



COLLEGE OF  
DENTAL HYGIENISTS  
OF BRITISH COLUMBIA

# ACCESS

The latest news from CDHBC | Fall 2014



## Marketing Interpretation Guideline

In October, 2014, the CDHBC Board reviewed and approved the newly completed '*Marketing Interpretation Guideline*'.

This interpretation guideline was developed as a marketing and advertising reference for registrants. It is to be used as an adjunct to the [CDHBC Marketing Bylaws](#).

In its duty to protect the public, the CDHBC regulates registrants' marketing. The College does so, as registrants providing ethical and truthful information about dental hygiene services falls within the College mandate. As such, any marketing undertaken by registrants of the College must not be false, inaccurate, reasonably expected to mislead the public, be unverifiable, or contrary to the public interest in the profession.

Marketing and advertising includes communication materials intended to promote the dental hygienist's practice or professional

services. These guidelines not only include the traditional methods of advertising via mass media, such as television, radio, flyers, brochures and newspaper, but also include digital media. Digital media includes but is not limited to social media, websites, blogs and emails.

The '*Marketing Interpretation Guideline*' focuses on the ethical and professional responsibilities of a dental hygienist when promoting themselves or their practice in any form of marketing medium.

The Guideline is broken down into the following sections: fees; incentives; endorsements and guarantees; and general ('information' or 'knowledge'). This interpretation guideline may be accessed on the CDHBC website within the Interpretation Guidelines or through accessing the following link: <http://www.cdhbc.com/PDF-Files/Tab-7-Int-Gdln.aspx>.



# Message from the Registrar

JENNIFER LAWRENCE , REGISTRAR



It is an understatement to say that how we communicate with each other has vastly changed over the last decade. While I freely admit that my smartphone is almost physically attached to me, I still shake my head when I see two teenagers texting each other, even though they are sitting right beside each other! But that is the way of the world today and we must be responsive.

Given the changes in technology, how the College communicates with you, as well as with the public, has to change and evolve as well. We recently surveyed visitors to our website regarding the usability of the site and the kind of information they were looking to find on our site. Even though we updated and modernized our site 5 years ago, it is clear that we need to refresh and further modernize it now. Therefore we have embarked on a website update, and next year we will be launching a new site that will be more accessible no matter what device is used to view it, and the information will be easier to find.

You have probably also noticed that we have moved away from paper forms of communication as much as possible, using email instead. Communicating via email provides many benefits but there are some pitfalls. For instance, for reasons that we cannot fix from our end, Hotmail routinely sends College emails into the junk folder. I'm sure we could think of a few jokes about College emails going into junk folders, but the serious side is that certain registrants have missed important notices because of this technical glitch and it has caused some considerable issues for both the registrant and the College.

It is your professional responsibility to stay informed regarding College matters and to ensure that the College has your most current contact information on file. However, the College is also responsible for communicating effectively with you and we are consistently looking at how we may best do that. Therefore, the College is considering additional methods of communication such as text messages and/or social media. For instance, when there has been a change to an interpretation guideline, instead of an email, you would receive a short text message to your phone to notify you and direct you to the website. Would that be helpful to you? In addition, we are considering making this publication, ACCESS, 100% digital. Not only would this make ACCESS searchable , but you could read it any time, any place. Would you be more likely or less likely to read it if you accessed it from our website instead of receiving a paper copy in the mail? As we move forward, please stay tuned for changes as well as surveys asking how you wish to receive communication from the College. We want your feedback! We all thrive when the lines of communication are open and working.

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# Message from the Chair

TAMERA SERVIZI, CHAIR

Recently I experienced what many of my former instructors refer to as an “Aha!” moment. This fall our Board welcomed a new public member, Alvin Epp. Our public members are appointed by government and serve an important role in bringing a non-dental hygiene focus and perspective to our work. Part of my job as Chair is to provide orientation to all new Board members, and to help public members to gain an understanding of what the profession of dental hygiene is all about. It was during my explanation of the difference between a Registered Dental Hygienist and other dental auxiliaries that I heard it; while most other dental auxiliaries provide care under the direction of a dentist, the RDH assesses a client’s needs, plans and implements care, and evaluates outcomes on their own initiative. In that moment I realized what I have been taking for granted for over 15 years; I am a professional. I have the knowledge, the skill, and the responsibility to provide the best care for my client, because their dental hygiene care is all up to me.

