

**BOARD MEETING**  
**Saturday, 11 June 2016**

**The Terminal City Club**  
**837 West Hastings St., Vancouver BC**  
***“Presidents Room”***

**MINUTES**

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The meeting commenced at 9:00 am

**In Attendance**

Dr. David Tobias, President	Ms. Julie Johal
Dr. Erik Hutton, Vice-President	Mr. Richard Lemon
Dr. Hank Klein, Treasurer	Mr. Samson Lim
Dr. Ben Balevi	Ms. Elaine Maxwell
Dr. Pamela Barias	Ms. Sherry Messenger
Dr. Chris Callen	Mr. David Pusey
Ms. Melanie Crombie	Dr. Mark Spitz
Mr. Dan De Vita	Dr. Jan Versendaal
Dr. Dustin Holben	Dr. Eli Whitney

**Staff in Attendance**

Mr. Jerome Marburg, Registrar & CEO  
Mr. Greg Cavouras, Staff Lawyer  
Ms. Nancy Crosby, Manager of CEO's Office  
Dr. Cathy McGregor, Health & Directed Education, Program Head  
Ms. Roisin O'Neill, Director of Registration and HR  
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA  
Ms. Anita Wilks, Director of Communications  
Ms. Carmel Wiseman, Deputy Registrar  
Mr. Dan Zeng, Director of Finance and Administration

**Invited Guests**

Dr. Ken Chow, Chair, CDSBC Ethics Committee  
Dr. Toby Bellamy, Chair, CDSBC Sedation Committee  
Ms. Monica Gervais, via Skype  
Dr. Brian Draper  
Dr. Warren Roberts  
Drs. Samson Ng and Peter Lobb (on behalf of the BCDA)



1. Meeting Called to Order and Welcoming Remarks
2. Consent Agenda
  - a. Approve Agenda for 11 June 2016 (*attachment*)
  - b. Approval of Board Minutes of 19 February 2016 (*attachment*)
  - c. Reports from Committees (*attachments*)

**MOTION: Crombie/De Vita**

***That the items on the Consent Agenda for the 11 June 2016 Board meeting be approved.***

**Carried**

Dr. Balevi indicated that he had also attended the Vancouver District Dental Society Board meeting with Drs. Tobias, Hutton and Klein. This item appears on page 4 of the minutes.

Three new business items were put forward:

- College Reputation
- Newly elected members to the Board
- Oath of Office

3. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

4. Audited Financial Statements

An electronic vote was held on 17 May 2016 to approve the year-end Audited Financial Statements. The Motion passed was as follows:

**MOTION:**

***Moved and seconded that the Board approve the Audited Financial Statements for the fiscal year ending 29 February 2016 and authorize the President and Treasurer to sign on behalf of the Board.***

**Carried**



## 5. Botox and Dermal Fillers – Presentations

- Dr. Brian Draper
- Dr. Warren Roberts
- Drs. Peter Lobb and Samson Ng on behalf of the BCDA

The Board heard three presentations on this topic:

### Dr. Brian Draper, Oral and Maxillofacial Surgeon (OMFS)

- Dr. Brian Draper spoke to his written report on the use of dermal fillers by dentists. Dr. Draper asked the College to address the fact that unlike in Alberta, B.C. does not have a structured standard of practice document that sets out the competencies and educational requirements for providing dermal fillers; that many OMFS programs do not provide training on the use of fillers, which makes it difficult to meet the College's requirements for the administration of dermal fillers, as set out in the document "Schedule 1 Drugs and Dentists Scope of Practice"; and that the College should establish a committee that would use a collaborative process to develop standards for facial aesthetic therapies and adjunctive procedures.

### Dr. Warren Roberts, Co-founder & Clinical Director of the Pacific Training Institute for Facial Aesthetics

- Dr. Roberts is a general dentist who provides Botox and teaches the administration of dermal fillers. He described how Health Canada designates Botox as a drug, but dermal fillers are a class 3 medical device. His position is that the College's approach to the use of dermal fillers is lacking and has led to confusion; that anatomy training as provided by his institute is essential; and that the College should set up a committee to adapt or modify Alberta's standard of Practice "Facial Aesthetic Therapies and Adjunctive Procedures in Dental Practice," which he says requires the highest training standard in the world for the administration of dermal fillers.

### Dr. Samson Ng, certified specialist in oral medicine and oral and maxillofacial pathology, and Dr. Peter Lobb, President, BC Dental Association

- Dr. Ng presented on behalf of the BCDA, and in support of a recommendation by the Board of the BCDA that general dentists and specialists be allowed to provide dermal fillers, provided they have taken the appropriate education and training. He defined the cosmetic and therapeutic effects of Juvederm; how the risk in administration of dermal fillers can be reduced; and given that cosmetic procedures are now a part of modern dentistry, the College should set up a cosmetic and therapeutic committee.



In the discussion it was noted that the practice of dentistry is defined in the legislation as limited to the orofacial complex and associated anatomical structures.

**MOTION: De Vita/Pusey**

***That the Board strike a working group as suggested by Dr. Ng and others to look at dentists providing Botox and fillers for therapeutic and cosmetic purposes in the oro-facial region.***

**Carried**

After the break Dr. Whitney requested to speak on this subject.

Dr. Whitney, a specialist in oral medicine and pathology, said he appreciated the presentations and in terms of disclosure, he advised that he administers Botox for therapeutic use only but does not have a problem with people doing for cosmetic purposes. He felt these presentations were not scientific. This is something the Board must discuss going forward, there are good therapeutic and cosmetic reasons as long as it's within anatomical scope. We need to be very careful as to how we strike this committee – the committee must be fair, unbiased and should have a balanced composition. Strongly recommends there should be some medical input on this committee too, there are very good cosmetic dermatologists out there that do this.

The motion should not name anyone and be more broad and generic so there is no bias present.

Amended motion on floor:

**REVISED MOTION:**

***That the Board strike a working group to look at dentists providing Botox and fillers for therapeutic and cosmetic purposes in the oro-facial region.***

**Carried**

The Board further noted that at least one person on the working group should have expertise on evidence based analysis and science.



6. International Trade Agreements

Presentation by Monica Gervais, Trade Policy and Negotiations Branch, BC Ministry of International Trade (via Skype)

This presentation was called “The Canada-EU Comprehensive and Economic Trade Agreement: Labour Mobility Provisions.” The Trade Policy and Negotiations Branch leads B.C.’s efforts to reduce or eliminate trade and investment impediments in other markets, and advances B.C.’s interest with the federal government in international trade negotiations. Ms. Gervais discussed the labour mobility provisions of the Canada-EU Comprehensive Economic and Trade Agreement (CETA), and described how Mutual Recognition Agreements (MRAs) might affect the professions – as well as the opportunities they will present.

7. Policy Framework – For Approval

The Board approved the policy framework as presented by Ms. Susanna Haas Lyons on 10 June. The framework was adjusted slightly in response to her presentation, and has been published to the CDSBC website, along with a public-friendly version called “5 Steps of CDSBC Policy Development.” Additional support and communications materials are in development.

**MOTION – Lemon/Maxwell**

**To accept the policy framework as presented to the Board**

**Carried**

8. Executive Limitation Reports (*attachments*)

CDSBC Governance policy requires that the CEO report regularly on matters identified by the Board through a series of Executive Limitations policies. This is one of the ways the Board discharges its oversight obligations without delving into operational issues. The CEO routinely submits these reports to the Board.

EL2: Treatment of Public

EL3: Registration, Certification and Monitoring

EL5: Financial Planning/Budgeting

EL6: Financial Condition and Activities

EL8: Asset Protection



**MOTION: Maxwell/Lim**

***That the Board receives the following Monitoring Reports:***

***EL2: Treatment of Public***

***EL3: Registration, Certification and Monitoring***

***EL5: Financial Planning/Budgeting***

***EL6: Financial Condition and Activities***

***EL8: Asset Protection***

**Carried**

9. President's Report

In Dr. Tobias's final report to the Board, he acknowledged that recent months have been both busy and trying for him as President. He takes pride in the fact that the College remains strong, that it is proactive (as demonstrated most recently in the policy engagement initiative) and that the Board is open-minded. He named some of the most recent activities:

- The launch of the new course More Tough Topics in Dentistry (delivered at the Pacific Dental Conference)
- The awards ceremony that honoured some of CDSBC's outstanding volunteers
- Extensive conversations with the Dental Specialist Society of BC regarding concerns about how the new bylaw on advertising and promotion disallows the use of the FRCD(C) designation in promotional material
- Visits to regional dental societies to encourage two-way conversation with registrants
- Work at the national level to inform the federal government about trade labour mobility issues in dentistry
- Representing the College at the graduation of UBC Dentistry students
- Supporting a request to government from the Cancer Control Agency requesting that the HPV vaccine program be expanded to include young males
- Discussions with CDSPI about the College's position on malpractice insurance coverage for dentists



- Starting discussions with the College of Dental Hygienists and the College of Denturists on their requests for expanded scopes of practice.

There were seven public consultation opportunities this year, with invitations to comment on everything from proposed bylaw changes to ethical guidelines documents. We are strengthening the way policy is developed, with an engagement program that includes workshops, webinars and a survey so registrants and stakeholders can help us strengthen the policymaking process.

We connected with registrants and delivered courses in Courtenay, Fairmont Hot Springs, Kelowna, Nanaimo, Surrey, Terrace and two in Vancouver. We also held a town hall-style information session to build understanding of the complaints and discipline process. Registrants attended in person or via webcast. The President also shot a video for the College website, explaining the patient boundaries bylaw and the work we are doing with the government on this issue.

The President concluded by saying it has been a very fruitful year and thanked the Board for the camaraderie and their support. He added that it has been an honour and privilege to be President for the past two years focusing on the public trust and protecting the mandate.

The Board was very appreciative for Dr. Tobias' many years of service on the Board and the past two years as President. He received a standing ovation from everyone in the room.

#### 10. Management Report (attachment)

Mr. Marburg prepared a written report about College activities since the last Board meeting on behalf of the management team. He spoke to two items within it briefly:

##### Board Election

- There were many candidates for election this year, which points to a healthy democratic process, but does require more resources to run the election and conduct the ballot count.
- The legislation does not allow for electronic voting yet.
- There was much interest in the election this year and in order to ensure no questions were raised about the integrity of the process, Mr. Marburg himself was not involved in the ballot counting. He deputized the election trustee, Dr. David Lawson, to oversee ballot counting. Two of the volunteers involved in the ballot count wrote to say that it was a good experience and staff handled the event professionally.



#### Courses/presentations

- The College had its usual presence at the Pacific Dental Conference (involving an exhibit booth, course, and awards ceremony). The new course *More Tough Topics in Dentistry*, led by the staff dentists, will be given at the Thompson Okanagan Dental Society this fall.
- The College was a guest speaker at the BC Dental Association's New Member Course for graduates of UBC Dentistry.
- The College will be launching the online Avoiding Complaints course very soon
- The online course for new registrants is under development and the Board will be asked to make this course a requirement for those seeking registration with CDSBC for the first time.

#### Ministry of Health Presentation

Building on the 10 June presentation by representatives from the Ministry of Health, Mr. Marburg advised that government expects the health professions to work together to resolve issues around scopes of practice, and that there is an expectation that the number of health colleges (more than 20) will be reduced over time through amalgamation.

#### **MOTION:**

***That the Board receive the management report.***

#### 11. Ethics Committee – Promotional Activities Bylaws – Interpretive Guidelines (Ken Chow)

Dr. Chow gave an overview of the process involved in revising Bylaw 12 – Advertising and Promotional Activities. The Ethics Committee sought to ensure that the public would not be misled by dental advertising, and that they landed on the balance between registrants' freedom of speech and the College's mandate to protect the public.

To support registrants in complying with Bylaw 12, the Committee submitted a set of interpretive guidelines on advertising and promotional guidelines for approval by the Board. This document provides context and assists with the interpretation of some sections of Bylaw 12. The document has been in development for some time with the Board having received earlier drafts and providing comment and direction for revision.





As part of the discussion, Dr. Chow explained:

- Certified specialists who are fellows of the Royal College of Dentists of Canada are not prevented from using that designation in correspondence with peers/professionals; it is only disallowed in communications directed at the public
- While dentists may provide free or discounted services at any time, it is not permissible to advertise free services because those frequently are tied to other services that patients may be required to get as part of the “free” offer and which may be unnecessary. (Dr. Chow gave the example of free services tied to treatment plans that cost \$3,000 - \$4,000.)

Registrar/CEO Jerome Marburg reminded the Board that the College has long been asked to informally adjudicate disputes about advertising between dentists and that it takes significant resources to do so. The advertising and promotion bylaw was revised to make it simpler, clearer and easier to enforce. Once in place and the transition period has run its course, the College will no longer informally adjudicate disputes between dentists over advertising and promotional activities. Rather, if a dentist has a significant concern about advertising and promotional activities that they have not been able to resolve with their colleague, they may make a complaint outlining how and why they believe the advertising and promotional activities have offended Bylaw 12. That complaint will be investigated and resolved through the normal complaint resolution process. It remains open to members of the public with concerns about advertising and promotional activities of registrants to lodge a complaint as well.

The Board approved the interpretive guidelines document as submitted by the Ethics Committee. This document is now being prepared for distribution. The Board also approved a motion that registrants be advised that full compliance is expected by 1 January 2017.

**MOTIONS: Messenger/Lim**

1. ***That the interpretive guidelines for Bylaw Part 12 be approved as presented.***
2. ***That Registrants be advised that full compliance is expected by 1 January 2017.***

**Carried**



## **NEW BUSINESS**

### **CDA Advisory Committee – CDARA – Standardizing Ortho & Prostho Modules – (attachments)**

Ms. Leslie Riva, Senior Manager of CDA Certification and Quality Assurance, shared an update from the Canadian Dental Assistant Regulatory Authority (CDARA) regarding the orthodontic and prosthodontics modules for CDAs. A CDARA working group identified that there is variation between provinces for both the training programs and the services that CDAs with these modules are allowed to perform. This has the effect of negatively affecting portability and causes confusion for all.

CDARA has requested that the provincial regulators for certified dental assistants develop a common approach to both the education and the restricted activities within these modules. A truly common approach would see an expansion of services that B.C. CDAs with these modules could perform. This would involve contacting registrants and stakeholders for their input on the two aspects of this initiative: a possible expansion of services, and the necessary education/training requirements.

There are two pieces to this: 1) standardize curriculum across the country; and 2) the facilitation of mobility by identifying what is being done in other jurisdictions so we have to be prepared to what is accepted in jurisdiction 1 vs 2. If we standardize, we would give enough time for everyone to comply.

The Board supports this initiative.

### **College Reputation**

Ms. Crombie, public member, asked to address the Board and invited guests and expressed her concern with the misinformation and rhetoric posted by Dr. Anderson and colleagues during the election campaign, and made reference to materials posted on their website. Ms. Crombie, an experienced executive versed in governance and Board operations, expressed concern at the damage done by the misinformation to the reputation of the College as a regulator - evidenced by the fact that government representatives came to the strategic planning session the day before to emphasize to the Board its duties under Section 16 of the Legislation, where they took the opportunity to highlight the fact that they are hearing from elected representatives and others. It appears candidates for elected positions of certain Health Profession Colleges continue to struggle to understand the mandate of a regulator and to get governance correct.



Ms. Crombie advised Dr. Anderson and his slate that the Board has functioned very well, have been thoughtful in their deliberations and listened to many points of view – none of these things were portrayed in the election. She reminded everyone that self-regulation has already been taken away from Teachers.

