



COLLEGE OF
DENTAL HYGIENISTS
OF BRITISH COLUMBIA

ACCESS

The latest news from CDHBC | Summer 2014



AGM Update

The College's Annual General Meeting took place on June 5th, 2014 in Victoria. This AGM was the highest attended in College's history with a total of 615 registrants participating. For the first time, the College provided the opportunity for registrants to participate in the AGM via webcast. 474 registrants took advantage of this opportunity to participate over the internet. While some registrants did experience difficulties with the technology, the vast majority who signed onto the webcast were able to view the proceedings, ask questions and vote on the proposed resolution. The College and its Board are considering the viability of making the meeting accessible via webcast for future AGMs.

Registrants should be aware that a resolution regarding a review of the QAP Assessment Tool was put forward for consideration at the AGM by 29 registrants. The discussion on the resolution lasted about an hour with questions and thoughtful comments from registrants on both sides. After the votes were counted from both the in-person vote and the online vote, the resolution passed with 320 registrants supporting the resolution. 295 registrants voted against the resolution. The College and its Board will undertake a review of the QAP and be transparent in that process. Please note that during this review process the QAP remains unchanged and is still in place. Continue to check the College website as well as future College publications for more information and news in this area.



Message from the Registrar

JENNIFER LAWRENCE , REGISTRAR



I recently took the time to reflect on how the College and its operations have changed since I became Registrar 7 years ago.

IN 2007:

- there were 1700 registrants
- we only accepted paper renewal forms and cheques
- we did not have the ability to send

mass emails out to the registrant base

- the website was out of date and not user friendly
- we printed handbook updates and mailed them
- we occupied about 1500 square feet which we shared with another health College
- we employed 3 full time staff and 3 part time staff
- our operating budget was approximately \$800,000 annually

IN 2014:

- there are over 3500 registrants
- 97% of registrants renew online and use a credit card
- timely and important information regarding licensure and practice issues is distributed via email to all registrants
- the website is more user friendly and accessible yet it is undergoing another face lift to keep up with current technology
- the handbook and other important reference materials are available electronically and all registrants have been provided with a memory stick to store them on
- we have moved into new office space, occupying 3500 sq ft
- we employ 8 full time staff and 5 part time staff
- our operating budget is approximately \$1.7 million annually

These are just the changes of note to the operations of the College and do not begin to speak to the significant program changes that have taken place, such as the move from the residential care category – where registrants were only exempt from the 365 day rule if they were practicing in a residential care or assisted living facility – to the 365-exempt category, where registrants are exempt from the 365 day rule no matter the practice setting. Considerable effort has been made by the College staff to operationalize this change in registration categories.

In addition, the development and implementation of the QAP in order to come into compliance with the *Act* was a major undertaking. While there is debate and many opinions regarding the components of the program, one thing that I can say is that the College staff has worked tirelessly to ensure that the implementation of the program is efficient and effective.

Lastly, I want to use this space to say a big thank you to each one of the College Staff. Many registrants may not have much contact with our staff but I can assure you that they are a very hard-working, dedicated group that strive to provide a high level of service to registrants while ensuring that the College is meeting its primary mandate of public protection. I would ask that should you contact the College, that you remember that the staff do not set the rules or policies: they often have the thankless job of implementing them. Regardless of the issue, they are here to help in any way they possibly can.

This month the staff put in countless hours on all aspects of the AGM and I think all who participated would agree that it showed as the AGM ran smoothly and in a professional manner. As just one example, in only 10 business days they processed over 600 calls to pre-register registrants for the webcast or to attend the AGM in person. They did so efficiently, effectively, and without complaint. I like to give credit where credit is due, so thank you to Robin, Gillian, Alexandria, Arlene, Jannelle, Lesley, Melissa, Jacquie, Susan, Carrie, Rebecca and Heather.

Message from the Chair

TAMERA SERVIZI, CHAIR

Well now I HAVE seen everything.

