

the Sentinel

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

this issue

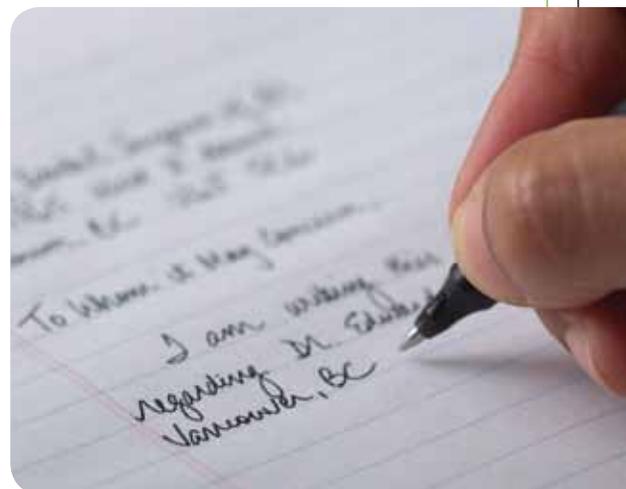
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Tips for Preventing Complaints

A visit to the dentist is a daunting prospect for many patients. They can be nervous, apprehensive, even fearful. When an unexpected or traumatic incident occurs in the dental office, particularly during treatment, it can be frightening and confusing for the patient. It is up to the dentist to resolve the situation calmly and professionally, and to prevent the situation from escalating.

While unhappy patients are inevitable, there are several key things that dentists can do to prevent or minimize the number of patient complaints.

All dentists, no matter how skilled, will at some point have an unhappy patient in their office. Sometimes, that unhappy patient will complain to the College. While unhappy patients are inevitable, there are several key things that dentists can do to prevent or minimize the number of patient complaints.



1. Provide Clear, Comprehensive Communication

Effective communication is one of the keys to avoiding complaints to the College. The majority of the complaints that CDSBC receives either stem from, or are made worse by, a breakdown in communication. Good communication is essential to build trust with patients, reduce the risk of complaints and ensure complaints are resolved.

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President's Report Dr. Bob Coles

Complaints and the Public's Perception of Dentists

In this issue of the *Sentinel*, we are focusing on complaints. Given that the College has seen a significant increase in numbers of complaints, I began to wonder whether the increase in complaints is tied to the erosion of the public's trust in dentists as healthcare professionals.

A recent survey by the Canadian Dental Association found that the Canadian public's perception of dentists is at an all-time low. While the findings were surprising to many in our profession, they seem even more troubling because this perception contrasts so sharply with dentists' own perceptions of the profession's reputation.

There are a number of factors that may have contributed to this decline in public trust. Aggressive advertising by some dentists has led many people to see dentists as salespeople rather than healthcare professionals. This form of self-promotion can be misleading and even detrimental, as most patients aren't qualified to judge its validity. This push for "more business" frames us as business people first, and healthcare providers second. As a result, the public sees dentistry as less and less a part of the overall healthcare system.

Dentists can and should play an integral role in patients' overall well-being. As healthcare professionals, it's imperative we communicate the importance of good oral health to our patients, and help them understand the connection between oral health and overall health. We should

The Canadian public's perception of dentists is at an all-time low.

counsel our patients about the effects prescriptive medications, recreational drugs, excessive alcohol use and smoking have on their oral health. This will help them improve their overall well-being as well as their oral health. All of this will foster trust between the dentist and patient. When that respectful relationship exists, patients are more confident in their dentist, better understand their role as healthcare providers and are less likely to lodge a formal complaint. Once that foundation of trust is developed, it is more

likely that a patient will understand and accept why a dentist proposes a specific treatment plan, and it should decrease the potential for misunderstandings and complaints.