Ms. Crombie asked that Dr. Anderson write a formal, public apology to set the record straight, and a public apology to Drs. Tobias and Hutton for all the misleading information published during the election. This apology is to be approved by the Board.

Dr. Tobias asked Dr. Anderson to respond to Ms. Crombie's concerns and he stated that: a) after attending governance training conducted by Watson Inc., and having participated in the strategic planning workshop, and b) having observed the Board in action, he now realizes he was ill informed. Dr. Anderson stated that had he known then what he now knows, he and his slate would never have run in the elections. He now is of the opinion the Board functions at a high level and the College operations are well run. Dr. Anderson further expressed regret as he feels Dr. Hutton should have succeeded Dr. Tobias as President. Dr. Anderson then made a commitment/promise that the website with the erroneous information would be shut down that evening.

Dr. Anderson stated that he now realizes there is a steep learning curve. Mr. Pusey, public member, said that the reason the Board was proposing a change in the succession model was precisely to avoid having the President, Vice-President and Treasurer come in without the necessary historical background and experience, and would allow for a smooth transition.

Dr. Anderson now realizes that the registrants' perception is different from reality. He apologized to the Board and the College, and promised to write and publicize a formal, public apology to set the record straight and to advise the registrants of his new understanding. That apology is to be approved by the Board before publication on the College website.

### **Oath of Office**

The Oath of Office was read and signed by new Board members at 2:15 pm.

Under the *Health Professions Act*, the Board members of all of BC's health colleges must take an Oath of Office prescribed by the Minister of Health. Seven new Board members took their Oath of Office in advance of the start of their term on 1 July 2016: Dr. Don Anderson (President); Dr. Susan Chow (Vice President); Dr. Douglas W. Conn (Certified Specialist); Dr. Andrea Esteves (UBC Dentistry); Dr. Michael Flunkert (Vancouver); Ms. Sabina Reitzik (Certified Dental Assistant); Dr. Masoud Saidi (Fraser Valley). Dr. Patricia



Hunter (Treasurer) was not in attendance and will take the Oath of Office at the September Board meeting.

**This concludes the open portion of the meeting. Ended at 2:20 pm.**

**The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.**

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Audit Committee and Finance & Audit Committee Working Group
<b>Submitted by</b>	Mr. Samson Lim, Chair
<b>Submitted on</b>	20 May 2016
<b>Meeting Frequency</b>	7 May 2015 7 October 2015 4 November 2015 2 February 2016 10 May 2016

### Matters Under Consideration

- Each committee/working group member continues to receive and review the monthly financial statements as prepared by management. From a financial perspective, the previous year end results have been properly reported on, and the current year-to-date results continue to appear to be in good order.
- In the event of continuing questions over the independence of the external auditors at this year's AGM, the Audit Committee Chair met with the Smythe engagement Partner to discuss, and agreed there is no issue. However, to address the request we had Smythe introduce a new concurring Audit Partner to review and sign off on the engagement along with the Engagement Partner, as well as utilized a different Audit Manager and different Senior to lead the engagement. Hence, there should be little concern over the appearance of independence for the next few years given this new team composition.

### Future Trends

- The Committee/working group is always seeking to improve the communication of financial information to the Board and registrants. Aside from the Management Discussion and Analysis narratives which are now being provided quarterly, we are working with management to develop meaningful key performance indicators (KPI's) that will quickly convey some of the improvements, challenges and trends for the CDSBC over the current and prior years. These KPI's will need to be objectively



developed to adjust for unusual items occurring in each year that will otherwise compromise comparability, but once finalized, should be good metrics for illustrating the underlying trends in key financial areas.

## **CDSBC Committee Report to Board**

### **For Public Agenda**

<b>Committee Name</b>	CDA Advisory Committee
<b>Submitted by</b>	Susanne Feenstra, Chair
<b>Submitted on</b>	11 June 2016
<b>Meeting Frequency</b>	This Committee met on 31 May 2016
<b>Matters Under Consideration</b>	Educational programs and restricted activities
<b>Future Trends</b>	Module Updates: Orthodontic Module Infection Control requirements

## **CDSBC Committee Report to Board**

### **For Public Agenda**

<b>Committee Name</b>	CDA Certification Committee
<b>Submitted by</b>	Ms. Bev Davis, Chair
<b>Submitted on</b>	11 June 2016
<b>Meeting Frequency</b>	This Committee met via teleconference 22 March 2016
<b>Matters Under Consideration</b>	Eligibility for certification of an applicant. Request for reinstatement fee refund
<b>Future Trends</b>	Further discussion with regard to what are recognized continuous practice hours



<b>Committee Name</b>	Ethics Committee
<b>Submitted by</b>	Dr. Kenneth Chow, Chair
<b>Submitted on</b>	10 May 2016
<b>Meeting Frequency</b>	<p>The Committee met on the following dates:</p> <ul style="list-style-type: none"><li>• 14 January 2015</li><li>• 12 May 2015</li><li>• 19 November 2015</li><li>• 14 December 2015 (Interpretive Guidelines Working Group)</li><li>• 11 January 2016 (Interpretive Guidelines Working Group)</li><li>• 25 January 2016</li><li>• 25 April 2016 (Article 5 Working Group)</li><li>• 4 May 2016</li></ul>

### Matters Under Consideration

- **Advertising and Promotional Activities**

Based on directions from the Board at its February meeting, further edits to the draft interpretive guidelines to the new Bylaw 12 were made, and the Ethics Committee has approved the revised draft which has been renamed “Bylaw 12 Interpretive Guidelines – Advertising and Promotional Activities”, and recommended it to the June Board for approval.

- **Code of Ethics**

The Committee's Article 5 Working Group met for the first time in April and identified seven provisions of Article 5 under the old *Dentists Act* that are absent from the current Code of Ethics, or other CDSBC policies, standards or guidelines. The working group will be meeting again and will prepare recommendations for the Ethics Committee's review prior to presentation to the Board.

- **Corporate Structures**

While information on health profession corporations was collected during the registration renewal for 2016/17, the collection of the necessary data from registrants and scanning it into the CDSBC's database remains ongoing.



### Connection to Strategic Plan

- Following the Mission statement – “in the public interest”
- Following the Mandate – “Establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and CDAs”

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Inquiry Committee
<b>Submitted by</b>	Dr. Greg Card, Chair
<b>Submitted on</b>	10 June 2016
<b>Meeting Frequency</b>	From 31 January 2016, the date of the last report, until 30 April 2016, the Inquiry Committee as a whole met on the following dates:

- 23 February 2016
- 29 March 2016
- 26 April 2016

Inquiry Committee Panels met on the following dates:

- 02 February 2016
- 01 March 2016
- 03 March 2016
- 14 March 2016
- 14 April 2016
- 19 April 2016 (2 separate Panels)
- 20 April 2016

In addition, a Panel of the Inquiry Committee meets weekly electronically to review new complaints received and direct how each new file is to be handled (normally through investigation or early resolution).

### Matters Under Consideration

Between 01 February 2016 and 30 April 2016, Inquiry Committee Panels had files involving 10 dentists under review; they had been referred to a Panel because the files are complex or because the registrant is a member of a Committee or the Board or because the registrant has asked to meet with a Panel.



Two of the Inquiry Committee Panels reconvened to deal with 2 discipline matters where the dentists made proposals to resolve citations.

#### **Connection to Strategic Plan**

The Board's strategic plan requires CDSBC to have a transparent, fair, effective and defensible complaints resolution process and procedures and to take active steps to help registrants enhance the standard of care they provide. The complaints process is designed to collect the information necessary to properly investigate and dispose of complaints. If minor concerns with a registrant's practice are noted they are given practice advice. More serious concerns are addressed by agreement with the registrant whenever possible. Such agreements are tailored to the particular concerns raised. When the complaint files are closed, the complainants receive a comprehensive letter outlining the investigative steps taken, what the investigation revealed and how CDSBC has disposed of the complaint. A complainant has the right to request the HPRB review any Inquiry Committee disposition of a complaint short of a citation.

#### **Statistics/Report**

38 files were opened and 84 were closed between 01 February 2016 and 30 April 2016.

## CDSBC Committee Report to Board

### For Public Agenda

<b>Committee Name</b>	Nominations Committee
<b>Submitted by</b>	Dr. Peter Stevenson-Moore, Chair
<b>Submitted on</b>	17 May 2016
<b>Meeting Frequency</b>	The Committee has not met formally as a whole since the last Board meeting. The Committee's meeting schedule is tied to the planning of the annual awards ceremony, and the awards presenters met with staff informally to discuss the details of the awards event.
<b>Matters Under Consideration</b>	<p>2016 Awards Ceremony</p> <p>This event honoured seven CDSBC volunteers for their contributions to CDSBC. All registrants received an invitation to attend the ceremony, held on 17 March at the Fairmont Waterfront Hotel.</p> <p>Approximately 100 people attended the ceremony, including award winners and their families, board and committee members, staff, and invited guests (Certified Dental Assistants of BC, CDSPI, BC Dental Association, Canadian Dental Association, Order of Dentists of Quebec, National Dental Examining Board of Canada and other health colleges in B.C.).</p> <p>We were fortunate that Dr. Myrna Halpenny reprised her role as Mistress of Ceremonies. She and co-presenters President David Tobias and Ms. Lane Shupe researched each award winner so that they could speak to the true nature of each person's contributions – and add a little humour along the way. The ambiance was warm and the food was delicious.</p> <p>As a testament to the success of the event, many guests stayed to mingle after the formal ceremony concluded.</p>
<b>Future Trends</b>	None.



Group shot of recipients recognised at 2016 Awards ceremony

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Quality Assurance CE Subcommittee
<b>Submitted by</b>	Dr. Ash Varma, Chair
<b>Submitted on</b>	11 June 2016
<b>Meeting Frequency</b>	This Committee met 21 April 2016
<b>Matters Under Consideration</b>	Request for CE credits
<b>Connection to Strategic Plan</b>	This Committee continues to improve professionalism and practice standards of dentists, dental therapists and CDAs.
<b>Future Trends</b>	

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## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Quality Assurance Committee
<b>Submitted by</b>	Dr. Ash Varma, Chair
<b>Submitted on</b>	11 June 2016
<b>Meeting Frequency</b>	This Committee met 21 April 2016. The QA Working Group met 27 May 2016
<b>Matters Under Consideration</b>	Competency and registration. Reviewed a Study Club Application. CE hour limits. Update from the QA Working Group.
<b>Future Trends</b>	1) Competency verification processes 2) Discussion of innovative ways to obtain CE

Quality Assurance Working Group consists of:

Dr. Ben Balevi  
Ms. Catherine Baranow  
Mr. Paul Durose  
Dr. Andrea Esteves  
Dr. Ash Varma, Chair  
Dr. David Vogt





**CDSBC**

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### **CDSBC Committee Report to Board For Public Agenda**

<b>Committee Name</b>	Registration Committee
<b>Submitted by</b>	Dr. Alexander Hird (Chair)
<b>Submitted on</b>	10 June 2016
<b>Meeting Frequency</b>	26 February 2016 8 April 2016
<b>Matters Under Consideration</b>	Presentation was made to QA Committee regarding recent decisions involving QA requirements, feedback will be taken back to Registration Committee.
<b>Statistics/Report</b>	<p>One request for full registration from applicant with insufficient continuous practice hours: approved with limitations.</p> <p>One request for full registration with limitations for a second year: approved with same limitations.</p> <p>One request for full registration from applicant with insufficient continuous practice hours: denied. Required to successfully complete part of the NDEB Assessments: Clinical Judgement</p> <p>One request for limited volunteer registration: approved</p> <p>One request for limited volunteer registration: tabled</p> <p>One request for full registration from applicant with insufficient continuous practice hours: approved with limitations.</p>
<b>Future Trends</b>	As previously reported.

## **CDSBC Committee Report to Board**

### **For Public Agenda**

<b>Committee Name</b>	Sedation and General Anaesthetic Services Committee
<b>Submitted by</b>	Dr. Tobin Bellamy, Chair
<b>Submitted on</b>	11 June 2016
<b>Meeting Frequency</b>	15 February 2016 11 April 2016 13 June 2016

#### **Matters Under Consideration**

Addenda to the Deep Sedation and General Anaesthetic Standards and Guidelines were approved at the Board meeting in February. The updates were mailed to facilities in March and are available on our website. These updates bring the guidelines up to date with best practice recommendations.

An inspection process is being developed for parenteral moderate sedation facilities. A subcommittee has been formed to develop the framework for these inspections. The group met in January and March and reported to the Sedation Committee on 15 February and 11 April.

#### **Statistics/Report**

Since the last Board Meeting the Committee has approved the tri-annual inspections of four general anaesthesia facilities. Two general anaesthesia facilities are in the tri-annual inspection process.

Four new deep sedation facilities are in the inspection process. Fifteen deep sedation facilities are in the tri-annual inspection process.

Annual self-assessments are now sent to a rota of the Committee for approval. Sixteen self-assessments have been approved since the last Board meeting.

Registration of qualifications applications were reviewed from two dentists, one was approved and one was instructed to take a refresher course to ensure currency of practice.

#### **Future Trends**

The process for inspection of moderate parenteral sedation facilities is being developed. The process and resources required will be determined over the next several months and presented to the Board.

**Dr. Brian Draper**  
**Oral & Maxillofacial Surgeon**  
**4029 Rainbow Hill Lane**  
**Victoria, B.C. V8X 0A6**

**Re: DERMAL FILLERS**

The College of Dental Surgeons of British Columbia published an Information Sheet in 2008 entitled "Schedule 1 Drugs and Dentists Scope of Practice" which defined botulinum toxin type A as a Schedule 1 drug. It states that dentists are responsible to ensure that any courses they take in preparation for prescribing or administering any Schedule 1 drug provides them with the knowledge and skills to administer these drugs safely. It is up to each registrant to self assess if the course meets their needs, and whether additional courses are required. It further states that the administration of Botox therapy should only be if (a) the patient is a "patient of record in the dental practice", (b) the prescription/ administration of the drug is part of a comprehensive dental treatment plan, (c) the patient has received a comprehensive dental examination within a reasonable time period, (d) the patient has completed a full medical history and has been assessed to be a suitable candidate for the recommended treatment or prescription, (e) informed consent has been obtained for the treatment or prescription and (f) treatment takes place in an appropriate clinical setting. The same information sheet was re-published in 2009 but with an addendum as follows: "Note that dermal fillers are not Schedule 1 medications and are therefore not included in the scope of practice of dentists in B.C. and, as a result, may not be prescribed or administered by a dentist". This last memorandum does not, however, address the present reality, which is that many oral & maxillofacial surgeons (OMFS) in British Columbia are administering these drugs to their patients. Since OMFS are specialists who usually see patients on referral for consultation and treatment for specific issues, it is likely that items (a), (b) and possibly (c) above should not be required and the OMFS should instead focus the examination and treatment on the issues at hand. Many OMFS have full hospital accreditation where they utilize their specialized surgical training to provide a full range of surgical services within their area of specialization. Their recognition is equal to that of any other medical specialist in British Columbia. All board-certified OMFS possess the knowledge of facial, head and neck surgical anatomy, as well as the physiology and therapeutics required, to administer dermal fillers. However, an Ad Hoc Committee on Botulinum Toxin and Dermal Fillers, composed of 3 OMFS and 3 oral medicine specialists, met in Toronto in 2012 and agreed that those using dermal fillers should demonstrate some form of training in the use of the modality, as well as knowledge of the pharmacological and physiological characteristics of the specific agents. My understanding of current College policy is that an OMFS in British Columbia can administer dermal fillers if he/she has received training in this modality in a surgical residency program and, if not, he/she should seek out the appropriate training from a suitable institution. The reality, however, is that the nature of filler training in many OMFS programs is either non-existent or involves an optional weekend course or a rotation to another service. So one must look elsewhere for appropriate courses in dermal fillers. In Canada, such courses are available through selected OMFS or through our medical colleagues in plastic surgery, ophthalmology, dermatology and general practice. Companies such as Allergan and Galderma sponsor very well organized courses from time to time. If one wishes to spend US dollars, there are excellent courses provided by Esthetics Blueprints and by the American Academy of Esthetic Medicine. CDSPI at present provides malpractice insurance for those OMFS in British Columbia who had filler training in residency. The others have to obtain private malpractice insurance at additional cost.

