



COLLEGE OF  
DENTAL HYGIENISTS  
OF BRITISH COLUMBIA

# ACCESS

The latest news from CDHBC | Fall 2013



## Getting to the Root of the Matter Update

Thank you to all the registrants who made time in their busy schedules to come join the College's practice advisors at our *Getting to the Root of the Matter* interactive presentations.

Our *Getting to the Root of the Matter* program started at the end of September in Victoria. During the month of October, our practice advisors then traveled to Nanaimo, Cranbrook, Surrey, Abbotsford, Prince George, Burnaby and to TODS in Kelowna. We concluded the sessions with a final live, interactive, webinar.

A total of 501 registrants attended the in-person sessions, while an additional 125 registrants participated in the interactive webinar. This is a participation rate of 20% of the registrants in the province. It is our hope that all those who attended a session found their participation at the session not only useful and informative, but enjoyable and helped them feel a greater connection to the College.

Our *Getting to the Root of the Matter* teams enjoyed the opportunity to talk face to face with so many of our registrants and found the information and comments that the registrants provided during the presentation and question period very useful in determining areas that the College can continue to provide information and guidance to our dental hygienists.

Throughout the sessions, two subjects were consistently raised by registrants: Documentation Standards and Online Learning Plans. As the main focus of the *Getting to the Root of the Matter* presentation was to help all dental hygienists in BC stay current with recent changes in regulation and expectations, the College has already embarked on the development of two additional interactive webinars regarding Documentation Standards and the Online Learning Plans. Please watch our website for more information on these upcoming sessions in the New Year.



# Message from the Registrar

JENNIFER LAWRENCE , REGISTRAR



Recently I was honoured to provide remarks on behalf of CDHBC at the University of British Columbia's Dental Hygiene Degree Program's White Coat Ceremony. This is the first time that the dental hygiene program has been involved in the White Coat Ceremony. A white coat ceremony happens in a number of professions and marks the student's transition from their pre-clinical studies to direct patient care.

One of the important markers of that transition is for the student to embrace the concepts of professionalism, particularly as it relates to always acting in their client's best interest.

After 62 years as a recognized profession and 18 years of self-regulation it may be a good idea to reflect on the hallmarks that elevate dental hygiene beyond an occupation to the level of a profession.

Not all occupations have the privilege to be called a profession and even fewer are self-regulated. What turns an occupation into a profession? If you Google this, you find many results but all have a common theme tying them together: A profession arises when an occupation transforms itself through the development of formal qualifications based upon education and examinations, and the emergence of a regulatory body with powers to admit and discipline registrants. In addition, it is the power, prestige, value and trust that society confers upon a profession that more clearly defines it.

When you or a member of your family seek the care of another health professional, you trust that the care you or your family receives is at the highest level both in terms of skill and ethics. Members of the public who seek dental hygiene care are no different. It is the trust that the public places in the profession that each registrant, as a professional, must honor and respect.

While the College is here to regulate dental hygienists overall, it is incumbent upon each individual registrant to uphold the standards of practice and code of ethics of the College. In addition, it is each registrant's responsibility to abide by the

regulations and bylaws, and to always act in their client's or the public's best interest. As a registrant, while ensuring your clinical skills are current and competent, it could be argued that equal value should be placed on embracing and practicing the concepts of professionalism.

One area where this could not be more important is the duty to report requirement under the *Health Professions Act (HPA)*. The duty to report obligation not only requires hygienists to report a fellow colleague if they observe impaired or unethical practice, but also applies to any other health professional regulated under the *HPA*. I understand that this can be an extremely difficult thing to do, especially if the health professional you are concerned about may be your employer and doing so could put your job at risk. Ultimately, the hallmarks of what makes dental hygiene a profession and not simply an occupation come into play here. When dental hygiene was recognized as a self-regulated profession, each registrant of that profession committed to always putting the interests of their clients ahead of their own. Therefore, while making a report to CDHBC or any other College can be very challenging it is not only a requirement under the Act to do so, it is your ethical obligation. Ensuring that members of a profession who are practicing at a substandard or unethical level are identified and dealt with appropriately is a key way that the profession maintains the public's trust and by extension, continues to have the privilege to call itself a profession instead of an occupation.

