

Sentinel

A publication of the College of Dental Surgeons of British Columbia for dentists and certified dental assistants

this issue

- 2 President's Report: Professionalism of Dentistry at a Crossroads
- 6 Registrar's Report: Code of Ethics Sets Clear Expectations
Infection Control Update
- 7 Oral Cancer Screening: Who is Responsible for Diagnosis? Are Adjunct Tools Necessary?
Is Your Contact Information Current?
- 8 CDSBC Welcomes New Board Members
- 10 CDAs in Practice: Can CDAs Be Self-Employed?
New Resource for Referrals
- 11 Complaint Summaries: Recordkeeping—An Essential Part of Patient Care
- 12 CE Cycle Date Reminder
Criminal Record Check from A to U
Call for Award Nominations
Warning from Health Canada about Drug Advertising
Do You Have Up-to-Date CPR Certification?

Introducing CDSBC's New Code of Ethics

Every day, dentists and CDAs face ethical challenges and dilemmas in their practices. A request to waive the co-payment "just this once"; being asked by a teenage patient to keep information from her parents that you think they ought to know; wondering what to do when a patient presents with sub-standard work that was done by a colleague; having to deal with a patient who is behaving rudely – the list goes on.



The ethical response in some situations is clear, but, in others, it is not so clear. The difference between dentists and CDAs versus the general public is that as

Because the revised Code deals more with general values and principles than specific rules, it should apply to any situation a dentist or CDA may face.

regulated health professionals, they have a Code of Ethics that they are expected to respect and abide by. This Code provides the basis for an appropriate response in any situation involving an ethical issue. Even when that rude patient is confronting you with an unreasonable demand, you, as the professional, are expected to respond ethically and appropriately, no matter how difficult or obnoxious the patient becomes.

CDSBC has had a Code of Ethics for many years, so there is nothing new about that. What is new in the revised document is the manner in which those concepts are presented. The former Code of Ethics had become increasingly lengthy and perhaps even cumbersome as sections were added to deal with issues that had not been specifically considered previously.



President's Report Dr. Bob Coles

Professionalism of Dentistry at a Crossroads

In my last column, I spoke of the deteriorating level of professionalism in dentistry and record levels of complaints. I'd like to discuss these issues further – perhaps they are related.

I suspect the economic recession may be playing a big part in the huge increase in complaints we've seen in the past few years.

The economic pinch is no doubt causing patients to seek more "bang for their buck," becoming more apt to question our treatments when outcomes are less than what they envisioned. Perhaps patients are simply more litigious, with their expectations growing each time they watch *Extreme Makeover*, and expect all dentists can do the same (in a week, painlessly and inexpensively no less!). But I worry the real casualty of the economic downturn is *how we practise* – our professionalism.

Perhaps the reason we are seeing more complaints is because dentists are attempting

procedures that are outside their skill level. Anecdotally, referrals to specialists are down. It makes me wonder if colleagues are attempting extractions, endos or

I worry the real casualty of the economic downturn is *how we practise* – our professionalism.

ortho cases that a couple of years ago they would have routinely referred out. Or perio surgical cases, complex restorative cases, TMJ treatment, even doing a simple crown on a tooth that two years ago they would have considered un-restorable. We need to be honest with ourselves and question when we start performing procedures that we wouldn't have done a few years ago. Is it because we have increased our abilities or because we want to increase our business?

If you *have* raised your skill level through appropriate education and are offering new treatments – that's fantastic. But I caution you to attempt new procedures only if they are within your skill level **and within your scope of practice**. For example, the College has repeatedly warned members that dermal fillers are outside the scope of practice for all but a handful of oral surgeons in B.C. who have extensive training in fillers as part of an accredited post-grad program and have written approval from the College. Recently we had a query from the manufacturer of a medication originally developed to treat glaucoma but often used to help women grow longer eyelashes; they were wondering if a dentist in B.C. could be prescribing it inside their scope of practice. The answer is no! Nor can they perform hair restoration, laser tattoo removal or breast augmentation, as we've learned dentists elsewhere are doing.

