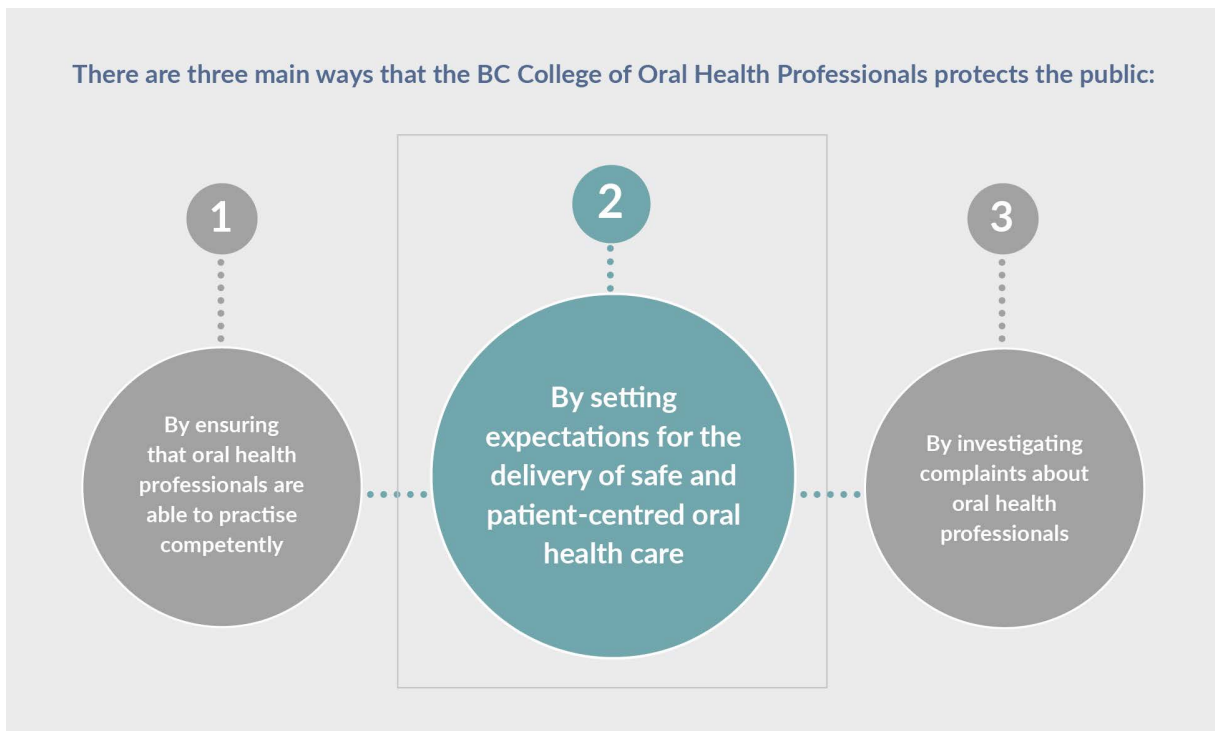


Expectations for clinical and ethical practice

Interpretation Guidelines: Fitness to Practice

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of British Columbia and will be updated to reflect the amalgamation.

Fitness to Practice

May 5, 2020 Update: The CDHBC Interpretation Guidelines are under review. The content of these guidelines remains in place at this time; however, they need to be applied in the context of the new Dental Hygienists Regulation and CDHBC Bylaws. Readers are welcome to contact the CDHBC office if they have questions about the application of these guidelines in the interim time.

PURPOSE

To provide guidelines for registrants regarding conditions that may impact their fitness to practice dental hygiene in a competent, safe, and ethical manner.

