



NEWFOUNDLAND & LABRADOR DENTAL BOARD

STANDARDS OF PRACTICE FOR DENTISTRY

IN NEWFOUNDLAND AND LABRADOR

Introduction:

By authority of the Dental Act 2008 and Section 11 on By-laws, the Newfoundland and Labrador Dental Board has a mandate to provide by-laws, guidelines, and policies to govern the establishment of dental practice and the provision of dental services in the province. These governing principles will be used by the Board in determining appropriate behavior of its licenceholders and may be used to assist the Complaints Authorization Committee in deliberations of professional misconduct.

These standards may be revised or amended from time to time to reflect changes to dental practice and management of patients.

1. The Dental Practice

Practising dentistry involves the provision of oral healthcare for the benefit of individual patients and communities in a culturally sensitive manner supported by foundation knowledge and skills in biomedical, behavioural and clinical dental science as outlined in the 43 KSAs used to determine a competent beginning dental practitioner in Canada. Therefore,

A dental practice to be approved by the Board must have a facility that can provide for the following KSA requirements for the practice of dentistry:

- Basic principles of practice administration, financial, and personnel management
- Maintenance of accurate and complete patient records in a confidential manner
- Infection control guidelines and their assessment
- Procedures to recognize, institute, and minimize occupational hazards related to the practice of dentistry and their assessment.
- Proper equipment, instrumentation, and related materials in place to provide a clinical examination, a radiographic examination, a diagnosis and treatment plan, informed consent, and where necessary determine the level of expertise required for treatment and formulate a

written request for a consultation and or/a referral when appropriate.

- A custodian of dental records as outlined in the Personal Health Information Act of NL
- Where the PHIA denotes “a corporation” it shall be a professional dental corporation otherwise the custodian must be a dentist licensed in the Province of Newfoundland and Labrador.

2. The Dental Consult

The competency profile of a dental practitioner requires that in order to make a consultation the attending health care practitioner must initially be competent to make a diagnosis and be qualified to provide treatment. The consultation must be made to derive an opinion or advice as to the condition of the patient and/or the best treatment possibilities with attending risks and benefits for the patient and the attending practitioner. Any possibility of referring the patient to the consultant should be addressed with the attending practitioner.

3. The Dental Referral

A dental referral should only occur when a practitioner, having examined a patient to form a diagnosis and has done so and determined that although treatment is within their scope or ability to perform opts to transfer care to another practitioner. (It is inappropriate and unethical for a practitioner to accept a consult or referral from a health care practitioner not qualified to make a diagnosis of a dental condition).

4. The Dental Collaboration

A dental practitioner may in their dental practice form a collaboration with a health care worker employed or under an independent agreement to treat the same patients in that practice. Consults or referrals are inappropriate from outside the practice. It would be appropriate for those health care workers to advise the patient to contact a dental practitioner for further advice or care.

Where collaboration exists in a practice there must be documentation in the patient dental record supporting this arrangement.

5. Clinic Facilities Standard

(The standard is a guide to Ownership, Employment, Oversight/Supervision, Authorized Practice and Continuity of Care and Maintenance of Active Practice Status of Licensure)

1. “Custodian” , the Personal Health Information Act requires that a person licensed under the Dental Act 2008 , a professional dental corporation controlled by dentist/s , or a delegated employee under the supervision of the custodian may act in control of personal health information for the purpose of or in connection with the performance of the person’s powers or

duties of their work; in this case the practise of dentistry under the Dental Act 2008. This work occurs primarily in connection with in-patients at a dental clinic;