Another area of confusion is the public's poor understanding of the role of dentists versus that of hygienists and CDAs. Many patients incorrectly assume that when a dentist comes in for the "check-up" after being seen by the hygienist, the dentist is just "checking" the hygienist's work. This can lead to a decreased perception of the dentist's healthcare role and the value of his or her expertise. It also leads to confusion over who is the true leader of the dental healthcare team.

To reverse these perceptions, we as dentists need to focus on building relationships with our patients, and building trust and value while maintaining open lines of communication. We must always remember that our profession exists to serve the public, not the other way around.

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2. Discuss Diagnosis and Treatment Planning

Before embarking on any course of treatment, it is critical that the dentist discuss all aspects of the diagnosis and potential treatment plans with the patient. This begins with a thorough examination and discussion of the patient's oral health. Many complaints to the College are the result of patients not fully understanding their oral health status. Once the results of the examination are explained, dentists are required to discuss treatment options with their patients and ensure they understand all of the options, including the benefits and the risks, and the implications for future treatment. It is also imperative to discuss the option of no treatment and its consequences. If the treatment plan is extensive or expensive, providing the patient with a written treatment plan – which should also include a detailed cost estimate – can go a long way to avoiding future confusion or unhappiness.

Dentists must also remember that they have the right to say “no” to providing treatment that they do not believe is in the patient's interest or they are not comfortable providing. Many complaints are the result of patients having unrealistic expectations of the outcome of treatment. If a patient persists in demanding treatment you don't recommend, refer that patient for another opinion.

It's a good idea to give patients some time to consider their options before embarking on any extensive treatment plan, so they don't feel pressured or rushed into agreeing to costly treatment that they might later regret.

3. Outline Treatment Costs

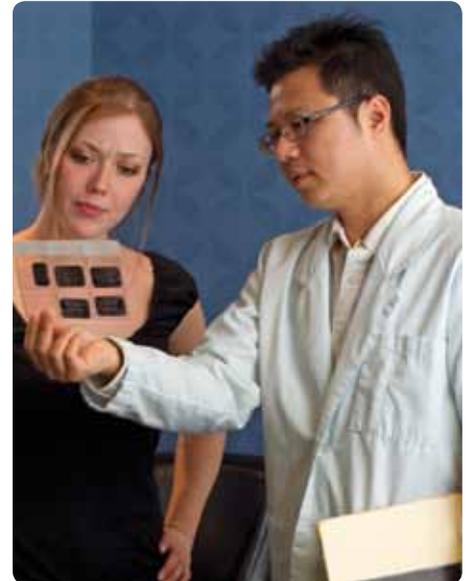
A significant number of the complaints that CDSBC receives – perhaps as high as 70% – have a financial component. Typically, the patients are concerned that they have been asked to pay more than they had agreed to or anticipated. The problems can arise in a variety of ways.

Some examples are when the dentist or dental office:

- does not tell the patient that the patient's insurance limits will be exceeded or that a particular treatment may not be covered. This is of particular concern to patients who have made it clear that they have financial difficulties or that they only want services that are covered by their plan;

CDSBC receives a surprising number of complaints in which the patients say there was never a discussion about the cost of services.

- does not make the responsibilities of the patient, the dentist and the insurer explicitly clear;
- does not confirm the cost of the proposed treatment with the patient, including any changes that occur part way through treatment; and
- does not obtain consent to particular treatments, presuming to know what the patient wants and is willing to pay for.



CDSBC receives a surprising number of complaints in which the patients say there was never a discussion about the cost of services with the dentist or the dental office at all. Quite often the dentist will depend on other staff members to provide patients with estimates for the dental services to be provided. The dentist then assumes this has been done and commences work. Sometimes, however, there is a breakdown in communication and the patient is not informed about the cost. Before commencing treatment, it is good practice for a dentist to confirm the work to be done that day, the estimated cost of the services, and whether or not unforeseen issues could cause the estimate to differ from the final cost. Dentists should consider adopting this procedure as part of their regular routine. This additional step allows the dental office to be sure they are providing the treatment the patient is there for, and to confirm the patient consents to both the treatment and the cost.