Earlier this month I was privileged to attend a meeting hosted by the Health Profession Regulators’ of BC (HPRBC), a group made up of the registrars of the 23 BC health colleges. The main focus of this meeting was to discuss the future of self-regulation.

It was news to me that Canada is one of a shrinking number of countries who still embrace self-regulation; other jurisdictions are moving toward other models, including centralized regulation by government agencies. There was a great deal of discussion around how well our model serves and protects the public, and how we can work better together and share ideas on how to improve health outcomes and protect self-regulation in BC.

During these discussions, a common point raised by many colleges was the increased number of Inquiry cases they are seeing. These cases are often outliers, but they hurt the profession’s reputation and represent a significant cost to the body of registrants. We talked about how we could

better protect the public by promoting excellence and supporting registrants before they reach that point. I was proud to discuss how the CDHBC’s Quality Assurance Program seeks to do just that, by supporting registrants in identifying knowledge gaps so that they can focus their continuing education and continue to develop their practice and expertise. It also provides objective data to support our profession in continuing to be self-regulated, as we show that the vast majority of our registrants possess the required knowledge to provide safe, effective healthcare.

My message to you is this: Embrace your role as a professional and follow your passion for excellence. Self-regulation is a hard-won and precious privilege, and we must be diligent and passionate in protecting it.



## QAP Review Update

During their recent meeting, the Board continued to discuss the QAP Review as brought forward by the motion at the June 2014 AGM. The Board has decided to retain an independent third party to provide a comparative analysis of current valid QAP Assessment models as well as the current CDHBC QAP Assessment Tool. The analysis will examine a review of the current literature regarding evidence-based assessments. In addition, the analysis will examine the time and cost required for the College to develop and implement each model as well as the time and cost applicable for the individual registrant to participate in that model. Lastly, the analysis will include an evaluation of the suitability of each model for a variety of dental hygiene practice settings. The Board will then use this information to make any future decisions regarding the QAP Assessment Tool. It should be noted that until further notice, the current QAP remains in place and registrants must comply with the requirements of the program should they have been assigned a QAP cycle.



# Root of the Matter: Social Media, A Dental Hygienist's Responsibility

JACQUELINE GUYADER SENIOR DENTAL HYGIENE ADVISOR

It was not so long ago that information was provided to a client in a one-on-one setting, usually face-to-face, or sometimes over the telephone. Now with the push of a button, hundreds are able to receive information and updates through social media. Whether we like it or not, social media is here. These days if you're not on Facebook®, Twitter®, LinkedIn®, Instagram®, Snap Chat®, or blogging it seems that you are behind the times and "not in the know". Social media is a low cost way to market a business and an instant way to spread information and share ideas. As such, there are many benefits for incorporating some aspects of social media in one's practice; however, there may also be risks involved.

Social media has changed the way we communicate with our clients and other health care professionals. This brings in a new dimension on how the CDHBC Code of Ethics applies to these growing online formats. It is also important to understand that professional standards for dental hygienists do not change when communicating or sharing information via these online platforms. Utilizing social media has implications related to ethical responsibilities such as confidentiality, privacy, professionalism, conflict of interest, and maintaining public trust. When incorporating social media into one's practice, it is important to adhere to the [CDHBC Dental Hygienists Regulation and Bylaws](#)<sup>1</sup>, and [Code of Ethics](#)<sup>2</sup> to ensure that professional boundaries are maintained.

What are a registrant's responsibilities related to governing laws and the CDHBC Ethical Standards? Let's take a closer look.

In section 7 (1) of the [Human Rights Code](#)<sup>3</sup> there is clear information outlined pertaining to discrimination in publications:

*"A person must not publish, issue or display, or cause to be published, issued or displayed, any statement, publication, notice, sign, symbol, emblem or other representation that*

*(a) indicates discrimination or an intention to discriminate against a person or a group or class of persons, or*

*(b) is likely to expose a person or a group or class of persons to hatred or contempt because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age of that person or that group or class of persons."*

Recommendations related to ethical conduct when using social media are outlined in Table 1.

If the College receives a complaint regarding unethical or illegal conduct posted on social media by a registrant, the College may conduct an investigation. Such postings call into question the integrity of the registrant and the dental hygiene profession as a whole. An example might include posting misleading or false information or breaching a client's privacy.

