

THE CDSS PRACTICE OF DENTISTRY, CLINIC FACILITIES STANDARD

(This document is produced by the CDSS for its member's guidance regarding Ownership, Employment, Oversight/Supervision, Authorized Practice, Continuity of Care)
(Revision Approved November 29, 2017)

1. A 'Dentist' means a College of Dental Surgeons of Saskatchewan (CDSS) fully licensed member.
2. A "Dental Clinic Facility" means all places which are used by or 'connected to' (by employment, contract or in the case of a Dental Disciplines Act (DDA) s25 Agency, a formal referral arrangement) a CDSS fully licensed member for performance of any DDA 'authorized practices' (DDA s23) with respect to a patient;
3. A "Dental Clinic", as defined in the Radiation Health and Safety Regulations, means a place in which radiation equipment is used by or under the direction of a CDSS licensed member, for diagnostic or therapeutic purposes with respect to a patient;
4. A "Dental Clinic Facility Owner" is a person or a corporation that owns some or all of the 'hard assets' comprising a Dental Clinic Facility. 'Ownership' is not addressed in the DDA or the bylaws, therefore a Dental Clinic Facility can be owned by anyone. However,
 - i) A Primary Dentist 'connected' to a practice must ensure that a CDSS Annual Facility Permit is approved by the Registrar prior to the practice of dentistry (after July 1, 2017) in the facility. (CDSS Bylaw 3.3);
 - ii) A) All full practicing general members ('itinerant' members and those members 'connected' to facilities where a dentist is not always present during normal operating hours), must provide appropriate continuity of care, contact information and appropriate access (24 hours a day/ 7 day a week) to patients of record to address consultations and emergency services within their respective scope of practice. The individual(s) who are to be reached for dental emergencies must have the knowledge, skills, abilities, and necessary hospital privileges/access required to treat the complications that may be reasonably expected to arise from any procedure they perform, in any dental clinic or other facility. If they are unable to do so, they must: a) not perform the procedure, or b) make arrangements in advance with someone able to meet the above criteria in a timely manner. A dental emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated medical complications.
B) All specialist members including 'itinerant' specialist members and those members 'connected' to facilities (where a specialist is not always present during normal operating hours), must provide continuity of care by a specialist of equal specialty licensure including contact information and appropriate access (24 hours a day/7 day a week) to patients of record to address consultations and emergency services within their respective scope of practice. The individual(s) who are to be reached for dental emergencies must have the knowledge, skills, abilities, and necessary hospital privileges/access required to treat the complications that may be reasonably expected to arise from any procedure they perform, in any dental clinic or other facility. If they are unable to do so, they must: a) not perform the procedure(s) as an itinerant or otherwise, or b) make arrangements in advance with a specialist with equal licensure able to meet the above criteria in a timely manner. A dental/medical emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated dental/medical complications.
 - iii) Assistants, Hygienists and Therapists must be employed by or in contract with a dentist or a dental professional corporation (connected dentist) or a 'DDA Agency' to perform their authorized practice pursuant to the DDA s25.

Commented [S1]: A dental clinic facility does not mean a place where a contract is in place. A contract with a dental hygienist may be in a situation where there are providing mobile services being provided for example or a place that is owned or operated by a dental hygienist. The dentist and/or CDSS does not have control over this type of "place" in a contract situation.

Commented [BW2R1]: Every clinic in Sk., including mobile clinics, must have a dentist 'connected' by employment, contract or formal consultation or referral arrangement, for the purpose of public interest, pursuant to DDA s25 (that cannot be changed without an amendment to the Act)

The CDSS regulates every member capable of fulfilling the role of a 'connected' dentist, in the public interest. The condition "under contract" does not imply a lesser standard of care. A CDSS dentist still must ensure the quality of the services in a manner consistent with the CDSS regulation of its members. The fact that hygienists must practice in an employment relationship with or under a contract with a dentist clearly implies that a dentist has supervisory obligations vis-à-vis hygienist practices. The obligation for supervision by the connected dentist cannot be neutered by allowing arrangements where the dentist is not obligated to ensure that the standards of dental practice are maintained. If the intent of the DDA was to create greater autonomy for hygienists, the DDA would have eliminated the supervisory role of a dentist and would have allowed hygienists to operate without any formal ties to a dentist. That did not occur.