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4. Flag Referral Costs

Sometimes the complaints CDSBC receives are from patients who have complex treatment plans that involve the provision of services by other dentists, dental technicians or laboratories. They complain that they thought the estimate they received was for the whole treatment plan. When providing an estimate for a treatment plan, be sure to include information about what your fees cover, and whether there will be additional fees for other service providers that are not covered by the estimate. If at all possible, the estimate should give a general indication of the likely cost range of the other charges, even if you wish to leave the actual estimate to the other provider.

5. Keep Detailed Records

It is critical to make sure that your records reflect all examinations and discussions that have taken place. This cannot be emphasized enough. Good recordkeeping can often make all the difference in resolving complaints that come to the College. Patient charts should include detailed notes regarding examinations completed, discussions with the patient about treatment plans, a comprehensive summary of the treatment provided, and any unusual or unexpected incidents. In addition, it is important to ensure that the record includes models and diagnostic radiographs to support the diagnosis and treatment plan as appropriate. A detailed record of each patient visit or call allows dentists to accurately relate

the chronology of dealings with the patient, refer back to the incident and explain the steps taken.

6. Explain and Address Unexpected Outcomes

Sometimes, the outcome of treatment will be less than ideal no matter how careful the dentist or CDA has been. Other times, an error is made or a situation is more complex than first anticipated. Whatever the cause, there are very important steps to follow when something goes wrong during treatment. First, the patient must be informed of what has occurred. If the incident occurs during treatment, sit the patient up to discuss it. A complaint is more likely if the patient is not aware of what has happened until it is discovered later, and it is your ethical duty to make sure that the patient is aware of any incident

that may affect the patient and the outcome of the treatment. Explain what has occurred in a clear and neutral way, without assigning blame to anyone. There is generally a much better outcome for everyone involved if the dentist or CDA is open about the problem right away.

Once the problem has been identified, the options for dealing with the situation must be outlined, including the pros and cons of each option. The patient should be given the option to seek a second opinion or be referred to a specialist if appropriate. Finally, consider offering an apology. This is often a gesture that diffuses a situation more than anything else. The apology does not have to involve an admission of wrong-doing, it can simply be an apology that the patient's experience has been a negative one. Let the patient know what steps will be taken to address their concerns.



7. Prepare for the Unhappy Patient

Sometimes, a patient will be unhappy no matter what the dentist or dental staff have or have not done. Whatever the reason, dental offices need to have an established procedure for how to deal with an unhappy patient. Every member of the dental team should be aware of the procedure and how complaint situations should be handled. Dentists are ultimately responsible for what happens in their offices, so it is imperative that staff notify the dentist when a problem arises that is not easily resolved. Patients who have their complaints addressed quickly and sympathetically by the dental office are far less likely to make a complaint to CDSBC.

The most important thing a dentist or dental staff can do when a patient is unhappy is listen. Patients need to be reassured that their concerns are taken seriously. While the patient is explaining the problem, the dentist or dental staff should maintain a respectful attitude, use temperate language and reassure the patient that they are taking the situation seriously. Remember: investing one hour in effectively resolving a complaint when it happens can save many more hours, as well as money and stress, in the future.

Depending on the situation, a dentist can offer to refund the cost of treatment or to repair the problem free of charge. If the patient is not satisfied

with the explanation of the situation, and it cannot be immediately resolved, the dentist should ask what more can be done to address their concerns. In complex or tense situations, it is acceptable for a dentist to tell the patient they will consider the situation and get back to them.

If the situation cannot be resolved, the dentist should tell the patient they are unable to address their concerns. They can offer to refer the patient to another dentist or specialist for a second opinion or further treatment.

The most important thing a dentist or dental staff can do when a patient is unhappy is listen.

