



Minutes

Guiding Principles:

CDSS is a dental regulatory body that regulates dentists 'by the right of the Minister of Health', Government of Saskatchewan, via the Dental Disciplines Act (1997). This is to say the Government delegates, through legislation, the responsibility to the CDSS to license and regulate dentists in Saskatchewan 'in the public interest'.

Vision:

Safely serve the public.

Mission:

License new entrants. Regulate members. Provide continuous education. Implement current best practices.

Values:

Safety. Integrity. Professional. Fulfilling.

Land Acknowledgement:

We acknowledge that the College of Dental Surgeons of Saskatchewan is located on Treaty 6 Territory and the Homeland of the Metis. We pay our respects to the First Nations and Metis ancestors of this place and reaffirm our relationship with one another.

June 2nd, 2023, Council Meeting

In person: Wildhorse 3, Dakota Dune, Whitecap, SK

Attendees: Drs. Bazylak, Bhargava, Fowler, Hussain, Koskie, Krainyk, Lalli, Ridgway, Saganski, Thiessen, Thomson; Don Robinson, Silvia Martini, Gord Gillespie and Jessica Gunn.

Regrets: Gord Wyatt, Jaime Korczak

Guest Speakers: Hon. Minister Merriman
Sean Sinclair

Commenced 8:33 a.m.

Opening remarks

President

Procedural

1. Quorum Confirmation
2. Welcome & Introductions
3. Member & Self-Declaration
4. Consent Items

Chair
Chair
Chair
Chair
Chair



- a. Minutes of:
 - i. March 31, 2023 - Spring Council
- b. Committee reports/minutes
 - i. Council Committees
 - 1. Governance (see decision and discussion items)
 - 2. Audit/Finance (see decision and discussion items)
 - 3. HR/Compensation (see decision and discussion items)
 - 4. Statutory
 - a. Discipline (NTR)
 - b. Professional Conduct (link)
- c. President's Report
- d. Registrar's Report (NTR)
- e. ED Report

Dr. Bazylak

1. Agenda Approval

Motion to adopt the consent items as presented:

Moved: Aaron Bazylak	Seconded: Kevin Saganski	CARRIED
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ACTION ITEMS:

Deferred as guest speaker Merriman arrived early – see attached "A"
Update to be sent to Council by June 30

DECISION ITEMS

Motion to approve highlighted Schedule 1 amendments- see attached "B"

Moved: Michael Fowler	Seconded: Don Robinson	CARRIED
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CRCC Report to Council

Motion to eliminate Awards, Public Engagement, Nominations & Professional Practice Standards Committees.

Moved: Michael Koskie	Seconded: Derek Thiessen	CARRIED
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Motion to have CRCC re-evaluate decision to eliminate QAC and its subcommittees.

Moved: Michael Koskie	Seconded: Derek Thiessen	CARRIED
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Neuromodulators Standard

Motion to approve amendments to the STANDARDS OF PRACTICE: ADVANCED FACIAL ESTHETIC THERAPIES AND ADJUNCTIVE CONSIDERATIONS based on member feedback. – see attached "H".

Moved: Aaron Bazylak	Seconded: Jay Lalli	CARRIED
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CPSS legal response to Neuromodulators Standard

Motion to proceed with option 1 of Sean Sinclair’s email – attachment “D”

Moved: Raj Bhargava	Seconded: Kevin Saganski	CARRIED
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Registrar vacancy:

Motion 1:

The appointment of a permanent registrar be deferred until the following areas of concern are alleviated or mitigated:

1. Explore and report on the time requirements, organizational structure, needed skillset, goals, roles, and responsibilities of the Registrar.
2. Council to determine an appropriate salary and benefit structure.

Moved: Michael Koskie	Seconded: Drew Krainyk	CARRIED
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Motion 2:

Dr. Dean Zimmer be hired under contract, until midnight March 31, 2024, as “Acting Registrar”. Devoting 2 days per week and additional time as may occasionally be required, with in-office hours to meet the needs of the business as defined by the Executive Director, and regular update calls with the ED to occur. On or before December 31st, 2023, Dr. Zimmer will provide council with a report and framework for the terms of a permanent Registrar Position. Dr. Zimmer will receive no right of first refusal for the permanent position and will be required to apply as other candidates do when the job posting opens to applications (February 1, 2024). All administrative CDSS staff will report to the executive director.

Moved: Michael Koskie	Seconded: Drew Krainyk	CARRIED
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Vice President election was held - Congratulations to Dr. Raju Bhargava

Note: New Public Representative Silvia Martini abstained.

Governance Items (Task Calendar)

President/Chair

Governance committee to review and update – see attached “C”

Discussion Items:

1. Minister Merriman guest speaker

Was very appreciative of the members of our profession never hears of issues regarding our profession – “keep up the good work.”

Will investigate the issues of Long-Term Care and College of Physicians position on Neuromodulators.

Suggested representatives of CDSS attend some weekly MLA receptions held Wednesdays in Regina



Suggested we work with his office to schedule annual or twice annual times for him to address Council.

2. Sean Sinclair of Robertson Stromberg – CDSS lead Council
Provided update on College of Physicians position as per above decision item
Provided update on legal case involving CDSS, SHA and former Registrar Dr. Uswak
3. Council Evaluation – see attached “E.”
4. Chair evaluation: President Bazylak to share with Chair see attachment “F.”
5. Criminal Record Check Policy Draft – Management to implement –See attachment “G.”
6. Annual Election Policy – see attachment “G” Management to move to Admin bylaws and implement once SHA approves changes to Regulatory bylaws
Dr. Bhargarva to forward suggested verbiage to use when soliciting future councillors.
7. Sedation Standard Updates to be send to QAC.
8. Council Exec advised the Chair contract has been renewed.

Round Table

Chair

Closing Comment

President

Adjournment 3:00 p.m.

