

The College of
Dental Surgeons
of Saskatchewan

**CDSS PRACTICE OF DENTISTRY, CLINIC
FACILITIES STANDARD**

February 25, 2022

THE CDSS PRACTICE OF DENTISTRY, CLINIC FACILITIES STANDARD

(This document is produced by the CDSS for its member's guidance regarding Ownership, Employment, Oversight/Supervision, Authorized Practice, Continuity of Care)

(Revision February 25, 2022)

1. A 'Dentist' means a College of Dental Surgeons of Saskatchewan (CDSS) fully licensed member.
2. A "Dental Clinic Facility" means all places which are used by or 'connected to' (by employment, contract or in the case of a Dental Disciplines Act (DDA) s25 Agency, a formal referral arrangement) a CDSS fully licensed member for performance of any DDA 'authorized practices' (DDA s23) with respect to a patient;
3. A "Dental Clinic", as defined in the Radiation Health and Safety Regulations, means a place in which radiation equipment is used by or under the direction of a CDSS licensed member, for diagnostic or therapeutic purposes with respect to a patient;
4. A "Dental Clinic Facility Owner" is a person or a corporation that owns some or all of the 'hard assets' comprising a Dental Clinic Facility. 'Ownership' is not addressed in the DDA or the bylaws, therefore a Dental Clinic Facility can be owned by anyone. However,
 - i) A Primary Dentist 'connected' to a practice must ensure that a CDSS Annual Facility Permit is approved by the Registrar prior to the practice of dentistry (after July 1, 2017) in the facility;
 - ii)
 - A) All full practicing general members ('itinerant' members and those members 'connected' to facilities where a dentist is not always present during normal operating hours), must provide appropriate continuity of care, contact information and appropriate access (24 hours a day/ 7 day a week) to patients of record to address consultations and emergency services within their respective scope of practice. The individual(s) who are to be reached for dental emergencies must have the knowledge, skills, abilities, and necessary hospital privileges/access required to treat the complications that may be reasonably expected to arise from any procedure they perform, in any dental clinic or other facility. If they are unable to do so, they must: a) not perform the procedure, or b) make arrangements in advance with someone able to meet the above criteria in a timely manner. A dental emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated medical complications.
 - B) All specialist members including 'itinerant' specialist members and those members 'connected' to facilities (where a specialist is not always present during normal operating hours), must provide continuity of care by a specialist of equal specialty licensure including contact information and appropriate access (24 hours a day/7 day a week) to patients of record to address consultations and emergency services within their respective scope of practice. The individual(s) who are to be reached for dental emergencies must have the knowledge, skills, abilities, and necessary hospital privileges/access required to treat the complications that may be reasonably expected to arise from any procedure they perform, in any dental clinic or other facility. If they are unable to do so, they must: a) not perform the procedure(s) as an itinerant or otherwise, or b) make arrangements in advance with a specialist with equal licensure able to meet the above criteria in a timely manner. A dental/medical emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated dental/medical complications.
 - iii) Assistants, Hygienists and Therapists must be employed by or in contract with a dentist or a dental professional corporation (connected dentist) or a 'DDA Agency' to perform their authorized practice pursuant to the DDA s25.