If the dentist opts to communicate with the patient in writing, it's a good idea to remember the 24-hour rule: don't send angry letters or emails in the heat of the moment. It is also prudent to get another opinion on written communication from a colleague or partner, and to carefully review the letter before it is sent. Ensure the letter does not contain inflammatory or abusive language, is concise and accurate, and details what transpired to generate the complaint. Even if the patient acts inappropriately or uses foul language, dentists and CDAs are expected to behave professionally.

Sometimes Complaints Happen...

No matter how a situation is dealt with or what action is taken, there will always be some situations in the dental office that cannot be resolved through good communication, and these will lead to a written complaint being filed with the College. In this situation, the dentist will receive a letter from the College outlining the complaint and inviting them to respond.

Before responding, the dentist should begin by reviewing all of the patient's chart and notes on the case. This is where good recordkeeping plays a key role – if the chart is incomplete or inaccurate, the chances of easily resolving the complaint are reduced. Dentists should discuss the complaint openly and honestly with their office staff, and ensure each team member understands the complaint and their role in resolving it. The dentist should communicate to office staff how the complaint will be handled and how best to cooperate with CDSBC's Complaint Investigators.

For more information on the CDSBC complaints process, please visit www.cdsbc.org/complaints.



Registrar's Report Heather MacKay

The "Dreaded" CDSBC Complaint

This issue of the *Sentinel* focuses on how to avoid complaints from unhappy patients, whether the complaint is limited to within the dental office or results in a complaint to CDSBC, as well as how to deal with them when they happen. Although a strong and effective working relationship between dentists, their office staff and patients can go a long way in preventing unhappy patients, sometimes something will happen in the dental office that causes a patient to complain to CDSBC.

As our cover story outlines, there can be a variety of reasons why a patient is dissatisfied. One of the most common issues is poor communication. Other aggravating factors can include unexpected treatment outcomes, service issues, inappropriate or negative conduct of the dental team, unexpected treatment costs, and the failure to meet the patient's expectations. While a patient's complaint may be unjustified or incorrect, their perception of what has occurred is real, and must be dealt with appropriately.

So what should you do if a complaint is made about you to CDSBC? First of all, don't panic! Most dentists will have a complaint made to CDSBC at some point in their career. What you *should* do is review the file and try to remember everything that you can about the patient, the treatment received and anything that might have been unusual about the situation.

The value of clear, thorough dental records in quickly resolving a complaint cannot be over-emphasized.

When someone complains about you to CDSBC, you will receive a copy of the complaint letter along with a letter from CDSBC asking you to respond. You will need to write a letter to CDSBC that responds to the complaint letter and gives your account

of what happened. The more information you can give about your recollection of the situation, the better. Try to be as objective as possible in your account and do not include derogatory or judgmental comments about the patient. If staff members might have information about the situation, ask them to write it down in case it would be helpful to have their perspective. Include all dental records with your response. Once again, the value of clear, thorough dental records in quickly resolving a complaint cannot be over-emphasized.

Once you have responded to the complaint, be assured that a thorough and fair investigation will take place and that you will be involved in the process. For more information on the CDSBC complaints process, please visit www.cdsbc.org/complaints.

What Do Remedial Programs Look Like?

As the regulatory body for dentists and CDAs in B.C., CDSBC's mandate is to protect the public. CDSBC thoroughly investigates and reviews every complaint that it receives, and while the majority are dismissed, some complaints are valid and must be dealt with.

CDSBC may develop concerns that a dentist is not practising to the standard required in a number of ways: sometimes the dentist will have received several complaints that all point to a particular area or areas of concern in the way that the dentist is practising. Other times, the College will conduct a review of the dentist's charts to try to discern whether the problem raised by the complaint is widespread or whether it was an isolated incident.