Likewise, we have all seen some innovative marketing and advertising programs surface lately. Often the College gets asked to do something about them. As long as the advertising is professional, ethical, truthful, and does not make out the practitioner to be in any way better than his or her peers, there is little the College can or should do. It is not within our mandate to police advertising that is "tacky," ugly or that other practitioners don't like. Although the College may not be able to regulate all aspects of advertising, there is no doubt that the amount of advertising and the type of advertising undertaken by dentists has changed how the public views dentistry. Dentists are now seen as business people first and healthcare professionals second. We need to think carefully about not only how much we advertise, but also what we portray when we advertise. Advertising that is not professional and tasteful sends a message that we are selling ourselves and our practices, as opposed to providing healthcare.

All this leads me to believe that dentistry is at a crossroads. The last time the profession was at a crossroads like this was in the 1830s. Back then, if individuals needed treatment for their teeth, usually an extraction or the lancing of an abscess, they had two choices: go to a "dentist," who was usually a physician with some experience in providing oral

care, or go to the local barber. In the mid-1830s barbers often did extractions. People who practiced "dentistry" in the 1830s had a decision to make – to continue to practice at a low level, unregulated and out the back of barbershops or become a proper, regulated "profession." In 1837 the University of Maryland was the first to offer formal dental education, and dentistry chose its course – to become a proud profession. So too today, we have a path to choose. Do we want to be thought of as barbers or as physicians?

Will we continue to allow the level of professionalism to spiral downward in the public's eyes? And more importantly, continue to deteriorate in our own eyes? Everywhere I go,

Many of us have holes in our appointment schedule. But what we choose to do about that fact separates professional colleagues from those who are less so.

dentists are disheartened to see the erosion of professionalism and collegiality among dentists. Our only choice is to bring the respect and professionalism back to the profession. How? First we need to restore the collegiality. With strong collegiality the profession can regulate itself.

When the profession is fractioned and dentists start acting as individuals, perhaps speaking ill of other colleagues or their work, all hell breaks loose. Support the BCDA, the CDABC, support study clubs, support your local society. When professionals all have a similar vision, there won't be a need for some to resort to guerilla marketing or providing "fringe" treatments.

I suspect we would have reached this philosophical crossroads even had the recent recession not come along. I believe the recession simply brought it on sooner. Many of us have holes in our appointment schedule. But what we choose to do about that fact separates professional colleagues from those who are less so. Making changes in our practices to counter the effects of the recession is appropriate and logical. I simply ask that those of you making changes ensure they are professional and sustainable. Embarking on costly, creative advertising campaigns, bad-mouthing the work of others, and/or attempting to provide treatment outside our skill level or scope is fraught with problems, for the individual dentist as well as the profession.

Maybe it's simply time to tighten our belts, live within our means and ride out the storm. The economy will recover – will the profession?

continued from front cover

The Ethics Committee was charged with reviewing the former Code of Ethics and making recommendations to the Board for revisions. The Ethics Committee is made up of dentists, CDAs and public representatives appointed by the Board. The first step for the Committee was to review the Codes of Ethics of other healthcare professions, including dentistry in other jurisdictions.