- iv) No member shall enter into any agreement (including a lease of premises pursuant to which the amount payable by or to a member directly or indirectly is related to the amount of fees charged by the member or by a person licensed or registered under any legislation regulating a health discipline), unless the is a contract for services with:
 - (a) another member or members, a College of Physicians and Surgeons of Saskatchewan (CPSS) physician, a dental assistant, dental hygienist or dental therapist; or
 - (b) A corporation, partnership, or other entity controlled by a member, members or a CPSS physician.
 - v) No member of the College shall, except with the consent of the council, act as employee, assistant, agent, partner, officer, shareholder or otherwise howsoever, engage in the private practice of their profession for the benefit, or advantage of any corporation, or of any person who is not duly qualified and lawfully entitled to practice either dentistry or medicine in Saskatchewan, or in such a way that any such company or unqualified person may make thereby profit, reward or advantage, either directly or indirectly, unless:
 - (a) provision is provided for the same by another federal or provincial act; in the case of a corporation;
 - (b) such corporation is a professional corporation under these bylaws; or
 - (c) in the case of employment of the member, the employer is a person, corporation or other legal entity referred to in section 25(1) of the Act.
 - vi) Each member shall be responsible for ensuring that any professional corporation, of which he/she is a director, complies with these bylaws and its permit. 9.2 (2) (w) (x)
5. The connected dentists' responsibilities include, but are not limited to, the following which should be supported by written protocols:
- (i) General oversight/supervision of the provision of all oral health professional services provided at a clinic within the context of the CDSS Bylaws and CDSS Professional Practice Standard; [DDA s15(2) (e); 9.2 (l) (p) CDSS PPS CI]
 - (ii) New patients attending a clinic who are seeking an oral health (dental) examination may first be attended to by a dental therapist, hygienist or assistant (within the limits of their authorized practice and their license as illustrated in the following numbered articles) for a screening examination, which may become a part of a complete (comprehensive) examination or part of a limited, specific or emergency examination. The screening examination may include, as necessary, the following: radiographs [as per article 5 (xv) below], photos, videos, recording of screening findings including: medical health information, dental history, chief complaint, soft tissue, lymph nodes, periodontium, occlusal screening caries, etc. and a draft treatment plan. Members are obligated to educate their patients regarding the importance of a comprehensive examination at least every two (2) years and must record any refusal of such by patients. Patients attending a clinic for a specific concern may be provided a limited examination (procedure code 01202), a specific examination (procedure code 01204), an emergency examination (procedure code 01205) or may be provided a screening examination by a Dental Hygienist or a Dental Therapist (within the limits of their authorized practice and their license as illustrated in following numbered articles).
 - (iii) The connected Dentist must attend the patient to finalize the complete (comprehensive) examination confirming the screening information and finalizing the comprehensive treatment plan. Completion of the Comprehensive (Complete) Examination must be done in person. Following the dentist's involvement in the comprehensive examination the service may be billed to the patient. Involvement of the dentist by real time videoconferencing (skype, face time, etc.) may be useful in emergency or specific examination situations, but is not equivalent to the dentist's in person involvement in the Comprehensive (Complete) Examination, unless the dentist can show evidence that it is equivalent. [DDA s23(1)]

- (iv) Establishing an appropriate informed consent process which recognizes the right of each patient to understand:
 - (a) their health status, (b) their options for treatment or no treatment, (c) their consent to treatment and their right to withdraw consent as they choose. Patients should understand who will be providing the treatment and the subsequent continuity of care. Professional designations (general practitioner, specialist, therapist, hygienist, assistant or aide) of all staff should be appropriately displayed, must be clearly communicated to patients and must not be misrepresented in any manner.
- (v) Appropriate processing of all of patient information/records including radiographs, notes and treatment plans to meet the CDSS Professional Practice Standard. Patient records are the responsibility of the 'connected' dentists (Trustees) pursuant to HIPA Article 2(t)xii). The patient information (including radiographs) must be available to the dentist on demand when required. The staff should be able to make appropriate contact with the employer/contract dentist as necessary with questions pertaining to patients.
- (vi) Establishment of comprehensive treatment plans, advising on the treatment plans and updating the treatment plans as required for each patient. [DDA 23(1); Bylaw 9.3]
- (vii) Simple extraction protocols as they relate to a therapist's authorized practice.
- (viii) Attending each clinic at least once a month for treatment beyond the scope of the Dental Therapist, Hygienist and Assistant, and to attend patients as necessary to fulfill the other responsibilities; [DDA s15(2)(c)(e)].
- (ix) Establishing appropriate consultation and referral protocols to engage other dental health providers for additional treatment beyond their competence;
- (x) Appropriate prescribing, storage and recording of medications;
- (xi) Appropriate use of the Connected dentists billing number for all therapist's, hygienist's and assistant's services.
- (xii) Random and regular auditing of patient records including billing records to ensure scope of authorized practice is observed.
- (xiii) Providing for the CDSS to perform (Practice Enhancement Review Program) PERP visits pursuant to the CDSS Member's license.
- (xiv) Facilities in which general anesthesia will be performed by a CPSS licensed physician must be inspected and accredited as a Non-Hospital Treatment Facility pursuant to the Health Facility Licensing Act.
- (xv) CDSS Members must make specific orders or maintain written protocols for ordering diagnostic tests and imaging to be performed by dental therapists, hygienists and assistants, unless in the case of dental therapists and dental hygienists, the diagnostic imaging (radiographs) is required pursuant to their authorized practice.
- (xvi) Members must ensure that at the time of performing any dental treatment, including the administration of local anesthetic, by themselves or allied personnel, which may give rise to a medical emergency that appropriate emergency supplies are present and that they, and the allied personnel administering such, must be properly trained to apply the appropriate protocols including provision of emergency medical treatment within the limitations of the DDAs²³
- (xvii) Termination of treatment of a patient should only be done under the following conditions:
 - a. There are sound and reasonable grounds for doing so;
 - b. The patient is notified prior to the termination; and
 - c. The termination is not detrimental to the patients' health
- (xviii) Appropriate continuity of patient care and custody of records following practitioner and practice Transitions, including retirements.

