

## CDHNS Policy and Requirements Regarding Authorization to Perform Dental Hygiene Orthodontic Procedures

Orthodontics is a field in dentistry that specializes in the treatment, prevention, and correction of tooth, jaw alignment, and the facial structures.

Pursuant to section 25(d) of the Dental Hygienists Regulations, dental hygiene orthodontic procedures are within the scope of practice of dental hygiene only if under the written order of a dentist. (See [Schedule A](#) for a listing of competencies and procedures that a dental hygienist authorized to provide orthodontic procedures may perform.)

Supervision of orthodontic procedures is not required under the Regulations; however, as noted above, the procedures must be provided under the written order of a dentist. A dentist may determine the degree of supervision an orthodontic procedure requires, if any.

The College considers the following as evidence of a client-specific written order of a dentist when dealing with orthodontic procedures.

- The order is client-specific and has a detailed prescription for the treatment to be carried out at that appointment.
- Once a written order has been carried out, the dentist/orthodontist must see the client prior to preparing another written order.
  - *If the dental hygienist deems that the treatment cannot be performed as prescribed by the dentist/orthodontist at that appointment, the RDH has two options:*
    - Maintain the client's current orthodontic wires/aligners and rebook the appointment; or
    - Contact the orthodontist/dentist to obtain a new, appropriate written order.
  - *What is an appropriate format for a "new written order"?* A new written order may be in the form of an email, fax, or written directly in the client's permanent record. If it is not written directly in the chart, it must be added (e.g., scanned) to the client's record.
- In cases of emergency, the dental hygienist may provide care that returns the client to the original state e.g., broken bracket.

As the CDHNS prepares to transition to the revised Regulations submitted to the Department of Health and Wellness, in May 2022, the CDHNS Council implemented a more formalized process for recognizing CDHNS practising registrants who are competent to perform orthodontic procedures. To ensure compliance with the anticipated regulatory amendments, **effective October 31, 2022**, registrants must be authorized by the Registrar in order to engage in dental hygiene orthodontic procedures.

For clarity, as of **November 1, 2022**, a RDH may not perform orthodontic procedures until, or unless, authorized by the Registrar.

There are three pathways to obtain authorization:

### Pathway 1 – Formal Dental Hygiene Orthodontic Education

1. The Registrar shall authorize a registrant to perform dental hygiene orthodontic procedures where the registrant:
  - i. has successfully completed dental hygiene orthodontic education through a basic dental hygiene program or through a post-diploma education course;
  - ii. possesses the knowledge and skills required to provide dental hygiene orthodontic procedures at an entry-level standard of competence;
  - iii. submits a declaration to the College verifying applicable education, training, and experience related to dental hygiene orthodontic procedures and competencies.

If a registrant completed their orthodontic education more than 36 months prior to application submission, they must submit proof of competency and currency to the Registrar (e.g., a letter from their employer or, if self-employed, a letter from the dentist/orthodontist.)

### Pathway 2 -Two years experience

1. The Registrar shall authorize a registrant to perform dental hygiene orthodontic procedures where the registrant:
  - i. has a minimum of 2 years of experience in performing dental hygiene orthodontic procedures, listed in Schedule A, as a registered dental hygienist or a registered dental assistant in any Canadian jurisdiction;
  - ii. possesses the knowledge and skills required to provide dental hygiene orthodontic procedures at an entry-level standard of competence;
  - iii. submits a declaration to the College verifying applicable training and experience related to dental hygiene orthodontic procedures and competencies; and
  - iv. submits verification of training, continuing competency, in performing dental hygiene orthodontic procedures (e.g., a letter from their employer or, if self-employed, a letter from the dentist/orthodontist).

Registrants seeking authorization pursuant to Pathway 2 must apply and be approved by **Oct 31, 2022**. After that time, Pathway 2 shall be discontinued. See [below](#) for further information re: subsequent applications for authorization to perform orthodontics, for individuals who were previously authorized under Pathway 2.

### Pathway 3 – Formal Mentorship

1. The Registrar shall authorize a registrant to perform dental hygiene orthodontic procedures where the registrant:
  - i. possesses the theoretical knowledge and skills required to provide dental hygiene orthodontic procedures at an entry-level standard of competence, listed in Schedule A, but has not yet obtained the necessary clinical competencies outlined;
  - ii. has a CDHNS-approved mentor that is competent to assess the outstanding clinical competencies (see Schedule B for Mentor Requirements);

The mentor is responsible for evaluating outstanding clinical competencies.

The dental hygienist (mentee) under formal mentorship pursuant to Pathway 3 may only provide orthodontic services while the mentor is physically on-site.