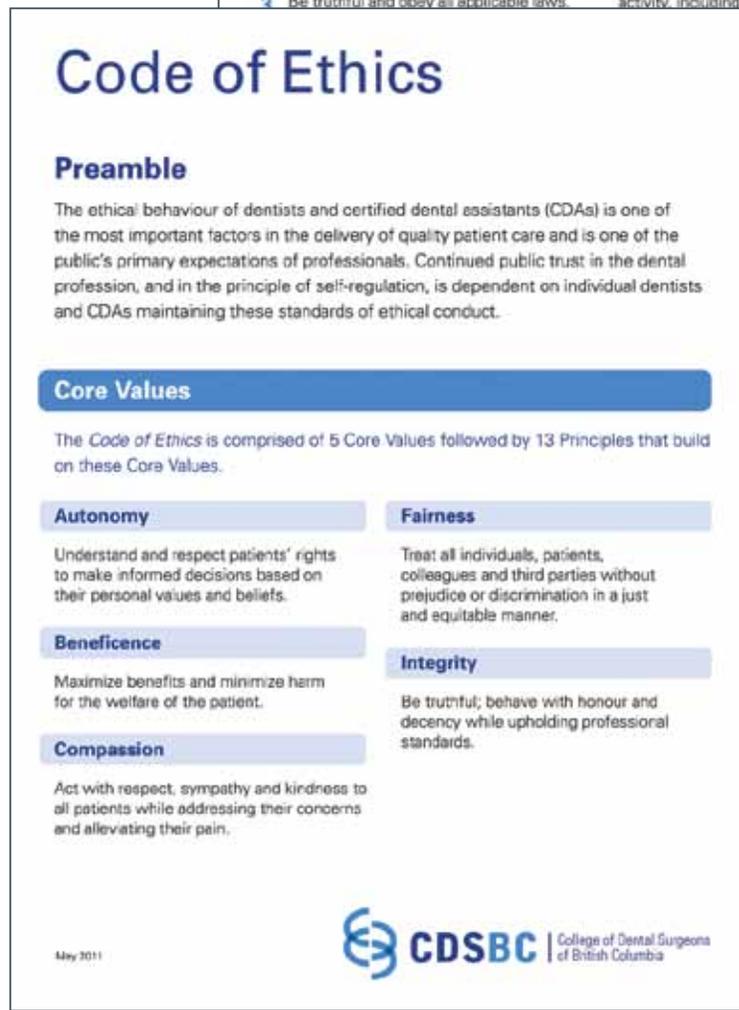
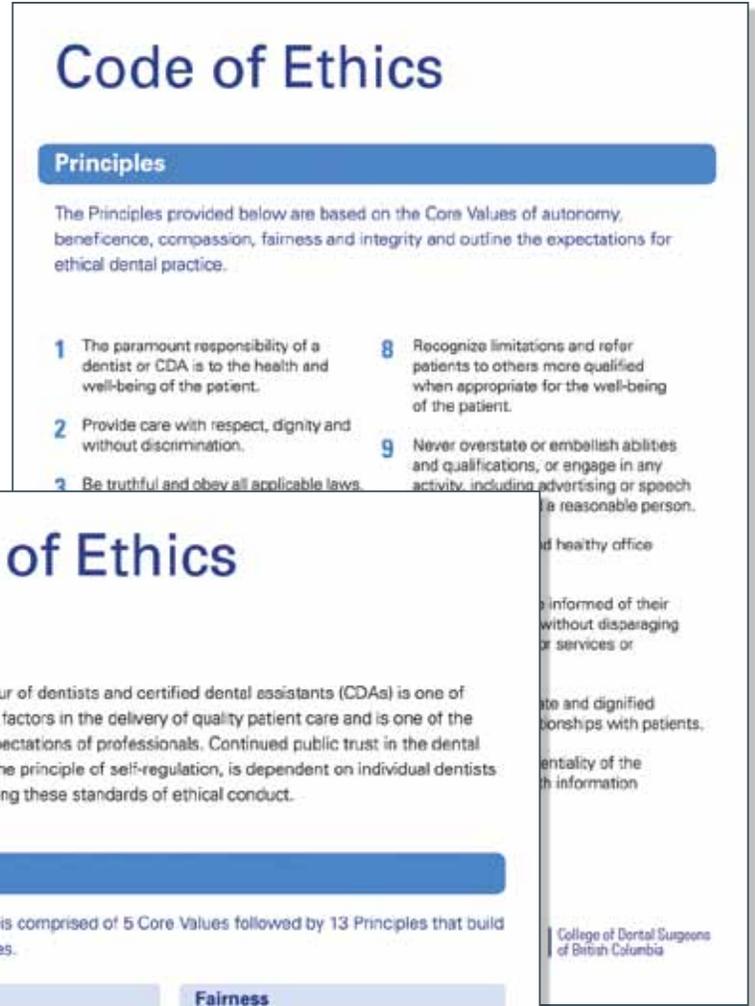
It became clear the first thing the Committee needed to decide was the general approach to the new document – would it be a prescriptive document that tried to address every possible scenario or a set of principles that could be applied to different situations?