Every valid complaint CDSBC receives is different and the College has numerous channels for resolving complaints against dentists and CDAs. Resolving the complaint informally is often achieved through alternative dispute-resolution mechanisms. As part of this process, the dentist or CDA is invited to meet with a Complaint Investigator about the complaint, the information received by CDSBC and the results of the investigation into the complaint. During this meeting, the registrant and the Complaint Investigator will discuss various ways in which the concerns raised by the complaint could be addressed.

If the dentist or CDA accepts that there are concerns and is willing to take remedial action, then CDSBC works with the registrant to develop a suitable plan. Remedial work can take on many forms – there is no “one-size-fits-all” solution. The Inquiry Committee oversees the plan and provides the final approval.

Here are some “real-life” remedial programs that dentists have agreed to in the last several months:

- A dentist who had received several complaints agreed to take a periodontal/restorative course approved by CDSBC that included a number of clinical components. He also acknowledged deficiencies in his records and agreed to take CDSBC's Dental Recordkeeping course. The dentist agreed that he would take the courses within six months of the agreement with CDSBC.
- A dentist acknowledged she had difficulty with endodontics and agreed to enrol in an endodontic study club approved by CDSBC within six months of the agreement with the College. The dentist also agreed to enter into an 18-month period of monitoring during which time CDSBC would periodically conduct a chart review of up to 10 charts of patients for whom the dentist had provided endodontic treatment.
- In a case where a chart review indicated widespread concerns with the dentist's practice, the dentist agreed to enter into a mentorship arrangement with a senior practitioner, with the mentor providing periodic reports to CDSBC on the dentist's progress following regular reviews at the dentist's office.

As these examples illustrate, every remedial program developed by CDSBC in consultation with the dentist is developed to address the particular concerns identified as a result of CDSBC's investigation of a complaint or complaints. CDSBC is continuing to develop innovative ways to ensure that dentists are practising safely and competently. Most dentists are also motivated to achieve that goal and work hard with CDSBC to develop a remedial program that will address concerns that have been identified.



CDAs in Practice



Sandra Harvey
Manager of Regulation

Q. What happens when a complaint is being investigated at the office I work in as a CDA?

A. Very few complaints received by CDSBC are directly related to a CDA. Sometimes, however, through the investigation of another complaint, concerns arise with a CDA's involvement and perhaps a dentist's misdelegation of duties. In that event, the complaint will be dealt with in exactly the same manner as a complaint made against a dentist.

When CDSBC receives a complaint against a dentist, the College is required to look into it. The dentist is provided with a copy of the complaint and is asked to provide a response. To better understand the concern, CDSBC also requests that the dentist provide a copy of the patient's chart, which includes everything from patient notes to radiographs and diagnostic models. As a member of the dental team, you may be involved in gathering and duplicating these dental records.

In addition, you may be contacted by CDSBC and asked either to submit a written account of your recollection of what occurred, or to be interviewed so the Complaint

Investigator assigned to the file can better understand what unfolded and led to the patient's complaint. The dentist may also request that you submit a written description of what you witnessed and, perhaps, of what is common practice in your office when similar situations have occurred in the past.

In providing these comments, you are expected to give a detailed, accurate and factual account of what you saw and heard. Keep in mind that the patient may see this report and, therefore, you should refrain from making negative or derogatory personal comments.

If you are contacted for an interview by CDSBC, you may be asked about how similar situations are generally dealt with, including:

- Under similar circumstances, what is normally said to a patient?
- How is this usually recorded in the patient's chart?

If you were witness to the event(s) that led to the complaint being lodged, you may also be asked:

- What happened from your perspective?
- What did you say and do?
- Did you document how the information was shared with or received by the patient?

This is just one example of why accurate and detailed recordkeeping is imperative, and it illustrates how the CDA plays an important role in providing safe and appropriate patient care.

CDSBC's 2011/12 Board Members

Nominations for the 2011/12 CDSBC Board closed on March 17, 2011. All open positions were filled by acclamation or appointment.

