The College is reviewing and revising its Minimal and Moderate Sedation Guidelines to ensure they are easily understandable by all dentists and that they reflect current practice standards in dentistry.

“The purpose of the Guidelines is to outline the standards for administering sedation, while also allowing for professional judgement with regard to patient safety,” says Dr. Michael Henry, Chair of the College’s Accreditation Committee. “Our goal is to create user-friendly guidelines that are clear and accurate about the expectations for safe practice.”

At its May meeting, College Council approved a set of principles that will be used by the Accreditation Committee to guide the process of reviewing and revising the Guidelines.

The revised document will be based on the following principles:

- Levels of sedation are seen as a continuum rather than discreet levels of consciousness.
- There is a distinction between prescribing medication for anxiolysis and the provision of medication(s) to attain deeper levels of sedation.

continued on page 6
During the course of a year, the College handles a number of challenging matters. This year, the renewed effort of the Certified Dental Assistants of BC (CDABC) to seek designation of certified dental assistants as a self-regulating profession has caused me the greatest concern.

As President of the regulatory College responsible for 5,400 actively licensed certified dental assistants (CDAs) and 2,900 dentists, I am very troubled by statements made by the CDABC and supported by the Canadian Dental Assistants Association (CDAA), which are damaging to the reputation of dentistry in B.C. and undermine public confidence in our dedicated dental health care providers. Many of these statements also call into question the ability of our College to regulate its registrants in the public interest.

To have a strong opinion and to pursue goals that are considered important is reasonable. To carry out these activities at the expense of the professional and public reputations of CDAs and dentists is not justifiable and is probably self-serving.

It is the provincial government, based on recommendations from the Ministry of Health, which is responsible for establishing regulatory colleges for recognized health professions and for deciding how all health care practitioners will be regulated. Following direction by the Ministry in March 2006, our College completed development of draft Bylaws for designation under the Health Professions Act where we would continue to regulate both dentists and CDAs. These draft Bylaws, created by dentists and CDAs, incorporate more contemporary and flexible means for the delivery of dental care in the public good. For example, the proposed Bylaws contemplate CDAs being able to work without dentists present, providing delegated services that will enhance access to care for people in assisted living and extended care facilities.

These Bylaws were posted for a 90-day consultation period to allow stakeholders to comment. The Ministry is currently reviewing the feedback received and will be meeting with the College over the summer to consider changes necessary that will allow government to approve the Bylaws later in the year. At the same time, the Ministry continues to be active in working with dentists and CDAs ensuring that the College’s activities are appropriate.

At the end of the day, most of the real issues and concerns of working CDAs cannot be resolved by a regulatory body. Salaries, benefits, employment standards and working conditions are the challenges of a member service association such as the CDABC. To muddy these issues with regulation and public protection is misleading. To suggest that having a separate CDA regulatory college will solve these challenges is unrealistic.

Regardless of which College regulates them, most CDAs will continue to work in traditional dental offices employed by dentists as part of a team delivering outstanding dental care to the
A joint Dental Emergencies Task Force was established earlier this year by the College and the BC Dental Association. The Dental Emergencies Task Force met this May to identify initiatives aimed at ensuring patients receive appropriate emergency dental treatment after regular business hours. These initiatives will support dentists and other health care providers.

The Dental Emergencies Task Force is collaborating with the B.C. government’s public HealthGuide program to update the protocols used for dental emergencies. A second task force also met to review and update the protocols for general dentistry. Both sets of protocols are used by the BC NurseLine telephone triage program. This program was established to provide the public with free access to health and medical information. In addition to NurseLine, the program includes the BC HealthGuide book (distributed free at pharmacies across B.C.) and a public information website (www.bchealthguide.org).

While it is every dentist’s responsibility under the Code of Ethics to ensure arrangements are in place to provide emergency dental treatment after office hours, we recognize there can be challenges associated with providing this care. Watch for more information about the activities of the Dental Emergencies Task Force in future issues of The Sentinel.