Previously, College policy was as follows: "It is up to each registrant to self assess if the course meets their needs, and whether additional courses are required". If, in fact, this policy has changed and members are now not able to self-assess if an individual course in dermal fillers meets his/her needs, as they might have been able to in 2008, then as far as I can tell, no "Standard of Practice" document is

available which describes the certification levels and core competencies necessary for members to deliver dermal therapies to their patients. Recently, the Alberta Dental Association and College (ADA+C) undertook a major review of the subject of Botox and fillers. It published a document in 2014 entitled: "Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures in Dental Practice", a copy of which is attached. It describes in detail the core competency profile and educational requirements for administration by dentists and dental specialists of Schedule 1 drugs such as neuromodulators (e.g. Botulinum Toxin Type A ), dermal fillers, other agents (injected and/or topical) and adjunctive non-surgical and/or surgical therapies used to provide comprehensive therapeutic and esthetic oral and maxillofacial treatment for the restoration of a patient's appearance in form and function or to enhance their appearance, or both. The 6 levels are:

- Level 1: Applied Anatomy Review and Introduction to Neuromodulators (12 hours)
- Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment (16 hours)
- Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment (16 hours)
- Level 4: Dermal Fillers: Facial Dermal Fillers and Neuromodulators for Deep Muscles of Mastication (they at present recommend 16 hours minimum training time and may increase it to 20 hours)
- Level 5: Advanced Non-Surgical Esthetic Procedures (this level is limited to OMFS who have the FRCD/C certification in addition to undergoing individual evaluation of training and experience). It includes but is not limited to lasers, intense pulsed light (IPL) dermal therapies, dermabrasion chemical peels, hair removal, eyelash growth agents (e.g. Latisse).
- Level 6: Advanced Surgical Esthetic Procedures (this level is limited to OMFS who have the FRCD/C certification in addition to undergoing individual evaluation of training and experience). It includes soft tissue/hard tissue esthetic procedures for the head and neck region, hair transplants, rhinoplasty, blepharoplasty, face lifts, liposuction and fat and blood product transfers

It should be noted that the above criteria have not been finalized and the ADA+C considers the above document a work in progress. But the Alberta College now has a "Facial Esthetic Therapies and Adjunctive Procedures Review Committee" which functions for the benefit of its membership while making ongoing revisions.

One approach to the dermal fillers issue here in British Columbia would presumably be to comply with the College directive from 2008 which states that dentists (in this case, OMFS) are responsible to ensure that any courses they take provide them with the appropriate knowledge and skills to perform a new procedure safely. The 2008 directive further states that it is up to each registrant to self assess if a particular course meets his/her needs. However, some would argue that, given the present day technical and political climate associated with the administration of dermal fillers throughout the country, the 2008 directive no longer applies. What would be needed instead is a collaborative process leading to the development of esthetic standards. The College of Dental Surgeons of British Columbia could follow Alberta's lead and establish a facial esthetic therapies and adjunctive procedures review committee. It should consist of 4-6 members of the College and the chairman should be an OMFS. Its mandate would include the protection of the public while promoting our profession. It could develop a structure to review an individual's background training and experience with dermal fillers. Those who have received filler training in residency would be asked to have this verified by a letter from their program director.

Yours sincerely

Brian W. Draper, BSc, DDS, MSc, FRCD/C  
March 30, 2016

Dr. Warren Roberts  
CDSBC June 11, 2016

- 1) What are botulinum toxin & dermal fillers?
  - Differences
  - Health Canada regulation
- 2) History of Botulinum Toxin & Fillers in BC / Canada
  - CDSBC announcement
  - CDSBC committee created / composition
  - CDRAF committee report
  - ADA&C Standard
  - New CDSBC committee
- 3) Patient / Public interest
  - Safe care
  - Effective care
  - Ethical care
  - Accessible care
- 4) Training for Botulinum Toxin & Fillers.....Standard.
  - Tiered & gated
  - Study Clubs / Case support
- 5) Recommendations

Regards,  
Dr. Warren Roberts | Co-founder & Clinical Director  
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**British  
Columbia  
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Association**

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May 20, 2016

Dr. David Tobias, President  
College of Dental Surgeons of BC  
500 – 1765 West 8<sup>th</sup> Avenue  
Vancouver, BC V6J 5C6

Dear Dr. Tobias,

**Re: Presentation to the CDSBC Board on Dermal Fillers**

The Board of the BC Dental Association passed the following motion at a meeting on May 16, 2016:

*That, the BCDA recommends general practitioner dentists and specialists be allowed to provide dermal fillers, provided they have taken the appropriate education and training.*

The BCDA would like to present a case for the support of this motion to the CDSBC Board at its meeting on June 11, 2016.

Dr. Samson Ng and I will be making the presentation on behalf of the BCDA.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Lobb", written over a horizontal line.

Dr. Peter Lobb, BSc, DDS  
President

# Standard of Practice:

## Facial Esthetic Therapies and Adjunctive Procedures in Dental Practice

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## A. Introduction

This document is the Standard of Practice, core competency profile and educational requirements for administration by dentists and dental specialists of Schedule 1 drugs such as neuromodulators (e.g. Botulinum Toxin Type A), dermal fillers, other agents (injected and/or topical), and adjunctive non-surgical and/or surgical therapies used to provide comprehensive therapeutic and esthetic oral and maxillofacial treatment for the restoration of a patient's appearance in form and function or to enhance their appearance, or both.

It is the dentist's/dental specialist's responsibility to ensure that any education or training program undertaken in preparation for prescribing or administering any Schedule 1 drug (or to provide any related adjunctive esthetic or therapeutic procedures) must provide them with the knowledge and skills to administer these drugs or provide these therapies safely.

The Alberta Dental Association and College will review educational programs or training materials to determine if those educational programs or training will satisfy the requirements of this Standard (See **Appendix: Committee**). Further, any dentists or dental specialists who feel their training encompassed the procedures contained herein may apply to the Review Committee for credential review. Dentists/dental specialists who have completed appropriate education and training limited to therapeutic modalities for bruxism, temporomandibular dysfunction and myofascial pain and dysfunction, and who have been previously authorized to administer these modalities by the Alberta Dental Association and College, can apply for a restricted certification for those modalities.

The Alberta Dental Association and College will develop a registry and issue certification of competency level achieved for all dentists and dental specialists providing the levels of care described by this Standard. The Alberta Dental Association and College will also maintain a list of approved programs at each certification level.

**Any prescription or administration of the Schedule 1 drugs, esthetic procedures or therapies discussed herein without acquiring the appropriate level of training and without adhering to this Standard is not permitted and is unprofessional conduct (per Health Professions Act 1(1)(pp)(ii)).** Dentists/dental specialists will be required to complete approved, structured and gated levels of training before comprehensive use of neuromodulators, dermal fillers and esthetic therapies or procedures is permitted.

Dentists/dental specialists are advised that the core competencies and treatment modalities contained herein are not all encompassing. In particular, bruxism and myofascial pain and dysfunction are complex diagnoses that may require multiple treatment modalities that include but **are not limited** to neuromodulators. Therefore it is the member's responsibility to ensure that they possess the appropriate core competencies and training to establish a definitive diagnosis and recommend or provide appropriate and comprehensive care.

Members must also realize that facial esthetic treatment modalities and adjunctive therapies are constantly changing and dynamic in their application. The member is cautioned that new and emerging modalities may not be described or contained within this Standard. Thus, members are required to consult with the Alberta Dental Association and College before administering any such new or emerging modalities or adjunctive therapies for both esthetic and non-esthetic therapies.

These esthetic and adjunctive procedures cannot be assigned to any staff member or employee unless they are registered with a professional regulatory authority that allows for this restricted activity, and said party meets the requirements of that regulatory authority to administer, formulate or dispense such agents, therapies or procedures.

Treatment must take place in an appropriate dental facility/clinical setting. This implies facility compliance with Alberta Dental Association and College Guidelines for Infection Prevention and Control.

## **B. Patient Assessment/Management**

Dentists and dental specialists may only prescribe or administer the agents or provide the adjunctive therapeutic and esthetic procedures in this Standard under the following circumstances (which hold whether the dentist is the primary care provider or a treating dentist/dental specialist via referral):

- The patient is a “patient of record” within their dental practice, with full documentation and workup, including history, clinical examination, and photographs;
- The esthetic or adjunctive treatment is part of a comprehensive dentofacial/maxillofacial treatment plan;
- The patient has received a comprehensive dental/head and neck examination and treatment of primary dental disease is ongoing or completed;
- The patient’s emotional health has been assessed by the dentist/dental specialist and their motivation, goals, concerns and hopes for treatment have been established and documented;
- The patient has completed a full and current dental, medical and emotional health history and has been assessed to be a suitable candidate for the recommended treatment or prescription;
- Informed consent has been obtained for all treatments, prescriptions and/or therapies including a discussion with the patient with respect to benefits, risks, post-operative care, sequelae and potential complications;
- The dentist/dental specialist is familiar with all other potential treatment modalities and adheres to their level of training and expertise when providing appropriate therapies/care;
- The dentist/dental specialist is responsible to refer cases whose complexity exceeds their training to appropriately trained healthcare professionals;
- The dentist/dental specialist is responsible for continual reassessment and follow-up; and
- The dentist/dental specialist is familiar with the limitations and emergency situations that may occur with the administration of any agent administered or therapy provided.

Per the Alberta Dental Association and College Code of Ethics, dentists/dental specialists are obligated to maintain continuity of care for their patients outside of office hours and to provide emergency care for their patients. If this obligation can not be met, it is the dentist’s/dental specialist’s responsibility to arrange such care with a practitioner of equivalent qualifications. This responsibility extends to patients receiving the treatment modalities discussed herein.



## C. Certification Levels

The Alberta Dental Association and College requires successful completion of the following certification levels in order for dentists/dental specialists registered with the Alberta Dental Association and College to perform the applicable esthetic or therapeutic adjunctive procedures.

The dentist/dental specialist must demonstrate evidence of continuing education and core competencies in the field of facial esthetics and adjunctive procedures to maintain current standards and level of competency.

Dentists/dental specialists wishing to be certified in these modalities need to make their application to the Alberta Dental Association and College.

Dentists/dental specialists who feel that their training encompassed the procedures contained herein may apply to the Review Committee for credential review for authorization to perform these esthetic and adjunctive procedures.

Currently practicing Royal College of Dentists of Canada-certified Oral and Maxillofacial Surgeons trained up to Levels 5 or 6 need only identify themselves as providers of these services on their practice permit renewal to be certified in the appropriate level.

### Administrative Requirement

The Alberta Dental Association and College will establish a registry of practitioners authorized under this Standard and the Level to which they are certified. The following shall detail the application and credentialing process at each level.

**Regardless of certificates issued by educational program providers, dentists must be in possession of the appropriate Alberta Dental Association and College certificate before providing those modalities to their patients.**

For the purposes of standardized education and treatment experience, the administration of neuromodulators, dermal fillers, and other esthetic agents, including esthetic and therapeutic procedures, has been divided into six structured and gated levels. A dentist or dental specialist can not move to a subsequent level of treatments/therapies without completing the requirements of the previous level.

An appeal of a Review Committee ruling may be undertaken as defined in the appeal process under the Bylaws of the Alberta Dental Association and College.

**IMPORTANT: Moving to a subsequent level of treatments without sufficient training and experience is not permitted and is unprofessional conduct (per Health Professions Act 1(1)(pp)(ii)).** Dentists are advised that records (such as pre and post-treatment photographs) above and beyond usual diagnostic records are mandatory when providing these modalities as investigations related to adverse outcomes and for the Practice Visit program may require comprehensive review.

## Level 1: Applied Anatomy Review and Introduction to Neuromodulators

This mandatory review will refresh and strengthen the dentist's/dental specialist's knowledge of head and neck anatomy, its relevancy to the administration and pharmacology of neuromodulators (e.g. Botulinum Toxin Type A) and to other esthetic and non-esthetic therapies and procedures.

The education format must include a minimum of a 4-hour anatomical and functional cadaver laboratory and an 8-hour didactic educational program. This level requires either an online or lecture format outlining the functional anatomy of both the head and neck, which must include:

- Muscles of the head and neck region;
- Muscle physiology;
- Anatomy of the temporomandibular joint region;
- Neurovascular system;
- Anatomical boundaries;
- Tissue planes;
- Skin and aging of the face;
- An overview of the actions of neuromodulators (such as Botulinum Toxin Type A);
- Pharmacology and review of muscle physiology.

Level 1 Certification can only be obtained with successful completion of a documented examination process and **does not authorize** the dentist to administer neuromodulators, dermal fillers, or other esthetic pharmaceutical agents or adjunctive therapies.

Any dentist/dental specialist may take an approved Level 1 educational program, and no application or notification is required. Upon successful completion of an approved Level 1 educational program, a dentist/dental specialist must submit a letter of confirmation and/or certificate of completion to the Alberta Dental Association and College. Upon receipt of this documentation, the Alberta Dental Association and College will issue a Level 1 certificate authorizing the dentist/dental specialist to progress to an approved Level 2 educational program. In the event that a member wishes to take a Level 2 program immediately following a Level 1 program, the member may submit Level 1 and Level 2 educational credentials **from the same approved educational provider** simultaneously.

## Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment

A dentist/dental specialist wishing to take an approved Level 2 educational program must be in possession of a Level 1 Alberta Dental Association and College certificate. In the event that a member wishes to take a Level 2 program immediately following a Level 1 program, the member may submit Level 1 and Level 2 educational credentials **from the same approved educational provider** simultaneously.

This certification level will introduce the dentist/dental specialist to the use of neuromodulators for the superficial muscles of the upper face and for bruxism treatment.

The education format must involve at least 8 hours of a didactic educational program and a minimum of 8 hours of hands-on practicum that must include:

- Applied anatomy;
- Clinical examination;
- Documentation;
- Application;
- Management and limitations.

Certification can only be obtained with successful completion of a documented examination process and a completed application. Certification must be granted by the Alberta Dental Association and College and in the member's possession **before** providing Level 2 treatment to the member's own patients.

Upon successful completion of a Level 2 educational program, a dentist/dental specialist must submit a letter of confirmation and/or certificate of completion to the Alberta Dental Association and College. Upon receipt of this documentation, the Alberta Dental Association and College will issue a Level 2 certificate authorizing the dentist/dental specialist to provide Level 2 treatment modalities to their patients. The member must maintain and have all records of these treated patients available at all times if a review of these records are requested by the Alberta Dental Association and College.