NEW & CARRIED ACTION ITEMS – June 2023

<p>Management to review admin/regulatory bylaws and report to Executive Committee and Council; governance committee will assist if needed **JO: talking with Ministry about it, made a lot of progress ***to be sent to other regulatory' s under the Act and Ministry for feedback/revisions, then comes back to council to be passed as a motion NEW: Currently with the Gov't **Update: received feedback, will be another revision to go back to Gov't shortly; more clarification was needed</p>	Management	<p>Jan-2022 April-2022 June-2022 Oct-2022 JAN-2023 March 2023 June-2023 Oct 2023</p>	New CARRIED
<p>Seek legal counsel on the matter of negotiations with the Ministry, where that lies with regulatory vs. association</p>	Jaime	<p>March 2023 June-2023 Oct 2023</p>	New CARRIED
<p>Review Admin Bylaws upon approval of Regulatory Bylaws; Review Strategic Plan</p>	Gov Committee	<p>March 2023 June-2023 Oct 2023</p>	New CARRIED
<p>Review Informed Consent</p>	Registrar	<p>March 2023 June-2023 Oct 2023</p>	New CARRIED
<p>Executive and Dr. Uswak to review the Prescribing and Dispensing Standard and develop revision recommendations.</p>	Executive/Registrar	<p>June-2022 Oct-2022 Jan-2023 March 2023 June-2023 Oct 2023</p>	New CARRIED
<p>Develop online video explaining Bylaws and Facility Standards Note: (Gov't to approve 1st) Will review once we have PEP in place again. Revisit this in spring (*Revisit in October) New: revisit when PEP is established</p>	CE/Meagan	<p>April-2022 Oct-2022 Jan-2023 June-2023 Oct 2023</p>	New CARRIED
<p>Dr. Bhargava to lead a working group to draft Ortho Guideline</p>	Dr. Bhargava	Oct 2023	New

Update Facility/Clinic Registration form	Management (Jaime, Registrar & Jessica)	June-2023 Oct 2023	New CARRIED
Review Election Policy regarding 2 members required to nominate Vice President, to include electronic voting & ensure following bylaws (amend regulatory bylaws to include such) *Draft Standard complete. Waiting for election platform to be figured out, this will not be in place in 2023 (date would be 1 st week of September)	Governance Committee	June-2023 Oct 2023	New CARRIED
Look into contracted dentists and how to keep our database accurate	Registrar	June-2023 Oct 2023	New CARRIED
RCDSO PLP information to be provided to members	Management	June-2023 Oct 2023	New CARRIED
Find company to do background check on new Registrar short list	Management (Jaime)	June-2023 Oct 2023	New CARRIED
Council Approval of Updated TMD Guidelines	Dr. Bhargava	Oct 2023	New
Discuss and set up each council member with @saskdentists.com email with 5by5	Management	Oct 2023	New
Send Minister Merriman Advanced Facial Esthetic Therapies and Adjunctive Considerations, Long Term Care Resident Guideline, Sedation and General Anesthesia Standard. Along with contact from Dental Oncology program.	Management/Dr. Krainyk	Oct 2023	New
Meet with Minister Merriman to set up working group regarding long term care guidelines	Dr. Bhargava	Oct 2023	New
Sean Sinclair to get legal opinion of QAC having access to patient files with identifiers/wording of consent form for complaints	Sean Sinclair/Management	Oct 2023	New
Send Sean Sinclair CRIMINAL RECORD CHECK STANDARD Draft & STANDARDS OF PRACTICE: ADVANCED FACIAL ESTHETIC THERAPIES AND ADJUNCTIVE CONSIDERATIONS Draft for legal opinion	Management	Oct 2023	New
Jay to send new Draft of SEDATION AND GENERAL ANESTHESIA STANDARD updates to QAC Committee Chair	Dr. Lalli	Oct 2023	New
Reschedule January Council meeting	Management	Oct 2023	New

"B"

CURRENTLY IN USE
* INSURANCE COMPANIES
FEE GUIDE #
MB = \$2000
SK = \$500

Schedule I
Registration, Licensing and Other Fees
Effective January 1, 2023

DESCRIPTION	FEE
MEMBER FEES	
Initial application fee for registration as a regular member (including specialists); full time and part-time faculty members:	\$ 500
Annual Fee--First Year Licensure (including new graduates*)	
• License issued JAN 1 – MAY 31 (Full fee)	\$ 3,700
• License issued JUN 1 – DEC 31 (Half fee)	\$ 1,850
• License issued SEP 1 – DEC 31 (Quarter fee)	\$ 925
Annual Fee—License Renewals (GP, Specialist, Academic, UofS Resident)	
• License issued JAN 1 – MAY 31 (Full fee)	\$ 3,700
• License issued JUN 1 – DEC 31 (Half fee)	\$ 1,850
• License issued SEP 1 – DEC 31 (Quarter fee)	\$ 925
Annual Fee for Full Time Academic Members (NDEB/NDSE & non-NDEB/NDSE)	\$ 1,000
Annual Fee for SK/AB & HOSPITAL WORK?	\$ 700
Annual Fee for student members (summer student)	\$ 20
Annual Fee for Membership—with no licensure & RETIRED?	\$ 100
Short Stay License—for attending or teaching clinical CE, epidemiologic data collection (Canadian Health Measures surveyors from out of province).	\$ 650
Initial application fee for registration of a professional corporation	\$ 500
Annual Fee for Professional Corporations	\$ 200
Penalty for late payment of annual fees of a professional corporation	\$ 200
Investigation Fee	\$ 200

THIRD PARTY FEES

Fee Guide	\$ 500
Annual Register	\$ 100
Mailing Labels or Excel File	\$ 250

~~Juris Prudence Exam~~ PRINCIPAL ELIGIBILITY FEE (JURIS PRUDENCE/COMPETENCY) \$375

* ~~\$2000~~
\$1000

Rice
P. Buy...
Web...
???

FOR CE COURSES



Date: December 13, 2022

2023 SCHEDULE 1 v2

ADD LOCUM \$1500

Hi everyone,

If you wish, I would be happy to have an e-meeting to discuss. My opinion though has not changed as a result of this letter. In my view, the Act permits dentists to inject neuromodulators, including for cosmetic purposes.

I think that there are two main options that can be pursued now:

1. Proceed Ahead and Ignore the Letter from CPSS

We could do a curt letter back indicating that we disagree with their analysis for the reasons given in my prior correspondence and leave it at that. Meanwhile, CDSS would proceed with its neuromodulator plans, uninterrupted.

The benefit to this plan is that it is cost-effective and timely. Option two (below) would potentially delay matters and be quite costly. I think it is possible that CPSS would simply let the matter go.