The CDSS does not regulate owners of dental clinic facilities, mobile or other, but they do need to know where CDSS members practice and that the members are practicing per the CDSS professional standards in those facilities. This is not about control, it is about each dentist's obligation to fulfill their oversight regarding the public interest afforded to them in the DDA s25.

Commented [BW3]: Should say 'formal consultation or referral'

Commented [S4]: Again, the dentist and the CDSS does not have the right to have control over a facility not owned /operated by a dentist.

Commented [BW5R4]: Again, the CDSS has licensing and regulatory influence over all of its members and has a right to know where members practice and that the members practice in each facility is compliant with CDSS professional standards. The CDSS has an obligation to address its members regarding compliant practice.

Should say 'primary connected dentist' and 'prior to the CDSS member engaging in the practice'

Remove reference to CDSS Bylaw at end

"connected dentist" should be defined in a new article 2 as follows:
"A CDSS member connected to a dental clinic facility, as an employer or under contract, for the purpose of allowing dental practice to occur in any form or facility pursuant to the DDA s25.

Commented [S6]: The term dental professional corporation is not in the DDA.

Commented [BW7R6]: It is consistent with the Professional Corporations Act and the CDSS bylaws. Should say 'or a dentist with a permit to operate within a dental professional corporation' and the (connected dentist) can be removed since a definition will be created in article #2

- iv) No member shall enter into any agreement (including a lease of premises pursuant to which the amount payable by or to a member directly or indirectly is related to the amount of fees charged by the member or by a person licensed or registered under any legislation regulating a health discipline), unless the is a contract for services with:
- (a) another member or members, a College of Physicians and Surgeons of Saskatchewan (CPSS) physician, a dental assistant, dental hygienist or dental therapist; or
 - (b) A corporation, partnership, or other entity controlled by a member, members or a CPSS physician. (Bylaw 3.4)
- v) No member of the College shall, except with the consent of the council, act as employee, assistant, agent, partner, officer, shareholder or otherwise howsoever, engage in the private practice of their profession for the benefit, or advantage of any corporation, or of any person who is not duly qualified and lawfully entitled to practice either dentistry or medicine in Saskatchewan, or in such a way that any such company or unqualified person may make thereby profit, reward or advantage, either directly or indirectly, unless:
- (a) provision is provided for the same by another federal or provincial act; in the case of a corporation;
 - (b) such corporation is a professional corporation under these bylaws; or
 - (c) in the case of employment of the member, the employer is a person, corporation or other legal entity referred to in section 25(1) of the Act. (Bylaw 3.5)
- vi) Each member shall be responsible for ensuring that any professional corporation, of which he/she is a director, complies with these bylaws and its permit. (Bylaw 3.6)
5. The connected dentists' responsibilities include, but are not limited to, the following which should be supported by written protocols:
- (i) General oversight/supervision of the provision of all oral health professional services provided at a clinic within the context of the CDSS Bylaws and CDSS Professional Practice Standard; [DDA s15(2) (e); Bylaw 3.7; CDSS PPS CI]
 - (ii) New patients attending a clinic who are seeking an oral health (dental) examination may first be attended to by a dental therapist, hygienist or assistant (within the limits of their authorized practice and their license as illustrated in the following numbered articles) for a screening examination, which may become a part of a complete (comprehensive) examination or part of a limited, specific or emergency examination. The screening examination may include, as necessary, the following: radiographs [as per article 5 (xv) below], photos, videos, recording of screening findings including: medical health information, dental history, chief complaint, soft tissue, lymph nodes, periodontium, occlusal screening caries, etc. and a draft treatment plan. Members are obligated to educate their patients regarding the importance of a comprehensive examination at least every two (2) years and must record any refusal of such by patients. Patients attending a clinic for a specific concern may be provided a limited examination (procedure code 01202), a specific examination (procedure code 01204), an emergency examination (procedure code 01205) or may be provided a screening examination by a Dental Hygienist or a Dental Therapist (within the limits of their authorized practice and their license as illustrated in following numbered articles).
 - (iii) The connected Dentist must attend the patient to finalize the complete (comprehensive) examination confirming the screening information and finalizing the comprehensive treatment plan. Completion of the Comprehensive (Complete) Examination must be done in person. Following the dentist's involvement in the comprehensive examination t h e service may be billed to the patient. Involvement of the dentist by real time videoconferencing (skype, face time, etc.) may be useful in emergency or specific examination situations, but is not equivalent to the dentist's in person involvement in the Comprehensive (Complete) Examination, unless the dentist can show evidence that it is equivalent. [DDA s23(1)]