Before a dentist/dental specialist can proceed to Level 3 training, they must complete, document treatment and obtain pre and post-treatment photographs of at least 20 individual patient cases. These cases must be undertaken during a **minimum one-year period of providing Level 2 care** to demonstrate substantial experience and competency with the treatment level. The member may then complete an application to the Alberta Dental Association and College that verifies the above requirements. This application must be completed, submitted, and approved by the Alberta Dental Association and College **before** commencing Level 3 training.



### **Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment**

A dentist/dental specialist wishing to take an approved Level 3 educational program must be in possession of a Level 2 Alberta Dental Association and College certificate.

This certification level will introduce the dentist/dental specialist to advanced neuromodulator administration for mid- and lower face and neck regions and for myofascial pain and dysfunction treatment.

The education format must involve at least 8 hours of a didactic educational program and 8 hours of hands-on practicum that must include:

- Applied anatomy;
- Clinical examination;
- Documentation;
- Application;
- Management and limitations.

Certification can only be obtained with successful completion of a documented examination process. Upon completion of a Level 3 educational program, a dentist/dental specialist must submit a letter of confirmation and/or certificate of completion to the Alberta Dental Association and College as well as maintaining, for their personal records, a listing of the patient identifiers of their 20 Level 2 cases and start/end dates for the treatment of those patients. Upon receipt of this documentation, the Alberta Dental Association and College will issue a Level 3 certificate authorizing the dentist/dental specialist to provide Level 3 treatment modalities to their patients. The member must maintain and have all records, of these treated patients, available at all times if a review of these records are requested by the Alberta Dental Association and College.

The dentist or dental specialist will need to demonstrate proficiency in Level 3 modalities before progressing to further levels.

Before a dentist/dental specialist can proceed to Level 4 training, they must complete, document treatment and obtain pre and post-treatment photographs of at least 20 individual patient cases. These cases must be undertaken during a **minimum one-year period of providing Level 3 care** to demonstrate substantial experience and competency with the treatment level. The member may then complete an application to the Alberta Dental Association and College that verifies the above requirements. This application must be completed, submitted, and approved by the Alberta Dental Association and College **before** commencing Level 4 training.

#### **Level 4: Dermal Fillers: Facial Dermal Fillers, and Neuromodulators for Deep Muscles of Mastication**

A dentist/dental specialist wishing to take an approved Level 4 educational program must be in possession of a Level 3 Alberta Dental Association and College certificate.

This certification level will introduce the dentist/dental specialist to dermal fillers and to neuromodulator treatment for deep muscles of mastication.

This education format must involve at least 8 hours of a didactic educational program and a minimum 8 hours of hands-on practicum that must include:

- Applied anatomy;
- Clinical examination;
- Documentation;
- Application;
- Management and limitations.

The education must include review of head and neck anatomy (hands-on educational program) and review of mid-face and neck neuromodulator treatment to aid in determining the need for and use of dermal fillers for the mid-face and peri-oral region and review of deep muscle injections for temporomandibular joint dysfunction purposes (e.g. medial and lateral pterygoid muscles).

Certification can only be obtained with successful completion of a documented examination process. Upon completion of a Level 4 educational program, a dentist/dental specialist must submit a letter of confirmation and/or certification of completion to the Alberta Dental Association and College as well as maintaining, for their personal records, a listing of the patient identifiers of their 20 Level 3 cases and start/end dates for the treatment of those patients. Upon receipt of the above requirements, the Alberta Dental Association and College will issue a Level 4 certificate authorizing the dentist/dental specialist to provide Level 4 treatment modalities to their patients. The member must maintain all records, of these treated patients, available at all times if a review of these records are requested by the Alberta Dental Association and College.

**If a dentist/dental specialist does not gain sufficient training and experience in deep muscle injections, they should restrict their Level 4 care to dermal fillers only.**



## **Level 5: Advanced Non-Surgical Esthetic Procedures**

These credentials currently require successful completion of the Royal College of Dentists of Canada National Specialty Examination in Oral and Maxillofacial Surgery. Currently there are numerous Oral and Maxillofacial Surgeons performing these procedures. These individuals need only identify themselves as providers of these services on their practice permit renewal.

New Oral and Maxillofacial Surgeon applicants to the Alberta Dental Association and College must provide documentation of training to be certified to provide these services.

This level covers advanced non-surgical esthetic procedures for qualified Oral and Maxillofacial Surgeons only. This level will be determined, evaluated and certified on an individual level. This level may include but is not limited to: lasers, intense pulsed light (IPL) dermal therapies, dermabrasion, chemical peels, hair removal, and eyelash growth agents (i.e. Latisse).

## **Level 6: Advanced Surgical Esthetic Procedures**

These credentials currently require successful completion of the Royal College of Dentists of Canada National Specialty Examination in Oral and Maxillofacial Surgery. Currently there are numerous Oral and Maxillofacial Surgeons performing these procedures. These individuals need only identify themselves as providers of these services on their practice permit renewal.

New Oral and Maxillofacial Surgeon applicants to the Alberta Dental Association and College must provide documentation of training to be certified to provide these services.

This level covers advanced surgical esthetic procedures for qualified Oral and Maxillofacial Surgeons only. This level will be determined, evaluated and certified on an individual level. This level may include but is not limited to: soft tissue/hard tissue esthetic procedures for the head and neck region, hair transplants, rhinoplasty, blepharoplasty, face lifts, liposuction, and fat and blood product transfers.

## **D. Core Competencies by Training Level**

This document provides guidelines to assure safe and efficacious use of pharmaceuticals and associated procedures for the health and welfare of the patient via esthetic and therapeutic uses in the oral, maxillofacial and related areas. It establishes the core competencies for the use of esthetic pharmaceutical agents, adjunctive therapeutic and esthetic procedures in dentistry and defines standards for the demonstration of competency. It is intended to provide guidance to practitioners and educators, and to reassure the public on the issues of education, competency, quality of care and safety in the facial esthetics field in dentistry. To meet this Standard of Practice, a dentist must be sure that the training they undertake at each level of treatment provides for these core competencies. Appropriate sterile technique is implicit at all levels of treatment, for all patients and at all times.

### **Level 1: Applied Anatomy Review and Introduction to Neuromodulators**

Successful completion of a Level 1 educational program requires the understanding and application of the following core competencies:

- Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
- Facial skeletal anatomical considerations and review of aging of the face;
- Patient assessment, consultation, documentation, and continuing care for use of neuromodulators;
- Patient evaluation for optimal esthetic and therapeutic outcomes;
- Integrating neuromodulators into dental and maxillofacial treatment plans;
- Indications and contraindications for extra-oral soft tissue esthetics;
- Safety and risk issues for neuromodulator therapy;
- Management and treatment of possible complications;
- Assessing patient for signs of body dysmorphic disorder, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

**Level 1 educational programs do not permit a dental/dental specialist to provide patient treatment and are educational only.** Successful completion of this course is a prerequisite to Level 2 training.



## **Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment**

The curriculum for Level 2 education in neuromodulator clinical procedures for upper face and bruxism treatment includes specific instructions with demonstrated proficiency in didactic and live patient hands-on knowledge and treatment. Live patient hands-on instruction includes demonstration and clinical treatment in the oral and maxillofacial areas on a model patient and must meet participation course guidelines. Practitioners must demonstrate competency in the safety aspects of facial esthetics pharmaceuticals use prior to using these pharmaceuticals on patients. These are the core competencies that define the Standard of Practice.

Level 2 education must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**In addition to all Level 1 core competencies, successful completion of a Level 2 educational program requires the understanding and application of the following enhanced core competencies:**

- **Patient Assessment and Evaluation**
  - Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for both upper face and bruxism treatment;
  - Indications for other treatment modalities;
  - Indications and contraindications for these techniques and pharmaceuticals;
  - Medical history taking as it relates to injected facial pharmaceuticals;
  - Practical patient evaluation for maxillofacial esthetic and therapeutic outcomes;
  - Pharmacology of injected oral and maxillofacial pharmaceutical treatment;
  - Etiology and types of bruxism, anatomic considerations in bruxism;
  - Accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for oral and maxillofacial esthetic and therapeutic outcomes.
- **Safety and Risk Issues**
  - Proper sterile technique as it relates to the use of injected pharmacologic agents and patient treatment;
  - Safety and risk issues for injected neuromodulator therapy;
  - Knowledge of adverse reactions and how to avoid adverse reactions;
  - Management and treatment of adverse reactions including ptosis, vascular occlusion, and injection related complications.
- **Treatment Planning and Delivery**
  - Integrating neuromodulators into dental therapeutic and esthetic treatment plans;
  - Upper facial treatment procedures for therapeutic and esthetic maxillofacial outcomes;
  - Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
  - Integrating neuromodulators with other treatments and therapies for the treatment of bruxism;
  - Precise delivery of injected facial pharmaceuticals;

- Limitations of Level 2 treatments and recognizing need for higher level treatments and referral to qualified health care professionals.
- **Practice Management**
  - Provide customizable office forms and informed consent needed to begin treating patients;
  - Malpractice and jurisprudence issues;
  - Ethics in oral and maxillofacial esthetic procedures;
  - Understanding of team training in facial esthetics;
  - Patient education in facial esthetics in dentistry;
  - Record keeping and facial photographic documentation;
  - Informed consent procedures for facial esthetics treatment.

### **Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment**

Successful completion of both Level 1 and Level 2 courses are a pre-requisite to participation in a Level 3 course.

This level of education represents an advanced level of clinical competency in safety and clinical use of injected facial pharmaceuticals in oral and maxillofacial esthetics and therapeutics. The curriculum for Level 3 education in neuromodulator clinical procedures for mid-face and lower face and neck regions and for myofascial pain and dysfunction includes specific instructions with demonstrated proficiency in didactic and live patient hands-on knowledge and treatment. Live patient hands-on instruction includes demonstration and clinical treatment in the oral and maxillofacial areas on a model patient and must meet participation course guidelines. Practitioners must demonstrate competency in the safety aspects of facial esthetics pharmaceuticals use prior to using these pharmaceuticals on patients. These are the core competencies that define the Standard of Practice.

Level 3 education must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**In addition to all Level 1 and 2 core competencies, successful completion of a Level 3 educational program requires the understanding and application of the following enhanced core competencies:**

- **Patient Assessment and Evaluation**
  - Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for mid-face and lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment;
  - Indications for other treatment modalities;
  - Advanced applied anatomy of the oral and maxillofacial, lower face and anterior and posterior neck, including cranial base, and related structures;
  - Advanced education in injected facial pharmaceuticals;
  - Understanding of the latest neuromodulator pharmaceuticals and introduction to dermal fillers and how the two injected modalities work in tandem (note: Level 4 is required to use dermal fillers);
  - Comprehensive and definitive diagnosis of myofascial pain and dysfunction;
  - Understanding of the precise skeletal and muscle anatomy involved in maxillary gingival excess;
  - Treating maxillary gingival excess (gummy smiles) with neuromodulators as an alternative treatment to surgical dental procedures;
  - Trigger point therapy for myofascial pain and dysfunction cases;
  - Advanced upper and mid-face procedures for esthetic and therapeutic maxillofacial and neck treatment;
  - Neuromodulator therapeutic treatments for chronic migraine and facial pain;
  - Ability to test and treat hyperactive lower face muscles for dental/facial esthetics, orthodontic retention and removable prosthodontics retention with neuromodulators;

- Advanced indications and contraindications of facial esthetics and therapeutics use in dentistry;
  - Neuromodulator therapeutic treatments for chronic migraine and facial pain;
  - Alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics, including referrals to other qualified health care professionals.
- **Treatment Planning and Delivery**
    - Avoidance and management of complications;
    - Neuromodulator therapeutic treatment of myofascial pain and dysfunction, facial pain, bruxism cases, hypertrophic masticatory musculature, etc.;
    - Integrating neuromodulators into a comprehensive treatment plan for treating definitively diagnosed myofascial pain;
    - Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
    - Limitations of Level 3 treatments and recognizing need for higher level treatments and referral to qualified health care professionals.
- **Advanced Practice Management**
    - Understanding of advanced team training in facial esthetics;
    - Enhanced informed consent procedures for facial esthetics treatment.



#### **Level 4: Dermal Fillers: Facial Dermal Fillers, and Neuromodulators for Deep Muscles of Mastication**

Successful completion of Level 1, 2 and 3 courses are a pre-requisite to participation in a Level 4 course.

This level of education represents an advanced level of clinical competency in safety and clinical use of injected facial pharmaceuticals in oral and maxillofacial esthetics and therapeutics. The curriculum for Level 4 education in facial dermal fillers and neuromodulators for deep muscles of mastication includes specific instructions with demonstrated proficiency in didactic and live patient hands-on knowledge and treatment. Live patient hands-on instruction includes demonstration and clinical treatment in the oral and maxillofacial areas on a model patient and must meet participation course guidelines. Practitioners must demonstrate competency in the safety aspects of facial esthetics pharmaceuticals use prior to using these pharmaceuticals on patients. These are the core competencies that define the Standard of Practice.

Level 4 education must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**In addition to all Level 1, 2 and 3 core competencies, successful completion of a Level 4 educational program requires the understanding and application of the following enhanced core competencies:**

- **Patient Assessment and Evaluation**
  - Diagnosis, documentation, treatment planning and proper dosing and delivery of dermal fillers and advanced neuromodulator treatment;
  - Indications for other treatment modalities;
  - Advanced oral and maxillofacial anatomy and injected facial pharmaceuticals (hands-on review of peri-oral facial anatomy and skin is recommended);
  - Advanced facial skeletal anatomical considerations, review of aging of the face;
  - Comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler pharmaceuticals for oral and maxillofacial esthetic and therapeutic cases.
- **Advanced Facial Esthetics Treatment Planning and Delivery**
  - Facial esthetic procedures in the oral and maxillofacial areas with injected facial pharmaceuticals in association with dental, prosthodontic, orthodontic, periodontal and maxillofacial reconstructive treatment;
  - Conservative lip enhancement procedures and avoidance of potential complications, enhancing the natural lip anatomy to create esthetic lip structures and proper smile lines;
  - Smoothing lip lines and eliminating radial lip lines;
  - Enhancing the upper, mid- and lower face using anatomical landmarks;
  - Adding volume to the interdental papilla and residual dental ridges using dermal fillers;
  - Limitations of Level 4 treatments and recognizing need for Level 5/6 treatments and referral to qualified health care professional;
  - Understanding facial functional anatomy, aging and skin care to enhance treatment procedures.



- **Advanced Facial Esthetics Treatment Planning and Delivery**
  - Advanced dermal filler injection techniques including cross-hatching, scaffolding and bulk-filling;
  - Comprehensively treating the upper, mid-, lower face, and related structures for dental and maxillofacial esthetics and therapeutics;
  - Creating proper oral and maxillofacial contours with advanced lip sculpting, malar and sub-malar enhancements and glabellar treatment;
  - Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
  - Understanding advanced facial esthetic skin treatments.
- **Comprehensive treatment objective and non-surgical techniques**
  - Advanced indications and contraindications of facial esthetics and therapeutics use in oral and maxillofacial areas and their related structures;
  - Alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics;
  - Treatment sequence, patient management, post-operative instructions;
  - Avoidance and management of complications.
- **Advanced Practice Management**
  - Enhanced office forms and/or documentation with appropriate informed consent needed to begin treating patients;
  - Understanding of advanced team training in facial esthetics;
  - Enhanced patient education in facial esthetics in dentistry.

