



Manitoba Dental Assistants Association
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Arun Misra, Registrar
Manitoba Dental Association

RE: Opposition to Modified Bylaws for Office Trained Dental Auxiliaries

Dear Dr. Misra,

This letter is to express our strong opposition to the proposed modifications to the bylaws regarding the delegation of duties to Office Trained Dental Auxiliaries (OTDAs). These changes pose significant concerns related to patient safety, professional accountability, and the integrity of dental care delivery in Manitoba.

The MDAA firmly believes that any duties involving intra-oral procedures or critical components of patient care must be carried out exclusively by registered and educated dental professionals, to ensure the highest standard of care for all Manitobans.

A central concern is the complete absence of oversight for OTDAs. These individuals are not licensed, not formally trained through an accredited program, and are not subject to regulatory monitoring. The bylaws themselves acknowledge this. Section 2 explicitly states that OTDAs are "not licensed" and that "no comprehensive list of activities" exists, leaving responsibilities open to the discretion of the supervising dentist. This ambiguity leaves regulation to individual offices, creating inconsistent practices and potential gaps in patient safety.

It is the responsibility of the MDA to uphold its commitment to public protection, and this cannot be accomplished while permitting non-regulated, non-licensed individuals to perform duties previously reserved for certified professionals. Without a clear mechanism to verify OTDA qualifications, provide standardized training, or enforce continuing education, the safety of Manitobans is at risk.

The following sections of the proposed bylaw highlight particularly troubling issues:

Section 2, #5 – Office trained dental auxiliaries may perform extra oral procedures not involving a patient interaction

Instrument Sharpening

RDAs are not trained in this skill and this really is in the realm of the DH.

Radiographic Processing and Radiographic Mounting

Processing must be specific to analog film processing only; mounting must be removed from the scope. OTDA's have no training in anatomy, have not captured the image and therefore have no reference as to how to mount the film.

Dental Equipment Maintenance and Treatment Operatory Infection Prevention and Control; Instrument Reprocessing; and Preparing a Treatment Operatory for Patient Care

The document states “any individual performing infection prevention and control procedures in a health setting including operatory set up, instrument reprocessing and sharps disposal should receive explicit training”. How does the MDA propose to ascertain that training has taken place, and that the training meets a specific set of standards? RDAs are formally trained and are required to demonstrate infection control continuing education every three-year cycle.... but an OTDA requires NO formal training and NO continuing education to do the same work.

Schedule B – Chairside Assisting for an Office Trained Dental Auxiliary

3 & 4. Assist in dental dam placement and removal not involving manipulation of the clasp

This statement needs to be extended to include clarification that the OTDA is not permitted to secure the dam over the teeth, floss or place ligatures.

5. Assist with soft tissue retraction

OTDA's have no training in anatomy, therefore have no reference as to how to safely retract soft tissue.

6. Assist with light curing unit for restorative procedure

The MDAA has expressed concern that the office trained auxiliary is permitted to operate a light cure unit in the oral cavity, thus performing an intra-oral skill which is a breach of the RDA's Level 1 formal education.

7. Suction during a dental procedure with low and high-volume suction

There is expressed concern that the office trained dental auxiliary is permitted to remove fluids from the oral cavity, thus performing an intra-oral skill which is a breach of the RDA's Level 1 formal education.

Schedule C – Extra Oral Activities Involving a Patient for an Office Trained Dental Auxiliary

2. Instruct in Oral Hygiene

OTDA's have no formal training in oral hygiene instruction and instruction is based on data gathered through dental history, oral observations and assessments, current practices and the development of an individualized plan. Thus, performing a skill which is a breach of the RDA's Level 1 formal education.

3. Record information produced by an RDA, RDH, Dentist

Are RDA's, and DH's now acting in a supervisory role when working with an OTDA?

The MDAA urges the MDA to reconsider these bylaw amendments and uphold its mandate to protect the public. We recommend the following:

- Remove all intra-oral tasks from the permitted scope of OTDAs.
- Ensure that only formally trained and licensed professionals perform restricted activities.
- Develop a consistent regulatory framework if OTDAs are to remain involved in clinical practice, including mandatory training, certification, and continuing education requirements.



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Manitobans deserve dental care that meets the highest standards of safety and professionalism. Weakening the scope of regulated professionals in favor of untrained personnel not only compromises patient care, but it also undermines public trust in the dental profession.

We appreciate the opportunity to provide this feedback and are available for further discussion on how to support safe and effective dental care in our province.

Thank you for your time and consideration. We look forward to your response.

Respectfully,

The Board of Directors of the Manitoba Dental Assistants Association (MDAA)

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