Commented [BW8]: This should mirror proposed bylaw 3.9 Agreements and Leases

- 3.9** No member shall enter any agreement, including:
- (a) a lease of premises;
 - (b) a lease of equipment; or
 - (c) agreements for other items or services,
- where the amount payable by or to a member is related, directly or indirectly, to the fees charged, including a percentage of fees, by the member or by a person licensed or registered under any legislation regulating a health discipline, unless the agreement is a contract for services with:
- (i) another member or members, a CPSS physician(s) or a dental assistant, dental hygienist or dental therapist; or
 - (ii) a Dental or Medical Professional Corporation having a valid practice permit;

Commented [BW9]: This should mirror proposed bylaw 3.10 Employment and Business Relationships

- 3.10** (1) No member, except with the consent of the Council, shall:
- (a) act as an employee, assistant, agent, partner, officer, shareholder or otherwise, of any corporation or any person; or
 - (b) engage in the practice of dentistry with a corporation or person,
- in such a way that such corporation or person, who is not duly qualified and lawfully entitled to practice general dentistry, a dental specialty or medicine in Saskatchewan,
- (i) could influence or control patient care; or
 - (ii) could benefit, profit or gain reward;
- either directly or indirectly, unless:
- (iii) provision is made for such by another federal or provincial act; or
 - (iv) in the case of a corporation, that corporation is a dental or medical professional corporation having a valid practice permit; or
 - (v) in the case of employment of the member, the employer is a person, corporation or other legal entity referred to in subsection 25(1) of the Act.

- (iv) Establishing an appropriate informed consent process which recognizes the right of each patient to understand:
 - (a) their health status, (b) their options for treatment or no treatment, (c) their consent to treatment and their right to withdraw consent as they choose. Patients should understand who will be providing the treatment and the subsequent continuity of care. Professional designations (general practitioner, specialist, therapist, hygienist, assistant or aide) of all staff should be appropriately displayed, must be clearly communicated to patients and must not be misrepresented in any manner.
- (v) Appropriate processing of all of patient information/records including radiographs, notes and treatment plans to meet the CDSS Professional Practice Standard. Patient records are the responsibility of the 'connected' dentists (Trustees) pursuant to HIPA Article 2(t)xii). The patient information (including radiographs) must be available to the dentist on demand when required. The staff should be able to make appropriate contact with the employer/contract dentist as necessary with questions pertaining to patients.
- (vi) Establishment of comprehensive treatment plans, advising on the treatment plans and updating the treatment plans as required for each patient. [DDA 23(1); Bylaws 3.2; CDSS PPS 1.3]
- (vii) Simple extraction protocols as they relate to a therapist's authorized practice.
- (viii) Attending each clinic at least once a month for treatment beyond the scope of the Dental Therapist, Hygienist and Assistant, and to attend patients as necessary to fulfill the other responsibilities; [DDA s15(2)(c)(e)].
- (ix) Establishing appropriate consultation and referral protocols to engage other dental health providers for additional treatment beyond their competence;
- (x) Appropriate prescribing, storage and recording of medications;
- (xi) Appropriate use of the Connected dentists billing number for all therapist's, hygienist's and assistant's services.
- (xii) Random and regular auditing of patient records including billing records to ensure scope of authorized practice is observed.
- (xiii) Providing for the CDSS to perform (Practice Enhancement Review Program) PERP visits pursuant to the CDSS Member's license.
- (xiv) Facilities in which general anesthesia will be performed by a CPSS licensed physician must be inspected and accredited as a Non-Hospital Treatment Facility pursuant to the Health Facility Licensing Act.
- (xv) CDSS Members must make specific orders or maintain written protocols for ordering diagnostic tests and imaging to be performed by dental therapists, hygienists and assistants, unless in the case of dental therapists and dental hygienists, the diagnostic imaging (radiographs) is required pursuant to their authorized practice.
- (xvi) Members must ensure that at the time of performing any dental treatment, including the administration of local anesthetic, by themselves or allied personnel, which may give rise to a medical emergency that appropriate emergency supplies are present and that they, and the allied personnel administering such, must be properly trained to apply the appropriate protocols including provision of emergency medical treatment within the limitations of the DDAs23
- (xvii) Termination of treatment of a patient should only be done under the following conditions:
 - a. There are sound and reasonable grounds for doing so;
 - b. The patient is notified prior to the termination; and
 - c. The termination is not detrimental to the patients' health
- (xviii) Appropriate continuity of patient care and custody of records following practitioner and practice Transitions, including retirements.