CDHBC also takes its professional responsibility to the public as a whole seriously; however, we do empathize with registrants who may find themselves in a difficult situation when it comes to the duty to report. If you find yourself in a situation where making a report is the right ethical thing to do, but doing so may be problematic for whatever reason, I strongly encourage you to contact the College. Every situation is different, so we welcome the opportunity to talk with you when there is concern and to try to find a path that will address a possible threat to the public while minimizing any negative impact on the registrant making the complaint.

# Message from the Chair

TAMERA SERVIZI, CHAIR

Lately I have been giving some thought to technology: how it evolves, how it shapes our lives. Four years ago I did not have a PVR or a smartphone; today I cannot imagine my life without either of them. In four more years, which as yet unheard-of capability will be commonplace? Will I have a robotic housekeeper to clean my bathroom? It sounds crazy today, but remember how we all felt about pausing live TV a few short years ago...

In this digital age, we all have to develop new, essential skills to navigate the sea of information before us – skills like discerning valid sources from invalid, and developing an understanding of our ethical responsibilities with regards to digital content. I admit, I have a Twitter account, but I don't know the first thing about hashtags. My children are still too young to roll their eyes at me, but I know it's coming...

Technology affects the practice of dental hygiene in unexpected ways. The other day, my wireless keyboard stopped talking to my computer; I was quite literally powerless to chart. It was a

great inconvenience to have to dig out a *corded* (ugh) keyboard from the closet, and I complained, "If anyone needs me, I'll be in the Stone Age." Regardless of the degree to which your practice employs technologies such as digital x-rays, computerized charting, patient/client information videos, or tablet-based medical history updates, our ethical responsibilities remain unchanged. In my discussions with other hygienists I am always inspired and heartened to hear evidence of the commitment of our members to maintaining those ethical standards in the face of rapid change.

At the time of writing, the CDHBC's outreach initiative, *Getting to the Root of the Matter*, is holding sessions in your area. These sessions employ new technology which allows the real-time gathering and sharing of audience input, with the goal of improving registrants' knowledge about regulatory changes, key College initiatives, and dental hygiene practice in BC. I hope that many of you were able to attend one of these sessions, and that you went away with a feeling of being heard and with a feeling of confidence and trust in your College.

Technology and change are part of modern dental hygiene practice, but technology does not change our standards of practice: it only enhances them.



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# Root of the Matter: Informed Consent

JACQUELINE GUYADER SENIOR DENTAL HYGIENE ADVISOR & MELISSA SEDGWICK DENTAL HYGIENE ADVISOR

The College often receives questions related to the responsibility of the dental hygienist in obtaining and documenting informed consent. Not only is it a Practice Standard to obtain informed consent, it is also considered an ethical responsibility. The CDHBC Practice Standards outlined in Tab 5 of the Registrant's Handbook state that "A dental hygienist must obtain **informed consent** from the client or the client's representative before initiating dental hygiene care."<sup>1</sup> The ethical statement, as outlined in Tab 4 of the CDHBC Registrant's Handbook, indicates that clients have a right to control their own oral health care. As such, the dental hygienist should share information with the client allowing them to make a choice based on all pertinent information.<sup>1</sup>

According to the *Health Care (Consent) Act and Care Facility (Admission) Act*, consent to health care may be expressed orally, in writing, or may be inferred from conduct.<sup>2</sup> However, it is important to understand the distinction between implied and informed consent, along with the appropriate use of each.

Implied consent indicates that a client gives permission for care by making and showing up for a medical type appointment.<sup>3</sup> Alternatively, informed consent, which is a requirement within the CDHBC Bylaws, is ensuring that the client has a full understanding of the benefits and risks of a procedure and provides voluntary consent. This also includes the client's right to decline a given procedure providing they are aware of the short and long term risks associated with this decision.<sup>4</sup>



Both implied and informed consent are used in dental hygiene practice. Implied consent is given when the client shows up for a booked dental hygiene appointment and sits in the treatment chair. Implied consent would cover most of the assessment phase (excluding radiographs and other higher risk assessment procedures) within the ADPIE dental hygiene process of care. However, implied consent is not considered sufficient to comply with the CDHBC Practice Standard #1, as the benefits and risks of proposed care are not shared with the client. Informed consent is given by the client after the development and presentation of the dental hygiene diagnosis and treatment plan, which is based on assessment information.