6. Dentists may perform their Authorized Practices provided that the following requirements are met:
 - a. The member has successfully completed appropriate training in the Authorized Practice and;
 - b. The member has adequate knowledge for the provision of that Authorized Practice.
7. Dental Assistants can assist and perform assisting duties including: (a) the introduction and manipulation of dental materials and devices in the mouth, (b) orthodontic and restorative procedures consistent with an approved education program in dental assisting and (c) exposure, processing and mounting of dental radiographs in accordance with *The Radiation Health and Safety Act, 1985* (according to the connected dentist written protocol exposing radiographs or on order by a dentist). [DDA s23(4)]
8. Dental Hygienists employed by/in contract with a dentist (connected dentist) or a DDA s25 Agency are authorized to: (a) perform a limited, specific or emergency examination (assessment) (b) communicate an assessment and treatment plan regarding periodontal health of a patient (c) perform supra and subgingival debridement (d) orthodontic and restorative procedures consistent with an approved education program in dental hygiene (e) administer local anesthesia in provision of dental treatment and (f) expose and process dental radiographs (for provision of their authorized practice or according to the connected dentist's written protocol for exposing radiographs).[DDAs23(5)]. See diagram in #10.
9. Dental Therapists employed by/in contract with a dentist (connected dentist) or a DDAs 25 Agency are authorized to: (a) perform limited, specific or emergency examination (assessment) (b) communicate a conclusion identifying caries or dental abscesses as the cause of a person's symptoms (c) perform treatment services in teeth (d) conduct simple extractions of primary and permanent teeth (e) perform space maintenance on teeth (f) administer local anesthesia in the provision of dental treatment and (g) expose and process dental radiographs (for provision of their authorized practice or according to the connected dentist's written protocol for exposing radiographs). [DDA s23(6)]. See diagram in #10.