If you had told me I would see an AGM attended by 615 registrants I never would have believed you (the fact that I was chairing said meeting was more than a little daunting, let me tell you!) but on Thursday June 7, 2014 almost 20% of our registrants participated in a meeting which, in addition to having the largest in-person attendance ever, also saw the use of groundbreaking technology in the form of webcasting and online voting. A few came to express their views, but most came to hear the discussion and decide for themselves about the special resolution which asked the Board to review the current QAP Assessment Tool. The questions posed were thoughtful and even though a few registrants spoke with great emotion, the atmosphere was respectful and productive.

As you read on the front page, the special resolution passed by a narrow margin. The Board did discuss next steps at their board meeting the following day. Ongoing review of the Tool has always been one of the guiding principles of the QAP, and the Board and the Quality Assurance Committee are fully committed to this principle. We are currently looking at the best way that we can accomplish a thorough review as we have been asked to do, and it is our intention to make this review comprehensive and transparent.

In 2008, all registrants were surveyed regarding their preferences for the various forms of assessment. This survey data became part of the development process which yielded the QAP Assessment Tool we have today. As part of the current review, the QAC, the Board and hopefully all registrants will be mindful of the following question:

Is there a format different to the QAP Assessment Tool that would better balance objective assessment and public safety with manageability for participants and cost management for the College?

Remember, the College's budget is made up entirely of registration fees, and any significant increase in the cost of managing the QAP would have to be made up through those fees.

The College is very interested in ideas on how the current Tool can be improved on or a format which is preferable but still meets those standards outlined above. I would like to point out that

while some anxiety around taking the Tool is understandable, it should be reassuring to know that the majority of feedback from those who have completed it is positive. I am also very excited to say that so far over 99% of participants have been successful, and this is compelling, objective data to support our ongoing efforts to break down barriers to practice.

My final thought is to thank both the participants in the recent AGM, my fellow Board members for their work and support, and most importantly, the College staff who rose to the challenge of finding a way for those who were unable to attend in person to participate. The Notice of Special Resolution was received well after the AGM had already been planned, and staff worked quickly, efficiently, and tirelessly to arrange the webcast and register each and every one of the more than 600 registrants who registered by phone over the span of 8 days. On behalf of the Board, I would like to acknowledge and thank the College staff for their exceptional work in pulling it all together.

We look forward to working with all registrants on this issue; please stay tuned for further developments.



In This Issue

AGM Update.....	1
Message from the Registrar.....	2
Message from the Chair.....	3
QAP Update.....	4
Dental Hygiene Documentation.....	6
Records Retention Update.....	8
Insurance Audit Outcome.....	9
Inquiry Committee Focus.....	10



You Have Completed the QAP Assessment Tool... Now What?

This January marked the second enrolment of registrants into the Quality Assurance Program (QAP) which began in January 2013. The QAP was developed to ensure the CDHBC was in compliance with the BC *Health Professions Act*. By January 2018, all dental hygienists in BC will be phased into the QAP. Once registrants are in the QAP, their 5-year cycle will begin. This QAP cycle will replace the 3-year continuing competency cycle. The CDHBC Online Learning Plan (OLP) is a key component of the QAP and will guide the registrant once the QAP assessment tool has successfully been completed.

The Online Learning Plan is essentially an online professional record keeping system. It was developed to assist the registrant in planning meaningful professional development activities, based on the lowest scoring competency subcategories, as identified by a registrant's individual QAP Assessment tool results. The OLP is housed on the CDHBC website and is accessed through the "Registrant Login" icon. When accessing the OLP for the first time, a tutorial page is available which will provide an introduction to the terminology, function and outline of the OLP. For assistance in navigating the OLP the following tools are also available to assist registrants: the "Online Learning Plan Guide", and the "Online Learning Plan Navigation Video". These tools are available on the CDHBC website. In addition CDHBC has just added short tutorial videos on the various OLP components that are embedded in your OLP profile. They are located on the bottom right hand side of each OLP screen. When logged onto the OLP a registrant will be able to create learning goals, develop action plans, and record their continuing competency activities as well as reflect on their

learning. The beauty of the OLP is that it is available anytime from anywhere and eliminates the need for paper records.