Dr. Ken Chow, Chair of the Ethics Committee, explains the approach taken:

“We decided that a document that reflects a high-level, principled approach that can be applied to almost any situation was preferable to a document that tried to list expectations for practice in every conceivable circumstance.”

“Once that direction was decided,” he goes on to say, “the Committee worked hard to develop a set of Core Values and Principles to recommend to the Board. We are proud of the document that was produced.”

In spring 2011, the CDSBC Board accepted the Ethics Committee’s recommendation for a set of Core Values and Principles that together become the revised CDSBC Code of Ethics. This document can be found at www.cdsbc.org/code_of_ethics/.



Questions and Answers About the Code of Ethics

Q: Is there anything fundamentally different about a regulator's code of ethics in comparison to the codes of ethics of other professional organizations?

A: Generally, there are two types of ethical codes – those that are aspirational in nature and those that are regulatory in nature. Although the concepts in both types of codes overlap, there are some distinct differences. The codes of ethics of professional associations are most often aspirational in nature.

All members of the profession are expected to be aware of, and adhere to, the Code at all times.

They encourage members of these groups to strive for excellence, to be “the best” they can be. On the other hand, regulatory codes of ethics such as CDSBC’s Code, set a bar that dictates the minimum standard of behaviour expected of members of the profession. All members of the profession are expected to be aware of, and adhere to, the Code at all times.

Q: What is new or different about the revised Code of Ethics in how a dentist or CDA should practise?

A: There is nothing different about the concepts embedded in the revised Code of Ethics. The revised Code does not change the expectations for practice that have always been in place. It is simply a different and less prescriptive way of describing the same expectations for professional behaviour that have always been in place. Because the revised Code deals more with general values and principles than specific rules, it should apply to any situation a dentist or CDA may face. It simply relies more heavily on professional judgment and expects each individual to be aware of, and apply, the core values and principles appropriately in any given situation.

Q: What happens to all of the concepts outlined in the earlier Code of Ethics?

A: All of the concepts that were outlined in the previous Code of Ethics are still valid and continue to be expectations for practice. Concepts that are more specific in nature than those found in the revised Code, such as expectations for dentists in emergency situations, may still be referenced when deciding how to behave in specific circumstances.

Q: Will there be more information or guidelines coming about how the revised Code applies to specific situations?

A: Now that the Core Values and Principles have been accepted by the Board as the current Code of Ethics for CDSBC, the Ethics Committee will begin developing guidelines for specific situations that dentists and CDAs face on a daily basis. Guidelines for issues such as informed consent, transfer of records, dealing with dental emergencies and the ethics involved in advertising, will be forthcoming.

Q: What if I'm not sure about how the CDSBC Code of Ethics applies to a given situation?

A: If you are not sure about how the revised Code of Ethics applies to a situation you are facing, there are a few things you can do. The first would be to review the Core Values and Principles and see if there is a general concept you can apply to the situation. You may also want to refer to the earlier Code of Ethics to see if the situation is dealt with more specifically there and whether it would still apply under the revised Code. If that doesn't help, call the College. We are here to assist you and will, at the very least, set you in a direction that will help you to determine how to manage the situation in a principled and ethical manner.



Registrar's Report Heather MacKay

Code of Ethics Sets Clear Expectations

This issue of the *Sentinel* introduces the revised Code of Ethics for CDSBC. Every day, dentists and CDAs make ethical decisions that are in keeping with the Principles contained in the CDSBC Code. In most cases, this is simply natural and little thought is given to the decisions made – it's just how professionals approach their work. Why then, does the College need to place so much emphasis on a Code of Ethics for dentists and CDAs?

There are a couple of reasons. First, the College needs to be very clear about the expectations for behaviour of its registrants, and dentists and CDAs need to be able to reference those expectations when the answer isn't clear. CDSBC believes that the revised Code of Ethics is an approachable reference document that reminds or informs the professional of the ethical expectations of the College.

The second reason to have a clear and understandable Code of Ethics is to be able to identify when a dentist or CDA has not adhered to the behaviour expected. In

Principles can guide a professional in making appropriate and ethical choices, no matter how difficult the situation.

this respect, it is a tool to ensure that all dentists and CDAs are held to a consistent standard of ethical behaviour. It can also be a useful tool to assist dentists and CDAs who have not conducted themselves in an ethical manner to better understand what was expected and where they fell short.