The drawback is that there is a possibility that CDSS licenses a member to inject neuromodulators for cosmetic purposes and then CPSS tries to prosecute an individual dentist of practicing medicine without a licence. Then, we have an individual member who, with the blessing of CDSS, is subject to a court hearing and the possibility of being found guilty of an offence and a fine of up to \$5,000. If the member was found guilty (which I do not think is likely based on my legal analysis), I anticipate that a member caught in that situation would be unhappy, as would any other dentists that had obtained the necessary training and incurred expense to set up a cosmetic neuromodulator practice.

2. Bring the Issue to the Court for Determination

CDSS could preemptively bring the matter to court and have a judge rule upon whether your legislation allows dentists to inject neuromodulators for cosmetic purposes. This would be a significant undertaking. Ideally, we would obtain expert evidence to define the term "dental treatment" and some of the terms in the legislation. I expect that a judge would take a long time to make a decision. This could take 2 years or so to resolve. Then, there is every possibility of appeals.

Thus, there would be extensive cost and delay. It would though provide certainty, both for CDSS and your members.

There is no right answer legally which approach to take. If you take option 1, you may want to consider advising your members who seek the ability to inject neuromodulators cosmetically that CPSS has raised these concerns.

I look forward to your comments.

Thanks,

SEAN M. SINCLAIR

Lawyer | Robertson Stromberg LLP

Direct Line: (306) 933-1367

Council Self Evaluation – May 2023

You are asked to rate yourself and your peers honestly and in the spirit of constructive criticism. Please rank your answers as follows:

Does very well = Commendable performance widely recognized by peers

Is adequate = Good / Average performance

Could use improvement = Needs improvement

Is inadequate = Significant performance issues that warrant immediate attention

I don't know = Not able to rate

Overall Rating: 4.44

A	Council Composition	4.21
1	Council has sufficient diversity with regards to sex, age, talents, skill set, experience, visible minorities, etc.	3.53
2	Council has established criteria that is used to recruit new Council members.	3.87
3	Council members are selected carefully.	4.13
4	Council members are elected for specific terms.	4.87
5	Council members are limited in the number of consecutive terms that can be served.	4.2
6	The Council members, collectively, have the required experience and skill to carry out the responsibility of Council.	4.67
B	Training and Development	4.17
7	New Council members are fully orientated to the work and what is required of them as a Council member.	3.93
8	New Council members receive training in regards to serving on Council.	4
9	Council has regular and ongoing training and development.	4
10	Council meets at least once a year for educational purposes.	3.33
11	Council does an annual evaluation of their effectiveness as a Council.	4.87
12	Council does annual evaluations of individual Council member's effectiveness.	4.87
C	Policies and Procedures	4.61
13	Council has a code of ethics that is signed by all Council members.	4.93
14	The CDSS Council policies are clear and up to date.	4.6
15	All Council members are familiar with Council policies.	40.7
16	Council abides by its policies.	4.47
17	All Council members have access to the Council manual.	5
D	Relationship with the Executive Director and Registrar	4



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18	Council has a good working relationship with the Executive Director.	5
19	Council has a good working relationship with the Registrar.	2.93
20	Council performs performance evaluations for the Executive Director based on a prescribed method.	4.27
21	Council performs performance evaluations for the Registrar based on a prescribed method.	3.8
E	Council Work	4.67
22	Council has designated oversight committees that have specific Terms of Reference (TOR).	4.53
23	Each Council member is on at least one committee.	4.87
24	Council has regularly scheduled meetings.	4.93
25	Council members are regularly present at Council meetings.	4.47
26	Council meetings begin and end on time.	5
27	Council members follow through on their commitments in a timely manner.	4.4
28	There is adequate information (minutes, reports, agenda, etc.) provided in advance of the meetings to help Council members prepare for the meeting. (ie. The information received is what Council members need).	4.93
29	Information provided prior to the meetings (reports, agenda, etc.) is distributed in sufficient enough time prior to meetings for Council members to be adequately prepared for the meeting (i.e., The information received in enough time for you to have time to review it before the meeting).	4.87
30	There is open discussion at Council meetings that allow all Council members to participate, with opportunities for all Council members to contribute.	4.87
31	Council meetings focus on policy development, strategic planning, financial oversight, Registrar and Executive Director performance and organizational needs.	4.3
32	Minutes are accurate and complete for each Council meeting.	4.9
33	Minutes are distributed to Council members in a timely manner after Council meetings.	4.93
34	Minutes are approved by Council, signed by the President and President Elect and retained.	4.27
35	Each committee keeps minutes that are distributed/available to all Council members.	3.93
36	Council evaluates the effectiveness of itself as well as each Councilor.	4.73
F	Responsibility of the Council	4.57
37	Council is aware of trends, risks, changes or concerns that would affect the organization.	4.67
38	Council understands its legal liability and duties.	4.6
39	Council identifies and strives to avoid conflict of interests.	4.6
40	Council carries insurance for the Councilors and Management.	4.4
G	Financial	4.7

41	Council approves the budget.	4.8
42	Council reviews financial performance throughout the year.	4.53
43	Council approves the Auditor, scope of the audit and audit process.	4.6
44	Council approves the annual financial statements.	4.87
H	Strategic Planning	3.9
45	Council is involved in planning the long-term goals and strategic direction.	4
46	Council reviews the Vision, Mission and Values annually.	3.8

Councilor Self-Evaluation – May 2023

*The results of this self-evaluation will be collated so that we can see collectively how we think we are doing. Your individual response will not be identifiable in the collation. Highlight the response that **best** reflects your opinion. The rating scale for each statement is:*

Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

Overall Rating: 4.56

1	I am aware of what is expected of me as a Council member.	4.53
2	I have a good record of meeting attendance.	4.87
3	I read the minutes, reports, and other materials in advance of our Council meetings.	4.73
4	I am familiar with what is in the organization's by-laws and/or governing policies.	4.07
5	I frequently encourage other Council members to express their opinions at Council meetings.	4.13
6	I am encouraged by other Council members to express my opinions at Council meetings.	4.53
7	I am a good listener at Council meetings.	4.73
8	I follow through on things I have said I would do.	4.6
9	I maintain the confidentiality of all Council decisions.	4.8
10	When I have a different opinion than the majority, I raise it.	4.4
11	I support Council decisions once they are made even if I do not agree with them.	4.73

CDSS Council Evaluation 2023 Comments



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Council has established criteria that is used to recruit new Council members.