The Board members for 2011/12 are:

Elected Officers

President – Dr. Bob Coles

Vice-President –
Dr. Peter Stevenson-Moore

Treasurer – Dr. David Tobias

Dentists

Dr. Darren Buschel

Dr. Patricia Hunter

Dr. Erik Hutton

Dr. Kerim Ozcan

Dr. Jonathan Suzuki

Dr. Eli Whitney

Dr. David Zaparinuk

Certified Dental Assistants

Ms. Elaine Maxwell

Ms. Sherry Messenger

Public Members

Mr. Dan De Vita

Ms. Patricia Gerhardi

Ms. Julie Johal

Mr. Richard Lemon

Mr. David Pusey

Mr. Anthony Soda

CDSBC Makes Progress on Complaints Backlog

CDSBC has been working through a significant backlog of complaints. The 2009/10 year brought a number of challenges: a record number of complaints; increasingly complex complaints; staff shortages; developing and implementing the new processes required under the *Health Professions Act* (HPA); and dealing with matters referred to the Health Professions Review Board (HPRB). Applications to the HPRB were particularly time-consuming, leaving less time for staff to deal with resolving the new complaints CDSBC received.

This last year brought some good news: the number of complaints received fell back to the norm. Carmel Wiseman, Director of Complaints, started in June 2010 and CDSBC

hired Julie Boyce to fill a new position, Complaints Paralegal, to assist with resolving complaints and with matters before the HPRB. The number of applications to the HPRB also started to fall – reflecting the CDSBC’s improved processes to deal with complaints.

With the staff in place, the complaints team was able to tackle the backlog, with files over six months old being targeted for special attention. While the backlog has not been eliminated, progress has been made: for the fiscal year ending February 2011, the College closed 2.8 times as many files as in the previous fiscal year. It is particularly noteworthy that the closed complaint files included some of the oldest and most complex complaints.

CDSBC is committed to dealing with complaints in a timely fashion and will be working hard to achieve that goal.



Director of Complaints, Carmel Wiseman

2011 CDSBC Awards Presented

The College of Dental Surgeons of BC honoured nine individuals for their contributions to CDSBC and the profession at the 2011 Awards Ceremony held in Vancouver on March 10. In honour of his service to CDSBC as President from 2008 to 2010, Dr. Ash Varma was also presented with the Past President’s Pin by CDSBC President Dr. Bob Coles.



CDSBC Award Recipients

Back row (L-R):

Dr. Ash Varma, Dr. Mel Sawyer,
Mr. Victor Bowman,
Dr. Michael MacEntee

Front row (L-R):

Dr. Bob McDougall, Dr. Susan Chow,
Ms. Heather MacKay (Registrar),
Ms. Cathy Larson, Dr. Bob Coles
(President)

Missing:

Ms. Leona Ashcroft, Mr. Paul Durose

IN BRIEF

Dental Recordkeeping Course Well Received

CDSBC debuted its new course *Recordkeeping Essentials: What You Need to Know* at the 2011 Pacific Dental Conference. The session was attended by more than 300 people and was very well received. The next presentation of the course will be at the Thompson-Okanagan Dental Society Meeting on October 20-22 in Kelowna. Course documents will be available soon on the CDSBC website.

Revised Code of Ethics Approved

The ethical behaviour of dentists and CDAs is one of the most important factors in the delivery of quality patient care and is one of the public's primary expectations of professionals. At the May 27 CDSBC Board meeting, a revised *Code of Ethics* consisting of Core Values and Principles was approved. The Principles have been designed to address expectations for practice from an ethical perspective for dentists and CDAs. It is expected that the *Code of Ethics* will be distributed in early fall.

Infection Control Guidelines Update

CDSBC continues to work closely with the College of Dental Hygienists of BC to facilitate the establishment of Infection Control Guidelines as a reference for dental practitioners.