10. CDSS interpretation of The DDA s 23 Authorized Practices of Dentists, Hygienists and Therapists

Dentists	Hygienists	Therapists
(a) To communicate a conclusion identifying a disease, disorder or dysfunction of the oral-facial complex as the cause of a person's symptoms; (comprehensive, complete oral/facial examination, tests and radiographs, diagnosis, treatment planning, informed consent process)	(a) To communicate an assessment and treatment plan regarding periodontal health; (assessment/limited exam: emergency/limited radiographs; limited communication/informed consent; limited treatment plan regarding periodontal health).	(a) To communicate a conclusion identifying dental caries or dental abscesses as the cause of a person's symptoms; limited exam: emergency/limited conclusion/diagnosis; limited communication/informed consent; limited treatment plan; limited to
(a) to perform a procedure on tissues of the oral-facial complex below the dermis, below the surface of a mucous membrane or in or below the surfaces of the teeth, including the scaling of teeth; (comprehensive oral/facial treatment including subgingival debridement and /or root planning)	(b) to perform supragingival and subgingival debridement; (subgingival debridement/scaling and root planning)	(b) to perform a procedure in or below the surface of the teeth, conducts simple extractions of primary and permanent teeth and perform space maintenance on teeth; (limited restorations, extractions, space maintenance)
(c) to harvest tissue for the purpose of surgery on the oral-facial complex;		
(d) to correct a fracture of a bone of the oral-facial complex or correct a dislocation of a joint in the oral-facial complex;		

(e) to administer a substance by injection inhalation in the provision of dental treatment; (local anesthetic, sedation, possible other)	(c)to administer local anaesthesia in the provision of dental treatment; (limited to local anaesthetics)	(c)to administer local anaesthesia in the provision of dental treatment; (limited to local anaesthetics)
(f) to prescribe or dispense drugs in the provision of dental treatment:		
(g) to fit or dispense a dental prosthesis, or an orthodontic appliance or a device used inside the mouth to protect teeth fro abnormal functioning; and (comprehensive fixed/removable prosthodontics and other)	(d)to perform orthodontic and restorative procedures consistent with an approved education program in dental hygiene; (limited ortho/restorative procedures)	
h) to expose process and mount dental Radiographs in accordance with <i>The Radiation Health and Safety Act. 1985</i> Dentists are required to: a) interpret radiographic images exposed on their orders or exposed subsequent to their written protocols or b) refer the images for interpretation by other appropriate professionals.	(e)to expose, process and mount dental radiographs in accordance with <i>The Radiation Health and Safety Act. 1985</i>	(d)to expose, process and mount dental radiographs in accordance with <i>The Radiation Health and Safety Act. 1985</i>

11. Members may delegate, pursuant to DDA s24(1)(b) and DDA’s 15(2)(u) procedures and tasks that are within their authorized practice under the and conditions herein, only to assistants, hygienists and therapists;

- (a) That they employ and under the conditions that:
 - (i) The member completes a CDSS Request for the Delegation of a Task or Procedure;
 - (ii) The Request for Delegation of a Task or Procedure has been approved by the College following College consultation with the appropriate DDA Professional Association and the CDSS Quality Assurance Committee (QAC);
 - (iii) The member maintains a Record of Delegated Procedures and Tasks that are specific to each employed assistant, hygienist, therapist and are not transferrable to another CDSS Member.

- (b) Who are employed by a DDA s 25 employer that employs or has a formal consultation or referral process with a CDSS member, who must:
 - (i) Complete a CDSS Request for the Delegation of a Task or Procedure;
 - (ii) Have the Request for Delegation of a Task or Procedure approved by the College following College consultation with the appropriate DDA Professional Association and the CDSS QAC;
 - (iii) Maintains a Record of Delegated Procedures and Tasks that is specific to each employed assistant, hygienist, therapist and that is not transferrable to another CDSS Member.