- lack of young people lack of females
- Could be more diverse in regards to sex, and visible minorities
- More female councilors would be an asset
- The composition of council does not necessarily reflect the dentists of the province. In saying that, CDSS council can't select people to be elected.
- Gender inequality
- Need more females
- A greater female contingent would be beneficial.
- Lack of female colleagues.
- there is a gender imbalance on council



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Council has established criteria that is used to recruit new Council members.

- members are elected
- We have the ability to nominate like any other registrant.
- Encourage more Dentists to join.



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Council members are selected carefully.

- Often no election is required. Encouraging additional applicants would address this
- That is up to the registrants who vote



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Council members are limited in the number of consecutive terms that can be served.

- Due to a lack of other members participating in council it seems multiple stay on for several terms. I do not have concern with this.
- Currently no set terms



New Council members are fully orientated to the work and what is required of them as a Council member.

- A mandatory orientation should be implemented.
- Observation is the only orientation
- Shadowing and observation are effective training techniques



New Council members receive training in regards to serving on Council.

- Terminology and general procedure and framework could be reviewed more.
- A separate training session would be beneficial



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Council has regular and ongoing training and development.

- There have not been any training courses recently
- I am not aware of a specific meeting in which the purpose is council training, however if there are areas requiring improvement, it is usually discussed at our regular council meetings.
- This could be considered
- Not done.
- I haven't heard about a specific in-service education day for Council
- An education and strategic planning day could be useful.

All Council members are familiar with Council policies.

- There is no current way to prove this



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Council abides by its policies.

- Not everyone is aware of all policies that need to be followed



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Council has a good working relationship with the Registrar.

- Will be improved with new Registrar being hired.
- N/A at this time
- Need a registrar first
- N/A
- currently recruiting for a new Registrar
- Yes, Dr. Uswaks term.
- Self-explanatory
- position currently vacant
- After the departure of the past Registrar, I think it is clear that Council should do a complete review of the Registrar position, including salary grading in accordance with other, similar Registrar positions within the Regulatory framework.



Council performs performance evaluations for the Executive Director based on a prescribed method.

- Formal goals and reviews are not done
- This has been improving



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Council performs performance evaluations for the Registrar based on a prescribed method.

- Formal goals and reviews are not done
- Obviously the vacancy of a, Registrar greatly affects this line of questions.



Council has designated oversight committees that have specific Terms of Reference (TOR).

- CRCC will help streamline this.



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Council members are regularly present at Council meetings.

- Attendance should be 100% at scheduled mandatory meetings and is not always the case
- Dr. Bil has been absent too often.



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Council members follow through on their commitments in a timely manner.

- the action items often are carries over



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Council meetings focus on policy development, strategic planning, financial oversight, Registrar and Executive Director performance and organizational needs.

- we are improving but still get hung up on operational issues



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Minutes are approved by Council, signed by the President and President Elect and retained.

- unknown
- Not sure the pres-elect has been asked to sign the minutes.
- they are approved but I have not witnessed signatures



Each committee keeps minutes that are distributed/available to all Council members.

- unknown
- Unclear as to what needs to be kept by each committee
- Most committees do not have meeting activity
- Not all committees have minutes.



Council carries insurance for the Councilors and Management.

- I am not aware if this is true
- I am unsure.



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Council approves the Auditor, scope of the audit and audit process.

- Unsure of scope



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Council is involved in planning the long-term goals and strategic direction.

- Direction dictated by the Government's dental act
- Short term survival has resulted in this being pushed back
- An annual strategic planning review, perhaps coordinated with the AGM, could help maintain continuity and also add another dimension to the AGM's activities.



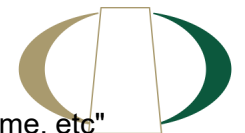
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Council reviews the Vision, Mission and Values annually.

- I dont believe this to be true
- I have not yet been part of a systematic review.

Please identify two things that Council could improve upon next year.

- Holding management accountable registrar was an embarrassment make sure committees are functional
- engage more new people to join council who would be inclined to do executive
- The committee to review committees should hopefully streamline non-active committees, and in doing so save the CDSS costs associated with these honorariums. We can always strive to have more participation from all members present during open discussions. It is important to have every opinion or idea heard."
- Transparency Public and member outreach, Improve recruitment of new councilors, Encourage participation of all councilors in all debates
- Long-term planning, Creating a direction and expectations for Standards and PIP implementation,
- Ensuring Councillors have an open line of question for Executive Council and ensuring Executive Council does report any significant items of discussion to Council as appropriate and in a timely manner. Identification of different organizations Councilors may be members of that may affect their debate/opinions/decisions on Council"
- STABILITY internally. Incorporating more female representation."
- Review and align the Registrar Job Description in terms of scope, impact and responsibilities using comparable industry positions. Hold a Council Education event coordinated with a Strategic Planning session."
- Have more communication from President Need better knowledge of discipline process
- Develop a long-term plan for the registrar position. Committee efficiency.
- Continue live meeting format. Expand length of one day meetings.
- Ensure remain arms length from day to day operations
- On going training and development. Realign the Registrar position, perform a complete review of the Job Description, salary grid, percentage part time, etc"



Please identify two areas Council is doing well and should continue to do in the future.

- Meeting a are efficient. Everyone speaking up
- Council communicates regularly to keep members informed, acts in best interest of public
- Allowing all members to voice their opinion during meetings on each topic. Going around the table allows for this process. Efficiency of meetings and distribution of materials ahead of time allow for more open discussion time during meetings."
- Quarterly meetings.
- Meeting structure
- Typically thorough discussion involving all council members. Keeps focus on public protection in spite of its dual role, assuring association responsibilities don't interfere with regulatory mandate
- Having an understanding and expectations of what can be achieved at the staff level. Creating documentation for continuity in important roles
- Ensuring all Councillors have a chance to comment on issues, by a round the table recognition of each Councillor as is currently done
- The complete overhaul of the CDSS was completely necessary, unfortunate, but handled very well by Executive Council and staff that had to be participants in this. This allowed Council to perform at the best of the Council's ability"
- Organized, productive meetings. Collective trouble-shooting."
- Continue it's strong collegial relationship with the Executive Director. Continue the well coordinated and functional approach used to keep Council Meetings focused and on track"
- Transparency with information, and how information is distributed. As well as accounting for every members opinion.
- Meetings are quite efficient. Good updates from our ED.
- Efficient, engaging meetings. Recognize and meet upcoming challenges and changes that need to occur.
- Meeting efficiency is greatly improved. Meeting preparedness has taken a, quantum leap."
- Meetings are efficiently run
- Excellent workflow from the Executive Director's office, along with a strong Board Chair assure Council Meetings are effective, proactive and focus on regulatory and member support needs.



