

# Overview of the *Health Professions Act* and College of Dental Surgeons of BC Bylaws

## **A**pril 3, 2009 marked the beginning of a new era for the self-regulation of dentistry in British Columbia.

On this date, the *Dentists Act* was repealed and dentistry became designated as a health profession regulated under the *Health Professions Act (HPA)*. For the most part, the changes caused by this transition have not directly affected day-to-day practice for dentists and certified dental assistants (CDAs).

This publication provides an overview of the main features of this regulatory framework and how it impacts dentists, certified dental assistants and members of the public.

CDSBC has updated its documents and continues to communicate regularly with dentists and certified dental assistants about various topics related to the HPA and the College of Dental Surgeons of BC (CDSBC) Bylaws. It is each practitioner's responsibility to read this information when received via email, the *Sentinel* newsletter or other vehicles.

## **Common Framework**

There are three components involved in dentists and CDAs being regulated under the *Health Professions Act*. These include the *Health Professions Act*, the Regulations (both the Dentists Regulation and the General Regulation) and the CDSBC Bylaws. These documents are available on the CDSBC website at [www.cdsbc.org](http://www.cdsbc.org) and are meant to be read together as each document interfaces with the others.

**Health Professions Act (HPA)** – The HPA is umbrella legislation that provides a common regulatory framework for all self-regulated health professions in B.C.

**Dentists Regulation** – Regulations are created by government for each health profession governed under the HPA. Each regulation outlines reserved titles that only registrants of a particular college may use and a scope of practice for that profession. The scope of practice is articulated as a set of restricted activities that members of that profession are authorized to perform. The Dentists Regulation also designates CDSBC as the regulatory authority for dentists and CDAs.

**Bylaws** – Each regulatory College has its own bylaws that set out the details of the operation of the organization, including the duties and responsibilities of a governing board, committees and the registrar; qualifications for registration; and the regulation of professional conduct, quality assurance, corporations and ethics.

## **Dentists' Scope of Practice and Restricted Activities**

The Dentists Regulation addresses reserved titles, outlines the scope of practice of dentists and defines restricted activities that may be performed by dentists based on their education and competence.

Scope of practice statements describe in general terms what a profession does and how it does it. Dentists may practice dentistry, which is defined as *"the health profession in which a person provides the services of assessment, management, treatment and prevention of diseases, disorders and conditions of the orofacial complex and associated anatomical structures."*



Restricted activities are a narrowly defined list of invasive, higher risk activities that may only be performed by members of a regulated profession that has been granted specific authority by government to do so. Government allows for each profession regulated under the HPA to perform a list of specific restricted activities that they may perform within the scope of practice of their profession, provided the individual has the knowledge, skills and competencies to do so. The same restricted activities may be granted fully or in part to more than one profession.



## Boards and Committees

Under Parts 2 and 4 of the Bylaws, in combination with sections of the HPA, the composition and structure of the CDSBC Board and its committees allow for the election or appointment of its members.

All Board meetings are open to the public unless there is a specific reason to hold all or part of the meeting “in camera.” Notifications of the Board meetings are posted on the CDSBC website and in the *Sentinel* newsletter, while minutes of the meetings can be found on the website.

The composition of the Board is as follows: a President, a Vice-President and a Treasurer elected from the registrants at large, five additional dentist board members elected from electoral districts, one dentist board member elected from certified specialists and another

*Notifications of the Board meetings are posted on the CDSBC website and in the Sentinel newsletter, while minutes of the meetings can be found on the website.*

appointed by the UBC Faculty of Dentistry. In addition to these, two certified dental assistants are elected to the Board and six public members are appointed by the B.C. government via its Board Resourcing and Development Office.

Committees of the CDSBC Board include:

- Registration
- Inquiry
- Discipline
- Quality Assurance
- Ethics
- Sedation and General Anaesthetic Services
- Certified Dental Assistant Advisory
- Certified Dental Assistant Certification
- Audit
- Nominations
- Patient Relations

More information about committees can be found on the College website at [www.cdsbc.org](http://www.cdsbc.org).

## Dentist Registration and Renewal

Dentists are registrants of CDSBC. There are 10 classes of registration and dentists must renew their registration annually in order to continue to practise.

The following categories of registration apply to dentists:

- Full (general dentists and certified specialists)
- Restricted to Specialty
  - New category for certified specialists who do not meet the requirements for registration as a full registrant under section 6.04 of the Bylaws, but who qualify as certified specialists whose scope of practice is restricted to their area of specialty under section 6.06 of the Bylaws.

- Academic
- Academic (grandparented)
  - New category for academic members registered prior to April 3, 2009.
- Temporary
- Non-practising
- Limited (4 types)
  - Education, research, volunteer
  - Armed services or government
  - Post-graduate
  - Student practitioner

Part 6 of the Bylaws specifies the criteria for registration in each category.

## Certified Dental Assistant Certification and Renewal

CDAs are certified by CDSBC and are referred to as certificants. There are four classes of certification for CDAs, who must renew their certification with CDSBC each year in order to be able to practise.

- Practising
- Non-practising
- Temporary
- Limited
  - For certified dental assistants with core national skills, regulated in another Canadian jurisdiction, but who do not have the required additional skills to practise fully in B.C. They have up to one year to obtain the necessary education.

Part 7 of the Bylaws specifies the requirements for certification in each category.