The OLP requires dental hygienists to create learning goals and plans to meet the goals for their *guided learning plan*. The number of learning goals will be dependent on the identified gaps from the QAP Assessment Tool results. Learning goals will look different for each registrant and their focus of dental hygiene practice. For example, a dental hygienist practicing in community public health versus a dental hygienist practicing in a private practice setting may be required to focus on the same sub-content category; however, due to the practice area the focus would look quite different. The indirect practitioner may take a textbook review type of approach while the direct practitioner may take a "hands on" course type approach (see Table 1). Provided the learning goal and action plan are of sufficient depth, address the sub-content category and reflect the individual practice setting, there is no incorrect way to address the learning goal as it is up to the professional judgment of the registrant.

QAP Assessment Tool Results

	2014 Cohort	2013 Cohort
Total Registrants who Completed the QAP	454	471
Number who Met the Threshold	441	435
Number who did not Meet the Threshold	13 (3%)	25 (5%)
Met Threshold on Second Attempt	10 (to date)	23
Did not Meet Threshold on Second Attempt	1 (to date)	2



Table 1

**QAP Assessment Tool Identified Sub-Content Category: D. Dental Hygiene Clinical Practice –
5. Pain Management & Control**

Indirect Practice – Community Public Health		Direct Practice – Private Practice	
Learning Goal	Action Plan	Learning Goal	Action Plan
By April 26, 2014 I will have a completed a self study of oral local anesthetic and epinephrine pharmacology, and neurophysiology to ensure continued competence with my understanding related to this aspect of pain control. I will also update my knowledge on new information associated with LA.	<ol style="list-style-type: none"> By April 19, 2014 I will have completed reading Chapters 1-3 in the Malamed textbook “Handbook of Local Anesthetic”. By April 12, 2014 I will read the following scientific article: Daniel E. Becker, Kenneth L. Reed, (2012) Local Anesthetics: Review of Pharmacological Considerations. Anesthesia Progress: Summer 2012, Vol. 59, No. 2, pp. 90-102. By April 5, 2014 I will have completed the Online Course: “Anesthetic Buffering: New Advances for use in Dentistry” 	By June 2014 I will be competent in calculating maximum dose for LA drugs and with the delivery of oral local anesthetic through various techniques, understand the importance of a thorough medical history to avoid complications with delivering LA and document appropriately in the treatment record.	<ol style="list-style-type: none"> I will complete the hands-on training course for local anesthetic offered on May 17/18, 2014 at the dental hygiene program near my town. By May 4, 2014, I will have reviewed Maximum dose for LA, medical considerations, and LA techniques, in the Malamed textbook “Handbook of Local Anesthetic”, to prepare for the hands on course. By the end of May I will review the CDHBC Practice Standards to ensure compliance with accurate and appropriate documentation of LA in the treatment record.

College Communication

The College's ability to communicate with registrants is a very important and key feature of regulation. It is the responsibility of the registrant to ensure that the College has current contact information on file, including an email address. Furthermore, it's incumbent on the registrant to open and read any materials that are sent by the College to them, whether it be via email or regular mail. The College only sends information and correspondence that is vital to maintaining your registration in good standing as well as to ensure that you are practicing in a safe manner.

It has recently come to our attention that for a variety of reasons some registrants are not opening emails and regular mail in a timely fashion.

The College has also noticed an increase in the number of registrants who do not have any current contact information on file with the College. Therefore, the College is unable to reach them via any communication mechanisms. This is a serious breach of the HPA and the bylaws and could result in a suspension of licensure until such time that the College is able to make contact. This situation is easily avoidable by going

into your profile on our website and updating your contact information. You can even do this in advance of a coming change to your contact information, by selecting 'Effective On' date and the system will automatically switch over the contact information as of that date.