Commented [S10]: In a contract situation, the patient records would not be the responsibility on the dentist. As a self-regulating professional providing services to a patient, the dental hygienists would be legally responsible for/custodians of the records.

Commented [BW11R10]: Again, the CDSS addresses its members regarding compliant practice of all of its members and if they are connected to a practice, the CDSS requires them to properly process, access and protect records that they have professional connection with pursuant to the CDSS bylaws, standards and HIPA

Commented [S12]: Dental hygienists can acquire their own Unique Identifier numbers (UIN) and can bill insurance companies directly. Requiring the dentists to use their UINs forces the billing and revenue to funnel through the dentist and ultimately the dentist to be responsible for the financial operations of this arrangement. This is unacceptable and prevents dental hygienists for completely owning and operating their own business.

Commented [BW13R12]: Grammar- 's should be s'
The CDSS requires it members to use their billing UIN for follow-up on CDSS regulatory matters. The dentist and others involved in the practice are able to remunerate themselves by any lawful arrangement/contract. The CDSS members remuneration arrangement must also comply with the CDSS Bylaws. This doesn't prevent dental hygienists from owning and operating their own business. However, if Hygienists wish to use their own UIN for billing, their contract with the dentists should stipulate that the dentist has access to the billing data for regulatory and oversight purposes

Commented [S14]: If the dentist has seen a particular patient in a contract arrangement than this is acceptable. If they have not, then the dentist is not responsible for the chart and the CDSS does not have a right to it. See 5(v)

Commented [BW15R14]: The general oversight responsibility afforded all connected dentists by DDAs25 and the responsibility of the CDSS to regulate its members requires this provision. The fact that hygienists must practice in an employment relationship with or under a contract with a dentist clearly implies that a dentist has supervisory obligations vis-à-vis hygienist practices. The obligation for supervision by the connected dentist cannot be neutered by allowing arrangements where the dentist is not obligated to ensure that the standards of dental practice are maintained. If the intent of the DDA was to create greater autonomy for hygienists, the DDA would have eliminated the supervisory role of a dentist and would have allowed hygienists to operate without any formal ties to a dentist. That did not occur.