BACKGROUND

Fitness to practice refers to a measure of health and wellness as it relates to one's ability to work as a professional. To be fit to practice means that a registrant is physically and mentally well enough to provide safe, competent, and ethical client care.¹

For dental hygiene practice, fitness to practice includes having the consistent ability to:

- meet the physical demands required in the practice setting (e.g. ergonomic considerations),
- think critically,
- exercise appropriate judgment,
- sustain concentration and focus while practicing dental hygiene,
- communicate effectively, and
- perform skills appropriate to the practice setting (e.g. fine motor skills, use of instruments or equipment, perform calculations such as the maximum dosages for local anaesthetic),

Dental hygienists may not be fit to practice if their capacity to perform these functions is impaired.

Examples of conditions that may impair a dental hygienist's ability to provide dental hygiene care in a safe and competent manner *may* include, but are not limited to:

- physical injuries (e.g. broken arm/wrist/finger, carpal tunnel syndrome, repetitive strain injury)

- physical acute and/or chronic medical conditions (e.g. stroke, multiple sclerosis, Parkinson's disease, arthritis, cancer)
- physical disabilities (e.g. vision or hearing impairment, mobility impairment)
- mental illnesses (e.g. depression, schizophrenia, dementia)
- substance abuse (e.g. alcohol, non-prescription drugs)
- effects from medication regimes (e.g. narcotic pain control)

Each circumstance is different. Having one of these conditions does not necessarily mean that a dental hygienist will be considered unfit to practice.² The assessment must be based on such factors as the interplay between the actual condition, the type of work that the dental hygienist is engaged in, the work environment and any duty to accommodate the limitations arising from the condition.³ When a registrant self-discloses a potential fitness issue, this enables the CDHBC to work with the registrant to determine whether there is any risk to the public and to identify appropriate accommodations and options if necessary.²

RETURNING TO PRACTICE

If a registrant is unsure whether they are unfit to practice, the registrant should contact the CDHBC before returning to work. In some circumstances, it may be necessary to provide medical clearance that the registrant is fit to return to dental hygiene practice. However, CDHBC will work with the registrant to ensure that the transition back to practice takes place as quickly and as safely as possible.

POLICY

Like all health care professionals, dental hygienists have a responsibility to:¹

- maintain their health and wellness in order to practice their profession safely, competently and ethically;
- regularly assess their own health in the context of their professional responsibilities;
- seek appropriate medical help and/or make adjustments to their practice if health difficulties are affecting their ability to perform their professional services;
- refrain from practice if a condition is impairing their ability to practice in a safe and competent manner;
- advise the College if there are fitness to practice issues which are impairing their ability to practice safely and competently.

CDHBC recognizes that there may be times when dental hygienists are unable to recognize that they are not fit to practice because of the effects of physical or mental health conditions or addictions. If there is a concern that a dental hygienist has a condition that is likely to impair fitness to practice, this should be reported to the CDHBC so that appropriate steps can be taken to assess the situation and then work with the registrant.

Additionally, if there is a concern that another regulated health professional might constitute a danger to the public, there is a mandatory duty for registrants to report this risk to the applicable regulatory college under s. 32.2 of the *Health Professions Act*. Members of the public are also encouraged to report any fitness to practice concerns to the appropriate College.

* Portions of this Interpretation Guideline have been developed by adapting content from other Canadian health regulators. CDHBC gratefully acknowledges the related guidelines published by the BC College of Nursing Professionals, the College of Licensed Practical Nurses of Manitoba, and the College of Physicians and Surgeons of Alberta.

REFERENCES:

1. BC College of Nursing Professionals. Fitness to Practice. 2019. Available from: <https://www.bccnp.ca/Standards/RPN/resources/topics/Pages/fitness.aspx>
2. College of Licensed Practice Nurses of Manitoba. Practice Direction: Fitness to Practice. September 2017. Available from: <https://www.clpnm.ca/wp-content/uploads/PD-Fitness-to-Practice.pdf>
3. College of Physicians and Surgeons of Alberta. Assessment and Monitoring of Medical Conditions. June 2014. Available from: <http://www.cpsa.ca/physician-health-monitoring-program-phmp/phmp-policies/assessment-and-monitoring-of-medical-conditions/>

Added to Interpretation Guidelines: February 2019