



## **CDAA Position Statement on**

### **SELF-REGULATION OF DENTAL ASSISTANTS ACROSS CANADA**

**The position of the Canadian Dental Assistants Association (CDAA) is that the practice of dental assisting be self-regulated throughout all provinces and territories in Canada for protection of the public, accountability of the profession, standardized education, professional recognition, and transparency.**

#### **Background**

The Canadian oral healthcare team is composed of 6 professions:

- Dentists,
- Dental assistants (**DAs**),
- Dental hygienists,
- Dental technicians,
- Dental therapists, and
- Denturists.

All of these workers are regulated in all provinces and territories throughout Canada with the exception of DAs, who are not regulated in Ontario, Quebec and the Territories. (*Note: Dental Technicians are not regulated in the province of Manitoba only*)

The majority of health care workers across Canada are subject to some form of regulation (Adams, 2010) and according to the World Health Organization (WHO), most health care providers in Canada are organized as self-governing professions under provincial and territorial law (1). The practice of dental assisting is regulated in only eight of the ten provinces but not in the territories nor in Canada's two most populated provinces: Ontario and Quebec. DAs are self-regulating only in Alberta and Saskatchewan. Elsewhere, DAs are regulated by dental Boards (Newfoundland and Labrador, Nova Scotia), dentists' Colleges (British Columbia, Manitoba), dental Councils (Prince Edward Island) and dentists' societies (New Brunswick).

There is little doubt DAs comprise the largest oral health workforce in Canada, estimated to be over 60,000 licensed practitioners. Interestingly, Alberta and Saskatchewan, the only provinces where DAs are self-regulating, have the highest ratios of DAs to dentists. These provinces also have the highest scope of practice and DAs do more direct patient treatment.

The scope of practice and training for DAs varies considerably across Canada. In Alberta and Saskatchewan, which have the highest scopes of practice, the profession of dental assisting is self-regulated, assuring the accountability of the profession to the public and great oversight of the profession. In the two largest provinces of Ontario and Quebec there is no regulation of DAs. In Quebec, DAs do not perform direct patient care but are responsible for Infection Prevention and Control which directly impacts patient safety. Despite the standards established by the National Dental Assistants Examining Board, not all provinces and territories have recognized the need for regulation of the profession and are arguably putting the public at risk by neglecting this method of accountability and oversight.

DAs in unregulated provinces and territories are at the mercy of their employers. Dentists can and do hire workers without any formal training and have them perform dental assisting tasks such as instrument sterilization and treatment room disinfection. Deferring the responsibility of monitoring and oversight of DAs to the supervising dentist is not always in the best interest of the public. By allowing “on the job” training by individual dentists who are not utilizing accredited programs for distance learning, our governments are placing the public at risk. Having dentists in charge of the training and practice of DAs runs the risk of them confusing their own financial self-interests with provincial policy goals and public protection/interest. This can also apply to professional protection from competition when dentists seek to prevent non-dentists from providing services which can be provided by other regulated oral healthcare professionals and which could result in lower costs and improved access to those services by the public. There are now non-regulated non-professional individuals providing tooth-whitening, custom mouth guards, “fashion braces” and similar dental related services even in provinces where regulation exists which may be harmful to the public at large. It is an inherent conflict of interest for DAs to be regulated by their employer and this model does not ensure public protection (2).

“Professionals cannot be trusted to put the public interest above their own; as a result, there needs to be more government oversight to restrict professionals’ excesses” (Adams, 2016)(3).

Given that DAs in most regions across the country are performing direct hands-on patient care and tasks critical to patient health and safety, prudence suggests policymakers would want regulation to maintain a record of DAs who provide such services and to ensure the standard of care is being met. Regulation, formal education and a license, registration, or practice permit need to be a requirement for all oral healthcare clinical workers as a means of ensuring safe standards are being met.

### **Benefits of Self-Regulation**

Self-regulation allows for public accountability, public participation in professional regulation, general reduction of health costs, distinguishes qualified and competent professionals by restricting the practice of services to select individuals, enables evaluation of the degree of risk to the health and safety of the public from “incompetent, unethical or impaired practice of the profession”, facilitates determination of an appropriate scope of practice of a profession, and ensures educational requirements for a profession. Regulated professionals will need to undertake continuing training and development to ensure they remain qualified and competent, further enhancing public protection (4).

Self-regulation ensures the accountability that maintains and enhances the public’s confidence in a profession and in setting and upholding professional standards. It evidences the confidence of regulated professionals in the standard of services they provide. The public is assured that self-regulated professionals are so confident in their conduct and that their services will be delivered to an acceptable standard that they offer themselves up for judgment should that not be the case (5).

In Canada, regulation of professions and licensed occupations falls under provincial jurisdiction. In provinces without regulation of DAs there is no oversight to ensure that nobody’s health is put at risk by unskilled and untrained practitioners. In addition, the way in which dental assisting is regulated, or not, also affects labour mobility. According to the tenets outlined in the Agreement on Internal Trade (AIT) co-signed by all Canadian provincial governments, chapter seven “Labour Mobility” provides guidelines regarding the establishment of occupational standards within a province. Specifically, the purpose of chapter seven of the Agreement is to eliminate or reduce measures adopted or maintained by each co-signing province/territory that restrict or

impair labour mobility in Canada and, in particular, to enable any worker certified for an occupation by a regulatory authority of one province/territory to be recognized as qualified for that occupation by all other provinces/territories (6). The CDAA believes the existing regulatory landscape of dental assisting in Canada, does not uphold the requirements outlined in this Agreement. Further, the regulation of dental assisting is in stark contrast to the regulation of dentists and hygienists who enjoy similar regulatory structures that are nearly identical from province to province, with practitioners required to graduate from an accredited program and pass a national exam. This consistency ensures mobility between regions of Canada and ensures public protection is guaranteed regardless of where an individual accesses oral healthcare from these practitioners (7).

It is the position of the CDAA that in order to protect the public, it is imperative that the regulation of dental assisting be brought into alignment with our oral health colleagues.

### Conclusion

Greater awareness in recognizing the critical role of a dental assistant as a defender of public health is a fundamental step in helping governments understand that the self-regulation, education, licensing, and/or credentialing of dental assistants is necessary. Dental-assisting education and certification are not just recognition of knowledge-based competence; professional credentials also provide the public with a sense of safety and well-being. When the most important job a dental assistant performs on a day-to-day basis is infection control to keep the public safe from unnecessary transmission and harm, isn't it time for dental assistant education and self-regulation to become a priority for provincial governments (2)?

It is unacceptable that educated professionals cannot find decent work because employers may choose to hire cheap labour "off the street" and then ostentatiously provide "on the job training". It is unacceptable for educated professionals to become de-professionalized and unable to legally practice the skills for which they have been certified, simply because they move to a more populated and competitive province.

Dental assistants are vital members of the oral health care team and, as such, should have some form of recognition of their qualifications and competence via registration and/or certification, as well as self-regulation and oversight (2).

### Bibliography and References

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- 5 <https://www.amsj.com.au/the-importance-of-regulators-to-professions/>
- 6 <https://www.cfta-alec.ca/agreement-on-internal-trade>
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**Link to CDAA Position Paper on Self-Regulation for Dental Assistants:** N/A at this time

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