Formal mentorship shall continue for a minimum of 12 consecutive months and may extend for as long as the mentor deems necessary. Upon satisfying all of the outstanding clinical competencies to the approval of the mentor, the mentor shall submit verification to the CDHNS that the mentee has satisfactorily performed all of the outstanding dental hygiene clinical procedures at an acceptable level.

Once the mentor submits the verification, the mentee may apply to the CDHNS to have their competencies recognized and request to be authorized to perform the orthodontic dental hygiene procedures without having a mentor on-site. **See Schedule B for more details.**

**As of November 1, 2022, any RDH seeking approval pursuant to Pathway 3 must apply and be authorized by the CDHNS, prior to performing any orthodontic procedures on clients. *This pathway will remain available until there is a formal theory and clinical education format established in Nova Scotia.***

### Previous Authorization under Pathway 2 or 3

**Pathway 2:** Even though Pathway 2 will be rescinded as of Nov 1, 2022, if an individual was previously authorized under Pathway 2, and they no longer hold a practising licence with the CDHNS, but remained on the CDHNS Register, their previous authorization under Pathway 2 will still be considered for re-authorization to perform orthodontic procedures, as long as the individual meets the currency and competency requirements i.e., has practiced orthodontic procedures within the last 3 years and a current verification of currency and competency is provided. (i.e., within the last three years) from a previous employer (orthodontist/dentist). **Note:** If a current verification is already on file with the CDHNS, a new one will not have to be provided.

**Pathway 3:** If the last orthodontic authorization an individual held was under Pathway 3, and it was not completed prior to the expiry of their CDHNS practising licence, they may apply for authorization under two Pathways — (a) Pathway 1, if they have completed formal education *since* their last authorization, and they meet all of the criteria set out in that Pathway, or (b) Pathway 3 (Mentorship). If they apply under Pathway 3, their mentorship period restarts from their new authorization effective date.

### Credentials Committee

Where the Registrar is not satisfied that the applicant meets the criteria set by Council with respect to any one of the 3 pathways, the Registrar may refuse the application or may refer the matter to the Credentials Committee.

If the Registrar refuses the application, the applicant may request that the Credentials Committee review the Registrar's decisions.

Where the applicant requests the opportunity to appear before the Credentials Committee, this request must be granted.

The Credentials Committee shall consider the eligibility of the applicant and may authorize or refuse the application. The decision of the Credentials Committee is final.

## Schedule A: Orthodontic Competencies and Procedures

In order for dental hygienists to be authorized to perform orthodontic procedures under the written order of a dentist, the following theory and clinical competencies must be met.

As with all elements of dental hygiene practice, even if authorized to perform a procedure, or set of procedures, "A dental hygienist shall only engage in the practice of dental hygiene to the extent that the practice is within the member's individual scope of practice." [Section 23 (2) of the Dental Hygienists Act].

Areas that are part of all undergraduate dental hygiene programs are not included in the competency listing below, since the ones listed in this schedule reflect additional required competencies that are not consistently included as core competencies in undergraduate dental hygiene programs. Examples of core competencies that are part of the DH programs are infection prevention and control, taking intra-oral and extra-oral photographs, taking impressions for diagnostic models or 3D scans, pouring of working models for retainers and appliances, and clear retainer fabrication.

Theory Topics
1. Classifications of Malocclusion
2. Common etiologies of Malocclusion
3. Goals of Orthodontics and indications for treatment
4. The Four Stages of Comprehensive Treatment (Recommended but not compulsory)
5. Treatment Mechanics: <ul style="list-style-type: none"><li>A. Mechanics of orthodontic /orthopaedic/surgical movement</li><li>B. General mechanics of appliance action</li><li>C. Fixed appliances and their mechanics of action</li><li>D. Band and Bond Structure</li><li>E. Properties of archwires</li><li>F. Fixed and Removable Appliances and their mechanics of action</li></ul>
6. Diagnostic Records: <ul style="list-style-type: none"><li>A. Orthodontic Evaluation</li><li>B. Photographs</li><li>C. Radiographs</li><li>D. Orthodontic Impression Taking</li><li>E. Scanning for Diagnostic Models</li><li>F. Centric occlusion wax bite</li></ul>
7. Clinical Procedures: <ul style="list-style-type: none"><li>A. Separation</li><li>B. Banding and Debanding</li><li>C. Bonding and Debonding</li><li>D. Preliminary Band Fit for appliance fabrication</li><li>E. Bonding attachments for aligner treatment</li><li>F. Archwires</li><li>G. Ligatures</li><li>H. Self-ligating Brackets</li><li>I. Power Products and Accessories</li></ul>