## Implied Consent

- showing up for the dental hygiene appointment
- useful for gathering assessment data that will inform the dental hygiene diagnosis and treatment plan

## Informed Consent

- client aware of benefits of the treatment and how these treatments relate to the client's oral/overall health
- client made aware of risks associated with care along with risks of not receiving treatment
- client aware of alternative treatments
- consent made voluntarily

The *Health Care (Consent) Act and Care Facility (Admission) Act* outlines specific criteria required in order for a client to provide consent for health care services.

### Criteria for Informed Consent

The Act defines health care in relation to obtaining consent as “anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health”<sup>2</sup>

<i>Health Care (Consent) Act Criteria</i> <sup>2</sup>	Example
Relates to the proposed health care	Must relate to the proposed services that were based on assessment information and fall within the Scope of Practice for the dental hygienist. This includes appropriate referrals.
Given voluntarily	The client must not be coerced or bullied into making any decisions.
Not obtained by fraud or misrepresentation	Must relate to the specific client's assessment findings and should not be made based on financial gain.
Adult is capable of making a decision about whether to give or refuse consent to the proposed health care	Regardless of age, the client must possess the mental capacity to fully comprehend services being proposed.  In the event where the client lacks the mental capacity, an appropriate appointed representative is present that is able to provide informed consent on behalf of the client.
The health care provider gives the adult the information a reasonable person would require to understand the proposed health care and to make a decision including information about: <ul style="list-style-type: none"> <li>the condition for which the health care is proposed</li> <li>the nature of the proposed health care</li> <li>the risks and benefits of the proposed health care that a reasonable person would expect to be told about</li> <li>alternative courses of health care</li> </ul>	This information should be provided using vocabulary at a level that the client will understand. This should be completed in clear verbal or written communication using language that is not technical.  The client needs to know why the care is being proposed, the importance of completing the proposed service, and the consequences of declining the proposed treatment.
Receive answers about the proposed health care	Have no further questions prior to obtaining consent.

Informed consent may be given when the dental hygienist provides verbal or written information relating to procedures involved in the dental hygiene care. However, regardless of the mode in which this information is disseminated, the client needs to have a full understanding of the risks and benefits. Therefore, having the client sign a proposed care plan is not sufficient documentation to indicate the client's understanding of the

services. It is prudent for the dental hygienist to document, in the client record of care, that **informed consent** was provided by the client prior to implementing the proposed care.

When it comes to a minor consenting to dental hygiene care, it is up to the professional judgment of the registrant to ensure specific requirements are met. As defined within the *Infants Act*,<sup>5</sup>

(cont. on p.9)





# Quality Assurance Program Update

The first Quality Assurance Program (QAP) Cohort of registrants completed the QAP Assessment Tool in January and February of 2013. This cohort is comprised of 471 registrants.

Policy for the QAP states that registrants who are unsuccessful on their first attempt of the Assessment Tool will be granted a second attempt which must be completed within 60 days of the first attempt. In the spring edition of Access, it was reported that two registrants had been unsuccessful on their second attempt and were therefore participating in the Assessor Process. Since the last publication, these registrants have been partnered with calibrated assessors who have conducted an on-site practice assessment comprised of chart audits. While working collaboratively with their appointed assessors, these registrants have been able to create individualized Guided Learning Plans (GLP's). These GLP's have since been approved by the Quality Assurance Committee and the registrants are now in the process of undertaking activities to address their learning goals and integrate their learning into their dental hygiene practice.

Registrants who successfully complete the QAP Assessment Tool have the remainder of the first year of their QAP cycle to develop learning goals for the Guided Learning portion of their Online Learning Plan (OLP) based on the feedback they receive from the Assessment Tool (note: registrants have the option to develop self-directed learning goals and undertake associated learning activities at any time in their 5-year cycle). A random audit process is being developed for the end of Year 1 for each QAP cohort in order to ensure that registrants have moved forward with the articulation of learning goals for the Guided Learning



portion of their OLP. It is important to note that only the learning goals for the Guided Learning portion of the OLP will be reviewed in the Year 1 audit; registrants have the remainder of their 5-year cycle to complete their action plans and corresponding learning activities. 10 percent of registrants in a given QAP cohort will be randomly selected to participate in the learning goal audit and will be notified via email in

the fall of Year 1 of their QAP cycle. In October, notification for the Year 1 learning goal audit was delivered via email to the registrants who have been randomly selected from the 2013 cohort.

