



REPORT TO THE CDA BOARD OF DIRECTORS

February 2020

SUBJECT

CDHA Oral Health Provider Project

PURPOSE OF THE REPORT

The purpose of this report is to provide an update as well as a suggested strategic approach and tactical steps to address issues around the potential expansion of scope for a new class of “dual-trained providers”, dental hygienists trained through a possible new curriculum to fill the role of dental therapists.

CONTEXT

The Canadian Dental Hygienists Association (CDHA) developed a position paper this year (2018) titled “Filling the Gap in Oral Health Care”. This paper suggested the development of educational pathways for hygienists to assume some of the scope of practice that is currently undertaken by therapists.

This issue is framed primarily as an access to care issue, with the underlying rationale being that expanding the abilities of hygienists will inherently address existing gaps in accessing oral health care.

CDHA received support in the form of funding from the Department of Indigenous Services to work with dental schools on the development of a potential curriculum for training hygienists for this new role.

This issue has been raised as being of particular concern in Manitoba, where the University of Manitoba’s Faculty of Dentistry took money from the CDHA (provided by ISC) to undertake the feasibility study.

To address these issues, CDA struck a small task force to identify the issues and potential options and parameters for research on the CDHA proposal, as well as other potential steps that can be taken. The Task Force is comprised of Dr. Jim Armstrong (Chair), Dr. Lynn Tomkins and Dr. Viktor Dorokhine from the CDA, as well as Dr. Marc Mollot from the Manitoba Dental Association.

A special Presidents and CEOs call was held on December 10th to update the corporate members, and suggest potential next steps.

At this call, the MDA informed the group that the timeline on a potential feasibility study by the University of Manitoba is such that it would not likely begin until Spring 2020.

At this meeting, it was underlined that it is important that the issue of **safety to the public** be pushed to the forefront of discussions around such a significant change to a profession's scope of practice, especially when considerations of the health of Indigenous peoples are at the centre of the rationale for such amendments.

MDA outlined that they will continue to lead the issue in Manitoba, especially in the areas of dealing with the health professions **legislation** and the **regulatory regime around any changes to the scope** of health professionals, especially those as substantial as are being proposed by CDHA.

CDSS Comments:

In SK we have dual trained H's and T's who are licensed as both. The +1 for therapy would need to be accepted by SDTA for licensure. This would likely be **presented to stakeholders** as a dual provider to mimic what is present now **or s23** would need amendment and would be presented for comment much like the s25 proposal by SDHA. e would provide a brief to compare the **competencies** of the +1 to the traditional therapist, all of whom were from **Non-accredited schools!** Current theory would suggest accreditation should be required as is the case for other providers.

Sk Polytech can likely teach whatever they wish, however upon licensure the DDA effectively limits the s23 authorized practices.

The current s25 discussion, if a precursor to amending s 23, becomes even more important! The Act 'read as a whole' etc. (RAR) becomes really important and is supported by supreme court decisions. **The S23 'authorized practice' part of the Act is an extremely important part for the public protection/public interest.**

The **Comprehensive nature of a dentists authorized practice is clearly the keystone to the structure of The Act.**

Would it be logical, in the public interest, to have denturists and technicians hire/contract with Da's to do more than assist dentists/agencies with a dentist contracted, to "Assist and perform assisting duties' (S23) eg. to take imps etc and have them screen for caries, C&B, perio, cancer, axt, endo, surg ortho etc?????.

Is it logical, in the public interest to have technicians employ/contract with DA's to take impressions +++ and to screen for caries, C&B, perio, cancer, axt, endo, surg ortho etc?????. with no consideration of comprehensive oral care?

IMPLICATIONS

To support the work on this issue, CDA has commissioned the following research:

Two research pieces are currently underway and are expected to have reports completed by March 2020.

1. Two **public policy academics** have been engaged as consultants to undertake an economic and policy review which will critically review the CDHA's Position Statement. The review will critically analyze the CDHA's report (as well as the proposed advanced hygienist curriculum) from a policy analysis perspective, and will include consideration of the costs imposed on dentists and governments. It will include a review of the report's evaluation of the alternatives and a review of the report's recommendations.

2. A consultant is currently being sought to undertake a curriculum and competency profile analysis of the proposed oral health provider educational program that will undergo a feasibility review in 2020. The main question to be addressed is how does the “3 plus 1” proposed program compare to other dental therapy programs in existence as well as the standard dental school curriculum? The proposed curriculum will be compared to the previous dental therapy program in Canada, the Alaska dental therapy program, the Minnesota dental therapy program, the New Zealand dental therapy program, and the current curriculum for dental graduates of accredited dental programs in Canada who obtain a DMD or DDS degree. Consideration must also be given to the population that is being treated (ie. children, adults, seniors) and the supervisory requirements and restricted acts.

A further research piece is currently being launched to provide an updated analysis of the following:

- a) the current regulatory environment of DT in Canada;
- b) scope of therapists across Canada;
- c) current supply numbers of therapists by province/ territory.

CDSS Comment: See the Dr. Uswak letter dated Feb, 2020

A draft brief to the Minister of Indigenous Services was also circulate to the Corporate Members and CDA’s Advocacy Committee for comment. CDA has reached out to the Minister’s office, and will provide them with an overview of the issue when the House of Commons returns.

CDA will share the results of the research and analysis with the corporate members, and continue to work with the MDA to help support their work on the file.

REPORT SUBMITTED BY

Kevin Desjardins - Director, Public Affairs
January, 2020