Here are just a few more tips to keep in mind regarding College communications:

- Ensure that you have the most current version of the Registrant's Handbook on your USB memory stick provided by the College (the Handbook is updated on a regular basis and is available for download on the CDHBC website under "Forms and Resources").
- Ensure that the College email address (cdhbc@cdhbc.com) has been added to your safe senders list, and junk/spam folders are consistently scanned for misdirected College email notifications. If you are not getting any emails from the College please ensure we have your correct email address.
- Ensure that College publications (Access newsletter) and all lettermail from the College is opened and read promptly.



College of Dental Hygienists
of British Columbia

Dental Hygiene Documentation

The CDHBC Practice Standards are part of the Bylaws and state the required criteria for practice. The Practice Standards, as defined in the CDHBC Registrant's Handbook, focus on the principles of practice and can be found in detail on the CDHBC website at this link:

www.cdhbc.com/PDF-Files/Tab-5-Prac-Standards.aspx

This article has been developed for registrants who provide direct clinical dental hygiene care to clients, to provide a guideline for maintaining documentation (client charts) in accordance with the Practice Standards.

General: (Practice Standard #8)

Client records must include evidence of appropriate and accurate documentation, as follows:

- Client records labeled with client's name
- Entries in treatment record of services provided
- Length of appointment time aligns with services provided
- Drugs administered to or taken by client (premedication; chemotherapeutic agents; local anaesthetic type, volume, and injection site)
- Informed refusal to consent documented
- Possible risks of not receiving recommended services
- Evaluation findings and next appointment planning details
- Precautions and instructions given where necessary
- Recommended referrals
- Details of pertinent client discussions
- Daily entries are dated and signed/initialed by clinician
- Entries are legible and in ink
- Electronic entries should be secure, non-erasable, and identify registrant's entries

Dental Hygiene Assessment: (Practice Standard #3)

Client records must include evidence of appropriate and accurate assessment information, as follows:

- Health history information updated and initialed by registrant including medical alerts, pre-med required or contraindications to DH care
- Client's dental examination within 365 days
- Clinical assessment data. Evidence may include indication of:
 - Demographics
 - Client concerns
 - Vital signs
 - Extra-oral head & neck examination
 - Intra-oral soft tissue examination
 - Periodontal examination, including probing, mobility, furcations, recession, marginal attached gingival defects, hard and soft deposits, stain, etc.
 - Dental/Occlusal examination
 - Diagnostic results (radiographs, bacterial tests, etc.)
 - Oral hygiene routines/ techniques
 - Client anxiety and pain levels

Dental Hygiene Documentation Continued

Dental Hygiene Diagnosis: (Practice Standard #4)

Client records must include evidence of appropriate and accurate diagnosis, as follows:

- Dental hygiene diagnosis recorded and client informed

Dental Hygiene Planning: (Practice Standards #1 & #5)

Client records must include evidence of a dental hygiene treatment plan, as follows:

- Dental hygiene care plan
- Informed consent obtained and recorded
- Consultation with dentist or other health care professionals (when needed)
- Goals/objectives, sequence of activities
- Discussion of fees associated with the plan

Dental Hygiene Implementation: (Practice Standard #6)

Client records must include evidence of accurate implementation of dental hygiene care, as follows:

- Implementation of dental hygiene care (e.g. debridement, fluoride treatment, discussion on nutrition, oral hygiene education, etc.)
- Implementation documentation may include indication of:
 - Attempt made to reduce client's pain and anxiety (e.g. offering or administering pain control, discussing relaxation strategies, etc.)
 - Appropriate use of chemotherapeutic agents
- Proposed changes to the plan discussed and approved by client

Dental Hygiene Evaluation: (Practice Standard #7)

Client Records must include evidence of accurate evaluation of dental hygiene care, as follows:

- Care is evaluated to determine if desired outcomes achieved
- Follow up or maintenance intervals are established





Records Retention Update

Independent dental hygienists who own clinics or mobile practices, own their clients' records. CDHBC Practice Standard 8.6 sets out the College's record retention requirement for regulatory purposes. This requirement changed from a 10 year to a 16 year retention timeframe, **effective April 1, 2014**. Practice Standard 8.6 now states the following:

"When the dental hygienist owns the client's records, dental hygienists must retain records in a secure manner for no less than 16 years after the last client appointment."