## **Level 5: Advanced Non-Surgical Esthetic Procedures**

This level requires successful completion of the Royal College of Dentists of Canada National Specialty Examination in Oral and Maxillofacial Surgery and certification will be evaluated for each application (i.e. training, experience and programs).

This level includes but is not limited to: lasers, intense pulsed light (IPL) dermal therapies, dermabrasion, chemical peels, hair removal, eyelash growth agents (i.e. Latisse).

**In addition to all Level 1, 2, 3 and 4 core competencies, successful completion of a Level 5 educational program requires the understanding and application of the following enhanced core competencies:**

- **Patient Assessment and Evaluation**
  - Diagnosis, documentation, treatment planning, and proper dosing and delivery of Advanced Non-Surgical Esthetic Procedures;
  - Indications for other treatment modalities;
  - Comprehensive patient assessment for Advanced Non-Surgical Esthetic Procedures;
  - Advanced head and neck applied anatomical considerations.
- **Advanced Facial Esthetics Treatment Planning and Delivery**
  - Facial esthetic procedures in the oral and maxillofacial areas and related structures;
  - Limitations of Level 5 treatments and recognizing need for Level 6 treatments and referral to qualified health care professionals;
  - Understanding advanced facial functional anatomy, aging and skin care to enhance treatment procedures;
  - Continued assessment of treatment and therapeutic outcomes and standardized patient photography.
- **Comprehensive treatment objective and non-surgical techniques**
  - Advanced indications and contraindications of facial esthetics and therapeutics use in oral and maxillofacial areas and their related structures;
  - Alternate methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics;
  - Treatment sequence, patient management, postoperative instructions;
  - Avoidance and management of complications;
  - Continued assessment of treatment and therapeutic outcomes and standardized patient photography.
- **Advanced Practice Management**
  - Enhanced office forms and/or documentation with appropriate informed consent needed to begin treating patients;
  - Understanding of advanced team training in facial esthetics;
  - Enhanced patient education in facial esthetics.

## **Level 6: Advanced Surgical Esthetic Procedures**

This level requires successful completion of the Royal College of Dentists of Canada National Specialty Examination in Oral and Maxillofacial Surgery and certification will be evaluated for each application (i.e. training, experience and programs).

Successful completion of a Level 6 educational program requires the understanding and application of specific procedural core competencies relative to each applying member.

The core competencies at this level will be evaluated and certified on an individual basis. This level includes but is not limited to: soft tissue/hard tissue esthetic procedures for the head and neck region, hair transplants, rhinoplasty, blepharoplasty, face lifts, liposuction and fat and blood product transfers.

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## Appendix: Review Committee

### Terms of Reference for Facial Esthetic Therapies and Adjunctive Procedures Review Committee

#### Committee Composition

The Alberta Dental Association and College shall strike an ad-hoc Committee to review the credentials, educational programs, and training materials submitted by any dentists wishing to provide the care described in the "Standard of Practice: Use of Facial Esthetic Therapies and Adjunctive Procedures in Dental Practice".

This committee shall ultimately consist of a minimum of 5 dentists who serve on the committee for 3-year terms. A minimum of 2 committee members shall be certified dental specialists, one of which shall be an oral and maxillofacial surgeon.

The Chair shall be nominated by the President and approved by Council and serve a 3-year term. The chair must have familiarity with the levels described in this Standard and shall ensure that the committee is composed of new and retained members for consistency. In the absence of new suitable candidates, existing committee members may choose to retain their seats.

Dentists wishing to serve on the committee shall submit a letter of intent to the Alberta Dental Association and College President detailing their credentials as they relate to this Standard. Executive Council shall propose the committee composition to Council who shall approve the slate of candidates.

Once selected, all committee members must sign non-disclosure agreements as well as a conflict of interest agreement.

#### Actions of the Committee

The Committee shall have two approaches.

- 1) The assessment of an individual Alberta Dental Association and College member candidate's credentials under this Standard.
- 2) The assessment of an educational program under this Standard.

A candidate's appeal of a committee ruling shall be undertaken as defined in the appeal process under the Bylaws of the Alberta Dental Association and College.

## **AD HOC COMMITTEE ON BOTULINUM TOXIN AND DERMAL FILLERS IN DENTAL PRACTICE**

### **Mandate**

The *ad hoc* committee on botulinum toxin and dermal fillers in dental practice was established specifically to answer the following questions:

- a. Is the administration of botulinum toxin safe in:
  - i. A general dental practice?
  - ii. A dental specialty practice?
    1. If so, which specialties?
- b. If the administration of botulinum toxin is safe in any of these practices, under what circumstances and in the treatment of what conditions?
- c. If the administration of botulinum toxin is not safe in any of these practices, why not?
- d. Is the administration of dermal fillers safe in:
  - i. A general dental practice?
  - ii. A dental specialty practice?
    1. If so, which specialties?
- e. If the administration dermal fillers is safe in any of these practices, under what circumstances and in the treatment of what conditions?
- f. If the administration of dermal fillers is not safe in any of these practices, why not?
- g. What is the level of education required to be competent to administer botulinum toxin?
- h. What is the level of education required to be competent to administer dermal fillers?

The mandate did not include consideration of the political, ethical or legal aspects of these issues and this report only summarizes what, in the committees opinion, a dentist can or cannot do with respect to botulinum toxin and dermal fillers and what, if any, training/education is required.

### **Participants**

Committee:

Dr. David Mock (Chair)  
Dr. Samson Ng  
Dr. Chad Robertson  
Dr. Benjamin Saleh  
Dr. Marvin Schwartz  
Dr. Norman Thie

Invited Guest: Dr. Michael Gardner, Manager, Quality Assurance

### **Report**

The Committee reviewed extensive material provided, including materials from the Regulatory body of Dental Surgeons of British Columbia and an extensive

review of published literature. This report will specifically respond to the questions posed.

*a. Is the administration of botulinum toxin safe in:*

*i. A general dental practice?*

In general, the Committee felt that the administration of botulinum toxin A was safe in a general dental practice. They felt that the administration of botulinum toxin B should not be considered in dental practice at this time but might warrant further consideration in the future. They did recognize that, although the risk of serious adverse reactions to botulinum toxin A was low, except when administered to children or when injected into deeper tissues, there is potential toxicity. Practitioners should be aware of these including the possible short term reactions such as fever and chills. Procedures below the inferior border of the mandible bear more significant risk and would require more extensive training and education.

*ii. A dental specialty practice?*

Yes, with the same comments and provisos noted for general practitioners.

*b. If the administration of botulinum toxin is safe in any of these practices, under what circumstances and in the treatment of what conditions?*

The committee did not address the legal or ethical aspects, only the clinical competency issues. It was felt that dentists and dental specialists were capable of the administration of botulinum toxin for oral and maxillofacial esthetics and orofacial muscular pain or dysfunction. They felt that it was not necessary to list the specific applications but did not feel that this should be the first line of treatment for orofacial pain. Patients should be informed if the use is "off-label".

*c. If the administration of botulinum toxin is not safe in any of these practices, why not?*

See sections "a" and "b" above.

*d. Is the administration of dermal fillers safe in:*

*i. A general dental practice?*

The Committee felt that, as is the case for botulinum toxin, competence should not be related to whether it was a general dentist or dental specialist but to the education/training of the dental practitioner. Although there have been no fatalities from the use of dermal fillers, the effects of incorrect usage and/or the techniques used can result in potentially permanent disfigurement or deformity for a patient.

*ii. A dental specialty practice?*

See "d i." above.



- e. *If the administration dermal fillers is safe in any of these practices, under what circumstances and in the treatment of what conditions?*

The Committee felt that, for procedures outside of the dentoalveolar area, the use of dermal fillers should be limited to the competence and training of the dental practitioner and that he/she must be able to demonstrate formal training in facial esthetics including the use of this modality. The latter should require certification by the regulatory body. For the use of dermal fillers within the dentoalveolar area, some training is necessary but not certification.

- f. *If the administration of dermal fillers is not safe in any of these practices, why not?*

The Committee felt that the administration of dermal fillers could be safe with the provisos noted in e above.

- g. *What is the level of education required to be competent to administer botulinum toxin?*

The Committee agreed that any use of botulinum toxin requires education regarding the pharmacology of the agent and its physiological activity. This should include the possible adverse effects and their management. For more extensive use of this agent, particularly below the inferior border of the mandible, detailed education regarding related head and neck anatomy (including functional anatomy) and a hands-on training should be mandatory. As well, the Committee felt that the practitioner should apply for registration (not necessarily certification) with the regulatory body in order to use botulinum toxin for more complex procedures such as deep injections or injections below the inferior border of the mandible.

- h. *What is the level of education required to be competent to administer dermal fillers?*

The Committee felt that any use of dermal fillers by dental practitioners would require education and training that included the pharmacological and physiological characteristics of the agents including the related tissue reactions. For application outside of the dentoalveolar region, a more formal and extensive training would also have to be included. The latter should include an extensive education in facial esthetics. Certification by the regulatory body should be mandatory for the use of dermal fillers outside of the dentoalveolar region. The Committee was not prepared to develop curricula at this time.

# New position on the use of botulinum toxin and dermal fillers by Ontario dentists

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*Originally published in the August/September 2013 issue of Dispatch*

In May of this year, Council approved a new position on the use of botulinum toxin and dermal fillers by Ontario dentists.

The position can be summarized as follows: Ontario dentists may inject botulinum toxin and dermal fillers, but only for procedures that are within the scope of practice of dentistry.

The key points are the College's position on this issue are:

- Members who wish to use botulinum toxin and dermal fillers may do so, but only for procedures that are within the scope of practice of dentistry.
- Members may inject botulinum toxin and/or dermal fillers intra-orally for either therapeutic or cosmetic purposes, or botulinum toxin extra-orally for therapeutic purposes, but in either case only if they are appropriately trained and competent to perform the procedure/s.
- It is not within the scope of practice of dentistry and members are not authorized in Ontario to inject botulinum toxin or dermal fillers extra-orally for cosmetic purposes.

Members who wish to use these substances are expected to successfully complete a course of instruction that includes pharmacological and physiological characteristics of these substances, as well as possible adverse reactions and their management.

In addition, members who wish to use botulinum toxin extra-orally for therapeutic purposes, such as for the management of certain temporomandibular disorders and other oral-facial conditions, are expected to pursue more extensive training, especially where this involves deep injections and/or injections below the inferior border of the mandible. This is due to the potential for serious and even life-threatening adverse reactions to this neurotoxin.

In making its decision, Council took into consideration a number of factors. There was an expert report of an ad hoc committee with membership of specialists from across Canada. This committee examined questions about safety and education related to the use of these substances. Council also considered the scope of practice of dentistry in Ontario, as defined by the Dentistry Act, 1991 and the phrase, oral-facial complex, as it has been historically interpreted by Council.

The Act states that the scope of practice of dentistry "is the assessment of the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex." In addition, in the course of engaging in the practice of dentistry, Ontario dentists are authorized to administer a substance by injection.

## **POLICY EL 2: TREATMENT OF THE PUBLIC**

**Due Date:** Quarterly - February, March, April

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>1</b>	<b>Use forms that elicit information for which there is no clear necessity.</b>	<b>Forms collect only the information required.</b>
<b>2</b>	<b>Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.</b>	<b>CDSBC has secure document storage facilities for all hard copies. Confidential shredding is used throughout the office for destruction of documents with sensitive information when those documents are slated for destruction. Electronic files are protected by industry standard firewalls and end-point security hardware and software.</b>
<b>3</b>	<b>Fail to operate facilities with appropriate accessibility and privacy.</b>	<b>CDSBC offices are accessible to any who need/desire access. Premises are alarmed and monitored. Private offices and meeting spaces are available and used when indicated.</b>

## **POLICY EL 2: TREATMENT OF THE PUBLIC**

**Due Date:** Quarterly - February, March, April

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>4</b>	<b>Fail to establish with members of the public a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudicating public complaints.</b>	<b>Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar.</b>  <b>The new CDSBC website contains more information about complaints, including a designated "news feed" on the homepage, a complaints form, and a detailed description of the complaints process.</b>  <b>Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly.</b>  <b>Beginning March 2016, all complainants will be asked to complete an exit survey upon the closure of their complaint. This is a one-year pilot project, the result of which will be useful to improve the complaints process.</b>
<b>5</b>	<b>Fail to adjudicate complaints as expeditiously as possible.</b>	<b>We have made significant progress in this area. The rate of complaints has slowed and significantly more complaint files have been closed than opened.</b>
<b>6</b>	<b>Fail to deal with public inquiries as expeditiously as possible.</b>	<b>All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Registrar/CEO, responds to media inquiries as quickly as possible.</b>



## POLICY EL 2: TREATMENT OF THE PUBLIC


**Due Date:** Quarterly - February, March, April

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
7	Fail to employ alternate dispute resolution where appropriate.	CDSBC resolves approximately 90% of all complaints through alternative dispute resolution. CDSBC has deployed resources to place more emphasis on early resolution through appropriate dispute resolution techniques. With the reduction in the backlog of complaints, staff dentists are trying to resolve complaints quickly after a formal complaint is received if the matter is susceptible to early resolution.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date: 16 MAY 2016 .

### POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
1	Use forms that elicit information for which there is no clear necessity.	Forms (both paper and electronic) collect only relevant/statutory information needed for registration. Personal assurance of registration staff and review of Registrar/CEO are evidence of compliance. The 2016/17 online renewal process included questions regarding ownership of dental corporations. Moving forward the information already recorded in the previous year will be provided to the registrants to be confirmed during renewal. Questions should be reduced for the 2017/18 year ahead.
2	Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.	CDSBC database is secured with password protection and is located on internal servers behind firewall and industry standard end-point protection. Access to said database is restricted to only those persons requiring access for their job functions. Physical files are kept in locked cabinets wherever personal or sensitive information is present. Disposition of paper documents done by confidential shredding. We are now filing all new applications for registration and certification electronically and storing the paper version on-site for one year. We are working to scan and save all physical registrant files electronically in the months ahead.
3	Fail to register applicants as expeditiously as possible.	Application process generally is completed within 2-3 weeks unless extenuating circumstances present. We are currently working on developing an online registration/application process which will further streamline the application process. We are working to have this up and running by mid-year 2016. Note: currently the criminal record checks are taking approximately 4-5 weeks to be processed at the Ministry of Justice. They are experiencing a backlog from high volumes of applications being submitting by various organizations and individuals. This may last for the remainder of the year.