There are many benefits to using social media in one's practice including improving information sharing and collaborating with other health professionals.<sup>9</sup> Using social media is also a cost effective way to market your practice.<sup>12</sup> However, there are risks and limitations involved in the use of social media including the time required to maintain the social media platforms and maintaining privacy settings.

It is the registrant's responsibility to ensure content posted on social media aligns with the [CDHBC Code of Ethics](#)<sup>2</sup>, [Marketing Bylaws](#)<sup>1</sup> and all government privacy legislation. The bottom line is that all communications with clients, both in-person and via social media, need to occur in an ethical manner with honesty and integrity. Review and reflect on any information or photos prior to posting. Only if the content upholds the principles of confidentiality, maintains professionalism and professional boundaries while upholding public trust, and avoids a conflict of interest, should you consider posting the content.



Table 1

Principle	CDHBC Ethical Statement <sup>2</sup>	Recommendations
CONFIDENTIALITY	Practice the principle of confidentiality.	<ul style="list-style-type: none"> <li>Content posted on social media should never reference a client or provide any identifiable information related to the client.<sup>4,6</sup></li> <li>Informed consent must be obtained from a client if posting information such as a testimonial on Facebook®. However, the client must understand the intended use of the information and privacy regulations must adhere to the <i>Personal Information Protection Act</i>.<sup>7</sup></li> <li>Discussions with clients related to their oral health care should not occur on an open social media site.<sup>5,9</sup></li> <li>Ensure high privacy settings are in place. However, even these cannot always guarantee privacy.<sup>4,8</sup></li> </ul>
PROFESSIONALISM	Hold paramount the health and welfare of those served professionally.	<ul style="list-style-type: none"> <li>Keep the postings professional with general information about your practice setting.</li> <li>Keep personal and professional information separate.<sup>8</sup></li> <li>Think twice before accepting a “friend” invite to a social media site from a client, as it can blur the professional boundaries.<sup>4, 6, 8-10</sup></li> <li>Be cautious when posting as professional character may be judged based on how one portrays themselves online.<sup>5,9</sup></li> <li>Language and photos should be professional and responsible.<sup>8-11</sup></li> <li>Ensure links and posting of oral health related information are from credible sources using appropriate copyright permission.<sup>4,5</sup></li> <li>Use professional judgment when posting, as a dental hygienist is accountable and responsible for information posted on a social media platform.<sup>10</sup></li> </ul>
MAINTAINING PUBLIC TRUST	Represent the values and ethics of dental hygiene before others, and maintain the public trust in dental hygienists and their profession.	<ul style="list-style-type: none"> <li>If you identify yourself as a dental hygienist on Facebook®, remember to act responsibly at all times and uphold the reputation of your profession.<sup>8</sup></li> <li>Anything posted on social media is permanent even with high privacy settings. Negative remarks and inaccurate information may impact client trust and have a harmful effect on the image of the profession.<sup>9-11</sup></li> <li>Even if a post or photo is deleted, there is a digital footprint that will always remain. Therefore, post with caution.<sup>8,9</sup></li> <li>Ensure credentials are not misrepresented.<sup>5</sup></li> </ul>
CONFLICT OF INTEREST	Avoid a conflict of interest in carrying out professional duties, but where such conflict arises, fully disclose the circumstances without delay to the client or appropriate agency.	<ul style="list-style-type: none"> <li>A health professional should disclose to the public if there is a conflict of interest.<sup>4,8,10</sup> For example, recommending a product without disclosing that you work for the company and benefit from the sale of the product.</li> </ul>
DUTY TO REPORT	Report to their licensing body or other appropriate agencies any illegal or unethical professional decisions or practices by dental hygienists, or others.	<ul style="list-style-type: none"> <li>It is considered an ethical responsibility to report a dental hygienist if and when information posted on their professional online site constitutes unethical behavior or if the behavior posted is not in the best interest of the client or public.<sup>2,5,6</sup></li> </ul>

(References cont. on next page)



# Root of the Matter cont.

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## 2015 QAP Cohort

If you have a Continuing Competency Cycle that ends in 2014 you should have received notification regarding your 2015 cycle in June of this year. For January 2015, you have either been assigned a 5-Year QAP Cycle or a 3-Year CC Cycle. If you did not receive notification regarding your 2015 cycle, please contact Gillian Dyck, QAP Coordinator, at [gdyck@cdhbc.com](mailto:gdyck@cdhbc.com) or by phone at 1-800-778-8277 as soon as possible.

