bylaws and that FAQ document for further details regarding the new CPR requirement.

In order to administer a local anesthetic containing epinephrine (e.g. 2% Lidocaine 1:100,000 epi), a prescription must be obtained and documented appropriately in the client chart. Plain anesthetics (without epi) are categorized as Schedule II drugs and, therefore, do not require a prescription.

While a dentist no longer needs to be on-site to administer L/A, a prescription for L/A containing epinephrine must be reflected in the chart before administration can occur.



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Drugs and Prescribing

Given that prescribing a drug specified in Schedule I of the Drug Schedules Regulation is a Restricted Activity, it is the purview of the Ministry of Health to determine whether or not it should be included in the Dental Hygienists Regulation. At this time, the amendments to the regulation proposed by the Ministry do not include the ability to prescribe.

While prescribing was part of the College's proposal to government in 2016, and a strong case continues to exist for dental hygienists to prescribe certain substances, the College recognizes that initiating the ability to prescribe is a very complex change.

Any further questions or comments on this issue should be provided to the Ministry of Health as part of their consultative process for the proposed amendments to the regulations.

Under the proposed amendments, a prescription from a health care professional must be properly documented in the chart before a registrant can administer that drug to a client. This includes L/A with epinephrine and chlorhexidine rinse. The authorized prescriber must provide and document the prescription in accordance with their regulatory requirements and standards. It should be noted that any health authorized professional can provide a prescription such as a dentist, a physician, a nurse practitioner, etc.

What is section 6? How do these limits work?

Section 6 is where the proposed amendments to the Dental Hygienists Regulation set out any limit or condition on the practice of dental hygiene. This is where the 365-day rule and the dentist on-site for L/A provisions exist in the current regulation. You will see in the proposed amendments these limits have been removed.

The new limit that has been added is in relation to what is currently termed 'independent practice'. 'Independent practice' is currently defined as the practice of dental hygiene in circumstances where a dentist is not on site or immediately available. In other words, these limits would apply to dental hygienists who work outside of a dental practice.

This section requires the College to establish standards, limits or conditions before a registrant can engage in 'independent practice'. The College is currently working diligently on drafting those standards, limits and conditions. A consultation period on the draft will begin in the coming months. More details on this expanded portion of the practice standards is provided further down in this document.

This section also requires that registrants who engage in 'independent practice' must recommend to their client that they receive a dental exam unless the registrant believes that the client has recently been examined by a dentist, or the registrant has recently recommended they be examined by a dentist. It is important to note that this is a requirement to recommend a dental exam. There is no requirement for the client to have received a dental exam before providing dental hygiene care.



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Finally, this section clearly states that a registrant must not provide permanent restorative procedures. Temporary restorations remain within the dental hygiene scope of practice.

Will the College be providing any feedback to the Ministry regarding the proposed amendments?

Yes, the College has provided a submission of feedback to the Ministry with the goal of ensuring that the final version of the regulations foster the College's ability to fulfill its mandate to protect the public through regulatory excellence.

A key piece of feedback will be related to the use of the term 'independent practice' under section 6. The term 'independent practice' is used in the regulations to identify registrants who practice outside a dental practice. The College feels the term 'independent practice' can be confusing to both the public, other health professionals, and registrants. 'Independent practice' could suggest that the practice is completely independent of a dentist or any other health care professional. This is not reflective of the CDHBC's Practice Standards, nor the general expectation that registrants must always engage in collaborative practice with all health care professionals and practice client-centered care. Registrants should never be acting 'independently'.

In addition, the practice of dental hygiene in BC is self-initiating. In other words, registrants do not need an 'order' from another health care professional to practice their scope or their restricted activities. In that vein, all registrants practice 'independently' even if they practice in a dental office, as they do not need direction in order to provide care.

The College has contemplated the terminology for registrants who practice outside a dental office and in the proposed bylaw changes posted on November 7, 2019, the term 'private dental hygiene practice' is used to identify those who practice outside a dental office. Therefore, the College will be requesting that the proposed amendments to the regulation use the same terminology of 'private dental hygiene practice'. We believe this term more clearly identifies this type of practice and the consistency of terminology between the regulations and the bylaws will enhance clarity.

Furthermore, section 6(1) goes on to say '...in circumstances where a dentist is not on site or immediately available.' Section 6(2) then requires the College to establish standards, limits or conditions on this type of practice. It is our intent to have robust standards related to 'private dental hygiene practice' (currently termed 'independent practice') that will set out practice requirements for registrants who operate outside a dental practice. However, concern exists that given the way section 6(1) is currently worded, these standards will then apply to a registrant who is working in a dental practice on a day when the dentist is simply not in the office. In this case, the registrant would become responsible for practice areas not normally within their purview. It is understood that this is not the intent of section 6. Therefore, the College is requesting that the word 'normally' be added to section 6(1) so that it would read '...in circumstances where a dentist is not normally on site or immediately available.' We believe this small change would focus the intent of section 6 on the correct context, which is for registrants who practice outside a dental office.



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How will these changes affect the Practice Standards, Limits or Conditions, Interpretation Guidelines, Code of Ethics, and Scope of Practice Statement?

As mentioned above, in order to ensure that the necessary practice standards are in place for the proposed amendments to the Dental Hygienists Regulations to come into force, the College will take a phased approach to the development of revised practice standards. The initial focus will be on creating new practice standards on X-rays, and 'independent practice'. The proposed amendments require that the College establish practice standards, limits and conditions in order for section 5(2) regarding X-rays and section 6(2) regarding independent practice to be implemented.

These new practice standards will be presented in a new format in order to modernize the content, reflect regulatory best practices, and make the materials more user friendly.

Through a streamlined consultative process, input from stakeholders, including the public and registrants, will be invited to provide feedback on these two new areas of practice standards.

Once the proposed amendments to the regulations and bylaws are in place, the College will embark on the second phase of revisions to the CDHBC Practice Standards, Interpretation Guidelines, Code of Ethics, and Scope of Practice Statement. This redevelopment will reflect the format demonstrated in the new areas related to X-rays and independent practice. There will be a consultation process with stakeholders for the next phases of this project as well.