

January 6/7 Council meeting

Standards committee report

Without adequate standards and guidelines, it is difficult or impossible to evaluate patient protection and complaints as well as being fair and just to the registrants. I have reviewed the standards/guidelines on the websites of all provincial governing bodies. I have borrowed heavily from this information in writing drafts of several standards as well as reviewing existing 'up to date' items.

There is a wide disparity in content and information involving each standard. There is also much variability in which items and procedures are addressed as standards or guidelines or not addressed at all. Many standards can be prescriptive, but others are much less detailed in scope. This is apparent in our CDSS standards and guidelines but more so when looking at all other provincial governing bodies.

Standards involve 'must' and guidelines say 'should/could'. Policy statements are the written decisions of the organization (driven by the mission statement). At this college, these are all driven by the mandate of public protection.

Council can address which existing standards are valid and useful as well as task the creation of new standards or guidelines. Standards or guidelines are not needed if a procedure is not within the defined scope of practice. Many of these items have been addressed very well by other much larger governing bodies. Some may be useful for the CDSS to adopt as our own standards or guidelines with or without many modifications or changes. Items that were previously listed as standards on our website have been deleted, changed or amalgamated with others to make it clearer or to agree with bylaws or other items. Many of the governing bodies actually have very few standards listed but have more guidelines and advisories or statements/position statements.

The Council can decide on what is a reasonable time frame to update existing standards. Some are very recent, some within 5 years and several older than that. Certain of the standards do not 'stale date' but new knowledge and information can change even the need for a standard. A reasonable time frame would be a review/update every five years by the council on recommendation of this committee. These items may be addressed more frequently or less so. Some can be updated very easily but others could be re-written depending on the desire of council or executive. It is realistic to plan on updating one a month depending on complexity or whether there is an existing standard that can be adopted. If council could advise, then the committee can examine and bring (hopefully) 2-3 to council for adoption at each meeting.

Three standards or guidelines have been made available as drafts (approval?) for this meeting: Ethics, Referrals/Responsible Dentist and Patient Records. I believe the most important is the Ethics standard which addresses many aspects of dentistry in both a relatively detailed as well as an overarching way. Ethics "standard" has taken some of the previous standards (or portions) and incorporated them.

This is a better organized and clearer organization of our standards, guidelines and position statements that could be posted on the website. I think these should be both public and for members. Thanks Drew and Jaime for most of this.

I've written my opinions and recommendations after each.

I. Professional Standards

1. [CDSS Practice of Dentistry, Clinic Facilities Standard](#) (November 29, 2017)

Review and update as needed. Any Covid changes?

2. [CDSS Approved Advertising Standard](#) (January 20, 2020)

Up to date.

3. [CDSS Radiation and Imaging Standard](#) (November 27, 2017)

Review - Needs to be updated to include the QA done by Province.

4. [Infection Prevention and Control Standards in the Oral Health Care Facility](#) (June 1, 2019)

Up to date but any Covid items to add?

5. [CDSS Good Character Standard](#) (October 25, 2016)

Keep but moved the social media into ethics.

6. [CDSS Fitness to Practice Issues Protocol](#) (June 7, 2017)

? Into Ethics or more guideline?

7. [CDSS Informed Consent Process Standard](#) (November 2017)

Keep but also in new Patient records standard

8. Consultation and Referral (UD)

See Referrals and Responsible Dentist (RCDSO)

9. CDSS Prescribing and Dispensing Standard (UD)

Well done in BC and Alberta but very much provincial regulations.

Pain and Opioids guideline adopt here from RCDSO and Alberta.

BC only other province with standards/guidelines

10. General Guidelines (UD)

?? why?

11. [Neuromodulators, Botox and Other Injectables Standard](#) (November 29, 2017)

Others have use Facial esthetics, etc. All but NS and AB not in scope of practice unless experimental or specialist TMJ.

See BC, AB and NS within scope of practice. All same requirements.

[ADA&C: GUIDE Facial Esthetic Therapies & Adjunctive Procedures](#)

[ADA&C: STANDARD OF PRACTICE Facial Esthetic Therapies & Adjunctive Procedures](#)

Prescriptive and complicated but extremely thorough. Adopt AB or NS? Training at U of A and BC.

12. [CDSS Guidelines for Sedation in the Dental Office](#) 2021?

13. Medical Emergencies (UD) (include [CDSS Emergency Drug Kit](#) (January 26, 2002))

Needed? Only province that would have standards.

14. [CDSS Guidelines for the General Practitioner for the Management of Patients with TMD](#) 2011? Could use updating?

15. [CDSS Guidelines for Snoring and Sleep Apnea](#) (June 1999)

Quebec has very good guideline. Could borrow. 2020.

II. Policies

1. CE Policy

Have seen but cant remember where... Jarod?

2. Reporting Incompetence, Misconduct (UD)

Needed? Addressed in ethics?

3. [Prescribing Policy](#) (UD)

From 'Policy and Bylaws' . Add prescription review program.

BC has standards and guidelines but all about their CPP (Controlled Prescription Program)

4. [CDSS Retention of Records Policy / CDSS Release of Records Policy](#) (rev. June 2012)

Addressed in Patient Records standards draft.

III. Position Statements

1. Medical Cannabis (UD)

In scope of practice?

2. Smoking Cessation (UD)

Other provinces have such but needed?

3. Herpes Simplex (UD)

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4. I.V. Vitamin C Infusion (UD)

??

5. Prolozone (UD)

??

6. [CDSS Guidelines for Latex Allergies](#) (April 1999)

Update. Non-latex gloves, dams, etc etc have come a long way.

7. Lasers (UD)

No standards in any other province. Addressed in infection control?

Ensure that Fee guide etc. not in standards/guidelines. Separate completely.

Respectfully yours,

Kelly Kudryk, Chair Standards Committee.