### **POLICY EL 3: TREATMENT OF REGISTRANTS**

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

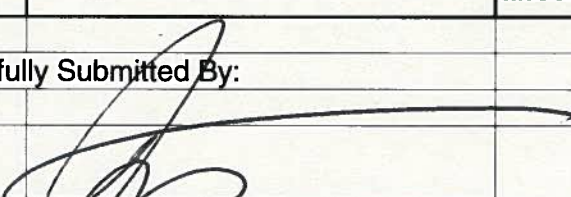
Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>4</b>	<b>Fail to establish with registrants a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudication of public complaints.</b>	<b>The College communicates its expectations for registrants in a variety of ways, such as publications (electronic and print), through courses and presentations. Recent initiatives include an information sheet and more information on complaints and discipline on the College's website. The College delivered a new course, More Tough Topics (about informed consent and other topics that can lead to complaints) at the Pacific Dental Conference. We are working to turn it into an online course. Planning is also underway for a joint course with the BCDA for new dentists.</b>
<b>5</b>	<b>Fail to adjudicate complaints as expeditiously as possible.</b>	<b>The backlog of complaints has been reduced. The Complaints team continues to target any remaining backlogged files. The College continues to close more complaint files than it opens with the result that the inventory is being significantly reduced. Beginning March 2016, registrants who are the subject of a complaint will be invited to complete an exit survey upon the closure of the complaint. This is a one-year pilot project, the results of which will be used to improve the complaints process.</b>
<b>6</b>	<b>Fail to employ alternative dispute resolution where appropriate.</b>	<b>The Complaints team seeks to negotiate solutions when possible on files where concerns have been identified.</b>
<b>7</b>	<b>Fail to respond to registrants' inquiries as expeditiously as possible.</b>	<b>All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.</b>

### POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
8	Fail to develop a College communication strategy.	Communications materials support the strategic plan and makes use of new communications tools where appropriate. Although most communication with registrants is electronic, the College uses other methods when warranted. In 2015/16 we launched a new website, redesigned the email newsletter, and enhanced our social media presence. We also held a town hall-style meeting (also webcast), hosted two webinars for registrants, and are webcasting the 2016 AGM -- all of these are "firsts." The College is responsive to trends or issues as they arise.
9	Propose registration fees to the Board without a clear rationale.	All registration fees are tied to budget and budgeting process over which the Board has oversight and through which the Board and Audit/Finance Committee are consulted. The annual report includes a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.
Respectfully Submitted By:		
		
Jerome M. Mathburg		
Registrar and CEO		
Date: 16 May 2016		



## POLICY EL 5: FINANCIAL PLANNING/BUDGETING

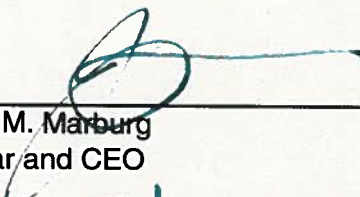
**Due Date:** Quarterly - Jun, Sep, Dec, Feb

Financial planning for any fiscal year shall not deviate materially from the Board's Ends priorities, risk fiscal jeopardy, or fail to be derived from a business plan.

Further, without limiting the scope of the foregoing by this enumeration, the Registrar shall not plan in a manner that:

Policy		Response/Report
1	<b>Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.</b>	Registrar/CEO reports compliance per EL 6 report.
2	<b>Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.</b>	Monthly financial statements, forecast, and Budget are evidence of compliance.
3	<b>Fails to maintain a contingency reserve.</b>	Registrar/CEO reports compliance per EL 6 report.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date:

5 May 2016

## **POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES**

**Due Date:** Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>1</b>	<b>Expend more funds than have been received in the fiscal year to date unless the debt guideline (see 2 below) is met.</b>	<b>CDSBC does not debt finance. Financial statements reported monthly show that expenditures do not exceed revenues.</b>
<b>2</b>	<b>Indebt the organization in an amount greater than 5% of the annual revenue.</b>	<b>CDSBC does not debt finance.</b>
<b>3</b>	<b>Use any contingency reserves except as authorized by an extraordinary motion of the full Board.</b>	<b>No transfers are undertaken without a Board motion. No contingency reserves have been utilized since last report.</b>
<b>4</b>	<b>Fail to report to Board at the earliest opportunity the amount by which any item in the approved operating or capital budget is forecasted to exceed the budget for a category.</b>	<b>Monthly financial statements are reviewed with the Board Officers and variances are discussed. Monthly financial statements are also shared with the Audit Committee and Finance &amp; Audit Working Group, and the latest financial statements are received at each Audit Committee and Finance &amp; Audit Working Group meeting. Financial statements are tabled at each Board meeting showing performance against budget.</b>



## **POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES**

**Due Date:** Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>5</b>	<b>Authorize the payment of any item that was included in the approved operating or capital budget in an amount that will exceed the approved budget for that category by more than \$50,000.</b>	<b>Registrar/CEO reports compliance.</b>
<b>6</b>	<b>Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds \$25,000 or that creates or increases a cash flow deficiency for the current fiscal year.</b>	<b>Registrar/CEO reports compliance.</b>
<b>7</b>	<b>Fail to settle payroll and debts in a timely manner.</b>	<b>Registrar/CEO reports compliance. All payroll obligations are being met.</b>

## POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES


**Due Date:** Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

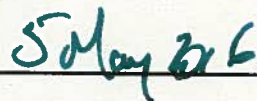
Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
8	Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.	Registrar/CEO reports compliance.
9	Acquire, further encumber or dispose of real property.	Registrar/CEO reports compliance.
10	Fail to aggressively pursue receivables after a reasonable grace period.	All receivables are recovered in a timely manner.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date:

  
5 May 2016



## **POLICY EL 8: ASSET PROTECTION**

**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>1</b>	<b>Fail to insure against theft and casualty losses to at least 80% replacement value and against liability losses to Board members, staff and the organization itself in an amount greater than the average for comparable organizations.</b>	<p><b>Registrar/CEO reports compliance. Following is a general summary of the main policies in place. In addition, all CI's carry required CDSPI insurance.</b></p> <p><b>Theft - The property policy protects against theft (property coverage is on a replacement cost basis). There is also crime coverage in place that would cover against theft as well. The distinction between the two: the crime policy is designed to cover against theft of money (currency, cheques, money orders etc.) and securities.</b></p> <p><b>Casualty - the commercial general liability policy protects the Board, staff (including volunteers) and the organization from liability arising from bodily injury or property damage to a third party.</b></p> <p><b>The commercial general liability policy protects against liabilities arising out of bodily injury and property damage. There is also the non-profit organization liability policy that protects the liabilities of the Board, staff (including volunteers) and the organization itself. This is more commonly referred to as the Directors and Officers policy and offers protection for the following:</b></p> <p><b>Directors and Officers Liability: Covers liabilities arising out of the activities of governing the organization.</b></p> <p><b>Employment Practices Liability: Covers liabilities from employment related claims (wrongful dismissal, sexual harassment, failure to promote, etc.).</b></p> <p><b>Professional Liability: covers negligent act, negligent error or negligent omission committed or alleged to have been committed by the insured in the performance of Professional Services (regulatory activities).</b></p>
<b>2</b>	<b>Subject property and equipment to improper wear and tear or insufficient maintenance.</b>	<p><b>All equipment is on appropriate maintenance schedules. Staff are made aware of proper use and care expectations.</b></p>

## **POLICY EL 8: ASSET PROTECTION**

**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<b>Policy</b>		<b>Response/Report</b>
<b>3</b>	<b>Unnecessarily expose the organization, its Board or staff to claims of liability.</b>	<b>Registrar/CEO reports compliance.</b>
<b>4</b>	<b>Make any purchases or award any contract: (a) wherein normally prudent protection has not been given against conflict of interest; (b) of over \$25,000 without having obtained comparative prices and quality. Orders shall not be split to avoid these criteria.</b>	<b>Registrar/CEO reports compliance. All contracts over \$5000 require multiple competitive bids. Best value bid is chosen.</b>
<b>5</b>	<b>Fail to take reasonable steps to protect intellectual property, information and files from loss or significant damage.</b>	<b>CDSBC secures all physical files. All electronic files are routinely backed up, with historical tape backups spanning multiple years held off-site. Critical files and configuration parameters are backed up and stored off-site as well. IT systems have built-in redundancies and daily local backups to disk.</b>
<b>6</b>	<b>Fail to implement the auditor's recommendations with respect to financial internal controls.</b>	<b>Registrar/CEO reports compliance.</b>



## POLICY EL 8: ASSET PROTECTION

**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
7	<b>Fail to ensure the following cheque signing authorities: A) two signatures for cheques up to \$25,000 from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, Director of Communications. B) two signatures for: (i) cheques over \$25,000 of an unbudgeted item - one from each of the following two groups: i) President, Vice-President or Treasurer; ii) Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications; (ii) cheques over \$25,000 of a budgeted item - two signatures from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications. With the exceptions that: ii) The Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications, shall not act as a signing officer for an expense that they have approved. iii) No individual shall be a signing officer for a cheque of which they are the payee.</b>	<b>All cheques are signed in compliance with this policy.</b>



## POLICY EL 8: ASSET PROTECTION


**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
8	Invest or hold operating capital in insecure instruments or bonds of less than AA rating at any time, or in non interest-bearing accounts except where necessary to facilitate ease in operational transactions.	Registrar/CEO reports compliance.
9	Fail to establish appropriate procedures governing the confidentiality, disclosure, safekeeping and eventual disposition of all records over which the Board has jurisdiction.	CDSBC is embarking on an electronic records management project which includes an updated set of file plans and records retention and disposal policies and procedures. All current records are retained and secured/backed up as per statements above.
10	Fail to protect title and ownership of the College building and equipment.	Registrar/CEO reports compliance.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date:

5 May 2016

# Quarterly Report

## Registration and Certification

1 February 2016 – 30 April 2016

Prepared for the Board



## **Overview**

The Registration/Certification Team, consisting of the Director of Registration & HR, the Senior Manager, CDA Certification and Quality Assurance and three support staff, are responsible for all aspects of registration of dentists and certification of certified dental assistants. It is also responsible for the CDA Certification Committee, CDA Advisory Committee, Registration Committee, Quality Assurance Committee and the Quality Assurance CE Subcommittee.

The following represents a statistical breakdown of the activity in these areas for the period 1 February 2016 – 30 April 2016 inclusive.

Where available, the previous year's statistics for the same period (1 February 2015 – 30 April 2015) are provided in brackets.

## **Continuing Education Dentists & Certified Dental Assistants**

Continuing education credit submissions are received electronically, by mail and fax and applied to each registrant's Transcript of Continuing Education. Of the more than 10,000 registrants, 3443 have their three-year cycle ending 31 December 2016.

In late August or early September, transcripts are mailed to all registrants with unfulfilled cycles ending that year.



<b>DENTIST STATISTICS</b>		
Practising Dentists - 3378		
<b>NEW REGISTRATIONS</b>		
	1 Feb 2016 – 30 Apr 2016	1 Feb 2015 - 30 Apr 2015
Full Registrations issued (includes Specialists)	36	40
Restricted to Specialty Registrations issued	1	1
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	0	0
• Education	1	0
• Post-graduate	1	2
• Research	0	0
• Student practitioner	0	0
• Volunteer	0	0
Temporary Registrations issued	15	9
Non-practising Registrations issued	0	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	6	7
Transfers from Practising to Non-practising	38	33
Lapsed	76	39
Reinstated	13	8
Resigned/Retired	57	70
Retired (annual \$50 fee)	38	26
Deceased	6	4



<b>CDA STATISTICS</b>		
Practising CDAs - 5953		
<b>NEW CERTIFICATIONS</b>		
	1 Feb 2016 – 30 Apr 2016	1 Feb 2015 - 30 Apr 2015
Practising Certifications issued	38	53
Temporary Certifications issued	11	17
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	0	1
Non-practising Certifications issued	0	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	33	28
Transfers from Temporary to Practising	7	7
Transfers from Temporary-Provisional to Practising	2	0
Transfers from Limited to Practising	0	0
Lapsed	430	471
Reinstated	174	214
Resigned/Retired	100	94
Retired (annual \$25 fee)	34	25
Deceased	1	

## Module designations granted

Orthodontic Module – 3 (15)

Prosthodontic Module – 7(4)

Dental Radiography Module – (24)

## CDA Assessments

Initiated assessments:

- 18 (15)

Certification issued as a result of assessment:

- 18 (6)



## **MANAGEMENT REPORT**

### **BOARD MEETING - Public**

**11 June 2016**

#### **Election Process (Ballots, mailings, process) (*attachments*)**

This year's election is bigger than it has been in many years. There are two or three candidates running for each of the six positions. Each of the candidates were offered two sets of mailing labels for the voter list for the position they were running for. In preparation for the ballot mailout, six separate groups were identified (Groups A-F). These groups represented a group of voters eligible to vote for specific positions (ie. Board Officers, District 1 and Specialists). The packages contained: an instruction memo; ballots for each position in their group with matching envelopes; an outer envelope to hold the ballot envelopes; candidate statements, and an AGM notice. These packages were mailed out on 21 April 2016. The candidate statements were also posted on the website.

The Registration Department staff started receiving ballots back the following day. Upon receipt of the ballots, our Registration & HR Coordinator pulls out the binder (with list of eligible voters) for that Group (Group name is labelled on the outer envelope). She finds the name of the voter and writes in the date received in the chart beside the voter's name. She checks that the envelope is sealed and has not been opened or damaged (ie. sealed but opened and re-sealed with tape). If it is not, she puts a sticker on it to indicate that the envelope was received as is and makes a note of this on list beside the voter's name. The questionable envelopes will later be reviewed by the Election Trustee, Dr. Dave Lawson, who will decide if they are spoiled. The envelope is then placed in through the slot on the appropriate box labelled with the Group name. There are six boxes for Group A through F. The boxes are locked with a pad lock and the Election Trustee holds the key outside of the CDSBC office.

The election will take place in CDSBC's Boardroom. On Election day, the Election Trustee along with one of the scrutineers will come to the CDSBC offices at noon and with three of the Registration Department staff will begin to open the outer envelopes. The Election Trustee will open each box, one by one, and the staff will begin to open the envelopes. These will be verified back to the appropriate Group voter list binder by checking off that relevant ballot envelopes are inside. The inner envelopes will not be opened at this point and will be placed in the appropriate box. The boxes which used to be labelled for each Group will now be labelled for each ballot/position. These boxes will



be locked up again by the Election Trustee until the rest of the scrutineers arrive for the start of the count. The outer envelopes will be bundled into piles of 25 and placed in a separate box. Any questionable envelopes will be placed into a box and the Election Trustee will make a call as to whether the envelope should be considered spoiled per the Election Count Procedures.

The scrutineers will arrive at 4:15 and will start the count shortly after 4:30 once all last minute ballots are received. There will be four teams of three scrutineers – one doing the calling and two recording. There will be staff assisting with the opening and distribution of the envelopes and the Election Trustee will be overseeing the process. The candidates have been invited to send an observer if they wish to observe the process.

After the count is complete for each position, the Election Trustee will reconcile the total ballots cast to the return envelopes. A recount of the votes cast will occur if the number of votes received by the last successful candidate is 10 votes or less than the number of votes received by the first unsuccessful candidate.

Upon completion of the process, the Election Trustee will complete and sign the Report of the Election Trustee form for submission to the Registrar, which will include the election results. The Registrar shall declare the result of the election and will inform the successful candidates. The results will be posted the following morning on the CDSBC website.

## **Pacific Dental Conference 2016**

The College has a presence at the Pacific Dental Conference in three ways:

### Conference booth

Conference attendees are invited to visit with CDSBC representatives at our booth in the PDC exhibition hall. We always have at least one staff dentist on hand to speak to questions about dental practice or complaints. The booth was in a new location this year which seemed to work especially well in terms of attracting traffic.

### Course: More Tough Topics in Dentistry

The first version of this course was launched at the PDC in 2009, and featured live-action videos of dental scenarios that have the potential to become complaints. This course has been available on our website for several years and is one of the key resources for dentists who are asked to take some action to improve their practice. It needed an update, so we assembled a project team (including three staff dentists, one CDA and our communications specialist) to build the new course.



The project team has been working on this project since September, supported by a course designer and graphic design agency, which is creating animated scenarios. The intent is that the course will be delivered in person for 2016, and it is also being developed into an online version for all registrants to access.

The course was delivered to PDC attendees on Friday, 18 March by Drs. Chris Hacker, Meredith Moores and Alex Penner.