6. Dentists may perform their Authorized Practices provided that the following requirements are met:
 - a. The member has successfully completed appropriate training in the Authorized Practice and;
 - b. The member has adequate knowledge for the provision of that Authorized Practice.
7. Dental Assistants can assist and perform assisting duties including: (a) the introduction and manipulation of dental materials and devices in the mouth, (b) orthodontic and restorative procedures consistent with an approved education program in dental assisting and (c) exposure, processing and mounting of dental radiographs in accordance with *The Radiation Health and Safety Act, 1985* (according to the connected dentist written protocol exposing radiographs or on order by a dentist). [DDA s23(4)]
8. Dental Hygienists employed by/in contract with a dentist (connected dentist) or a DDA s25 Agency are authorized to: (a) perform a limited, specific or emergency examination (assessment) (b) communicate an assessment and treatment plan regarding periodontal health of a patient (c) perform supra and subgingival debridement (d) orthodontic and restorative procedures consistent with an approved education program in dental hygiene (e) administer local anesthesia in provision of dental treatment and (f) expose and process dental radiographs (for provision of their authorized practice or according to the connected dentist's written protocol for exposing radiographs). [DDAs23(5)]. See diagram in #10.
9. Dental Therapists employed by/in contract with a dentist (connected dentist) or a DDAs 25 Agency are authorized to: (a) perform limited, specific or emergency examination (assessment) (b) communicate a conclusion identifying caries or dental abscesses as the cause of a person's symptoms (c) perform treatment services in teeth (d) conduct simple extractions of primary and permanent teeth (e) perform space maintenance on teeth (f) administer local anesthesia in the provision of dental treatment and (g) expose and process dental radiographs (for provision of their authorized practice or according to the connected dentist's written protocol for exposing radiographs). [DDA s23(6)]. See diagram in #10.

10. CDSS interpretation of The DDA s 23 Authorized Practices of Dentists, Hygienists and Therapists

Dentists	Hygienists	Therapists
(a) To communicate a conclusion identifying a disease, disorder or dysfunction of the oral-facial complex as the cause of a person's symptoms; (comprehensive, complete oral/facial examination, tests and radiographs, diagnosis, treatment planning, informed consent process)	(a) To communicate an assessment and treatment plan regarding periodontal health; (assessment/limited exam: emergency/limited radiographs; limited communication/communication/informed consent; limited treatment plan regarding periodontal health).	(a) To communicate a conclusion identifying dental caries or dental abscesses as the cause of a person's symptoms; limited exam: emergency/limited conclusion/diagnosis; limited communication/informed consent; limited treatment plan; limited to
(a) to perform a procedure on tissues of the oral-facial complex below the dermis, below the surface of a mucous membrane or in or below the surfaces of the teeth, including the scaling of teeth; (comprehensive oral/facial treatment including subgingival subgingival debridement and /or root planning)	(b) to perform supragingival and subgingival debridement; (subgingival debridement/scaling and root planning)	(b) to perform a procedure in or below the surface of the teeth, conducts simple extractions of primary and permanent teeth and perform space maintenance on teeth; (limited restorations, extractions, space maintenance)
(c) to harvest tissue for the purpose of surgery on the oral-facial complex;		
(d) to correct a fracture of a bone of the oral-facial complex or correct a dislocation of a joint in the oral-facial complex;		

Commented [S16]: This is not in the DDA – this is the CDSS's interpretation.

Commented [BW17R16]: Yes, this is a CDSS requirement that follows the DDA and CDSS Radiation Standard

Dental hygienists can determine the need for exposing and processing images within their authorized practice (DDAs23), however the CDSS requires its members to provide verbal or written orders for creating images that the dentist determines to be necessary and which are beyond the scope of a dental hygienist. If the dentist is not able to provide verbal direction for such, the member must have a written protocol for imaging for anything beyond the scope of practice of a hygienist. The interpretation of images that are beyond the scope of practice of a hygienist, obtained following verbal orders and/or written protocols must be performed by a dentist.

Commented [S18]: CDSS interpretation is inconsistent with SDHA's.

- Radiographs are not necessarily limited – a dental hygienists would expose those that are required for their dental hygiene diagnosis and treatment
- Communication regarding a dental hygiene assessment, diagnosis and treatment plan would not be limited. It would encompass completely their findings, education about the periodontal condition and treatment plan.

Commented [BW19R18]: It is indicated already in the first sentence of #10 that this is the CDSS interpretation.

*Yes, Radiographs limited to authorized practice but possible as in comment re article 8 above

*Communication to a patient regarding a dental hygiene assessment and treatment plan (an exam and diagnosis limited to 'periodontal health') is limited as per DDAs23(5). Any other findings/observations would be classified as 'screening' and could be communicated to the connected dentist for comprehensive examination, diagnosis and treatment planning pursuant to the DDAs23(1).