The Ethics Committee worked hard to find a document that would fulfill both of these purposes. Although the revised document does not set out in detail what needs to be done in every situation, it contains Principles that can guide a professional in making appropriate and ethical choices, no matter how difficult the situation. The Ethics Committee and the Board will be doing further work to interpret the Code of Ethics and apply the Code's Principles to more specific situations.

If you have questions about the revised Code of Ethics or anything else that you see in this issue of the *Sentinel*, you can, as always, contact CDSBC and we will be happy to assist you. I would also encourage you to visit our website at www.cdsbc.org for more information.

Infection Control Update

CDSBC has worked closely with the College of Dental Hygienists of BC to facilitate the establishment of Draft Infection Prevention and Control Guidelines as a reference for dental practitioners.

These evidence-based and referenced guidelines are designed to satisfy government and public requirements while being workable for dental healthcare providers. The draft document is available online at www.cdsbc.org for review and comment until December 15.

Oral Cancer Screening:

Who Is Responsible for Diagnosis? Are Adjunct Tools Necessary?

Since 2008, when the *Clinical Practice Guideline for the Early Detection of Oral Cancer* was developed and published as a joint project with the British Columbia Oral Cancer Prevention Program, CDSBC has received many questions about how dentists are expected to screen for oral cancer.

One common question is: Who is responsible for making the diagnosis of potential pathology? Dentists ask whether they can delegate this to a dental auxiliary or dental hygienist. The answer to this question is simple – No!

The dentist is always responsible for diagnosing **the presence or the absence of a lesion**.

Dentists need to be very clear that a diagnosis of the absence of disease is as much a diagnosis as the potential presence of disease and cannot be delegated to another dental professional. Regardless of who conducted an initial screening for oral cancer, dentists must be satisfied that the conclusions are correct and must not rely on the assessment of another person who does not have that responsibility within their scope of practice. It is no different than a hygienist letting the dentist know whether decay was noted during a hygiene appointment. Although the information is useful, dentists must still be satisfied the assessment is correct by checking the mouth themselves.

Another question related to oral cancer screening is whether it is necessary to always use adjunct tools, such as direct fluorescence visualization (VELscope®) or toluidine blue, when



conducting screenings for oral cancer. Some people have been told that an examination without adjunct tools is substandard. This is simply not true. It is not necessary to use adjunctive visual tools for the routine screening for oral cancers.

The dentist is always responsible for diagnosing the presence or the absence of a lesion.

As outlined in the Guideline, tools such as this are complementary in nature and are “not a replacement for the comprehensive history and conventional visual and manual head, neck and oral examination.”

For further information about the early detection of oral cancer, see the Guideline at www.cdsbc.org/clinical_practice_guideline_for_oral_cancer/.

Is Your Contact Information Current?

Dentists and CDAs: you have a professional responsibility to ensure CDSBC has your current address, phone number and email address or fax number.

There are four ways to change your contact information:

- Login to www.cdsbc.org
- Email info@cdsbc.org
- Call 604-736-3621 (toll free in B.C. 1-800-663-9169)
- Fax 604-734-9448 (toll free in B.C. 1-866-734-9448)

CDSBC Welcomes New Board Members

The following individuals are new Board members for 2011/12. For a complete list of the CDSBC 2011/12 Board, visit www.cdsbc.org.



Dr. Darren Buschel

Darren has practised general dentistry in Kelowna since 1999. He was “born” into dentistry, growing up with exposure to the profession through his father, Dr. Ken Buschel.

Darren has participated in several levels of organized dentistry, both at the local society level and with the British Columbia Dental Association (BCDA). He has served as a former President of the Kelowna and District Dental Society and as the Thompson Okanagan Dental Society representative to the BCDA. He considers himself a continuing education enthusiast and has been a longstanding member of several study clubs, including Seattle Study Clubs, and the RV Tucker Cast Gold Study Clubs.



Dr. Kerim Ozcan

Kerim has practised oral and maxillofacial surgery in Prince George for 14 years, and is the only Certified Specialist in Oral and Maxillofacial Surgery residing in Northern B.C.