### Awards

The awards ceremony took place on Thursday, 17 March at the Fairmont Waterfront. We had a full house, including representatives from the Canadian Dental Association, the BC Dental Association, and other health colleges. The event was hosted by the Nominations Committee and organized by the Communications department. Awards were presented by President Tobias and Registrar/CEO Jerome Marburg. Past President Dr Myrna Halpenny reprised her role as event MC.





## **Renewal Update**

The 2016/17 annual renewal process went fairly smoothly. The notice of annual renewal was mailed out on 11 January 2016 and the annual renewal opened on our website on that same date. This year the dentists were asked for their corporation information. It was mandatory for anyone who owns shares in a corporation. Our staff received a higher volume of calls around this information request in assisting with helping them through the section. Reasons for this were: not understanding exactly what was being asked; many dentists did not have this information readily available; or they did not understand why the college wanted to know this information. As of next year's annual renewal process we will have that information already recorded and the dentists will simply be asked to review and only change if needed.

76 dentists lapsed as of the renewal deadline of March 1<sup>st</sup>. Within the following 60 days, 13 reinstated. 430 CDAs lapsed as of the deadline and 174 reinstated within the following 60 days. More details about these statistics can be found in the Quarterly Report on Registration and Certification.

## **BCDA New Member Session**

Karen Walker, Jerome Marburg and Róisín O'Neill attended a portion of the BCDA's new member session for UBC graduates on 3 May 2016. They presented to a full room of graduates about the registration process and the requirements in order to maintain registration. Most of the graduates had their applications with them and submitted them to Karen after the presentation.

## **Policy Workshop, Webinars and Survey**

The College hosted two registrant webinars in April in support of the initiative to improve the way in which the Board develops policy matters for stakeholder consultation/input and finalization. These webinars (although lightly attended) were led by public engagement specialist Susanna Haas Lyons and proved to be a useful addendum to a well-attended and well-reviewed workshop she facilitated in February at the Hyatt Regency Hotel in Vancouver. Ms. Lyons also collected feedback from registrants via a survey, which garnered close to 400 responses. The results of the workshop and consultation will be tabled with the Board at the June 2016 meeting for further consideration and decision on next steps.



### **New Member Course**

The project team met in January and broke up the course content for each organization (CDSBC and BCDA) to begin work on the creation of the content. Contact was made with the college's course provider to receive feedback on the course content development process specifically relating to preferred format. The provider of the course has not yet been determined. This is something that will happen once most of the content has been created. Due to staff changes and other priorities the development of the course content has been put on hold. It is hoped that this will start up again in June.

### **UBC Professionalism and Community Service**

The College continues its involvement with the UBC PACS series of lectures and courses. CDSBC staff continue to attend at UBC to deliver professionalism and ethics content to students in first, third and fourth year as well as to the international dental completion class. Dr. Tobias and Mr. Marburg hosted the annual lunch and learn for the International Dental Degree Completion Program students on Friday 27 May 2016.

### **CDAC Site Visits**

Ms. Leslie Riva participated in a CDAC site visit in May to confirm the Dental Assisting Program was meeting the regulatory requirements for its graduates to be registered with CDSBC. This was an intensive two and one half day visit, which does not include the preparation before and the writing of report afterwards.

### **Dental Assisting Student Visits**

During April and May Leslie traveled to nine of the ten Dental Assisting programs in the province to speak to the graduating students about the role of CDSBC as their regulator and their requirements once certified with the College. The educators and the students find these sessions very valuable and are appreciative that CDSBC takes the time to do this for them.

### **Online Avoiding Complaints Course**

In early April our long-awaited online Avoiding Complaints course was sent to members of the Board, the Quality Assurance Committee, and staff at CDSBC to test it and get feedback. We are now in the final stages and hope to have the course available on the website in the very near future.





## **CDA Advisory Committee**

In May this Committee invited the Dental Educators from the ten dental assisting programs in the province to begin the discussion concerning CDA educational programs and restricted activities. The educators commented that they were grateful for this opportunity to be involved in this important discussion. It is recognized that will not be resolved quickly but of note is the fact that the CDSBC is engaging with the educators to ensure proper alignment with our bylaws (which will require some tweaking) and their curricula – over which we have considerable say through our ongoing engagement at the national level with NDAEB and with the DARA group.

## **Sharepoint Update (e.g. all CDA records are now scanned)**

We continue to progress well with our implementation of SharePoint for file/data management. All CDA registration files have now been scanned into the system. The dentists' registration files are now being scanned. All new registration files for dentists and CDAs are entered electronically.

We have also made good progress on developing the “shared” sites for meetings and meeting materials. The project is being piloted with the Inquiry Committee which has now had two meetings for which all the materials have been posted onto a collaboration site and accessed online rather than in paper form. This has saved a few forests already. We are perfecting the interface and anticipate that Board meeting materials will be made available electronically within the next meeting or two.

## **Discipline Notices**

Three discipline notices were posted on the College's website in April involving Drs. Rokshana Chherawala, Brian Wiebe and Mi-Hye Kim Ide. All involved consent resolutions of citations, removing the need for the citation to proceed to hearing. Neither Dr. Wiebe nor Dr. Ide is currently practising.

## **BYLAW 12 INTERPRETIVE GUIDELINES – ADVERTISING AND PROMOTIONAL ACTIVITIES**

### **1. Introduction**

*These interpretive guidelines have been prepared by the Ethics Committee to assist registrants in understanding and applying Part 12 of the CDSBC Bylaws regarding advertising and promotional activities. Bylaw 12 and the Interpretive Guidelines do not apply to personal communication.*

*The interpretive guidelines supplement particular sections of Part 12 to provide context and assist with interpretation. In some cases, examples are given. The interpretive guidelines mainly refer to “dentists” because the majority of advertising and promotional activities are undertaken by dentists, however Part 12 also applies to dental therapists and certified dental assistants.*

*The fundamental purposes of Part 12 are to ensure that all promotional activities by registrants are clear, verifiable, understandable, and that they are not misleading, incomplete, or deceptive. The public must at all times have the appropriate information to understand what dental services are being offered, who is offering these services, and their provider’s qualifications. Part 12 seeks to achieve the appropriate balance between these public interest considerations and registrants’ right to freedom of expression. Dentistry is, above all, a healthcare profession undertaken in the best interest of patients and the public; viewed in that light, some restrictions on advertising that might not exist in other “businesses” are necessary and appropriate.*

*When reviewing promotional materials, the College will consider the wording used in the context of the materials as a whole as well as how an average member of the public could perceive that wording. Part 12 (and indeed all of the CDSBC Bylaws) should be read in conjunction with the CDSBC Code of Ethics and the Principles of Patient-Centred Care and the Business of Dentistry. There are also other provincial and federal laws that may apply to certain types of advertising.*

*These interpretive guidelines are not intended to be an exhaustive analysis of all possible promotional materials, nor do they address every section of Part 12. They are provided as guidance only. Registrants must apply their best professional judgment when analyzing whether their promotional activities and materials comply with Part 12.*

Part 12 came into force on 12 October 2015. There is a necessary time for adjustment, however all advertising and promotional materials must be in compliance with Part 12 by 1 ~~January 2017~~.

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## 2. 12.3/12.4 Interpretation: Scope and Application

Section 12.4 defines the scope of Part 12, and explains what is meant by the phrase “advertising and promotional activities”. Part 12 applies to all communications or materials that dentists produce or authorize that are intended (or it can be reasonably inferred that they are intended) to attract patients or to encourage the pursuit of dental services. These materials will most often be disseminated to patients or the public rather than to professional colleagues.

Deleted: Section 12.4 explains what is meant by the phrase “advertising and promotional activities” and defines the scope of Part 12. Part 12 applies to all communications or materials that dentists produce or authorize in their professional capacity. This includes things such as print advertising, a business card, a referral slip, stationery, office signage, radio or television advertising, a website, internet advertising, social media, and many others not listed. ¶

¶ Part 12 does not apply to personal communication not intended for professional promotion.

Part 12 applies to items such as print advertising, office signage, radio or television advertising, a website, internet advertising, and many other advertising and promotional vehicles. It may also include business cards and stationery if they are being used for promotional purposes, including the solicitation of patients.

The purpose of Part 12 is to protect the public from advertising or promotional information about a dentist, and about treatment, that is misleading, inaccurate, incomplete, irrelevant, unverifiable, or untrue. These concerns do not arise in the context of personal communication. The requirements of Part 12 do not, therefore, apply to items such as letters to colleagues, private communications to hospitals, or other correspondence not intended for patients or the public and which do not have the effect of promoting oneself or services provided.

In most cases, it is clear whether the materials are for promotional purposes. For example, a newspaper advertisement is clearly promotional. On the other hand, a private letter to a friend is clearly not.

Other cases are not as obvious. The determining factors are the intended audience and the purpose of the communication. Broadly speaking, if the communication is intended

for patients or the public and/or if the reasonably-inferred purpose is to generate business or promote a dentist, clinic, or dental treatment, Part 12 will apply. Some examples are below:

▼

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- a. Part 12 will not usually apply to letters between colleagues, unless the letter is written for the sole purpose of obtaining referrals or other self-promotion or promotion of treatment.
- b. Part 12 does not apply to communication with a hospital for credentialing purposes, or to a private CV submitted for employment. This is because the intended audience is not the public or patients, and the purpose of the communication is for a specific benefit or privilege rather than for generating business.

### **3. 12.5 Interpretation: Promotional Activities by Dentists and Others**

Section 12.5 reinforces the fact that dentists are responsible for any promotional activities relating to them, the services they provide, or their practice, regardless of whether they do it themselves or it is done by a third party, such as a web designer, a communications firm, or a consultant.

Dentists are responsible for all promotional material produced or disseminated by them or at their direction or request, or activities undertaken on their behalf, regardless of whether the person doing it is being paid or rewarded.

Dentists are strongly advised to provide a copy of Part 12 and these interpretive guidelines to any third party retained to assist with promotional activities, as ultimate responsibility for compliance remains with the dentist.

### **4. 12.7 General Parameters for Advertising and Promotional Activities**

Section 12.7 emphasizes the overriding objectives of Part 12: that all promotional material be accurate, verifiable, understandable, and not harmful to the public. Given that a strong, respectful, and healthy profession is in the public interest, section 12.7 also

contains a provision that addresses the need to protect the dignity and integrity of the profession.

Section 12.7 is a broad section of general application. It applies to all promotional material and activities. Some common examples are analyzed below:

**Testimonials:** Testimonials are inherently unverifiable. The reader of a testimonial is left with an unbalanced and biased assessment of a procedure or service (made by a person who in all likelihood is not qualified to assess it), and cannot know the circumstances or assess the reliability of the information presented. In most cases, testimonials are self-selected and may be edited. Testimonials are not permitted.

A further concern related to testimonials is the practice of "astroturfing". Astroturfing involves a person or their media consultants posting made-up positive comments or reviews on third party websites or forums. This practice is not permitted under Part 12. Equally unethical is the practice of posting made-up negative comments or reviews with respect to another practitioner. Astroturfing in either of these forms may be a violation of the Code of Ethics and/or an offence under the federal Competition Act.

**Pricing:** If a price is being advertised, in addition to the prohibition on inducements and specific discounts in section 12.13, the price advertised must not be misleading or incomplete, and it must not be presented in a way that would induce a member of the public to ask for treatment that may not be suitable or required. Advertisements that refer to price must describe the fees and services in sufficient detail to enable the reader to clearly understand the nature and extent of the work to be performed (including any additional work that may be necessary) and the true cost.

**Unrealistic or unverifiable descriptions of treatment and/or results:** Statements such as "pain-free", "state of the art", or "a perfect smile" are unverifiable and create unrealistic expectations. They are not permitted.

With respect to prescription drugs, such as Botox, dentists are reminded that Health Canada does not allow direct-to-consumer advertising beyond name, price, and



quantity.<sup>1</sup> Therefore, further to 12.7.4, it is not permissible to advertise the therapeutic benefits, perceived or actual, of prescription drugs.

#### **5. 12.8-12.11 Qualifications, Continuing Dental Education, Titles, and Designations**

*The purpose of sections 12.8-12.11 is to ensure that the public receives clear, understandable, relevant, and complete information about their dentist's qualifications.*

When a dentist lists their name *for advertising or promotional purposes*, it must be followed by the category of their registration: either as a general dentist, or as a certified specialist including the area of specialization (including the fact that they are restricted to that specialty if that is their category of registration).

Examples: *Dr. Sanford Scolex, General Dentist*

*Dr. Marie Curie, Certified Specialist in Periodontics*

*Dr. Emmett Brown, Certified Specialist – Restricted to Periodontics*

*This ensures that the public is not misled or confused by other titles or certifications that are not relevant to a dentist's class of registration in British Columbia.*

*While dentists' titles are limited to their class of registration, dentists may wish to list their post-secondary degrees or designations, as well as any additional training or continuing education in specific fields. This information may be helpful for patients, but in order for it to be helpful and not be misleading, the information provided must be complete.*

Section 12.9 specifies how post-secondary degrees are to be described *in advertising or promotional materials*. All of the information stated in section 12.9.2 must be included, and nothing else. Three examples are below:

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<sup>1</sup> Food and Drug Regulations, section C.01.044

Bachelor of Science (Biochemistry) - University of Saskatchewan, 2000

Master of Science (Microbiology) – University of Alberta, 2004

Doctor of Dental Medicine – University of British Columbia, 2015

Section 12.10 specifies how continuing dental education may be described in advertising or promotional materials. All of the information stated in sections 12.10.1 – 12.10.5 (name of the course or program, provider, location, date it was completed, number of hours of instruction) must be included, and nothing else. Four examples are below:

“Gold & Porcelain Restorative Study Club” sponsored by the Kamloops Regional Dental Club, Kamloops, 2005-2007: 90 hours.

“Infection Control for Certified Dental Assistants” presented by Dental Care Academy, Port Alberni, 2012: 4 hours.

“Fundamentals of Dental Implants” presented by the Academy of Dental Implants, Vancouver, 2015-2016: 30 hours.

“Introduction to Applied Cosmetic Dentistry” presented by the Aesthetics Dental Society, Abbotsford, 2010: 10 hours.

These sections allow the public to receive clear, understandable, and complete information about a dentist's qualifications and education.

While there are many other possible designations a dentist can obtain, their use is not permitted in advertising or promotional materials unless they are provided in compliance with the form above. This is because there are so many acronyms, fellowships, and other titles, that it is difficult for a member of the public to obtain complete information and accurately assess the importance or relevance of the designation. An example is below:

Dr. S. Freud, FRCD(C), FAGD, DABOI, FICOI, FACD, FICD, FADI, FACP

Even a well-informed member of the public would find it difficult to accurately assess the relevance or significance of these designations. These designations are misleading because they do not include the necessary context to permit the public to review and analyze the duration, currency, and relevance of the program to the dentist's practice.

Another common example is dentists who advertise awards, such as "*Named Best Dentist in Some Local Newspaper, 2015*". Awards are not relevant to the dentist's education or qualifications and indeed may have no relationship to their clinical ability. Similar to a testimonial, the example of an award is an unbalanced and biased assessment against some unknown criteria, and it is difficult for a member of the public to determine the circumstances or assess the reliability or relevance. The listing of awards in advertising or promotional materials is not permitted under section 12.11.

#### 6. 12.12 Reference to Specialty

Dentists are free to list the services that they provide. It is not permissible for a dentist to imply that they are a specialist if they are not registered as such, and it is not permissible to describe an area of treatment in a way that suggests it is a recognized specialty if it is not.