Why has this requirement been changed in the CDHBC Practice Standards?

This change was made in order to align the CDHBC requirement with the new *Limitation Act* which came into force in 2013. While a health practitioner's regulatory college establishes how long client records must be kept in the event that they are needed for regulatory purposes such as complaint investigations or quality

assurance proceedings, the *Limitation Act* establishes the time limits in place for a client to file a lawsuit in civil court.

Aligning the CDHBC records retention requirement with the new *Limitation Act* helps to ensure that records are not prematurely disposed of when the regulatory requirement elapses, while other relevant legislation still prevails. This addresses public protection by ensuring that records are available for proceedings that may occur simultaneously in the regulatory and civil arenas, and is also felt to be in practitioners' best interests, should their records ever need to be available in their defense. Additionally, having the relevant timeframes aligned provides practitioners with consistent points of reference for records retention.

Information on the new Limitation Act

The new *Limitation Act* reduces the former 30 year ultimate limitation period to 15 years for most legal claims.* The clock generally starts to run on the ultimate limitation period from the date that the act or omission occurred which forms the basis of the claim. However, the courts also allow one year for a person to file suit. This is why the CDHBC record retention requirement has been changed to 16 years rather than 15 years.

*Please note: This information is only provided as a general guide and readers are directed to additional comprehensive information on the new *Limitation Act* that is available on the Ministry of Justice website at <http://www.ag.gov.bc.ca/legislation/limitation-act/2012.htm>. Readers should be aware that the new Limitation Act also includes a 2 year basic limitation period (from the date of discovery), as well as a number of additional rules for limitation periods in specific circumstances, including the timing of the claim relative to the legislative transition, and certain types of claims. Lastly, the *Limitation Act* sets out specific provisions for cases involving minors and persons under a disability whereby the ultimate limitation period does not begin until the age of majority is reached and/or the person is no longer under a disability. For all of these reasons, the College recommends that independent dental hygienists obtain legal advice that is specific to their practice and circumstances, as needed.

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 to your safe contact list as the College sends important notices via email. 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.

Insurance Audit Outcome

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 advised in Fall 2013 that it had recently reviewed this matter and was of the view that a lapse in a registrant's professional negligence insurance creates a serious risk to public protection and determined that any registrant who failed to renew their professional negligence insurance and practiced dental hygiene between January 1 and February 28, 2014, would be referred to the Inquiry Committee for investigation, in accordance with section 33(4) (a) of the *Health Professions Act*.

In total, 60 registrants were referred to the Inquiry Committee for failing to have valid professional negligence insurance between January 1, 2014 and February 28, 2014. The Inquiry Committee determined not to investigate three of the matters, and dismissed two matters when it was established that the registrants were in compliance with section 36(f) of the College Bylaws having provided documentation of valid professional negligence insurance policy effective January 1, 2014 through December 31, 2014.

An additional twelve matters were resolved by the issuance of letters of warning when it was determined the Registrants had failed to have valid professional negligence insurance in place at all times while holding full registration with the College, however they had not engaged in unauthorized practice without registration contrary to s. 13 of the Act, ss. 3 and 5(a) of the Dental Hygienists Regulation and ss. 47(1) and 49 of the College bylaws during that period.