Please note, this is the final year of random selections for a QAP Cycle. Beginning in 2016, all registrants whose cycles expire at the end of 2015 will automatically be assigned a 5-Year QAP Cycle as the College continues the phase in process for the Quality Assurance Program.

## Important 2015/16 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 Thursday, January 8, 2015**. 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 2014, 97% of CDHBC registrants renewed their registration using the online system which is accessible 24 hours a day during the six-week renewal period each year. 2015 will be the last year that CDHBC offers hardcopy forms for registration renewal. CDHBC will move to a 100% online process for registration renewal starting in 2016.

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 2015 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, 2014.
- Completion of the QAP Assessment Tool prior to February 28th, 2015. Please note this is for those starting a QAP Cycle in 2015 only. All those starting a 2014 QAP cycle have been notified.

If you are currently registered in a practicing class and wish to renew as Non-Practicing, please contact the CDHBC registration office during the renewal period. Class changes must be administered by CDHBC staff. Similarly, 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 8, 2015.

### 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, 2015, will result in removal from the register effective March 1, 2015 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.

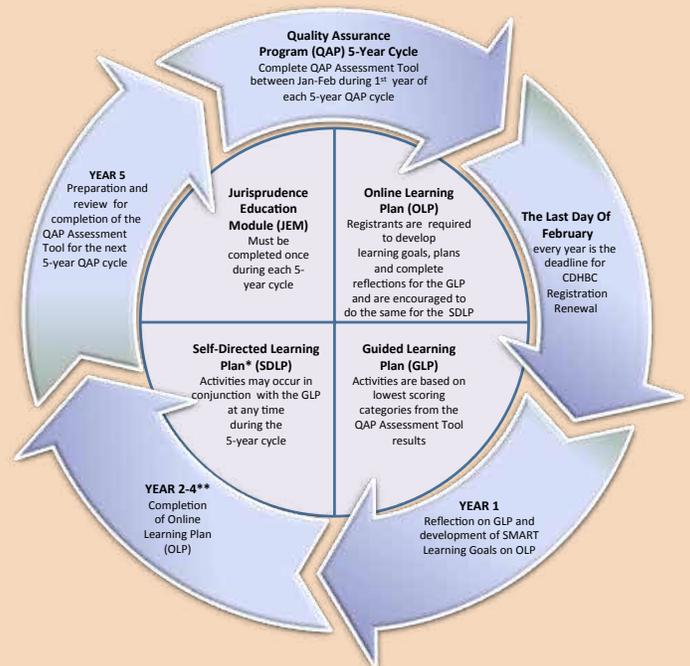
Registrants who miss the renewal deadline and wish to reinstate their registration with CDHBC on or after March 1st will have until April 30th to submit a reinstatement application to the Registrar and pay an additional \$169.75 to the renewal fee of \$485, for all

practicing classes of registration. Non-Practicing reinstatement will be an additional \$85.75 to the Non-Practicing renewal fee of \$245.

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.

## Ideal 5-Year Quality Assurance Program (QAP) Cycle

As more registrants are phased into the Quality Assurance Program, the College has begun to receive more inquiries regarding the Online Learning Plan (OLP) portion of the QAP. The Quality Assurance Committee has worked collaboratively with College staff to create a suggested "Ideal" QAP Cycle timeline for registrants to reference. It is meant to be a helpful tool and to provide registrants with guidance while completing their OLP's and obtaining Continuing Education credits.



\*SDLP activities are not linked to QAP Assessment Tool results and may be selected based on interest or a self-identified practice need

\*\*75 Continuing Competency Credits should ideally be completed within the first 4 years of the cycle. This allows time for review and preparation for the QAP Assessment Tool in Jan/Feb of the first year of the next QAP 5-year cycle



# Root of the Matter: Tooth Jewels

JACQUELINE GUYADER SENIOR DENTAL HYGIENE ADVISOR

There has been an increasing trend of independent dental hygienists incorporating “tooth jewels” into their practice setting. With this popularity, dental hygienists have been asking the College what the Dental Hygiene Scope of Practice is around this procedure.