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Chair Evaluation – May 2023

Please rank your answers as follows:

5 – Exceeds Expectations = commendable performance widely recognized by peers

4 – Meets Expectations = good/average performance

*3 – Falls Short of Expectations = needs improvement

*2 – Unacceptable = significant performance issues that warrant immediate attention

*1-N/A = Not able to rate

Overall Rating: 4.52

A	General	4.49
1	Recognizes the ultimate authority of the Council and the President and does not attempt to assume any authority outside those outlined in the Terms of Reference.	4.25
2	Communicates effectively, clearly, and concisely.	4.75
3	Creates a meeting environment incorporating good governance practices.	4.83
4	Provides continuity in meeting execution and meeting format across succeeding Presidents, Executive and Managers.	4.83
5	Facilitates oversight of the ED/CEO and Registrar as a responsibility of Council as a whole, through the President, and not individual councilors providing direction to the Management team.	4.17
6	Oversees due diligence including duty of care and fiduciary duties focusing council on Regulatory matters and matters in the Publics best interest.	4.33
7	Maintains mutual respect in the group.	4.83
8	Works collaboratively with Council Executive and Management.	4.33
9	Assists President and Executive as requested.	4.08
B	Meeting Effectiveness	4.69
1	Facilitates Council meetings that are focused, effective and efficient.	4.92
2	Agenda review ensuring advance distribution of material and reports.	4.67
3	Agendas focused on current and future issues as opposed to historical information.	4.75
4	Ensures all participants are actively engaged.	4.42
Needs to ensure full council attendance at meetings		
5	Respects Councilors time and adheres to agenda and meeting timelines.	4.83
6	Ensures the integrity of Council processes, and that Council behaves consistently within the bylaws, policies and procedures.	4.58
C	Other	4.33
1	Ensures New Councilor governance orientation.	4
<ul style="list-style-type: none"> I would like to see something mandatory for all new council members 		

<ul style="list-style-type: none"> • Orientation in addition to observation and mentoring. 		
2	Ensures Councils work plan (Task Calendar) is kept updated and executed.	4.42
I believe this is being re-implemented		
3	Ensures Council self-evaluation, peer-evaluation and chair-evaluation are completed annually.	4.5
4	Moves non regulatory matters to formats outside the Regulatory body's official meetings.	4.42

Identify a strength the chair brings to the CDSS

- Structure and Organization
- Meetings are well organized and efficient
- Organization and efficiency of meetings is profoundly improved from prior to his time
- Exceeds expectations period
- A huge, necessary asset
- Strong experience and leadership
- The current Chair is very well versed in Organizational Effectiveness, and design. The Chair recognizes the value of having all Council Members and senior staff involved in collaborative decision making, and encourages full participation in an environment that is open, transparent and non threatening.
- True leadership and keeps meetings on track
- Gord has transformed council meetings from inefficient 3-day long debates into efficient thought provoking conversations.
- Strong consistency. Excellent organizational skills.
- governance knowledge.
- Runs efficient and focused meetings allowing time for open discussion amongst council.

Identify a weakness for the chair to improve upon.

- Be aware of others that may have differing opinions with valid reasons for them
- Occasionally ends a discussion prematurely
- Making sure that all voices are heard equally even those that typically will not engage as much
- TBA
- More orientation.
- None that I am aware of.
- Nothing I can think of
- Gord provided exceptional oversight of the tumultuous past year. He was invaluable after Jerod's departure, Jaime's promotion, the office staff turnover, and now the registrar's departure. I



The College of
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Page 3

believe it is time, however, to give the keys to the office to Jaime and let her run her office and let Gord return to the regular chair duties and responsibilities for which he was hired. He is an exceptional member of the CDSS team.

- CDSS is indeed in a better place due to the Chair's presence and expertise during the last year of utter turmoil.- Difficult to envision where we would be otherwise."
- appears to wander into ED role at times.
- As opposed to council moving things forward for multiple meetings either remove from agenda or complete that item- not sure if this is related to Chair's role or Council.
- Ensuring all members of council are actively engaged in discussions.
- Making sure that all voices are heard equally even those that typically will not engage as much

ANNUAL ELECTION POLICY

DRAFT



The College of
Dental Surgeons
of Saskatchewan

ELECTION POLICY

Note: This policy is currently contained in the regulatory bylaws and is scheduled to be removed at the next update. Specific references to the policy will be included in the new administrative bylaws.

1. **The date of the Annual Election will be set by motion at the annual Spring Council meeting.** There will be a Motion at Spring Council to set the date for the Annual Election;
2. **An email letter indicating the election dates** will be sent to the President, ~~from~~ **by** the Registrar, indicating the election dates;
3. **Prior to the election, an A** newsletter article will be published in the spring newsletter ~~before the election;~~ "It's Election Time". **Included in the article will be** information about nominations and the election process;
4. Ensure that supplies are on hand:
 - ~~Keep in a plastic bag as a template~~
 - Nomination forms
 - Ballot envelope
 - Envelopes (regular large envelopes with Annual Election written on top)
 - Mailing Label
 - Voting Envelope
 - Cream Paper (for election profile, nomination form, biographical sheet)
 - Other supplies
4. ~~5.~~ Nomination forms will be sent out **50 days** before the election.
5. ~~6.~~ A second nomination form will be sent out **30 days** before the election;
6. ~~7.~~ The membership will be notified of nominees 10 days before nominations close;
7. ~~8.~~ A confirmation letter and biographical info sheet will be sent to nominees;
8. ~~9.~~ **Candidates will be required to include a biography of no more than 200 words.** ~~Prepare candidate profiles sheet – include a short Biography with a maximum length of 200 words, NO PHOTO;~~
10. Ballots with the Annual Election information sheet will be sent out at least 20 days before the election to all eligible voters (voting lists to be confirmed from database);
11. Keep track of the number of ballots that were sent out;
12. Christie will collect, stamp and store returned ballot mailing envelopes. The ballot mailing envelopes will be stored in a locked filing cabinet. Ballots must not be opened until the day of the election.
13. In preparation for the counting of the ballots, three people must be present. The three people will include two CDSS staff and one other person who is not a candidate and who is not nominated as a candidate. All eligible members of the College are entitled to be present at the counting of the ballots and members present may object to eligibility of voters. Any questions regarding eligibility of voters will be confirmed by the Registrar, who serves as the representative of council
14. Ballot counting protocol:
 - a) Count all the ballot mailing envelopes before opening them.
 - b) Open the ballot mailing envelopes and confirm that the member is eligible to vote then check off the name from the voting paper and record in the register. Any voting paper that is not completed is spoiled. Put aside all spoiled voting papers and count them;
 - c) Open the 'Voting Papers' and put the ballots in a container and put the voting papers in a separate container and reconcile;
 - d) Read and record all votes from the ballots in the election ledger. Tabulate the votes;
 - Spoiled ballots will be set aside, recorded and preserved for one month. If the number of votes on the ballots are greater or lesser than the number of vacancies or if the marking is incorrect, the ballot is spoiled and will not be counted. If there is any doubt in the opinion of the ballot counters as to the intention of the voter, the ballot will not be counted;
 - Reconcile the number of votes with the number of ballots (number changes yearly; 3 or 4 votes per ballot); repeat the reconciliation until two consistent results are achieved.
 - Valid, counted ballots will be preserved for one