Add clarification of the meaning of 'limited' – means limited to the authorized practice of a hygienist all of which is within the realm of 'periodontal health'.

Commented [S20]: This should say supragingival and subgingival debridement

Commented [BW21R20]: yes

(e) to administer a substance by injection inhalation in the provision of dental treatment; (local anesthetic, sedation, possible other)	(c)to administer local anaesthesia in the provision of dental treatment; (limited to local anaesthetics)	(c)to administer local anaesthesia in the provision of dental treatment; (limited to local anaesthetics)
(f) to prescribe or dispense drugs in the provision of dental treatment:		
(g) to fit or dispense a dental prosthesis, or an orthodontic appliance or a device used inside the mouth to protect teeth from abnormal functioning; and (comprehensivefixed/removableprosthortho and other)	(d)to perform orthodontic and restorative procedures consistent with an approved education program in dental hygiene; (limited ortho/restorative procedures)	
(h) to expose process and mount dental Radiographs in accordance with <i>The Radiation Health and Safety Act, 1985</i> Dentists are required to: a) interpret radiographic images exposed on their orders or exposed subsequent to their written protocols or b) refer the images for interpretation by other appropriate professionals.	(e)to expose, process and mount dental radiographs in accordance with <i>The Radiation Health and Safety Act, 1985</i>	(d)to expose, process and mount dental radiographs in accordance with <i>The Radiation Health and Safety Act, 1985</i>

Commented [BW22]: typo

11. Members should be aware of the CDSS interpretation that Dental Aides unlicensed (staff) limited to the provision of administrative duties and other duties that may include, with appropriate training, skill and supervision, the following:

- (a) Administrative duties
- (b) Reception duties
- (c) Infection Prevention and Control procedures
- (d) Intra-oral Evacuation
- (e) Intra-oral Retraction
- (f) Intra-oral and extra-oral photography
- (g) Intra-oral manipulation of an air/water syringe
- (h) Recording of information
- (i) Basic Life Support
- (j) Oral and medical Health Screening

12. Members may delegate, pursuant to DDA s24(1)(b) and DDA's 15(2)(u) the (proposed) CDSS Regulatory Bylaw 3.5(4) procedures and tasks that are within their authorized practice under the and conditions herein, only to assistants, hygienists and therapists;

- (a) That they employ and under the conditions that:
 - (i) The member completes a CDSS Request for the Delegation of a Task or Procedure;
 - (ii) The Request for Delegation of a Task or Procedure has been approved by the College following College consultation with the appropriate DDA Professional Association and the CDSS Quality Assurance Committee (QAC);
 - (iii) The member maintains a Record of Delegated Procedures and Tasks that are specific to each employed assistant, hygienist, therapist and are not transferrable to another CDSS Member.

Commented [BW23]: should say 'and under the'

Commented [S24]: As per our conversations with Ya-Hong, delegation must also include approval by the SDHA (or SDTA/SDAA). Acceptance of the task being delegated and the training/education required before a delegated procedure is performed, must be approved by the oral health regulator that the task is being delegated to. Our concern here has always been public safety – if a task being delegated that is not in a dental hygienists authorized practice or scope of practice, then it likely means they have not received proper education or training on this skill. If a patient is harmed while performing a delegated task, or a member is found to be performing a specific task that is outside an RDH's scope, this would be considered professional misconduct and the member would be disciplined. Also, malpractice insurance required by each member would not cover a procedure performed that is out of approved scope. THE SDHA (SDAA/SDTA) MUST BE INVOLVED IN APPROVING DELEGATED TASKS!

Commented [BW25R24]: Agreed, that public safety is foremost, that is why we would consult with the appropriate DDA Professional association(s) prior to approval. So, in (ii) add '(s)' to association and perhaps delete 'College' ahead of consultation.