An example of this is a dentist who describes him or herself as a "cosmetic dentist" or "implant specialist" – this is not permissible because it implies that the dentist's practice is limited to those areas (when it is not) and because neither cosmetic dentistry nor implant dentistry is a recognized specialty. Dentists who are certified specialists holding "restricted to specialty" registration must clearly identify that restriction, and must not imply, suggest, or hold out that they are qualified or entitled to practise as a full registrant or provide treatment beyond their restriction as stated in Bylaw 6.06(5).

#### 7. 12.13 Inducements

Section 12.13 deals with inducements. The purpose of this section is to ensure that the public is not given incentive to seek or obtain procedures that may not be required or appropriate. Treatment offered and delivered to a patient should be based on a reasoned diagnosis and an appropriate individual treatment plan including documented informed consent. This is not a process that lends itself to advertising incentives for "common" or "popular" treatments. It is therefore not permissible to advertise a particular procedure for free or at a discount, or to offer rewards that promote a particular treatment.

*An example of this is a dentist who advertises a “free velscope exam”. The velscope is an aid used in conjunction with other diagnostic techniques, and is not indicated for all patients. This underscores the need to provide a diagnosis and treatment recommendations specific to each patient, following appropriate informed consent discussions.*

*This does not limit a dentist’s ability to waive their professional fees or offer a discount to a patient on their invoice (i.e.: not an advertised “discount”, and provided that any applicable insurer receives the same proportionate discount applicable to the co-payment), or to advertise or offer rewards programs that apply equally to all treatments.*

*There is an exception in section 12.13.1 for dentists and clinics that serve financially disadvantaged or disabled populations. This is intended for good-will and non-profit clinics; it is not an exception for conventional practices to offer free treatment in order to recruit patients or promote other paid services.*

#### **8. 12.14 Office Names and Information**

*In addition to working as sole practitioners, dentists are permitted to practise through health profession corporations, and in group practices. However, regardless of practice arrangement, patients are entitled to know who is responsible for the delivery and administration of their care. The purpose of section 12.14 is to ensure that patients know at all times who the practising dentists and owners of their dental office are.*

*The ethical principles of consent and patient autonomy require that patients be able to choose not only who their dentist is but also who is involved in the administration of their treatment.*

*Beyond the concepts of autonomy and consent, section 12.14 supports the dentist-patient relationship and ensures that only registered dentists are owners of dental practices. It increases transparency and reinforces the accountability of owners as discussed in the CDSBC standard “Principles of Patient Centred-Care and the Business of Dentistry”.*

*Promotional materials for a dental office that appear in print, online, or in the dental office must include the names of the owners and the dentists practising at that office. An example is below:*

##### Route 66 Dental Clinic

**Owners:** Dr. Edsel Ford, General Dentist  
Dr. Louise Chevrolet, Certified Specialist in Orthodontics

**Clinicians:** Dr. Edsel Ford, General Dentist  
Dr. Louise Chevrolet, Certified Specialist in Orthodontics  
Dr. Claire Studebaker, Certified Specialist in Endodontics  
Dr. Walter Chrysler, General Dentist

Similarly, under section 12.14.2, the front entryway must specifically indicate which dentists are practising at that location, along with their category of registration.

## 9. 12.15 Trade Names

Section 12.15 specifies appropriate trade names for dental practices. A trade name may be the name of the dentist practising there, a name approved by the College (subject to the requirements of Part 11), or another name that is in compliance with Bylaw 12.

This means that there is a broad freedom to choose almost any trade name, as long as it doesn't offend any of the sections of Part 12. Two examples are below:

*"Implant Specialties Dental"* is not permitted because it offends section 12.12 by implying that implants are a recognized specialty.

*"Painless Dental"* is not permitted because it offends section 12.7.4 by appealing to fear of pain in dental treatment.

## 10. Concerns about another registrant's materials

If you have a concern about another registrant's promotional materials, you can submit a formal complaint to the College, however the College strongly encourages all registrants to discuss any concerns they have about promotional activities of other registrants and attempt to resolve the issues among themselves before submitting a complaint.

If the concern cannot be addressed informally, you can submit a complaint in the form attached ([link to be provided](#)).

## 11. Conclusion

These interpretive guidelines discuss specific topics in Part 12 of the CDSBC Bylaws. They are intended to provide registrants with guidance in designing their promotional materials. However, the interpretive guidelines are not conclusive or exhaustive, and they should not be considered a substitute for professional judgment, or if necessary, professional advice.

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TO: CDSBC Board

FROM: Leslie Riva, Senior Manager: CDA Certification and Quality Assurance

DATE: June 1, 2016

SUBJECT: **Canadian Dental Assistant Regulatory Authority (CDARA)  
Orthodontic/Prosthodontic Module Standardization**

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The purpose of this memo is to bring to the Board's attention a request by the CDARA to develop a common approach to the Orthodontic and Prosthodontic Modules.

1. Background

Certified dental assistants in BC who successfully complete an Orthodontic or Prosthodontic training program (module) that provides specific training in services outlined in Bylaw sections 8.09 and 8.10 can apply for a designation with CDSBC that allows them to be authorized by a dentist to provide those specific services.

A review of the Orthodontic and Prosthodontic Modules was carried out by a working group of the CDARA and identified significant variation between provincial jurisdictions in not only the training programs but also the activities allowed. The interprovincial variability negatively impacts portability and causes confusion about the activities a certified dental assistant can perform in any given jurisdiction.

CDSBC has been collaborating with other regulated jurisdictions to develop a common approach to expanded activities. The standardization of activities would allow improved portability for certified dental assistants and the ability to perform a broader set of activities in practice. The development of a recognition or accreditation process for the expanded activity training programs is an important feature. The collaborating regulatory group has developed a recommended list of activities for two areas.

The list of recommended activities captured/anticipated as "expanded" in orthodontics and prosthodontics is attached. I have bolded the services that CDAs in BC with either module are not currently able to provide based on CDSBC Bylaws 8.09 and 8.10.

If approved in principle, the list will be the basis for reviewing the requirements of module training programs. The requirements will then be used to establish an interprovincial recognition/accreditation process for the modules. This is the beginning of the process and the CDARA will continue to apprise the stakeholders as they proceed.



The CDA Advisory Committee met May 31, 2015 and discussed CDARA's proposal. The Committee felt that while the requested expansion of the activities may not be appropriate, including the education of those expanded in to the training programs would allow for labour mobility. The Committee would like to have input from the registrants that would be affected by the expansion of these activities.

## 2. Next steps

The Committee is very aware of their role and is seeking the Board's input on this proposed course of action and would appreciate hearing any thoughts, concerns or direction that the Board might have.

**TABLE ON RECOMMENDED ACTIVITIES AFTER COMPLETION OF SPECIFIC POST TRAINING MODULES BY PROVINCE (revised 19 May 2016)**

	<b>AUTHORIZED ACTIVITY – ORTHODONTICS Module</b>
1	Produce orthodontic diagnostic impressions
2	Apply x-ray of ionizing radiation for the purpose of producing a panoramic image
3	Apply x-ray or ionizing radiation for the purpose of producing a cephalometric image
4	Trace cephalometric image for diagnostic purposes
5	Place orthodontic separators
6	Produce orthodontic working impressions for orthodontic appliance fabrication – removable
7	Produce orthodontic working impressions for orthodontic appliance fabrication – fixed
8	Fit orthodontic appliance – removable
9	Adjust orthodontic appliance – removable
10	Remove orthodontic separators
11	Fit orthodontic bands
12	Prepare teeth for cementation of orthodontic bands
13	<b>Place orthodontic bands with self curing cement</b>
14	Remove excess cement following cementation of orthodontic bands with hand instruments
15	Remove excess cement following cementation of orthodontic bands with ultrasonic instruments
16	Remove excess cement following cementation of orthodontic bands with slow speed rotary instruments
17	Fit orthodontic brackets and bondable attachments - direct technique
18	Fit orthodontic brackets and bondable attachments - indirect technique
19	Prepare teeth for bonding orthodontic brackets and bondable attachments
20	Place orthodontic brackets and bondable attachments with light curable bonding agent
21	<b>Place orthodontic brackets and bondable attachments with self curing bonding agent</b>
22	Remove excess bonding agent following bonding of orthodontic brackets with hand instruments
23	Remove excess bonding agent following bonding of orthodontic brackets with ultrasonic instruments
24	Remove excess bonding agent following bonding of orthodontic brackets with slow speed rotary instruments
25	Fit (bend or cut) orthodontic archwires
26	Ligate orthodontic archwires with separate elastomeric ligature
27	Ligate orthodontic archwires with chain elastomeric ligatures
28	Ligate orthodontic archwires with metal wire ligatures (separate or continuous)
28	Ligate orthodontic archwires using self-ligating brackets
30	Inform patient on use and care of fixed and removable orthodontic appliances
31	Apply non-medicinal material to reduce irritating components
32	Remove orthodontic elastomeric ligatures
33	Remove metal wire ligatures
34	Remove orthodontic archwires
35	Adjust (bend or cut) orthodontic archwires
36	Remove orthodontic bands with hand instruments
37	Remove orthodontic brackets and bondable attachments with hand instruments
38	Remove excess cement after removal of orthodontic bands with hand instruments
39	Remove excess cement following de-banding of orthodontic bands with ultrasonic instruments
40	Remove excess cement following de-banding of orthodontic bands with slow speed rotary instruments
41	Remove excess bonding agent following de-bonding of orthodontic brackets with hand instruments
42	Remove excess bonding agent following de-bonding of orthodontic brackets with ultrasonic instruments
43	Remove excess bonding agent following de-bonding of orthodontic brackets with slow speed rotary instrument

TABLE ON AUTHORIZED ACTIVITIES AFTER COMPLETION OF SPECIFIC POST GRADUATE MODULES BY PROVINCE

	AUTHORIZED ACTIVITY PROSTHODONTIC Module
	<b>Diagnostic tests</b>
44	Pulp vitality testing - temperature response
45	Pulp vitality testing - electric response
46	Pulp vitality testing – percussion
	<b>Diagnostic records</b>
47	Face Bow transfer records
48	Fabricate occlusal rims
	<b>Provisional restorations</b>
49	<b>Place intermediate restorative materials for temporary restoration of a tooth, light cure if applicable</b>
50	<b>Adjust occlusion or contour of temporary restorations with hand instruments</b>
51	<b>Adjust occlusion or contour of temporary restorations with slow speed rotary instruments</b>
52	Fabricate acrylic provisional crown using self or light curing material, direct, intra-oral
53	Fabricate acrylic provisional onlay using self or light curing material, direct, intra-oral
54	Fabricate acrylic provisional inlay using self or light curing material, direct, intra-oral
55	Fabricate acrylic provisional bridge using self or light curing material, direct intra-oral
56	Fabricate acrylic provisional crown using prefabricated shell, direct, intra-oral
57	Fabricate acrylic provisional onlay using prefabricated shell, direct, intra-oral
58	Fabricate acrylic provisional inlay using prefabricated shell, direct, intra-oral
59	Fabricate acrylic provisional bridge using prefabricated shell, direct intra-oral
60	<b>Adjust occlusion or contour of acrylic provisional crown, inlay, onlay or bridge - currently only extra-orally</b>
61	Prepare tooth for temporary cementation of acrylic provisional crown, inlay, only, bridge
62	Place acrylic provisional crown with temporary cement
63	Place acrylic provisional onlay with temporary cement
64	Place acrylic provisional inlay with temporary cement
65	Place acrylic provisional bridge with temporary cement
66	Remove excess cement following cementation of acrylic provisional restoration with hand instruments
67	Remove acrylic provisional restoration
	<b>Permanent restorations</b>
68	Prepare tooth for cementation of permanent crown, onlay, inlay or bridge
69	Remove permanent cement using hand instruments
	<b>Soft tissue management</b>
70	Place gingival retraction cord with or without haemostatic agents (no epinephrine) in sulcus non-excision
71	Remove gingival retraction cord
72	<b>Place</b> and remove periodontal surgical dressing

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### **Orthodontic Module**

- 8.09** (1) A dentist may delegate the provision of the following services to a practising certified dental assistant who has successfully completed an Orthodontic Module:
- (a) instructing in the use and care of orthodontic appliances;
  - (b) applying appropriate materials to irritating components or removing irritating components.
- (2) A dentist may authorize a practising certified dental assistant who has successfully completed the Orthodontic Module to provide the following services under the supervision of a dentist:
- (a) a service referred to in subsection (1);
  - (b) placing and removing orthodontic separators;
  - (c) preparing teeth for bonding or cementing of orthodontic attachments or bands;
  - (d) subject to subsection (3), fitting, placing, and light curing orthodontic bands or bondable attachments, with a dentist's assessment after fitting and again before light curing;
  - (e) removing excess adhesive material using appropriate hand instruments, or ultrasonic or slow-speed rotary instruments, following banding/bonding or debanding/debonding procedures;
  - (f) fitting and adjusting orthodontic appliances and archwires followed by assessment by a dentist;
  - (g) placing and ligating archwires after assessment by a dentist;
  - (h) removing ligating materials and archwires;
  - (i) removing orthodontic bands and bonded attachments using appropriate hand instruments.
- (3) Despite subsection (2)(d), attachment by self-curing materials must only be done by a dentist, and must not be delegated to or authorized to be performed by a person who is not a dentist.

### **Prosthodontic Module**

- 8.10** A dentist may authorize a practising certified dental assistant who has successfully completed a Prosthodontic Module to provide the following services under the supervision of a dentist:
- (a) fabricating and trying-in provisional restorations intra-orally, including intra-coronal direct provisionals, and adjusting occlusion extra-orally, followed by assessment by a dentist before cementation;



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- (b) temporary cementation of provisional restorations and removal of temporary cement followed by assessment by a dentist;
- (c) performing non-surgical gingival retraction techniques excluding the use of epinephrine;
- (d) removing temporary and permanent cements using an appropriate hand instrument and excluding the use of dental handpieces;
- (e) removing provisional restorations.

### **Dental Radiography Module**

**8.11** A dentist may authorize a dental assistant who has successfully completed a Dental Radiography Module to expose dental radiographs under the supervision of a dentist.

### **Delegation to dental hygienists**

- 8.12** (1) Subject to subsection (2), a dentist may delegate or authorize the provision of a service that includes the performance of a restricted activity by a dental hygienist, if the dentist
- (a) ensures that the service will be provided within
    - (i) 365 days after the dental hygienist's receipt of specific and appropriate instructions from the dentist for the provision of that service, or
    - (ii) such shorter period of time after receipt of such instructions as may be required under the standards of practice or as the dentist may otherwise consider necessary, and
  - (b) examines the patient, or ensures that another dentist examines the patient,
    - (i) during the course of the appointment at which the service is provided, unless the patient is returning for treatment that was authorized by a dentist who examined the patient within the previous 365 days and no further examination is required in accordance with the standards of practice, or
    - (ii) at the beginning of the appointment at which the service is provided, if required under the standards of practice or otherwise considered necessary by the dentist.
- (2) A dentist
- (a) must not delegate or authorize the provision of any of the services referred to in section 8.09(1) or (2) to a dental hygienist unless the dental hygienist has successfully completed an Orthodontic Module, and
  - (b) must not delegate or authorize the provision of any other orthodontic service that includes the performance of a restricted activity to a dental hygienist, other than a service referred to in section 8.09(1) or (2).