He earned his undergraduate degree from Dalhousie University, his internship from the University of Western Ontario, and completed his specialty training in Detroit, Michigan.

Currently, he is on the teaching staff of the medical school at the University of Northern BC. He is also the Division Head of Plastics and Reconstructive Surgery for the University Hospital of Northern BC. He also has lectured in Canada, Ireland and the United States, and is an active member of the Chalmers Lyons Society of Michigan.



Dr. David Zaporinuk

David is a general dentist who has practised in Victoria since 1989 and currently works as a Dental Consultant for the Ministry of Children and Family Development.

After graduating from UBC, David worked alongside his father, Dr. John Zaporinuk, for 12 years. His father also served on the College Council of his era.

An active member of the dental community, David has been involved with the BCDA and the British Columbia Federation of Dental Societies as a member, Committee Chair and former Director. He is a former President of the Victoria and District Dental Society. In addition, David is a fellow of the International College of Dentists, American College of Dentists, Academy of Dentistry International, and the Pierre Fauchard Academy.



Ms. Sherry Messenger

Sherry is a certified dental assistant and an instructor at Vancouver Community College in the Certified Dental Assisting and Dental Reception Coordinator programs. Sherry served on the CDSBC Council in the late '90s, and has participated in a number of College Committees, most notably: the CDA Examination, Legislation and Quality Assurance Sub-Committees. Sherry is also a former President of the Certified Dental Assistants of BC and the Canadian Dental Assistants Association.



Ms. Melanie Crombie

Melanie Crombie is Vice President and partner of Thrive! Resilient Community Solutions Inc. In the non-profit sector, Melanie was the Executive Director of the BC Paraplegic Association, the Arthritis Society, and the Canadian Diabetes Association. In addition to her experience in consulting and non-profit, Melanie has worked as an interior designer, a director in vocational training, and as a primary teacher. In her community, she currently serves as Chair of the REALWHEELS Theatre Company, Secretary of the British Columbia Paraplegic Association Housing Society, and Director of the SAFERhomes Society.



CDSBC Board of Directors

Back row (L-R):

Mr. Richard Lemon, Dr. Darren Buschel, Dr. Jonathan Suzuki, Ms. Elaine Maxwell, Dr. Eli Whitney, Dr. Erik Hutton, Ms. Sherry Messenger, Mr. Anthony Soda, Dr. Kerim Ozcan, Dr. David Zaporinuk, Mr. David Pusey

Front row (L-R):

Ms. Julie Johal, Mr. Dan De Vita, Dr. Peter Stevenson-Moore (Vice-President), Dr. Bob Coles (President), Ms. Heather MacKay (Registrar), Dr. David Tobias (Treasurer), Ms. Melanie Crombie

Missing:

Dr. Patricia Hunter

CDAs IN PRACTICE

Can CDAs Be Self-Employed or Practise Independently?



Sandra Harvey
Manager of Regulation

A question we frequently are asked is whether a CDA may be self-employed, for example setting up an independent side-line business such as performing whitening or creating sports mouth guards.

As CDAs, we are regulated under the *Health Professions Act* and are permitted to provide services as outlined within the CDSBC Bylaws. Within these Bylaws, the provision of activities such as whitening, taking impressions, and creating and fitting mouth guards are to be performed

only as authorized by a dentist and under that dentist's supervision. This delegation of services also requires the supervising dentist be present in the office or facility and available at all times while the service is being provided. This requirement therefore does not allow for businesses as described above.

CDSBC recognizes many esthetic spas and salons provide a variety of whitening services by non-regulated staff, and the ability to purchase whitening kits on the Internet has brought this service even more into the public domain. So can a CDA be employed in a spa or salon to provide a service they are legally allowed to perform in a dental practice? No. CDAs may provide whitening services only if the dentist who has authorized them to do so is present while the patient is receiving the care. Remember that dental regulation is in place to protect the public.

CDA Joins CDSBC Team

Leslie Riva, CDA and former member of the CDSBC Board, has joined us as CDA Services and Continuing Education Coordinator. Leslie brings a wealth of experience to the role as a long-time CDA, with not only a clinical background, but also as a CDA educator. Leslie is a wonderful addition to the CDSBC team.