month.

~~e) After the candidates with a clear majority have been declared elected, in the event of a tie for the bottom positions, those counting the ballots shall, by lot (draw from a hat) conducted in the presence of each other to determine which of these candidates shall be elected:
f) The ballot/vote counters will notify the Executive Director who will expediently notify the President and the membership. The President will phone the newly elected councilors to welcome them to council.~~

9. Once a secure procedure is developed the election will take place electronically.

ADMINISTRATIVE ELECTION PROCESS

1) Motion of Council to select dates for the Election (October).

2) Notice of Election

a) June Newsletter announces the election dates and provides information about nominations and the election process;

b) A voters list will be produced by the College; for use in election **emails** mail outs August;

c) Nomination forms and election protocol are sent out to eligible members August.

3) Who is eligible to nominate, be nominated or vote in the election:

a) Members who are a resident in Saskatchewan (6 months or more)

b) Members in good standing

c) Regular Members

d) Conditional Specialist Members

e) Regular Specialist Members

** Student members, Honorary, Life, Faculty and Associate Members are NOT eligible**

4) Nomination Procedure

~~a) Nomination forms must be filled out by 2 eligible members;~~

~~b) Nominations must be received by (September), which is 20 days prior to election date (October);~~

~~c) At least 30 days prior (September) to the election date (October):~~

i. A list of nominated members is sent to eligible members **via email**;

ii. A nomination form is again sent to eligible members **via email**;

~~d) 10 days prior (October) to the election date (October), a ballot package is sent out in a large envelope including **an email will be sent out to eligible voters:**~~

i. Biographies of the nominated members (candidates);

ii. **A link to a secure voting website, including a single-use user-specific password.** A ballot listing the candidates (members nominated) for election in alphabetical order followed by a space in which an X can be marked to indicate a vote for that candidate;

iii. A 'voting paper' envelope in which to return the ballot;

iv. Ballot mailing envelope in which the 'voting paper' envelope is placed for mailing.

5) Voting Protocol

a) On the ballot, mark an X opposite the candidates you wish to vote for;

b) Eligible voters must vote for the number of vacancies to be filled (#_). Any other procedure will void the ballot;

c) Only the 'voting paper' envelopes with enclosed ballots received by the College up to the hour (1 pm October) will be counted;

d) Voting papers must be properly completed and signed to be counted.

6) Ballot Counting Protocol

~~a) Ballot "mailing" envelope stamp dated and stored in locked cabinet;~~

~~b) Remove voting paper from "mailing" envelope;~~

~~c) Only the 'voting paper' envelopes that are properly completed, signed and received by the College by the stated time shall opened;~~

~~d) The ballot shall be removed and placed in a designated container for counting. The name on the voting paper will be checked off in a voting register;~~

~~e) The now unidentified ballots in the voting container will be counted by 3 people who are not candidates, and are designated by the College;~~

~~f) If the number of votes on the ballot is greater~~

or lesser than the number of vacancies the ballot will not be counted;

g) If there is any doubt in the opinion of the ballot counters as to the intention of the voter, the ballot will not be counted;

h) All eligible members of the College are entitled to be present at the counting of the ballots and members present may object to eligibility of voters. That objection will be addressed by council; such ballot will be retained for one month following council's decision;

i) All ballots will be reconciled to confirm the

numbers counted and not counted;

j) The candidates with a clear majority to fill the (#) vacancies will be declared elected. Equal numbers of votes for any of the vacancies will be declared by 'lot', conducted by the 3 counters in the presence of each other;

k) The College will announce the results expeditiously;

l) The counted and not counted ballots will be retained by the College for one month, after which the ballots can be destroyed if there have been no proceedings to dispute the election.

MEMORANDUM:

MEMORANDUM:

TO: Members of the College

FROM: College Office

DATE: _____

TOPIC: Annual Election

The Annual Election to the Council of the College of Dental Surgeons of Saskatchewan will take place on _____ ~~in~~
~~the Office of the Secretary.~~

All members in good standing with the College and who are residents of the Province of Saskatchewan are eligible to be nominated to serve on Council. The current terms of Drs. _____, _____, _____ expires at midnight on _____, thus nominations are required for _____ positions.

Successful candidates will assume their position on _____ and will serve a two-year term.

Any ~~two~~ members may nominate an individual by completing the enclosed nomination form and returning the same to the College **by email** office prior to the close of nominations. Nominations officially close on _____.

Please remember that _____ positions on the Council are required to be filled and that the nominations close on _____.

Your continuing interest in the affairs of your College of Dental Surgeons is appreciated.

Enclosure: Nomination Paper

NOMINATION FORM

NOMINATION PAPER

I ~~We~~, the undersigned members of the College of Dental Surgeons of Saskatchewan, in good standing, hereby nominate:

Dr. _____ as a candidate for election to the Council of said College for a period of two years.

Signed,

_____ D.D.S./D.M.D.

_____ D.D.S./D.M.D.

I hereby permit my name to be placed in nomination as a candidate for election to the Council.

_____ D.D.S./D.M.D.

_____ Date

CONFIRMATION LETTER

Date: _____

Dr. _____

Dear Dr.