APPENDIX I

REQUEST FOR DELEGATION OF A TASK OR PROCEDURE

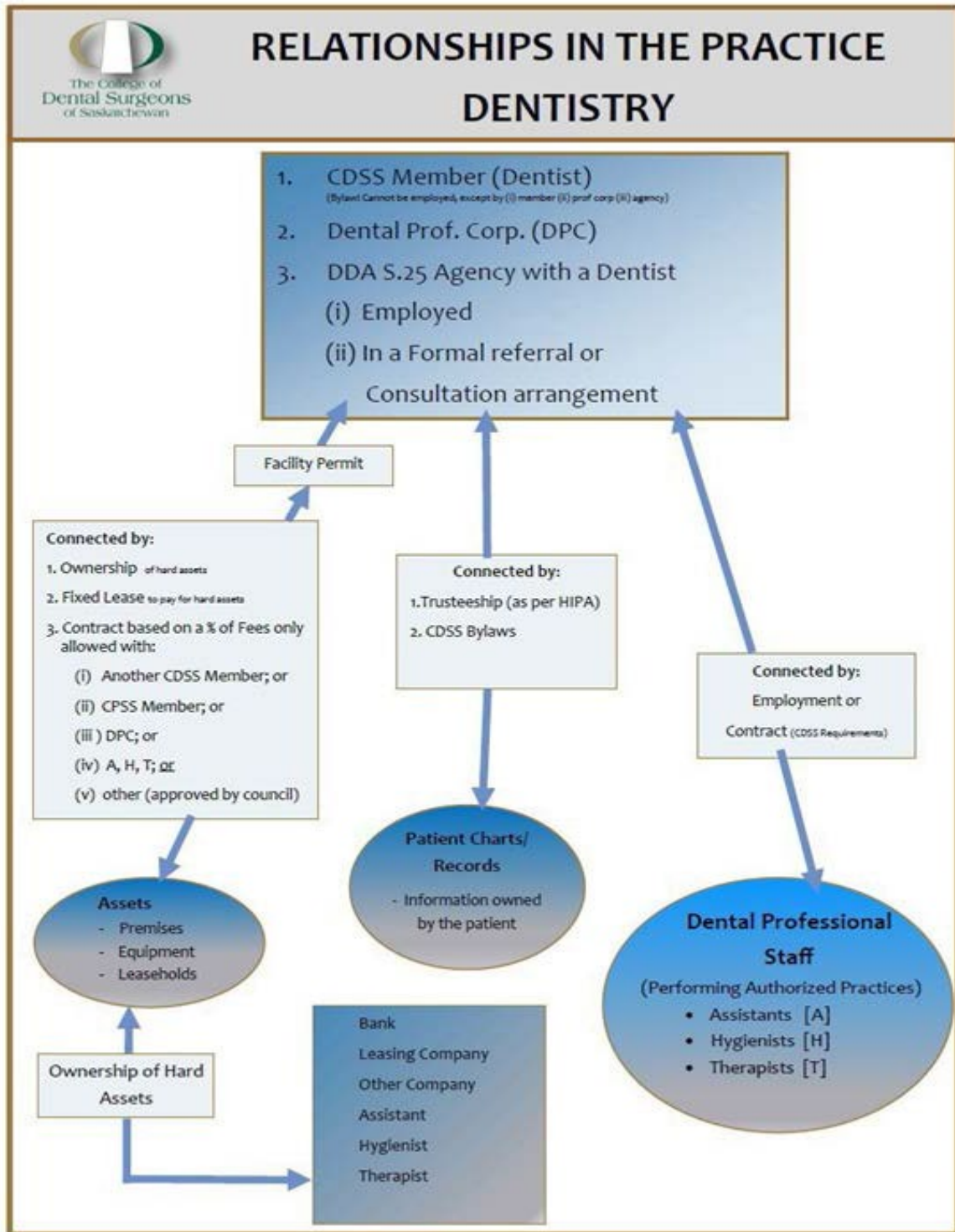
Please answer the following questions thoroughly and submit to the CDSS.

1. Describe the task or procedure proposed for delegation, including the role of the dentist and the Assistant, Hygienist or Therapist. Indicate the possible harms that could occur. If additional information about the proposed procedure is available, i.e. publications, illustrations, or written protocols, please attach.
2. What is the rationale for proposing this Delegation of a Task or Procedure? Attach written documentation to support that this request is reasonable, appropriate, and consistent with the DDA, the CDSS Bylaws and the CDSS Professional Practice Standard.
3. What additional theory, mentoring and practice will be required by the Assistant, Hygienist or Therapist, in order to be competent in the procedure? (Include estimated number of hours and resources available to be used.)
4. Please estimate the number of times the Assistant, Hygienist or Therapist would perform this procedure in a month? A year? _____ In your opinion, is this adequate to maintain competence?
5. If the procedure is approved, what, if any, limitations or restrictions will be in place?
6. Indicate the Facility(s) where the procedure will be performed.
7. Name and signature of CDSS member submitting request.