Leslie Riva is the new CDA Services and Continuing Education Coordinator

New Resource for Referrals

CDSBC agreed to participate in the Community Healthcare and Resource Directory (CHARD) by providing listings of dentists and their specialties. CHARD is a secure, web-based directory that helps B.C. healthcare providers make appropriate referrals. CHARD is chaired by the B.C. Medical Association and the Ministry of Health. It is operated by HealthLinkBC and is accessible to physicians and their office staff.

While the College has provided the basic listing, individual dentists are invited to provide further, referral-related information on a voluntary basis, starting with whether or not they take referrals. If so, detailed descriptions of the services offered, hours of operation, referral forms and procedures, patient eligibility criteria and instruction, fee structures, etc. can be submitted. This will help physicians determine whether a patient is a suitable referral to that practice.

The CHARD data gathering form can be found at www.cdsbc.org/chard/. Should you wish to participate, please complete the form, sign it and return it to the address indicated on the form. If you have any questions, you may call CHARD directly at 1-877-330-7322.

CHARD is a free service. There are no charges associated with being listed, nor for physicians to access the directory.

COMPLAINT SUMMARIES

Recordkeeping: An Essential Part of Patient Care

The following two cases show how recordkeeping can play a role in addressing and resolving complaints. In the first case, detailed records supported the dentist's treatment plan. In the second case, deficient records led to an insurance claim being denied.

Complaint No. 1

A patient complained that her dentist had developed a treatment plan for her that focused on spending the maximum allowable amount of her insurance coverage, rather than what was best for her. The dentist provided copies of her detailed records and radiographs which supported both the treatment plan and the fact that various treatment options were reviewed with the patient who provided informed consent to the treatment provided.

The patient expressed particular concern that she was billed more than the estimate for a root canal treatment provided to a particular tooth. The dentist explained that this was because it was necessary to treat a fourth canal, which had not been visible on the radiograph. The College recommended that, in future, the dentist give a range for estimates setting out both the high and low costs expected for a given procedure and indicating what variables could affect the cost, and the dentist agreed. The Inquiry Committee directed that the complaint be closed without any further action taken.