I believe that our College is doing a very good job in regulating dentistry on behalf of our registrants in the public interest. Both dentists and CDAs, working collaboratively with our public members, are actively involved in all facets of College operations serving as full voting members on Council and its many committees and working groups. A survey of registrants conducted in 2006 indicated that 84 per cent of CDAs and 91 per cent of dentists are satisfied with the overall performance of the College.

Our College needs to devote its energies to regulating dentists and CDAs in the public interest where collaboratively, we will ensure continuing excellence and delivery of world class dental care that is deserving of British Columbians’ confidence in our profession. I would suggest that is a goal worthy of our collective efforts!
Karl Denk is looking forward to contributing to the spirit of openness, fairness and support that characterizes the regulation of dentistry at the College of Dental Surgeons. Karl is well-known to many in the Vancouver and Okanagan dental communities. A UBC dentistry graduate, he began practising in Vancouver 24 years ago. A firm believer in contributing to the profession, Karl has dedicated many hours as an active member of the Vancouver & District Dental Society (VDDS), where he has served as a director, treasurer and member of the Peer Assistance Committee.

After selling his busy West Vancouver practice in 1995, Karl established a successful office in Vernon where he enjoys all that life in the Okanagan Valley has to offer.

He regards the upcoming transition from the Dentists Act to the Health Professions Act as an important milestone for the College and is proud to be a member of Council during this historic phase.

Lonny Legault has been impressed by the favourable direction the College has embraced over the last several years.

“...says Lonny. He looks forward to contributing to the College’s future achievements, including its ongoing positive fiscal management.

Lonny has been operating a private practice in his hometown of Prince George for the past 11 years and he is an active member of the local district dental society. Last year, he obtained a Fellowship from the International Congress of Oral Implantologists and is working toward achieving Diplomate status.

He comments that it was his early involvement as a student representative of the Canadian Dental Society while attending the University of British Columbia that fostered his interest in participating in organized dentistry. Following graduation from the Faculty of Dentistry with honours in 1996, he completed a surgical externship in the Oral and Maxillofacial Surgery Department of Los Angeles County Hospital/USC Medical Center.

Lonny enjoys spending time in the outdoors with his wife and two children. In addition to being a licensed pilot, he is an avid sportsman who enjoys waterskiing, mountain biking, fishing and golf in the summer, and skiing and snowmobiling in the winter.

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Sandra Harvey's extensive clinical, administrative and practice management experience will be valuable assets in her role as a Council member. Many in the dental community may already be acquainted with her positive energy and professional approach in her role as Program Head for West Coast College's CDAC-accredited Certified Dental Assisting Program. Sandra developed this program and continues to coordinate it.

"While I am relatively new to being involved with the College, I am proud to be serving as a second certified dental assistant on Council..." says Sandra. She also serves on a working group of the Quality Assurance Committee for the development of occupational standards for CDAs.

Born and raised in the Lower Mainland, Sandra’s interests include spending time with her family and friends, golfing, travelling and cheering tirelessly as a long-standing and umbrella-holding “soccer mom.” Sandra says she is passionate about dentistry and striving for ways to make a positive difference for those we serve. Sandra believes that how we treat each other is ultimately how we treat our clients.
Ethics and Professionalism
by Heather MacKay, Acting Registrar

Ethics and professionalism are two areas where the College has noted a recent increase in the number of complaints being received. These topics are addressed in the Code of Ethics and are often subject to different interpretations of what is and is not acceptable behaviour by a dental practitioner.

As healthcare providers, we want to “do the right thing,” yet we have probably all faced the occasional challenge of trying to determine the best course of action in a given circumstance. In fact, there may be more than one appropriate response to a specific situation. The way in which these issues are handled can have a profound effect on patient trust and confidence.

I thought it would be useful to provide an overview of a few of the most common complaints we receive that have to do with ethics and professionalism.

Informed consent – We receive many complaints from patients who do not believe they were fully informed of their treatment options, the pros and cons of each option, and the cost and risks associated with each proposed treatment. Informed consent is more than just a signature on paper. Each treatment embarked upon needs to be understood and consented to by the patient and the discussion noted in their chart.