Additionally, in June of this year, the 2014 QAP cohort of registrants was notified via email that they had been randomly selected to begin their 5 year QAP Cycle in January 2014. The College has since sent further correspondence to the 2014 QAP cohort to ensure all selected registrants are aware of their transition to the QAP and associated requirements. If you are part of the 2014 QAP cohort, please watch for further correspondence via email regarding information about your upcoming QAP cycle.



## Updated Interpretation Guidelines

College staff along with the Quality Assurance Committee have updated the CDHBC Interpretation Guidelines to ensure that they are current in content and supporting literature. CDHBC recently sent an email out to all registrants informing them of these updates and directing them to our website to download a bulletin that lists which guidelines were updated as well as instructions to

download the new version of Tab 7 (Interpretation Guidelines) of the handbook to their USB drives. If you have not had the opportunity to download these two items, please go to the Forms and Resources page of the CDHBC website to do so. Work is ongoing to update the remaining Interpretation Guidelines and registrants will be notified as updates are available.

## PATHWAY 3: Competency-based PLAR Portfolio Assessment Overview

### CDHBC Full Registration (365 Day Exempt) Candidate Information

The Full Registration (365 Day Exempt) category came into effect on July 3, 2012 and requires that applicants satisfy additional requirements in order to be eligible for this category of registration. The registration category provides for expanded access to dental hygiene services by providing specially qualified dental hygienists the opportunity to work in any practice setting without requiring their clients to have a dental examination from a dentist. One of the additional requirements is an educational requirement: the education requirement stipulates that the applicant holds a bachelor of dental hygiene degree, or has demonstrated four abilities, as outlined in the bylaws, at a *level equivalent to that ordinarily expected of a holder of a bachelor of dental hygiene degree*.

The College of Dental Hygienists of BC (CDHBC) is developing four pathways to satisfy this educational requirement. **Pathway 3** provides for an assessment and recognition of prior learning (PLAR) through a portfolio process available on-line.

### What is PLAR?

PLAR – Prior Learning Assessment & Recognition – is just what the name suggests. **Pathway 3** recognizes that people learn in many different ways throughout their life and learning can often occur informally as people read, interact, and participate in a variety of professional discussions and activities. The PLAR portfolio provides a recognized approach through which candidates can demonstrate what they have learned through diverse practice experiences and potentially have this learning recognized as meeting the required abilities identified in the Bylaw at a 4th year bachelor degree level. PLAR is best suited for self-learners.

Each PLAR candidate will have an assessor who will liaise with candidates via telephone and/or electronic correspondence. Assessors may advise candidates regarding learning outcomes, performance indicators, and assessment rubrics. Assessors may also provide candidates with constructive feedback, support, guidance and, when appropriate, suggest strategies to meet the registrant's learning needs.

### Who can apply?

The CDHBC has made special arrangements with Thompson Rivers University-Open Learning (TRU-OL) to offer this PLAR Portfolio on-line for dental hygienists in good standing with a Canadian regulatory authority and who hold a current dental hygiene registration in Canada.

### When will it be available?

It is expected that registration for the CDHBC PLAR Portfolio through TRU-OL will be available by January 1, 2014.

More information on the other Pathways can be found on the College website at [www.cdhbc.com](http://www.cdhbc.com).

## Election 2014

The Lower mainland is subject to election for the upcoming 2014 term. Registrants in this electoral district should watch their mailboxes for nomination forms followed by election ballots in the upcoming weeks.

Results of the election will be posted on the College website in February.





# Important 2014/15 Registration Renewal Reminder for All Registrants

All CDHBC registrations expire on the last day of February each year, which is also the deadline for registration renewal. The online registration renewal system will be available through the College website: [www.cdhbc.com](http://www.cdhbc.com), opening at 9am on Monday, January 6, 2014. Log-in to your personal online profile through the website to access the online registration renewal system which will accept Visa or Mastercard for payment. In 2013, 95% of CDHBC registrants renewed their registration using the online system. This figure supports the College's intention to move to a completely paperless renewal system in the near future.