While the act of placing a tooth jewel is not a restricted activity, it is the dental hygienist’s responsibility to ensure the assessment, diagnosis, planning, implementation and evaluation (ADPIE) Process of Care is followed with this procedure. The ADPIE process may look something like the table below; keeping in mind that care for each client should be individualized:



## Sample ADPIE for Tooth Jewels

<b>A</b>	<ul style="list-style-type: none"><li>Assess the tooth surface for suitability for the placement of the jewel. A surface that is demineralized, decayed, or fractured would not be considered a suitable surface.</li></ul>
<b>D</b>	<ul style="list-style-type: none"><li>Take into consideration the caries risk of the client. If the client has a high caries risk, they may not be suitable for the jewel placement.</li></ul>
<b>P</b>	<ul style="list-style-type: none"><li>The plan is made in collaboration with the client.</li><li>Informed consent for the service is required, which would include informing the client of the possible risks associated with a tooth jewel.</li></ul>
<b>I</b>	<ul style="list-style-type: none"><li>The tooth jewel is placed following manufacturer’s instructions.</li><li>Sharp edges of the bonding are removed.</li><li>Oral hygiene instructions are provided.</li></ul>
<b>E</b>	<ul style="list-style-type: none"><li>Thorough evaluation of the tooth jewel must be completed after application of the jewel, to ensure there is no micro-leakage that may act as a bacteria and/or debris trap leading to demineralization and/or decay.</li><li>Follow up should occur at each subsequent appointment to ensure the integrity of the bonding and that the client is maintaining oral self care.</li><li>If any concerns are identified with the tooth structure, a dental hygienist is responsible for initiating a referral to a dentist for a consult.</li></ul>

# Inquiry Committee Focus

In our next installation of the CDHBC Inquiry Committee Focus, the College reviews a Record of Decision from a recent investigation which illustrates the importance of working within the Scope of Practice, within the Practice Standards, while maintaining ethical behaviour.



This 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.

As per section 39(3) of the *Health Professions Act*, public notification of this matter has been provided on the College website. Following is a copy of the Record of Decision as a result of the complaint received on May 29, 2013:

## Inquiry Committee Record of Decision

**File Reference: DH1307**

### ELEMENTS OF COMPLAINT

On May 29, 2013, the College received a complaint alleging that Winnie Sung, a Registrant with the CDHBC, had submitted insurance claims for a patient that she had not treated. The Complainant's review of the Registrant's pattern of billing revealed that she had billed a large number of claims for a small number of patients and that each of the files and services were similar. In 2012, Ms. Sung billed 520 procedures for five patients over a five month period.

The CDHBC Inquiry Committee initiated an investigation under s. 33(1) of the *Health Professions Act*, and appointed an inspector to assist with the investigation. The inspector was directed to attend at the Registrant's place of work to conduct a random chart audit of the patient clinical and billing records. The inspector made several attempts to see the Registrant at her mobile dental hygiene clinic and at a clinic where she worked but was unable to make contact with her until September 19, 2013.

The inspector reported to the Inquiry Committee that she was concerned that the Registrant: (a) had provided services not within the scope of practice of a dental hygienist; (b) failed to maintain client charts, including health history forms and

contact information for clients; (c) failed to maintain billing records for dental hygiene treatment provided as well as insurance billing records; (d) failed to understand the appropriate fee billing and use of accurate and proper billing codes as per the dental hygiene fee guide; and (e) apparently billed for treatment and services not provided during the dental hygiene appointments.

As the Registrant had an operatory set up in her residence, the Inquiry Committee requested her to agree to an interim consent order pending the completion of its investigation. The Registrant executed an Interim Consent Order in which she agreed to: (a) immediately limit her practice of dental hygiene to the three dental offices where she was currently employed; (b) cease to practice as an independent dental hygiene practitioner and to cease operating her mobile dental hygiene clinic or any other dental hygiene business in which she holds herself out as an independent practitioner or contractor; (c) dismantle her home/mobile operatory located at her residence within 14 days of the date of the Interim Consent Order; and (d) cooperate with random inspections by a College appointed inspector of her residence where she was formerly operating her mobile dental hygiene clinic to ensure that it remained dismantled.