Emergency dental care – We continue to receive complaints from patients who have difficulty contacting their dentist after hours. All dentists are obligated to be accessible to provide emergency treatment to their patients and members of the public after regular office hours. Although most dentists find that the majority of after-hour patient calls can be addressed by telephone consult, contact with the patient must be available. If a dentist is unavailable, alternate arrangements must be made. See the update on page 3 to learn more about how we are working to support dentists in meeting this obligation.

Patient communication – Complaints that are, at first glance, about a number of issues can often be traced to a lack of effective communication between dental staff and the patient. Studies have clearly linked patient satisfaction and quality care with positive attitudes and communication skills on the part of the oral health care provider. Effective communication is often as much about listening as it is about speaking.

Other complaints we receive involving ethics and professionalism may have to do with sexual impropriety, anger management or inappropriate criticism of work previously completed by another dentist. If you have questions about any of these issues, please call the College for further information or discussion.

Sedation Guidelines
continued from front cover

- Dentists administering sedation must be adequately educated and maintain current knowledge and competence to administer the medications used for sedation; be able to “rescue” the patient should the level of sedation attained be deeper than expected; and manage other emergencies that may arise.

- Approaches to sedation should be individualized depending on the patient’s age and American Society of Anaesthesiologists’ (ASA) status, as well as the response to the drugs administered.

The updated Guidelines will draw on the sedation standards of other organizations to the extent they apply to dentistry in British Columbia.

“We will be consulting stakeholders throughout the process and will be asking B.C. dentists for their input to the draft Guidelines before they are finalized,” adds Dr. Henry.
Your Coronal Whitening Questions Answered

We regularly receive calls from registrants asking about what duties a certified dental assistant (CDA) is allowed to perform in relation to coronal whitening. Deputy Registrar Dr. Patricia Hunter answers the most frequently asked questions.

Q Can a CDA perform a whitening procedure?
A No, this is currently not allowed in Article 10 of the Rules under the Dentists Act.

Q Can a CDA apply an in-office whitening agent, such as Zoom®?
A No, the dentist must apply the whitening agent. However, the CDA can prepare the patient by applying the rubber dam or other isolating agent and can hold the curing light and assist with the four-handed dentistry involved in the process.

Q Can a CDA fabricate bleaching trays?
A Yes, this is a lab procedure which falls within the duties of a certified dental assistant.

Q Can a CDA instruct patients on the use of home whitening kits?
A Yes, this is considered to be the provision of individualized home care instructions which may be delegated by a dentist if she or he is satisfied, from their personal knowledge, that the assistant is properly trained to perform the duty under the dentist’s supervision.

Q Can a CDA answer patient questions about whitening options if the dentist is not in the room?
A A CDA can answer patient questions on treatment options where the dentist has already discussed this with the patient and the CDA is providing additional information or clarification to treatment options in response to a patient’s further request for information.

For more details about what can be delegated to certified dental assistants and others, consult your BC Dental or Certified Dental Assistant Manual and Article 10, Allied Dental Personnel, in the Rules under the Dentists Act, or visit the College website at www.cdsbc.org.
Infection Control – Some Things to Think About

With concerns about a variety of micro-organisms in the blood and saliva of patients treated in the dental operatory, infection control is top of mind for most practitioners. Or is it?

A dentist recently commented that she thought her office was diligent about infection control measures. But when she and her staff stopped to examine their day-to-day activities with a critical eye, they realized they could be even more meticulous.

While infection control is the dentist’s overall responsibility, it is important for all dental personnel to maintain current knowledge of infection control procedures and equipment, recognizing that individual offices will have their own protocols and mechanisms in place. Being aware of the most current information can help practitioners actively reduce factors that may increase the risk of transmission of blood-borne pathogens and other infectious agents in a dental setting.

Everyone in the office can help identify possible areas for improvement by thinking about the performance of routine tasks with infection control in mind.

For instance:

- How often do you enter a drawer to retrieve instruments during a procedure and do you use an aseptic technique? Do you record in a patient’s chart with gloved hands? Who picks up the pen or pencil after you have used it and are they protected?
- Could sterilized trays potentially become contaminated by free-circulating aerosols if left in the open air?
- Is care taken to avoid contamination when exposing and developing radiographs?