Commented [BW26]: delete

Commented [BW27]: add 'CDSS Standards Committee and'

- (b) Who are employed by a DDA s 25 employer that employs or has a formal consultation or referral process with a CDSS member, who must:
 - (i) Complete a CDSS Request for the Delegation of a Task or Procedure;
 - (ii) Have the Request for Delegation of a Task or Procedure approved by the College following College consultation with the appropriate DDA Professional Association and the CDSS QAC;
 - (iii) Maintains a Record of Delegated Procedures and Tasks that is specific to each employed assistant, hygienist, therapist and that is not transferrable to another CDSS Member.

APPENDIX I

REQUEST FOR DELEGATION OF A TASK OR PROCEDURE

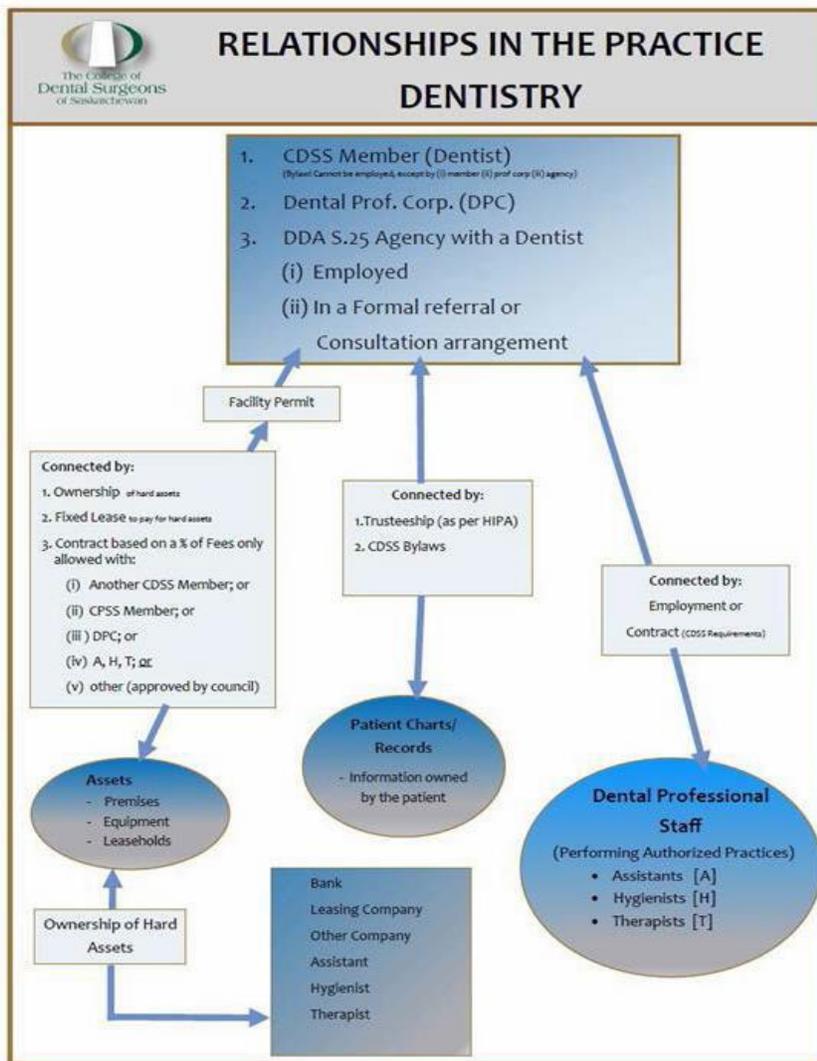
Please answer the following questions thoroughly and submit to the CDSS.

1. Describe the task or procedure proposed for delegation, including the role of the dentist and the Assistant, Hygienist or Therapist. Indicate the possible harms that could occur. If additional information about the proposed procedure is available, i.e. publications, illustrations, or written protocols, please attach.
2. What is the rationale for proposing this Delegation of a Task or Procedure? Attach written documentation to support that this request is reasonable, appropriate, and consistent with the DDA, the CDSS Bylaws and the CDSS Professional Practice Standard.
3. What additional theory, mentoring and practice will be required by the Assistant, Hygienist or Therapist, in order to be competent in the procedure? (Include estimated number of hours and resources available to be used.)
4. Please estimate the number of times the Assistant, Hygienist or Therapist would perform this procedure in a month? A year? _____ In your opinion, is this adequate to maintain competence?
5. If the procedure is approved, what, if any, limitations or restrictions will be in place?
6. Indicate the Facility(s) where the procedure will be performed.
7. Name and signature of CDSS member submitting request.