Theory Topics
8. Client instruction: <ul style="list-style-type: none"> <li>A. The care and use of orthodontic appliances</li> <li>B. Oral hygiene and disease control</li> <li>C. Elastic placement</li> <li>D. Proper eating habits and client cooperation</li> <li>E. Orthodontic emergencies</li> </ul>

Clinic Procedures
1. Centric occlusion and centric relation wax bites
2. Place and remove separators
3. Place and remove oral isolation devices in preparation for direct bonding procedures
4. Manipulate and apply materials for bonding and banding procedures
5. Preliminary band fit for intra-oral appliances
6. Cement bands and appliances
7. Remove banding cement and bonding adhesive with hand or power instruments
8. Prepare the teeth for banding and direct bonding procedures
9. Place and bond (direct and indirect) ortho brackets, bondable attachments, and fixed retainers. Check integrity of bands, bonds, attachments, etc.
10. Place and remove of arch wires
11. Trim and/or bend distal ends of arch wires
12. Placement of first, second, or third bends, followed by an orthodontist checking or recreating arch form
13. Place and remove arch wire accessories: individual or chain elastomeric ligatures, wire ligatures (separate and continuous) and self-ligation mechanisms
14. Remove bands and bonded metal attachments, using hand or power instruments
15. Provide client instruction regarding: <ul style="list-style-type: none"> <li>a) the care and use of orthodontic appliances</li> <li>b) oral hygiene and disease control</li> <li>c) elastic placement</li> <li>d) proper eating habits and client cooperation</li> <li>e) orthodontic emergencies</li> <li>f) apply non-medicinal material such as wax or lip bumper to reduce ortho component irritation</li> </ul>

## Schedule B: Mentor Requirements

The CDHNS must be confident that registrants possess the competence (knowledge, skills, attitude and judgment) to provide safe, competent care in all practice settings and to all segments of the Nova Scotia public.

Using the assessment forms provided by the CDHNS, the Mentor will work with the Mentee to ensure that entry-level competence is achieved in all clinical competencies listed for dental hygiene orthodontic procedures. Assessment will be based on criteria that establish the usual outcomes that must be achieved in order to meet entry-level competence for specific procedures.

Following completion of the 12-month mentorship, or longer as determined by the Mentor, and successful achievement of the requisite clinical competencies, the Mentor will be expected to provide an assessment to the Registrar. Following review of the assessment, and submission of an application from the Mentee for authorization to perform orthodontic procedures, the Registrar will review and determine whether or not the Mentee shall be authorized. The Registrar may refer the matter to the Credentials Committee.

### ***Qualifications of the Mentor:***

***The Mentor must be approved by the CDHNS in advance of serving as a Mentor.*** The following individuals will be considered eligible to serve as a Mentor:

1. A registered dental hygienist with the CDHNS who:
  - a. Holds membership in good standing with the CDHNS (i.e., holds a current practising licence and is not subject to any disciplinary findings that would prohibit or restrict the practice of dental hygiene);
  - b. Has 5 or more years of experience performing orthodontic procedures;
  - c. Is providing this mentorship in an orthodontic practice;
  - d. Has completed formal education that covered all of the theoretical and clinical competencies listed in Schedule A;
  - e. Is competent in all of the clinical competencies that require mentoring *or* if there are two individuals who are approved mentors, all competencies can be covered between the two individuals; and
  - f. Has no personal relationship with the mentee and will not be in a conflict of interest or perceived conflict of interest by agreeing to act as a mentor.
2. An orthodontist registered with the Provincial Dental Board of Nova Scotia (PDBNS) who:
  - a. Holds membership in good standing with the PDBNS (i.e., holds a current practising licence and is not subject to any disciplinary findings that would prohibit or restrict the practice of dentistry);
  - b. Has graduated from an orthodontist specialty program and is recognized by the PDBNS as a specialist in orthodontics;
  - c. Is competent in all of the clinical competencies that require mentoring *or* if there are two individuals who are approved mentors, all competencies can be covered between the two individuals; and
  - d. Has no personal relationship with the mentee and will not be in a conflict of interest or perceived conflict of interest by agreeing to act as a mentor.

### **On-site Mentor Supervision Defined**

The mentor must provide on-site supervision at all times when the mentee is performing clinical orthodontic procedures on clients. Supervision may be direct or indirect.

- Direct supervision means the Mentor is present on-site in the practice setting and is providing supervision at the point of delivery of services or, in the case of clinical procedures, “at the chairside” of the Mentee.
  - This level of supervision is to occur for each competency, until the Mentor determines that the Mentee is competent to proceed to indirect supervision.
- Indirect supervision means the Mentor is present on-site in the practice setting and is readily available for guidance and consultation, but is not directly at the side of the Mentee while a procedure is being performed.