For registrants renewing in a practicing class of registration (Full Practicing, Full (365-Day Rule Exempt) or Conditional), please ensure you have submitted or completed the following items in order to be able to renew your registration by the deadline:

- Proof of insurance for the 2014 year submitted to the College office via email, fax or mail.
- Submission of a minimum of 75 continuing competency credits for those with a CC cycle which ends on December 31, 2013.
- Completion of the QAP Assessment Tool prior to February 28th, 2014. Please note this is for those starting a QAP Cycle in 2014 only. All those starting a 2014 QAP cycle have been notified.

If you are registered in the Non-Practicing class and wish to renew your registration in a practicing class, please contact the CDHBC Registration Office for assistance after renewal opens on January 6, 2014.

## Failure to Renew Your Registration on Time Results in Revocation of Your License to Practice

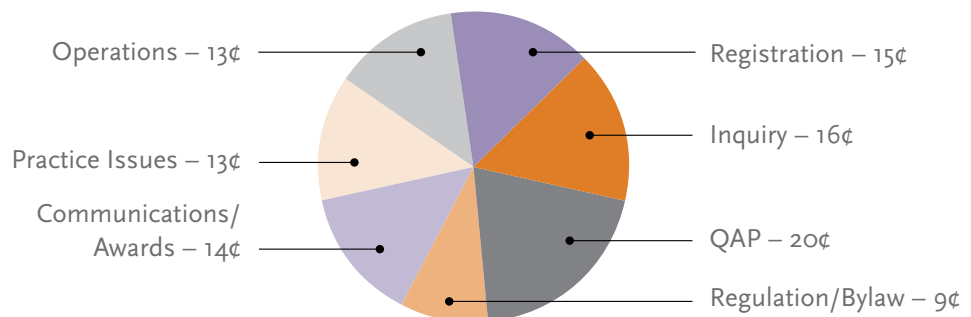
Failure to renew your registration by the deadline: February 28, 2014, will result in removal from the register effective March 1, 2014 and revocation of your license to practice dental hygiene legally in B.C. It is illegal to practice dental hygiene in B.C. without being registered with CDHBC.

Registrants who miss the renewal deadline and wish to reinstate their registration with CDHBC on or after March 1st will have until April 30th to submit a reinstatement application to the Registrar and pay an additional \$166.25 to the renewal fee of \$475, for all practicing classes of registration. Non-Practicing reinstatement will be an additional \$82.25 to the Non-Practicing renewal fee of \$235.

The CDHBC Registration Office staff are available full time, Monday through Friday to assist you with your Registration Renewal. Please contact the CDHBC office should you require assistance with your Registration Renewal.

## Where Does Your Registration Dollar Go?

**This Pie Chart is a breakdown of how each dollar of your registration fees is allocated in the College's Operational Budget.**





## Insurance Reminder

Each year, as part of the registration renewal process, all registrants sign a declaration stating that they will continue to practice in accordance with the *Health Professions Act*, Dental Hygienists Regulation and the CDHBC Bylaws. In accordance with section 36(f) of the Bylaws, all registrants of the College must possess professional negligence insurance in the minimum amount of \$1 million per occurrence.

Each renewal period, a number of registrants do not have valid professional negligence insurance between January 1 and February 28, and therefore, if they practiced dental hygiene during that period without insurance, their registration as a dental hygienist was not valid.

The Inquiry Committee has recently reviewed this matter and is of the view that a lapse in a registrant's professional negligence insurance creates a serious risk to public protection and has determined that any registrant who fails to renew their professional negligence insurance and practices dental hygiene between January 1 and February 28, 2014, will be referred to the Inquiry Committee for investigation, in accordance with section 33(4) (a) of the *Health Professions Act*.

All registrants are strongly encouraged to renew their professional negligence insurance prior to December 31, 2013, if they plan to practice dental hygiene in the new year.