This will confirm receipt by the College office of a duly signed nomination in your name for election to the Council of the College of Dental Surgeons of Saskatchewan.

Enclosed you will find a biographical sheet which we would ask you to complete and forward to the College. These will be used as a profile sheet to inform the membership and must be received by the College no later than

_____.

In the interest of all candidates, the College maintains the right to discretion when preparing the profile sheet.

Yours sincerely,

~~Dr. Bernie White CEO/Registrar, Secretary~~

Enclosure:

Biographical sheet

~~BW/ck~~

BIOGRAPHICAL SHEET

The College of Dental Surgeons of Saskatchewan Biographical Information

Include a short biography with a maximum length of 200 words. You may wish to include **an** abstract reference. **NO PHOTO REQUIRED.** Please send it in an electronic email Word format.

2ND - MEMORANDUM

TO: Members of the College

FROM: College Office

DATE: _____

TOPIC: Annual Election

The annual election to the Council of the College of Dental Surgeons of Saskatchewan will take place on Friday, _____.

Those members whose main residence is in Saskatchewan and are regular members, conditional faculty members, conditional specialist members, regular specialist members, full-time or part-time conditional faculty members (temporary faculty members), or life members of the College are eligible to vote in College elections and are eligible for nomination and election to the Council.

Nominations are required for _____ positions.

As of _____ the following members have accepted nomination as a candidate in the upcoming election.

Dr. _____

Dr. _____

Dr. _____

Any ~~two~~ members (under subsection 2.11(1)) may nominate an individual by completing the enclosed nomination form and returning the same to the College office prior to the close of nominations.

Nominations officially close on _____.

Your continuing interest in the affairs of your College of Dental Surgeons is appreciated.

Enclosure: Nomination Paper

~~Voting Paper~~

_____ Election of Council

The College of Dental Surgeons of Saskatchewan

You are to vote for any of the following candidates by marking with a cross (X) in the box opposite the name to fill the vacancies on the Council of the College of Dental Surgeons. Any other procedure will render the ballot as spoiled and void.

ANNUAL ELECTION

Dear Colleagues:

Re: Annual Election

Nominations for election to the Council of the College of Dental Surgeons of Saskatchewan have been received.

_____ (#) candidates are to be elected from the following:

Dr. _____

By following the instructions listed below and on the enclosures, your right of secret ballots is maintained.

- a) Proceed to the link provided during the time period specified
 - b) Enter your one-time password
 - c) Select up to ____ candidates
 - d) Click submit
- a) Mark your ballot for the ____ #__ candidates of your choice with an X.
 - b) Place the ballot inside the voting paper envelope, seal the envelope and complete the information on the envelope.
 - c) Place the voting paper envelope inside the larger return envelope addressed to the College and mail it with appropriate postage.

You are also reminded of the following Articles of the Bylaws of the College of Dental Surgeons:

ARTICLE 4.2

~~(5) " Every member desiring to vote at an election of members of the Council shall place on the voting paper (ballot), which shall be in the form prescribed by the Council, a cross (thus X) opposite the name of each of the candidates for whom they vote."~~

~~(6) "Only the voting papers received by the Secretary up to the hour fixed for holding the election shall be counted."~~

~~(7) "Candidate names shall be printed in alphabetical order on the ballot and voters must vote for the number of vacancies to be filled. Any other procedure will class the ballot as spoiled and void."~~

~~Ballots must be received at the College office by 1:00 pm,.~~

~~The ballots will be counted onat 2:00 pm in the office of the College of Dental Surgeons of Saskatchewan, 201 – 1st Avenue South, 1202 The Tower at Midtown, Saskatoon, SK, S7K 1J5.~~

~~Yours sincerely,~~

~~All members of the College are entitled to be present during the counting of the ballots.~~ Dr. Bernie White CEO/ Registrar

ELECTION PROFILE

Listed below are the profiles of the candidates who are contesting the
____ # ____ vacancies for the Council of the College of Dental Surgeons of Saskatchewan.

This year, ____ # ____ members are seeking the elected positions. If elected, they will assume their duties on
_____, _____.~~The counting of the ballots for the~~

Annual Election will take place at the College office on

at 2:00 p.m.

(Ballots must be received by 1:00 p.m.) All members of the College are entitled to be present at the counting of the ballots.

(NO PHOTO)

WELCOME TO COUNCIL

~~October~~

Date: _____, 20____

Dr.

Dear Dr. _____

As in the past, new members of Council are hereby invited to attend the Fall Meeting of Council that will be held in _____ at the _____ on _____. Accommodations have been ~~made~~ arranged for those members who reside outside of _____ for the evenings of _____.

Please advise the College office if there is a problem in attending or you do not require the room.

The appreciation of the membership is extended to those who allowed their names to stand for the election of your Council.

Yours Sincerely,

Dr. ~~Bernie White~~ CEO/Registrar

~~BW/ck~~

NOT THE WINNER - THANK YOU LETTER

October

Date: _____, 20____

Dr.

Dear Dr. _____:

On behalf of the members of the College and myself, I would like to thank you for running as a candidate for the College annual election of members to our Council.

Yours sincerely,

Dr. Bernie White CEO/Registrar

BW/ck

STANDARDS OF PRACTICE: ADVANCED FACIAL ESTHETIC THERAPIES AND ADJUNCTIVE CONSIDERATIONS

UPDATED JUNE 2023



INTRODUCTION

The Advanced Facial Therapies and Adjunctive Considerations Standard applies to dentists and dental specialists who are administering pharmaceuticals such as neuromodulators (e.g. Botulinum Toxin Type A) 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 College of Dental Surgeons of Saskatchewan will issue a certificate based on the level of competency achieved for all dentists providing the levels of treatment described by this Standard. The College of Dental Surgeons of Saskatchewan will maintain a list of approved programs at each level. Individuals who have not completed a course within this approved list will not be legislated to provide these services within the province of Saskatchewan.

The College of Dental Surgeons of Saskatchewan will review educational programs, teaching faculty, and/or training materials to determine if those educational and training programs and faculty satisfy the requirements of this Standard.

Dentists and dental specialists are advised that the core competencies and treatment levels are not all encompassing. In particular, bruxism and myofascial pain and dysfunction are complex and distinctly different diagnoses that may require multiple treatment levels that include but are not limited to neuromodulators.