On March 30, 2014, the Inquiry Committee received the inspector's report which revealed numerous billing and scope of practice problems, as well as problems with the Registrant's standards of practice.

Based on a review of the material provided by the Complainant, the Registrant, the inspector's report, and the clinical records, the Inquiry Committee was concerned that the Registrant: (a) engaged in unethical conduct by submitting false claims to Sun Life Financial for dental hygiene services that she did not perform and by claiming to have performed hundreds of services for five patients over the course of five months; (b) engaged in unethical conduct by using equipment and supplies from the dental clinics where she worked without their knowledge or permission such as the x-ray machine, prescriptions and supplies; (c) violated the 365-Day Rule; (d) failed to obtain and document informed consent to treatment; (i.e. she failed to perform proper diagnosis, assessment and care planning for

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her clients); (e) failed to maintain adequate clinical and billing records in accordance with the Practice Standard Policies; (f) altered her clinical records by using white-out and adding later margin notes; (g) failed to securely store clinical records in accordance with the Practice Standard Policies; (h) failed to maintain clinical records for ten years and lost many of them; (i) engaged in conduct that was outside her scope of practice as a dental hygienist; and (j) failed to cooperate fully with the College's investigation because of her repeated failures to respond to the numerous messages and requests made by the inspector and Inquiry Committee, her delay tactics and her claim that her business laptop had been stolen.

#### COMMITTEE DECISION

The Inquiry Committee determined, under s. 33(6)(c) of the Act, that this would be an appropriate case to seek a consent order under s. 36 of the Act because it was possible to obtain the same types of terms that the College would seek in a discipline hearing following the issuance of a citation. The Inquiry Committee noted that the Registrant ultimately acknowledged deficiencies in her practice, record-keeping, and billing procedures, took responsibility for those errors and offered to take remedial courses. The Inquiry Committee determined that a consent order with a period of suspension and comprehensive terms with appropriate undertakings for remediation and mechanisms to enable the College to monitor the Registrant's practice would be sufficient to ensure that she does not repeat the conduct in question and address the need for specific and general deterrence to protect the public.

The Registrant executed a consent order containing the following terms under s. 36 of the Act:

1. The Registrant undertakes not to repeat the conduct of: (a) submitting false billings for dental hygiene services that she did not provide; (b) failing to maintain proper clinical and

billing records for dental hygiene services that she provides in accordance with the College's Standards of Practice; (c) failing to safely and securely store clinical records for a period of 10 years in accordance with the College's Practice Standards; (d) exceeding her scope of practice as defined in s. 4 of the Dental Hygienist Regulation, B.C. Reg. 276/2008; (e) failing to cooperate in a timely manner with a College investigation; and (f) failing to be forthright and candid in providing information to the College for an investigation.

2. The Registrant consents to a reprimand in relation to her unethical conduct of submitting false billings to the Complainant for dental hygiene services, using the equipment and supplies of her employers without authorization, and failing to discharge her duty to cooperate with the College's investigation.
3. The Registrant consents to a ninety (90) day suspension of her practice of dental hygiene as defined in the Dental Hygienist Regulation, B.C. Reg. 276/2008 commencing the date of this Consent Order.
4. The Registrant consents to permanently restrict her practice of dental hygiene to working in dental offices under the supervision of a dentist in good standing with the College of Dental Surgeons of British Columbia. The Registrant consents to permanently refrain from engaging in the independent practice of dental hygiene or otherwise holding herself out as an independent practitioner or contractor of dental hygiene services for the duration of her registration with the College.
5. The Registrant consents to provide written notification to the College of her current practice setting(s) within five (5) days of this Consent Order, and to notify the College in writing immediately upon any change of those practice settings. The Registrant acknowledges that she must ensure that the College has current information of her current practice location at all times for the duration of her registration with the College.

*(cont. next page)*

## Tech Tips

Please be aware that **Hotmail** has recently changed their security settings. If you have a Hotmail account, please ensure that you have added [cdhbc@cdhbc.com](mailto:cdhbc@cdhbc.com) to your safe contact list as the College sends important notices via email. Please note this will only ensure that you receive emails sent from the [cdhbc@cdhbc.com](mailto:cdhbc@cdhbc.com) email address. You will still need to check your junk folders for any emails that have been sent to you directly from a College staff member and add each address to your safe contact list. The College strongly encourages its

registrants to use alternate email addresses to reduce the risk of missed emails. **It is the registrant's responsibility to ensure that your email host will accept our email notices.**

If you are having difficulty logging in to the Registrant site or opening pdfs on our website, please either upgrade your Internet Explorer or use an alternate browser such as Google Chrome or Firefox. The login issue is specifically related to Internet Explorer.