Registrants that renewed their membership with the Canadian Dental Hygienists' Association (CDHA) this year are reminded of the wording on their confirmation notice and receipt of purchase:

*"If you plan to hold a license in British Columbia (CDHBC) or Manitoba (CDHM) it is your responsibility to submit the attached professional liability certificate to your college as proof of insurance."*

As in past years, CDHBC will continue to work collaboratively with CDHA in order to import registrants' insurance information into our software system; however a successful transfer of information for each registrant who is a member of CDHA cannot be guaranteed. To ensure that your insurance information is received by the College successfully, please go to your online profile to verify that your insurance is updated correctly. If your insurance is not updated, please be sure to forward your proof of insurance to the College office via email, fax or mail. It is the registrant's responsibility to ensure that their insurance information is received by CDHBC, in order to be able to renew their registration successfully and on time in 2014.

(cont. from p.5)

## Root of the Matter: Informed Consent

there is no minimum age for consent. All that is required when obtaining consent from a minor is the following: the child has the mental capacity to understand the full risks and benefits associated with the oral health care and that the care is in the child's best interests.

Treating a client who has not provided informed consent may have legal implications in the event that a complaint is ever lodged against a registrant. It is a professional obligation to understand the responsibilities around informed consent as this is considered a critical component of each dental hygiene appointment. Informed consent should be documented in the client's legal record along with any pertinent discussion that took place relating to informed consent when required.

The College has additional resources related to client consent that may be accessed by logging onto the CDHBC Website at: <http://www.cdhbc.com>. The Forms & Resource page houses the Registrant's Handbook where the following linked information can be found: CDHBC Code of Ethics, CDHBC Practice Standards and the CDHBC Interpretation Guidelines.

### References:

1. College of Dental Hygienists of British Columbia. Registrant's Handbook. 3rd ed. Tab 4 & 5. Victoria: CDHBC; 2009.
2. HEALTH CARE (CONSENT) AND CARE FACILITY (ADMISSION) ACT R.S.B.C. c. 181. Retrieved July 15, 2013 from [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/oo\\_96181\\_01#section17](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/oo_96181_01#section17)
3. Medical Dictionary for the Dental Professions © Farlex 2012
4. Medical Dictionary for the Health Professions and Nursing © Farlex 2012
5. INFANTS ACT R.S.B.C. c. 223. Retrieved July 15, 2013 from [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/oo\\_96223\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/oo_96223_01)





# Inquiry Committee Focus

In our second installation of the CDHBC Inquiry Committee Focus, the College reviews a Record of Decision from a recent investigation which illustrates to registrants the importance of implementing consistent charting and documentation standards.



This new segment is intended to enhance a registrant's understanding of the College bylaws, Practice Standards, Scope of Practice and Code of Ethics by allowing them to examine the elements of a complaint, the process used by the Inquiry Committee to investigate the complaint, and how the final disposition was reached.

The following Record of Decision is the result of a complaint received on September 22, 2011.

## Inquiry Committee Record of Decision

**File Reference: DH1189**

### ELEMENTS OF COMPLAINT

On October 5, 2011, the Inquiry Committee resolved to initiate an investigation on its own motion under s. 33(4)(a), (b) and (d) of the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the "Act"). By letter, the Registrar of the College notified the Registrant of the investigation and invited a response in accordance with s. 33(5) of the Act.

The Registrant's written response indicated the clinic where (s) he provided dental hygiene services had never defined hygiene protocols or support for doing assessments but that (s)he was usually aware of the periodontal status of patients as they were routinely assigned to three or four month intervals, that the intervals were documented in the charts but often the notes were not followed up by other team members. The Registrant stated that the focus of the office was on restorative work, not hygiene care. The Registrant indicated that when the Clinic came under new ownership, and a consulting firm hired, (s) he was introduced to PSR – periodontal screening record. The Registrant maintained that (s)he has never knowingly or deliberately done anything to harm her/his patients and always strived to provide the best care

### COMMITTEE DECISION

At the conclusion of the investigation, the Inquiry Committee had concerns that the Registrant had not properly assessed

the clients' needs; the Registrant had not analyzed assessment information or made a dental hygiene diagnoses for clients; and the Registrant had not adequately planned for the dental hygiene care of her/his clients as there was no assessment data or dental hygiene diagnoses in the charts.

The Inquiry Committee determined, and the Registrant agreed, that the appropriate remedial action is a consent order under s. 33(6)(c) of the Act which will enable the College to assess the level of the Registrant's practice skills, direct remedial work to address areas of deficiency and to monitor the Registrant's practice skills through chart audits to ensure that there is no risk to public safety.