## CDA, Hygienists and Dental Assistants: Delegation and Supervision of Services

Part 8 of the Bylaws identifies the activities that a dentist may delegate to CDAs and dental hygienists. It also specifies the “restricted activities” that may only be performed under the supervision of a dentist by dental assistants, CDAs, dental hygienists and dental students.

Part 8 of the Bylaws specifies the conditions under which a dentist may delegate or authorize the provision of a dental service. Part 8 also clarifies that dental hygienists, dental technicians and denturists do not need a dentist’s delegation or authorization to provide those services that they are authorized under their own regulations to provide without delegation or authorization from a dentist.

Duties for dental assistants and CDAs are described as services. The Bylaws rely on the HPA concept of “restricted activities” in describing the services that may be performed by a dental assistant or CDA. Restricted activities are clinical activities that present a significant risk of harm and are therefore assigned by the government to specified health professions only. Only those activities that involve restricted activities are expressly regulated in the Bylaws. For example, the Bylaws refer to “coronal polishing” as “removing extrinsic stains not associated with calculus on the enamel of teeth using an appropriate hand instrument or slow-speed rotary instrument.”

The requirement that a dentist who delegates, authorizes or supervises the performance of a service by a person who is not a dentist is ultimately responsible for the standard of treatment provided by that person is unchanged.

## Complaints Investigations and Discipline

The regulatory framework for complaint investigation and discipline is the same for all health professions regulated under the HPA. Specific requirements are discussed in Part 10 of the Bylaws, which must be read in conjunction with Part 3 of the HPA.

The CDSBC complaints process under the HPA includes the use of alternate dispute resolution mechanisms and remediation. The Inquiry Committee is responsible for accepting, investigating and resolving complaints. The Discipline Committee then has the ability to conduct hearings and impose financial and other penalties as the result of a complaint.

The HPA requires CDSBC to publicly disclose the outcomes of disciplinary proceedings that result in actions taken against dentists or certified dental assistants, including the name of the registrant, the action taken and the reason for the action. Individuals making a complaint must be notified of the outcome. CDSBC will withhold information when a dentist or CDA has an ailment or addiction and their privacy outweighs the public interest, or where the complainant could be publicly identified.

### **Duty to Report**

All health professionals who are regulated under the HPA have a professional, ethical and legal responsibility to report any unsafe practice or professional misconduct of any other regulated health practitioner.

Dentists and certified dental assistants must report any members of other health professional colleges if they believe the public is at risk because the practitioner is not competent or is suffering from a physical or mental ailment, emotional disturbance or alcohol/drug addiction that impairs their ability to practise. Sexual misconduct must also be reported. Where concerns about sexual misconduct are based on information from a patient, the consent of the patient or their parent/guardian must be obtained before making the report.

The HPA provides immunity to health professionals who comply with the duty to report as long as the report is made in good faith and is based on reasonable and probable grounds.

### **Patient Relations Program**

Under the HPA, CDSBC Bylaws have established a patient relations program to prevent professional misconduct, including that of a sexual nature. Professional misconduct of a sexual nature is defined as sexual intercourse or other forms of physical sexual relations between the dentist or a CDA and a patient. It includes touching, behaviour or remarks of a sexual nature. These are differentiated from touching, behavior and remarks by the dentist or CDA towards a patient that is of a clinical nature appropriate to the service being provided.



## Practice Requirements

Part 9 of the Bylaws includes two requirements, the first being the continuing education requirements and the second being a requirement for reporting continuous practice hours over a three-year period. The purpose of the continuous practice requirement is to confirm that dentists and certified dental assistants are maintaining current knowledge and practice when they renew their registration or certification.

At the time of registration renewal each year, dentists need to attest that, over the previous three-year period, they have engaged in the practice of dentistry for a minimum of 900 hours. CDAs must have engaged in a minimum of 600 hours of practice as a CDA over the previous three years. Hours of practice include clinical practice, as well as work in dentally related research and education.

*The purpose of the continuous practice requirement is to confirm that dentists and certified dental assistants are maintaining current knowledge and practice when they renew their registration or certification.*

## Code of Ethics and Standards of Practice

CDSBC has clearly stated practice standards and expectations of CDAs and dentists. Although the *Code of Ethics* and the *Standards of Practice* are not embedded in the Act, but are separate documents, their effect on dentists and CDAs remains the same. Having these documents separate from the HPA and Bylaws allows for easier updating and making changes as expectations and requirements evolve.

### Dental Emergencies

A dental emergency exists if professional judgment determines that a person needs immediate attention to deal with uncontrolled bleeding, uncontrolled swelling, traumatic injury or uncontrolled severe pain. Dentists have an ethical and professional obligation to consult with and provide emergency dental care to members of the public, or make a reasonable attempt to provide alternative arrangements in their absence. This relies on the dentist's professional judgment, combined with an appropriate patient assessment, as the determinants of an appropriate response in an emergency or emergent situation. This also reaffirms the dentist's responsibility to ensure they, or another dentist, are available to respond to patient emergencies after regular business hours. Where the dentist determines that it is appropriate to do so, many patient problems can be handled over the phone.

*Dentists have an ethical and professional obligation to consult with and provide emergency dental care to members of the public, or make a reasonable attempt to provide alternative arrangements in their absence.*

### QUESTIONS?

This document is intended to provide a general overview of regulation under the *Health Professions Act*, CDSBC Bylaws and Dentists Regulation. Questions can be directed to the CDSBC at 604-736-3621 or by email to [info@cdsbc.org](mailto:info@cdsbc.org).