These evidence-based and referenced guidelines should satisfy all government and public requirements while being workable for dental healthcare providers. The Infection Control Guidelines are expected to be released later in 2011.

Clarification: No Change to 365-Day Rule

Although there have been discussions about changes to the 365-Day Rule, at this time the 365-Day Rule as written in section 8.12 of the CDSBC Bylaws remains in effect. The current Rule states that in order for a dental hygienist to provide dental hygiene services to a patient, that patient must have been examined by a dentist within the previous 365 days and the dentist must have provided the dental hygienist with appropriate instructions for the provision of hygiene services (restricted activities). Note that no further examination is required within the 365 days unless the dentist or dental hygienist considers it necessary. For more information see CDSBC Bylaw 8.12 available at www.cdsbc.org/bylaws.

2011 Gold Medal Winner: Dr. Oxana Korj

President Dr. Bob Coles presented Dr. Oxana Korj with the CDSBC Gold Medal at the UBC Faculty of Dentistry graduation luncheon on May 31. The medal is awarded to the graduating student with the most outstanding record in their course of study.

Next Board Meeting October 14

The next public CDSBC Board meeting will be held on Friday, October 14, at the Pan Pacific Hotel in Vancouver. If you plan to attend an upcoming CDSBC Board meeting as an observer, please RSVP by email to Nancy Crosby at ncrosby@cdsbc.org. *Board Highlights* from the May 27 Board meeting are available at www.cdsbc.org/board_meetings.

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)

Ministry of Health Services Makes No Exception for Dentistry on Patient Relations

Under the *Health Professions Act*, CDSBC is required to establish a patient relations program to “seek to prevent professional misconduct, including professional misconduct of a sexual nature.” Professional misconduct of a sexual nature is defined as sexual intercourse or other forms of sexual relations between a dentist or CDA and a patient. This is defined to include touching, behaviour or remarks of a sexual nature. This is differentiated from touching, behaviour and remarks by the dentist or CDA towards the patient that are of a clinical nature and are appropriate to the service being provided. Similar provisions have been, or will be, included in the bylaws of all other health professions regulated under the *Health Professions Act* in B.C.

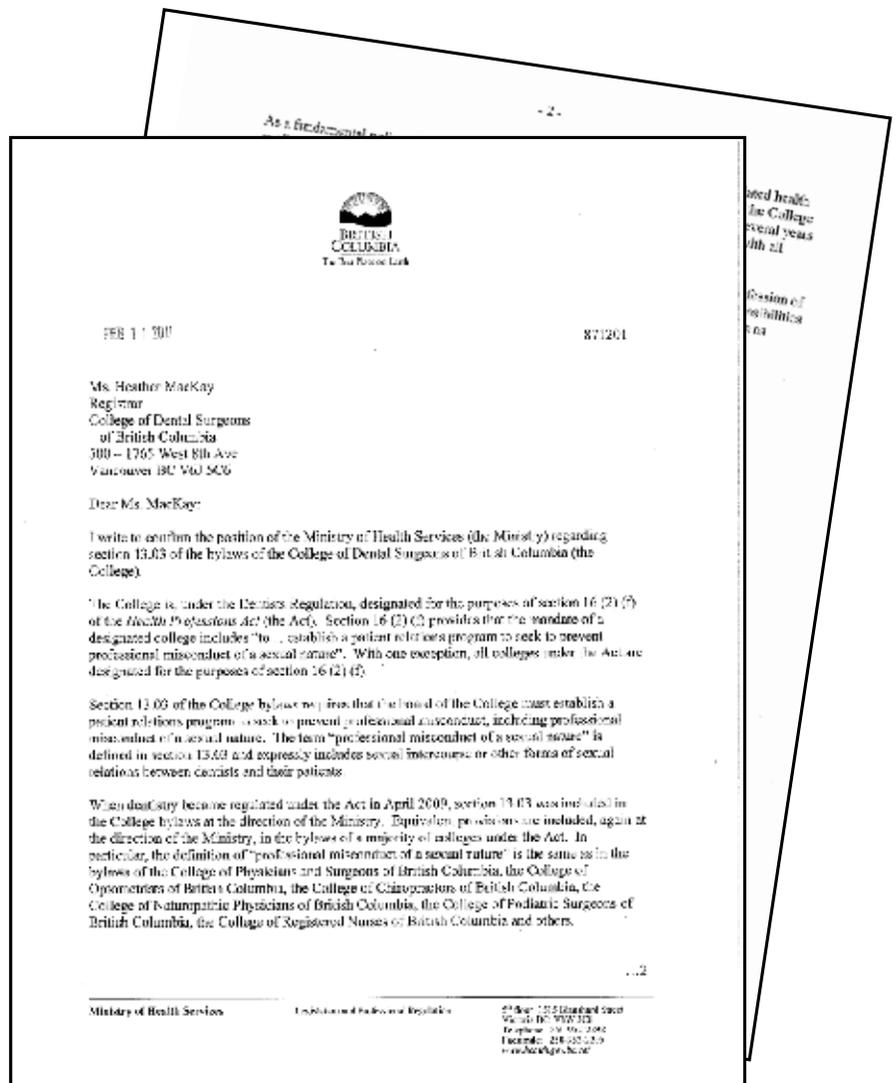
In early 2011, CDSBC was asked to clarify whether the Ministry of Health Services had intended for this section of the Act and Bylaws to apply in all situations or whether there are some exceptions to this rule; in particular, whether spousal relations would be exempted. In February 2011, the provincial government provided CDSBC with a letter outlining its policy:

“As a fundamental policy principle, the Ministry believes it is unacceptable for regulated health professionals to engage in sexual relationships with their patients. Section 13.03 of the College bylaws represents the current Ministry-required standard that has been in place for several years with respect

to college bylaws on the subject. The Ministry will continue working with all colleges to ensure their bylaws reflect this current standard.

The Ministry is not contemplating any exceptions or special considerations for

the profession of dentistry in regard to this matter. The Ministry expects the College will fulfil its responsibilities in accordance with section 16 (2) (f) of the Act and section 13.03 of the College bylaws as currently in force.”



The full text of this letter can be found on the CDSBC website at www.cdsbc.org/news. For a complete list of CDSBC bylaws, visit www.cdsbc.org/bylaws.



Use of Dermal Fillers Remains Outside the Scope of Practice of Dentists

Currently, the administration of dermal fillers is not part of the scope of practice of general dentists in B.C. The CDSBC Board formed a working group of oral surgeons knowledgeable in the area of dermal fillers to research the issues surrounding the use of dermal fillers by dentists. The Board accepted the group's recommendation that dermal fillers are technically challenging and carry a significant enough risk of adverse effects to not be included in the scope of practice of general dentists at this time.

The Board acknowledged that dentists could potentially attain the competencies required to safely administer dermal fillers, but decided that until the education and experience required for competent administration could be established, **dermal fillers remain outside the scope of practice of dentists.** The only exception to this rule is for dentists who have had training in the use of dermal fillers as part of an accredited specialty program and have received approval from CDSBC.

The dermal filler working group will conduct further investigation into what would be required to safely administer dermal fillers and

report back to the Board for further consideration when that work is complete. The Board requested that general dentists be added to the working group to ensure a balanced perspective, so three general dentists will be appointed to the working group.

Dentists are reminded that performing **ANY** procedure outside their scope of practice is illegal and not covered by malpractice insurance.

In addition, another group is being struck to consider this issue at the national level. As soon as further investigations have been carried out, CDSBC will update the profession.

Dentists are reminded that performing **ANY** procedure outside their scope of practice is illegal and not covered by malpractice insurance. This puts both the patient and the dentist at significant risk.

Regulating dentists and certified dental assistants in the public interest.

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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.

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