When conducting a comprehensive review of the overall infection control plan of a dental office, consider the following components:
Internationally Trained Dental Specialists

For several years, the federal and provincial governments of Canada have placed a high priority on attracting and employing internationally trained professionals. Governments are looking to all professional regulatory bodies to develop reasonable, transparent and fair processes to enable appropriately qualified professionals from other countries to work in their chosen professions with a minimum of barriers.

Members of the Canadian Dental Regulatory Authorities Federation (CDRAF) have been working for more than four years to develop a process to deal with licensing internationally trained dental specialists from non-accredited universities. This work has occurred in collaboration with the Canadian Dental Association, National Dental Examining Board (NDEB), Royal College of Dentists of Canada (RCDC), Association of Canadian Dental Faculties, Canadian Commission on Dental Accreditation and others.

Dr. Peter Stevenson-Moore, Council Dental Specialist member, says, “A national process has been agreed to in principle by the CDRAF to determine whether an internationally trained dental specialist has the knowledge, skills and judgment that meet the Canadian standard of care for the competencies in their dental specialty. If only minor deficiencies are found, these may be addressed by a gap training program of up to one year, administered by an accredited Faculty of Dentistry. This process is not intended to educate applicants to become dental specialists.”

Dr. Ed Yen, former Dean of UBC, Faculty of Dentistry, reports, “The program at UBC in collaboration with affiliated universities, will involve an extensive application process, consisting of a national credentialing program, completion of a National Dental Specialty Examination developed by the NDEB, and an assessment at UBC. If an applicant is suitably qualified, gap training of up to one year will be completed as required.”

Dr. Peter Lobb, College President, explains, “An applicant who successfully completes a program may then apply to write the National Dental Specialty Examination administered by the RCDC, and if successful, apply for registration and licensure as a certified dental specialist limited to their specialty. The cooperation of B.C.’s dental specialists and our dental educators at UBC is essential to the success of this process.”

The College will continue to provide updates on the development of the national process and the UBC program. Members with concerns or suggestions are encouraged to write Dr. Lobb at the College.

Members of the CDRAF have been working for more than four years to develop a process to deal with licensing internationally trained dental specialists from non-accredited universities.

Additional information and resources about infection control in the health-care setting are available through the following sources:

BC Centre for Disease Control
www.bccdc.org
Tel: 604 660-0583
Fax: 604 660-6066

Public Health Agency of Canada
www.phac-aspc.gc.ca
British Columbia/Yukon
Tel: 604 666-2083
Fax: 604 666-2258

U.S. Centers for Disease Control
Division of Oral Health
 Guidelines for Infection Control in Dental Health-Care Settings, 2003
www.cdc.gov/oralhealth/infectioncontrol
Tel: 770 488-6054
Audit Committee Report
Mr. Clayton Shultz presented the Audit Committee Report acknowledging that the College has had another strong year financially and there have been no financial improprieties noted in the management of its finances. The Audit Committee made several recommendations:

• Licence fees be set at a level such that the combined cumulative operating surplus and contingency reserve not exceed $1.5M.
• The budget process be improved so that more accurate reforecasting to the fiscal year end can be prepared at the time Council considers the budget and sets licence fees in early December.
• The Committee complimented Ms. Yukiko Kanda, Accountant, on the accuracy of her journal entries in preparing College financial statements.

Complaints
Ms. Heather MacKay, Acting Registrar, reported that the average time to resolve a complaint has decreased from eight months to six months, with many complaints being resolved in as little as two to three months.

Health Professions Act
Ms. MacKay updated Council on the status of the College’s proposed Bylaws now being considered by the Ministry of Health. Ms. MacKay will meet with Ministry officials in July to review the feedback from the public consultation process and discuss how to address comments regarding the draft Bylaws and the Regulations.

Minimal and Moderate Sedation Guidelines
Following a presentation by Dr. Michael Henry, Chair of the Accreditation Committee, Council approved a set of principles that will be used to guide the revision of the College’s Guidelines for Minimal and Moderate Sedation. The goal of the revision process is to ensure the Guidelines are easily understandable by all dentists and they reflect current standards of practice.

(See article on front cover for more details.)