Dentists and dental specialists must also realize that facial esthetic treatments and associated procedures are constantly changing and dynamic in their application. The administrator of these procedures is cautioned that

new and emerging therapies may not be described or contained within this Standard. Thus, dentists and dental specialists are required to consult with the College of Dental Surgeons of Saskatchewan before administering any such new or emerging therapies or adjunctive procedure for both esthetic and non-esthetic therapies.

Any prescription or administration of these pharmaceuticals, esthetic procedures or therapies discussed herein without acquiring the appropriate level of training and without adhering to this Standard is not permitted; failure to comply with this Standard may constitute unprofessional conduct. Dentists and dental specialists are also advised that although neuromodulators (like most pharmacological agents) have many off-label uses supported by research, the limitation of procedures to those encompassed by this Standard and an individual's training remains paramount. Further, patients must be specifically advised when an off-label use is being suggested and a discussion of all associated risks must occur, along with appropriate documentation.

STANDARDS OF PRACTICE

1. 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:
 - The patient is a "patient of record" within their dental practice, with full documentation and workup, including history, clinical examination, and appropriate photographs;
 - The esthetic or adjunctive treatment is part of a comprehensive dentofacial/maxillofacial treatment plan;

- For bruxism and associated treatments, the patient has received a complete comprehensive examination from either the treating or referring dentist or dental specialist and treatment of primary dental disease is ongoing or completed. For patients receiving only cosmetic neuromodulator treatments, a full dental exam is recommended, but not required;
- The patient has completed a full and current dental and medical 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, treatment alternatives, and estimated costs;
- The dentist is familiar with all other potential treatments and adheres to their level of training and expertise when providing appropriate therapies;
- The dentist or dental specialist is responsible for continual reassessment and follow-up; and
- The dentist or dental specialist is familiar with the limitations and emergency situations that may occur with the administration of any agent administered or therapy provided.

2. Treatment Levels

Level 1: Applied Anatomy Review and Introduction to Neuromodulators

This mandatory review will refresh and strengthen the dentist's or 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.

Level 1 does NOT authorize the dentist or dental specialist to provide any patient treatment in

administering neuromodulators or other esthetic pharmaceutical agents or adjunctive therapies.

Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment

Level 2 will allow the use of neuromodulators for the superficial muscles of the upper face and for bruxism treatment of the dentist's or dental specialists own patients or patients who have been referred for their evaluation for treatment. This level is limited to: the frontalis muscle, the glabellar complex, procerus, the corrugators supercilii, and orbicularis oculi. For the treatment of bruxism, this level is limited to injection of temporalis and masseter muscles.

Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions

Level 3 will allow the dentist or dental specialist to provide advanced neuromodulator administration for mid and lower face and neck regions. In addition to those muscles in level 2, this level allows dentists or dental specialists to treat: levator labii superioris alaeque nasi, levator labii superioris, nasalis, zygomaticus major and minor, risorius, levator and depressor anguli oris, buccinator, orbicularis oris, levator and depressor labii superioris, mentalis and platysma, sternocleidomastoid, trapezius, frontalis-occipitalis, and digastrics.

3. Dentists or dental specialists cannot assign the administration of neuromodulators and 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:

- a. to any staff member or employee unless they are registered with a professional regulatory authority within the Province of Saskatchewan that allows for this restricted activity
- i. the staff member or employee must meet the requirements of the regulatory authority to administer, formulate or dispense such agents, therapies or procedures.

- b. to another registered Saskatchewan healthcare provider unless the dentist or dental specialist delegating the procedure is also authorized by the College of Dental Surgeons of Saskatchewan to provide the treatment/procedures assigned. A healthcare provider administering treatment assigned on a dentist's behalf in a dental clinical setting must at minimum conform in all aspects to this Standard of Practice and the College of Dental Surgeons of Saskatchewan's Infection Prevention and Control Standards in the Oral Health Care Facility, and are additionally bound by any relevant higher Standard of their regulatory authority.
4. Dentists or dental specialists are not permitted to provide any level of treatment in stand-alone or mobile spas, esthetic studios, hair salons, fairs or expositions, or private residences or similar. These procedures are adjunctive to the regular provision of dental services and as such must be provided in a recognized and approved dental facility on patients of record.
5. The dentist or dental specialist is responsible to refer cases whose complexity exceeds their training to appropriately trained healthcare professionals.
6. Dentists or 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 cannot be met, it is the dentist's or dental specialist's responsibility to arrange such care with a practitioner of equivalent or higher qualifications. This responsibility extends to patients receiving the treatment levels discussed herein.
7. Dentists or dental specialists wishing to administer the pharmaceuticals or provide the adjunctive therapeutic and esthetic treatments outlined in this Standard are required to apply to the College of Dental Surgeons of Saskatchewan for each individual level of treatment providing proof of completion of an approved course.
8. Dentists and dental specialists must be in possession of the appropriate College of Dental Surgeons of Saskatchewan certificate before providing that level of treatment to their patients, regardless of certificates issued by educational program providers.
9. Dentists and dental specialists are required to complete approved, structured and gated levels of training before comprehensive use of neuromodulators is permitted.
10. A dentist or dental specialist cannot move to a subsequent level of treatments/therapies without completing the requirements of the previous level.
11. It is the dentist's or dental specialist's responsibility to ensure that any education or training program undertaken in preparation for prescribing or administering any pharmaceuticals described herein, or to provide any related adjunctive esthetic or therapeutic procedures, is approved by The College of Dental Surgeons of Saskatchewan
12. Before a dentist or dental specialist can proceed from level 2 to level 3 of treatment they must have at least twenty documented treatments on different patients during a minimum one-year period of providing the current approved level of treatment to demonstrate substantial experience and competency within the level.
13. Dentists and dental specialists are advised that records, such as pre-treatment photographs, which are above and beyond usual diagnostic records, are mandatory when providing these levels of treatment. In addition, dentists must document specific injection sites, including site-specific dose records.
14. The specific neuromodulator product brand administered must be documented along with the lot number and expiry date for every case.
15. The dentist or dental specialist must maintain and have all records of patients treated available at all times IF a review of these records is requested by The College of Dental Surgeons of Saskatchewan.
16. Dentists and dental specialists must comply with all advertising guidelines set forth by the College of Dental Surgeons of Saskatchewan in regards to facial esthetic treatments and adjunctive procedures.