Consultation with appropriate Regulator?
QAC approval: _____

Y or N (attach comments)
CDSS Registrar approval: _____

APPENDIX II



APPENDIX III



Guidelines for Contract Relationships Between Dentists and Other Dental Professionals

- Is an employee of a dentist or dental clinic that provides services through a corporation under The Professional Corporations Act; or
- Is employed by an organization/agency that is defined as ‘employer’ in section 25(1) of the Act.

If the person is an employee, then the employer has a number of obligations towards that employee, which include contributing to employment insurance, deducting from the employee’s income for income tax and Canada Pension Plan and contributing to payments for Canada Pension Plan and Workers Compensation.

If a dentist employs a dental hygienist, that dentist is responsible for the work done by the dental hygienist and would be vicariously liable if the dental hygienist is negligent.

CONTRACT DEFINED: Within the meaning of authorized practice in *The Dental Disciplines Act*, the term ‘**under contract with**’ is applicable when a dental health professional is not employed in the circumstances stated above. This dental health professional may:

- Be contracted to provide services to an employer listed in section 25(1) of the Act (his/her name will not be on the payroll); or
- Become self-employed as the owner of a business that has entered into a contract with an employer listed in the Act or with a dentist as contemplated by section 25 of the Act for the provision of services including the performance of his/her authorized practice
- In this second scenario, this dental health professional is required to work under contract with the employers listed in the Act or with a dentist who:
 - Is not the owner/co-owner of the business owned by the dental health professional;
 - Is not employed by the dental health professional (example: hygienist) who owns the business; and
 - Carries no financial responsibility or has no management obligation for the business owned by the dental health professional; and
 - Is required by CDSS licensure to oversee the provision of comprehensive patient-centered oral health services in dental clinics that they are connected to by contract.

COMPREHENSIVE PATIENT-CENTERED CARE

Comprehensive examination, diagnosis and treatment is the authorized practice of dentist. Hygienists authorized practice does not enable them to perform comprehensive examination, diagnosis and treatment. The expectation is that all oral health care professionals provide care that considers the whole patient, with their individual needs being the basis for treatment provided, and each patient is appropriately informed to make appropriate choices about their oral health.

CONTRACT REQUIREMENTS

Due to the fact that contractual relationships differ from employment arrangements, and oral health services may be provided in a variety of settings and by many delivery methods, individual contracts between dentists and dental hygienists must exist to define the relationship between them. Contracts should set out respective responsibilities, including financial arrangements, in order to meet the legislative requirement; a properly worded agreement can go a long way towards avoiding disputes.

It is not the intent for the CDSS to prescribe the contract details/parameters. The following are should be considered within contracts between dentists and other health professionals.

1. The names of the parties involved
2. Start date and expiry date for the contract; whether the agreement has a definite term or will extend indefinitely until terminated;
3. Under what conditions the contract can be terminated and with what notice;
4. Clarity of the relationship:
 - (a) Both parties are bound by a contractual relationship with no employment arrangements;
 - (b) Duties and responsibilities of each party;
 - (c) Regarding ownership of, and responsibilities for, the various assets;
 - (d) The financial relationship between the dentist and the other professional;
 - (e) The responsibility for all necessary payments (income tax, CPP, WCB, etc.);
 - (f) Responsibility for professional liability insurance;
 - (g) Responsibility for commercial liability insurance;
 - (h) Responsibility for patient records and appropriate access to those records for review and or audit;
 - (i) The dentist's referral and consultation arrangements with other professionals;
 - (j) Responsibilities for Informed Consent Process;
 - (k) Provisions for the CDSS to perform PERP visits pursuant to the CDSS Member's license.