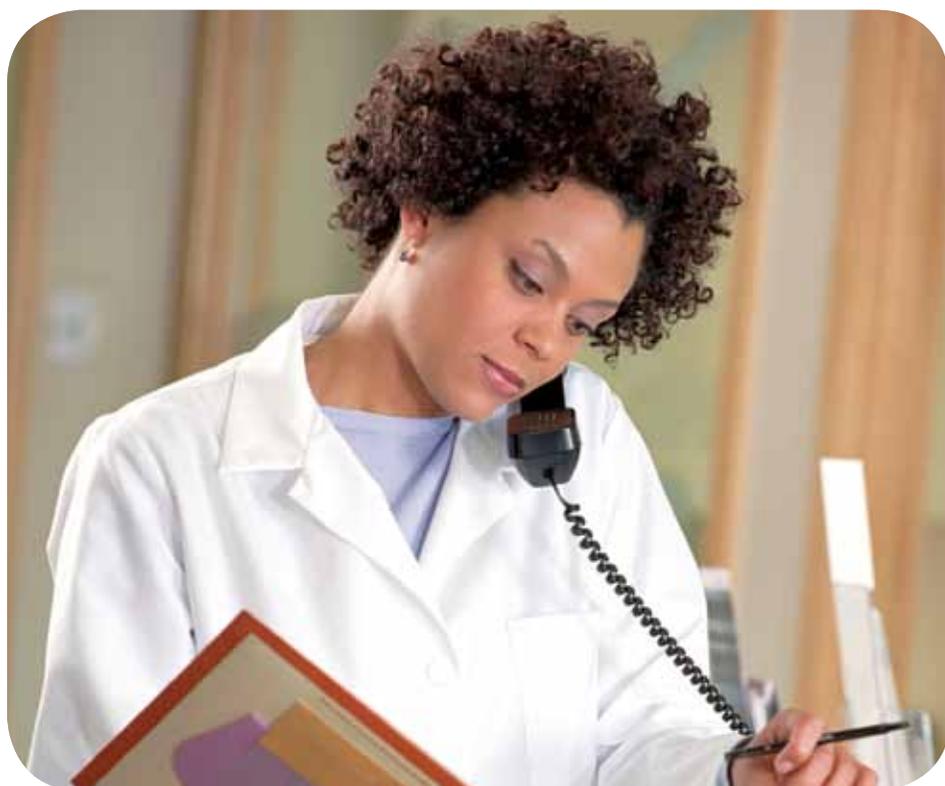
Complaint No. 2

A patient complained about his dentist because an insurance company hadn't paid his claim for damage done to his teeth in an accident. The insurance company told him that his dentist was unable to provide the company with evidence that the teeth were healthy prior to the accident, even though he had been to the dentist on several occasions.

The dentist responded that the patient attended only sporadically for treatment of acute situations and not for regular dental care. The dentist was unable to recall the state of the teeth in question and there was nothing in the chart to indicate the

health of the teeth. His records were deficient in that there was no dental history, odontogram or treatment plan and the radiographs that the dentist said he had taken were missing.

The dentist agreed to take a recordkeeping course and to take greater care in ensuring his reports and records would be thorough and accurate in accordance with CDSBC standards. On the basis of the dentist's undertakings, the Inquiry Committee directed the complaint file to be closed and a monitoring file opened. The College subsequently conducted a chart review to confirm that the dentist's recordkeeping had improved and now met the standard expected.



IN BRIEF

CE Cycle Date Reminder

If your CE cycle ends December 31, 2011, make sure your credit submissions for courses taken during your three-year cycle have been received by CDSBC for consideration prior to year-end. To review your CE transcript or to download CE submission forms, please visit www.cdsbc.org.

Criminal Record Check from A to U

All current and new registrants of CDSBC must undergo a criminal record re-check every five years as required by the B.C. government. All dentists and CDAs whose last names begin with the letters **A to U** and **who have not undergone a criminal record check for CDSBC in the past four years are due**. These dentists and CDAs will have received an information package from CDSBC in September and must complete the re-check to be eligible for registration/certification in 2012. The Consent to a Criminal Record Check forms are also available online at www.cdsbc.org/criminal_record_check/.

Call for Award Nominations

Outstanding contributions deserve to be recognized. If you know someone who has made a contribution to the dental profession and/or the College, submit a nomination for a 2012 CDSBC Award today. Complete the nomination form included with this issue of *Sentinel* or visit www.cdsbc.org/awardsprogram/ for additional forms and details.

Warning from Health Canada about Drug Advertising

Health Canada is warning healthcare providers that they should not be using their websites to promote the use of prescription drugs, including Botox®. In Canada, the practice known as direct-to-consumer advertising of drugs is forbidden. Health Canada sent warnings to regulatory bodies across the country after receiving complaints about physicians directly promoting prescription drugs such as Botox® to consumers online. Dentists are reminded that this restriction applies to them as well, and they are expected to refrain from any mention of the provision of a prescription medication in a manner that could be construed as advertising.

Do You Have Up-to-Date CPR Certification?

During consultation with stakeholders, one of the things that came to CDSBC's attention was the general expectation that dentists and CDAs would maintain current CPR certification. Although the Board is not making CPR a requirement at this time, CDSBC will be asking all dentists and CDAs whether they have a current CPR certificate at the time of their next renewal in 2012. This information will assist the Quality Assurance Committee in deciding whether this should be a future requirement.

The *Sentinel* is published by:

**College of Dental Surgeons
of British Columbia**

Suite 500 – 1765 West 8th Ave.
Vancouver, B.C.
V6J 5C6

Tel: 604 736-3621

800 663-9169

Fax: 604 734-9448

866 734-9448

Email: info@cdsbc.org

www.cdsbc.org

Readers' questions, comments and content suggestions for the *Sentinel* are welcome and may be forwarded to the Editor, c/o the College.

Copyright ©2011
College of Dental Surgeons
of British Columbia.
All rights reserved.

The *Sentinel* and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Registrants are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.