The Inquiry Committee determined that in thirty-three of the matters the appropriate action was to take no further action other than to request the Registrants to voluntarily sign an undertaking not to repeat the conduct of failing to have valid professional negligence insurance in place at all times while holding full registration with the College of Dental Hygienists of British Columbia; to review and thoroughly familiarize themselves with requirements set out in the CDBHC Registrant's Handbook; and to successfully complete the JEM within ten days of signing the undertaking.

At the conclusion of the investigation, the Inquiry Committee determined that in the remaining ten matters the evidence established that each of the Registrants had failed to have valid professional negligence insurance in place at all times while holding full registration with the College and had engaged in unauthorized practice without registration contrary to s. 13 of the Act, ss. 3 and 5(a) of the Dental Hygienists Regulation and ss. 47(1) and 49 of the College bylaws during that period.

In accordance with section 36 of the *Health Professions Act*, the Inquiry Committee and the Registrants agree that the appropriate remedial action is a consent order pursuant to ss. 36(1) (a) and (d) of the Act requiring the Registrants to undertake not to repeat the conduct of failing to have valid professional negligence insurance in place at all times while holding full registration with the College of Dental Hygienists of British Columbia; not to repeat the conduct of engaging in unauthorized practice of dental hygiene by failing to have valid professional negligence insurance in place as a full registrant; to review and thoroughly familiarize themselves with requirements set out in the CDBHC Registrant's Handbook; and to successfully complete the JEM within ten days of signing the consent order.



Inquiry Committee Focus

In our third installment of the CDHBC Inquiry Committee Focus, the College reviews a Record of Decision from a recent investigation which illustrates the responsibility of registrants in maintaining their license in good standing and not engaging in unlicensed practice.



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 January 24, 2014.

Inquiry Committee Record of Decision

File Reference: DH1415

ELEMENTS OF COMPLAINT

On January 24, 2014, the College was made aware that a Registrant was practicing dental hygiene without a license between January 19, 2014 and January 24, 2014.

The CDHBC Inquiry Committee initiated an investigation under s. 33(4)(a) of the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the "Act") to determine whether the Registrant had engaged in the authorized practice of dental hygiene without registration contrary to s. 13 of the Act, ss. 3 and 5(a) of the Dental Hygienists Regulation and s. 47(1) of the College bylaws prior to renewal of his/her registration.

On January 27, 2014, the CDHBC Registrar notified the Registrant of the investigation and requested the Registrant's response to the investigation, in accordance with s. 33(5) of the Act.

The Registrant provided a written response, explaining that (s)he had misunderstood the process to upgrade his/her license from Conditional to Full Practicing registration, which led to him/her practicing dental hygiene without a license.

COMMITTEE DECISION

At the conclusion of the investigation, the Inquiry Committee determined that the evidence established that the Registrant had engaged in unauthorized practice without registration contrary to s. 13 of the Act, ss. 3 and 5(a) of the Dental Hygienists

Regulation and ss. 47(1) and 49 of the College bylaws for the period of January 19, 2014 and January 24, 2014.

In accordance with section 33(6)(c) of the *Health Professions Act*, the Inquiry Committee determined that this was an appropriate case to seek a consent order because the Registrant failed to renew his/her license with the College prior to its expiration on January 19, 2014. The Registrant agreed to give his/her undertaking and consent not to repeat the conduct of engaging in unauthorized practice of dental hygiene without registration; to review and thoroughly familiarize him/herself with the requirements set out in the Registrant's Handbook; to successfully complete the JEM within ten days of signing the Consent Order; and to complete an essay on the purpose of "Self-Regulation" and the importance of compliance with the regulatory scheme for the College within thirty days of signing the Consent Order.

Relevant Provision of Act, Regulation or Bylaws

Act, section 13; 33(4); 33(5); 33(6)(a) Bylaws, 47(1); Regulation, 3 and 5(a)

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 Self-Regulation.

(cont. next page)

BELOW IS AN EXCERPT FROM THE ESSAY ON “SELF-REGULATION” SUBMITTED BY THE REGISTRANT IN THIS CASE.