6. The Registrant consents to disclose the terms of this Consent Order to all current employers where she works as a dental hygienist within seven (7) business days of the date of this Consent Order and to any new employers within two (2) business days of receiving an offer of confirmed employment as a dental hygienist. This provision will remain in effect for five (5) years from the date of this Consent Order.
7. The Registrant undertakes not to apply to the College for exemption from the 365 Day Rule for the duration of her registration with the College.
8. The Registrant consents to keep her home/mobile operatory located at her current residence or such other residence as she may move to in the future permanently dismantled. The Registrant will cooperate with random inspections by a College appointed inspector of her residence (wherever it may be) from time to time to ensure that the home/mobile operatory remains dismantled and acknowledges that the timing and frequency of the random inspections are within the sole discretion of the Inquiry Committee.
9. The Registrant undertakes to successfully complete courses on professional ethics and dental hygiene clinical-record-keeping, such courses to be approved in advance by the Registrar, at her cost within nine (9) months of the date of this Consent Order. The Registrant undertakes to provide documentary evidence confirming that she has successfully completed those courses to the Registrar within seven (7) days of receiving confirmation that she has successfully completed the courses.
10. The Registrant undertakes to participate in, and fully cooperate with, an individualized assessment of her practice skills by an assessor to be appointed by the Inquiry Committee - such assessment to be completed within thirty (30) days of the Registrant obtaining new employment after serving her ninety (90) day suspension period. The Registrant acknowledges that the assessor will be required to report back to the Inquiry Committee regarding the results of her individualized assessment. The Registrant acknowledges that she will be solely responsible for the costs of the individualized assessment and that the requirement to pay such costs forthwith upon receipt of invoices from the College constitutes a term of this Consent Order.
11. Following submission of the individualized assessment report to the Inquiry Committee, the Registrant undertakes to submit an individualized remediation plan to the Inquiry Committee for approval and make any changes to the proposed individualized remediation plan directed by the Inquiry Committee within seven (7) days of receiving notice of the changes.
12. The Registrant consents and undertakes to cooperate with scheduled and random site-based spot audits by a College appointed inspector at any time for a period of five (5) years commencing after the expiration of her suspension under paragraph 3 of this Consent Order. The Registrant acknowledges that the frequency and timing of the spot audits is at the sole discretion of the Inquiry Committee. The Registrant undertakes to provide the inspector with immediate and unrestricted access to all clinical and billing records relating to her practice of dental hygiene for audit purposes. The Registrant acknowledges that she will be solely responsible for all audit costs (including the inspector fees and disbursements) and that the requirement to pay such costs forthwith upon receipt of invoices from the College constitutes a term of this Consent Order.
13. The Registrant undertakes to carry out such remedial work that the Inquiry Committee directs during the seven (7) year period following her return to practice at the expiration of her period of suspension, at her cost, in the event that any areas of deficiency are identified by the inspector during the audits.
14. The Registrant agrees to pay the sum of \$8,000.00 towards the College's costs of investigation in accordance with the payment schedule attached hereto as Schedule "A". The Registrant acknowledges that she must strictly comply with the obligation to meet the deadlines for submitting monthly payments to the College and that the failure to submit the full monthly payments on the first day of each month or at all will constitute a breach of the Consent Order.

## Relevant Provision of Act, Regulation or Bylaws

**Act, section 33(4); 33(5); 33(6)(a); 35; 36; 36(1)(a) and (d),  
Bylaws, section 70**

### STATUS

Closed.

The key issues in this particular matter are:

- Standard of Practice: the importance of adhering to the Dental Hygienists Regulation, Health Professions Act and College Bylaws.
- The importance of understanding the Code of Ethics
- The importance of understanding the Scope of Practice of a Dental Hygienist.

# 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

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

Postmaster Please Send Undeliverable Copies to  
College of Dental Hygienists of British Columbia  
Suite 600, 3795 Carey Road  
Victoria, BC  
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