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Consultation with appropriate Regulator? Y or N (attach comments)
QAC approval: _____ CDSS Registrar approval: _____

APPENDIX II



APPENDIX III



Guidelines for Contract Relationships Between Dentists and Other Dental Professionals

EMPLOYMENT DEFINED: Within the meaning of authorized practice in *The Dental Disciplines Act*, the term 'employed by' is relevant when a dental health professional:

- Is an employee of a dentist or dental clinic that provides services through a corporation under The Professional Corporations Act; or
- Is employed by an organization/agency that is defined as 'employer' in section 25(1) of the Act.

If a person is an employee, then the employer has a number of obligations towards that employee, which include contributing to employment insurance, deducting from the employee's income for income tax and Canada Pension Plan and contributing to payments for Canada Pension Plan and Workers Compensation.

If a dentist employs a dental hygienist, that dentist is responsible for the work done by the dental hygienist and would be vicariously liable if the dental hygienist is negligent.

CONTRACT DEFINED: Within the meaning of authorized practice in *The Dental Disciplines Act*, the term '**under contract with**' is applicable when a dental health professional is not employed in the circumstances stated above. This dental health professional may:

- Be contracted to provide services to an employer listed in section 25(1) of the Act (his/her name will not be on the payroll); or
- Become self-employed as the owner of a business that has entered into a contract with an employer listed in the Act or with a dentist as contemplated by section 25 of the Act for the provision of services including the performance of his/her authorized practice
- In this second scenario, this dental health professional is required to work under contract with the employers listed in the Act or with a dentist who:
 - Is not the owner/co-owner of the business owned by the dental health professional;
 - Is not employed by the dental health professional (example: hygienist) who owns the business; and
 - Carries no financial responsibility or has no management obligation for the business owned by the dental health professional; and
 - Is required by CDSS licensure to oversee the provision of comprehensive patient-centered oral health services in dental clinics that they are connected to by contract.

COMPREHENSIVE PATIENT-CENTERED CARE

Comprehensive examination, diagnosis and treatment is the authorized practice of dentist. Hygienists authorized practice does not enable them to perform comprehensive examination, diagnosis and treatment. The expectation is that all oral health care professionals provide care that considers the whole patient, with their individual needs being the basis for treatment provided, and each patient is appropriately informed to make appropriate choices about their oral health.

CONTRACT REQUIREMENTS

Due to the fact that contractual relationships differ from employment arrangements, and oral health services may be provided in a variety of settings and by many delivery methods, individual contracts between dentists and dental hygienists must exist to define the relationship between them. Contracts should set out respective responsibilities, including financial arrangements, in order to meet the legislative requirement; a properly worded agreement can go a long way towards avoiding disputes.

It is not the intent for the CDSS to prescribe the contract details/parameters. The following are should be considered within contracts between dentists and other health professionals.

1. The names of the parties involved
2. Start date and expiry date for the contract; whether the agreement has a definite term or will extend indefinitely until terminated;
3. Under what conditions the contract can be terminated and with what notice;
4. Clarity of the relationship:
 - (a) Both parties are bound by a contractual relationship with no employment arrangements;
 - (b) Duties and responsibilities of each party;
 - (c) Regarding ownership of, and responsibilities for, the various assets;
 - (d) The financial relationship between the dentist and the other professional;
 - (e) The responsibility for all necessary payments (income tax, CPP, WCB, etc.);
 - (f) Responsibility for professional liability insurance;
 - (g) Responsibility for commercial liability insurance;
 - (h) Responsibility for patient records and appropriate access to those records for review and or audit;
 - (i) The dentist's referral and consultation arrangements with other professionals;
 - (j) Responsibilities for Informed Consent Process;
 - (k) Provisions for the CDSS to perform PERP visits pursuant to the CDSS Member's license.