“...Being self regulated is not a right, but a privilege, one that we should be grateful for and thank all the dental hygienists who put their hard work into making sure that this law was set in place for all of us for years to come. Before the college was established, dental hygienists worked endlessly, facing many hardships in order to achieve the right to regulate their own profession.

Dental hygiene was a regulated profession in British Columbia since 1952. Before their designation under the *Health Professions Act*, they were regulated under the Dentists Act. As of today, the *Health Professions Act* serves the interest of the public by setting entry requirements, making sure that the standards of practice are up to par; setting continuing competency credits, investigating complaints of members, and making sure members are trained and examined to maintain education and knowledge of the practice. In British Columbia, there are twenty-six regulated health professions. Twenty two are governed by regulatory colleges under the *Health Professions Act*. The main goal of the college is to make sure that the members are qualified, competent and able to follow the standards of practice and ethics. If the college receives complaints or finds illegal, unethical or incompetent actions, the college will take action to discontinue the issue at hand. The ability to govern its own members shows a sense of maturity and the idea that we are knowledgeable enough to be held accountable for our own actions...”

“...Earlier this year, I engaged in unauthorized practises with the College of Dental Hygienists. I completed a Local Anaesthesia course, and upon completion sent in a copy of my certificate to the college. I was notified by the college that I was to send in a notarized copy by the deadline of which my licence would expire. Unfortunately, I failed to do this, and had to be searched endlessly by one of the [staff] of the college until I was found at my work of practice. I was then notified that I was working illegally without a license. Not only did I have to immediately leave the office, but I was completely and utterly mortified and ashamed for putting myself, my patient, and everyone in my office at risk. My boss and dental practitioner would have risked getting in trouble having a dental hygienist work without a license, my patient could have potentially lowered his opinion of my level of professionalism, and the College of Dental Hygienists would have risked losing their standing as a self-governing body

due to having a dental hygienist work without a license. Anything could happen at any given moment when it comes to work safety, and I would not have been the only one held accountable if something went wrong... It was my responsibility to keep up to date with notices from the college. I do not only work for my boss, but I am responsible for staying up to date with information that I may or may not receive from the college. I learned a valuable lesson, and take full responsibility for my actions. As a member of the College, I am responsible and should make sure to check all forms of communication as I need to be fully up to date with any news sent to me. As a member, I am agreeing to be a part of a community, one that is active, and as a member always be available to be reached. I need to be aware of any changes made to the *Health Professions Act*, and every aspect of the college including new laws that have been altered, dates, deadlines,

regulations, everything and anything that the college sends me. If I break these responsibilities, I am putting myself, the public, and the College itself at risk.

This experience was a huge eye opener to me, and allowed me to realize how I needed to change my behaviour with the

College. It is so vital to always be in check with every date, every detail, every letter that is sent to me, every call that is directed my way. I cannot forget or use the excuse of “not being able to be reached!” I have the privilege of being a licensed hygienist, something I have worked hard for, and something that the entire profession has slaved over for decades. The College of Dental Hygienists has been built, and continues to evolve and develop ways in making this profession the way that it is. I am so lucky to be a part of a profession that is self-regulated. One that allows me to govern myself, to be responsible for the things that I do. The individuals that work incredibly hard for the college are the people who provide me with all of my knowledge, help me continue evolving my education, make my life easier, and ever so importantly, provide the best service for the public that is imaginable. Making sure that the public has us in good standing, allows dental hygienists to continue to self-regulate, and be as independent as we are. I can confidently say that I will never allow myself to slip away and be so irresponsible again, and put all dental hygienists at risk of losing their reputation. I will continue to be the best hygienist I can be, and be grateful that there is a whole community, that provides me with so many resources and opportunities specific to the field of dental hygiene.”

“The College of Dental Hygienists has been built, and continues to evolve and develop ways in making this profession the way that it is.”

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 or via email to cdhbc@cdhbc.com and should include the following information.

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

Contact Us

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