CDA Advisory Committee
Ms. Kathy Boyd, Chair, updated Council on recent CDA activities. To enhance CDA participation, Council approved changes to the Committee’s terms of reference adding a fifth CDA member and appointing Ms. Leslie Riva.

(With the resignation of Ms. Lane Shupe due to personal commitments, Ms. Sandra Harvey has been appointed as a new member.)
Report on CDA Regulation
Ms. Betty Larsen, Director, CDA Regulation, reported on activities regarding CDA regulation in B.C. and provided a synopsis of the Dental Assisting Regulatory Authorities meeting held in Ottawa on April 18, 2007.

Canadian Dental Regulatory Authorities Federation (CDRAF) Meeting
Dr. Peter Stevenson-Moore summarized the April 19, 2007 meeting, which he attended in Ottawa with Dr. Peter Lobb, Ms. Heather MacKay and Dr. Ed Yen.

Much of the meeting concerned the development of a national process to assess and gap train internationally trained dental specialists from non-accredited universities.
(See article on page 9 for more information.)

VELscope®
Council discussed the use of the VELscope® by dentists and other health care practitioners in the assessment of oral malignancies and will research a policy on its use.

Emergency Registrar Succession
Council agreed that the Elected Officers and the Director, CDA Regulation, would act in the place of the Acting Registrar, should she be unable to perform the duties of the Registrar.

Registrar’s Executive Search Working Group
Council met in-camera to establish an Executive Search Working Group.
The Working Group was given the authority to hire a consulting firm to assist them; to make a recommendation to Council in September 2007 on the most suitable candidate for Registrar; to evaluate the governance process as it relates to the Registrar’s annual evaluation and employment; and to make any other recommendations regarding the future employment of a registrar.

The following were appointed to the Group:
Dr. Ash Varma, Chair
Dr. Bill McNiece, Vice Chair
Ms. Kathy Boyd
Ms. Lane Shupe
Mr. Paul Durose
Dr. Marcia Boyd
Dr. Ken Chow
Dr. Myrna Halpenny
Dr. Robert Rosenstock

Complaints Info Sheet Now Available
The College has recently published a new information sheet to provide the public with information about the dental complaints process. A second sheet is being developed specifically for dentists and certified dental assistants to outline what they can generally expect if a complaint is made against them.

Copies of the information sheet are available from the College on request. It can also be found on our website at www.cdsbc.org/complaints.asp.

Thinking of a Practicum Student This Fall?
On-the-job training is an important adjunct to classroom learning. Last year, more than 350 students graduated from Level II dental assisting programs in B.C. Yet some students found it challenging to obtain practical experience due to a decline in the number of dental offices interested in taking students. If your office is interested in providing practicum opportunities, please contact your local Level II dental assisting program for more details or get in touch with Linda Spouler (lspouler@cdsbc.org) at the College for schools in your area.

Financial Statements Available
The College’s audited financial statements are available to all interested registrants. Condensed statements and the Audit Committee’s report can be viewed in the 2006/07 Annual Report on our website at www.cdsbc.org/pubs_annual.asp. Full financial statements are also posted on the site. Paper copies can be obtained by phoning the College.
Elmira Jasarevic, a Complaint Officer, is usually the first person a registrant or member of the public speaks with when they have questions about a dental concern or complaint. Her affable nature and helpful personality make her an ideal person to handle situations that can be emotionally charged and difficult for the parties involved.

Elmira is a willing contributor to the spirit of collaboration and cooperation at the College. In addition to her work with the public and registrants as a Complaint Officer, Elmira also provides administrative support to the Deputy Registrars. While there is no question Elmira takes her work seriously, she is also appreciated for her genuine sense of humour.

“I work with a very supportive group of people and that makes the College a positive place to work,” says Elmira.

An avid city cyclist and downhill mountain biker, Elmira’s ability to handle multiple priorities was reinforced the day she balanced a whipped cream filled birthday cake for 21 staff members on her bike all the way from Commercial Drive to Kitsilano – and in the rain no less! While she does not seem anywhere near ready to trade in her spokes, Elmira is planning to learn how to knit (for when she becomes too old for mountain biking!). Elmira also enjoys music and her cats Moesha and Latoya.