The Inquiry Committee concluded that this would be an appropriate case to seek a consent order under s. 36 of the Act because: (a) the Registrant acknowledged that (s)he wants to provide the best care possible to her/his clients and has never intentionally caused them harm; (b) the Registrant acknowledged that (s)he was introduced to proper protocols after a consulting firm was hired; (c) the Registrant is not currently practicing dental hygiene and intends to retire in the near future; (d) in the event the Registrant should return to a full practicing category, an individualized assessment of the Registrant's practice skills would identify areas of deficiency that could be addressed by remedial training; and (e) steps could be taken to monitor the Registrant's practice through follow-up chart audits to ensure that the public is not at risk.

## Relevant Provision Of Act, Regulation Or Bylaws

**Act, section 33(4)(a); 33(5); 33(6)(c); 33(6)(d); 36 Bylaws, 70**

### STATUS

Closed.

The key issues in this particular matter are:

- Standard of Practice: the importance of adhering to the CDHBC Practice Standards.
- Documentation: the importance of adhering to proper charting techniques.

# The Darlene Thomas Award for Vision and Leadership in Dental Hygiene 2014

The College is now accepting nominations for the *Darlene Thomas Award for Vision and Leadership in Dental Hygiene 2014*.

The College is very proud to offer this award annually. Nominations are being sought for someone who, like Darlene Thomas, demonstrates vision and leadership in the profession of dental hygiene and makes a profound impact on the profession in British Columbia.

Darlene Thomas was a member of the first CDHBC Board of Directors, and was elected by her fellow Board members as the first Chair of the Board in 1995. She was a leader in the dental

hygiene profession at the local, provincial and national levels, practicing for 34 years before succumbing to breast cancer at age 54, in 1999. Darlene had a progressive vision for dental hygiene, which she communicated through her many professional activities and her constant encouragement of others. She was also a dedicated wife, mother, and community leader.

Is there someone you would like to nominate? Visit the CDHBC website, look under Forms & Resources and click on alpha letter D to learn more about this prestigious award and to download a nomination form.

## We're moving!!!

After eighteen years in our current office, which we have been sharing with the College of Occupational Therapists of BC, we are moving! Since the inception of the College the number of registrants has increased from approximately 1000 to just over 3520. To keep up with the needs of a growing registrant base, the College has also grown in size. At present the College is comprised of thirteen full and part time employees and we have outgrown our present space.

As we prepare to enter our nineteenth year as a College, we will do so from a new office space, tailor-made to suit the evolving demands and needs of our staff and registrants.

Our new mailing address, effective December 2013 is:

Suite 600, 3795 Carey Road  
Victoria, BC V8Z 6T8

The College phone numbers and email address will remain the same:

Telephone: (250) 383-4101  
(800) 778-8277 (within BC)

Facsimile: (250) 383-4144

Email: [cdhbc@cdhbc.com](mailto:cdhbc@cdhbc.com)

Website: [www.cdhbc.com](http://www.cdhbc.com)

Our contact information will also be updated on the website at the time of the move.

## The Darlene Thomas Award for Vision and Leadership in Dental Hygiene 2013

The College is very pleased to announce that The Darlene Thomas Award for Vision and Leadership in Dental Hygiene 2013 was recently presented to Sherry Preibe by CDHBC Board Member, Wendy Kelly at the 2013 TODS Conference.



# Moving?

It is a bylaw requirement that registrants of the College ensure that their mailing address is always current on the CDHBC register. Incorrect or out-of-date addresses can lead to missed mailings that may include important notices and documents. Address changes can be submitted online at [www.cdhbc.com](http://www.cdhbc.com) or via email to [cdhbc@cdhbc.com](mailto:cdhbc@cdhbc.com) and should include the following information.

- Name
- Registration Number
- Old Address
- New Address
- Email
- Telephone
- Effective Date

# Contact Us

## MAIL

**College of Dental Hygienists  
of British Columbia**  
Suite 600, 3795 Carey Road  
Victoria, BC V8Z 6T8

## PHONE

800-778-8277 Toll Free within B.C.  
250-383-4101

## FAX

250-383-4144

## EMAIL

[cdhbc@cdhbc.com](mailto:cdhbc@cdhbc.com)

## WEBSITE

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