2. "Dental Clinic" is a health care facility in which a dental practice as defined in the Standard of Practice No.1 of the Board by-laws is in operation. The "custodian" of the dental records in the practice is also known as the "Principal" is the dental practice owner.
 3. "Primary Connected Dentist" in a dental practice is the dentist responsible to see that the policies of that clinic are properly operational. The primary connected dentist may be the "Principal Dentist" or another dentist licenced in the province that has a connection either by employment or an independent contract with the "Principal Dentist". The dental practice in the dental clinic must operate in accordance with the Radiation Health and Safety Act and its Regulations, the Personal Health Information Act, The Dental Act 2008 and its Regulations.
 4. The ownership of the physical structure, the occupational and administrative equipment of the dental clinic is not addressed in the provincial legislation. The dental practice however, i.e. the practice of dentistry, is the sole responsibility of the Principal Dentist and when applicable the Primary Connected Dentist. When a dentist, other than the Principle Dentist, is designated as the Primary Connected Dentist, that information shall be addressed in the employment contract or Associate Agreement.
 5. All Registered Dental Assistants, Registered Dental Hygienists , Registered Dental Technicians and Registered Dental Therapists must be employed by, or in contract with, the Principal Dentist licensed in the province and must perform only their authorized scope of practice, including the use of radiation equipment in the dental clinic as prescribed, and, in the case of a Dental Technician, only laboratory procedures commensurate with their class of licence at the direction of the Primary Connected Dentist or his or her Associate.
- 5(a)The Primary Connected Dentist of each dental practice must ensure its annual registration with the Newfoundland and Labrador Dental Board. This registration must include any amendments to the previous registration including structural changes to the operating clinic. This annual registration must be submitted to the office of the Registrar by the prescribed date set out in the notice of renewal.
- 5(b) The Radiation Act also requires that prior to installation or movement of any radiation equipment, approval to do so must be received from Occupational Health and Safety (OHS). Installers of radiation equipment are responsible to see that the initial survey of this equipment is done to the satisfaction of OHS before it becomes operational. Proper registration of the equipment should be done in accordance with the Radiation Act and its Regulations.
6. No dentist licensed in the province shall enter into any agreement, including a lease of premises; pursuant to which the amount payable by them or by an associate is directly or indirectly related to the total amount of fees charged by those dentists or by another person licensed or

registered under similar legislation regulating a health profession in the province, unless the agreement is a contract for dental services with:

- (i) another dentist licensed in the province ; or
- (ii) a professional dental corporation, partnership, or other entity controlled by a dentist or dentists licensed in the province.
- (iii) or in the case of a Salaried Dentist a Crown health care corporation of the Province of Newfoundland and Labrador.

7. No dentist licensed in the province shall, except with the consent of the Newfoundland and Labrador Dental Board, act as employee, assistant, agent, partner, officer, shareholder, or otherwise, 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, 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 by another federal or provincial act;
 - (b) in the case of a corporation, such corporation is a professional corporation under the Dental Act 2008; or
 - (c) in the case of employment of a dentist, the employer is a person, corporation or other legal entity referred to in the Dental Act 2008, or other health care legislation in the province.
8. Each dentist shall be responsible for ensuring that any professional corporation of which they are a director, complies with the by-laws and standards of practice set by the NLDB and the requirements under any facility permit issued.
9. The dentists licensed by the NLDB who are responsible as “custodians” for patient records in dental clinic facilities are advised that the intellectual information of the record belongs to the patient and can only be copied or transferred with the patient’s approval either verbally or in writing if required by the custodian. Dental records cannot be sold or used as collateral and cannot be used as leverage in collecting unpaid accounts.
10. New patients attending a dental clinic who are seeking an oral health examination (dental) may first be seen by a Registered Dental Therapist, a Registered Dental Assistant or a Registered Dental Hygienist for a screening assessment which will become part of a complete (comprehensive) examination or part of a limited, specific or emergency examination. The screening assessment may include, 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 of a possible treatment plan. Dentists are obligated to educate their patients regarding the importance of a comprehensive examination at least every two years and record any refusal of such patients. Patients attending a dental clinic for a specific concern may be provided a limited examination (procedure code 01202), a specific examination (procedure code 01204) or an emergency examination (procedure code 01205) or provided a screening assessment by a Registered Dental Hygienist, Registered Dental Assistant or a Registered Dental Therapist within the limits of their authorized practice and their licence.
11. Registered Dental Assistants may assist by performing duties including the introduction and manipulation of dental materials and devices in the mouth, orthodontic and restorative

procedures consistent with an approved education program in dental assisting and, exposure, processing and mounting radiographs in accordance with the Radiation Act and Regulations in this province (according to the Primary Connected Dentist's written or verbal protocol for exposing and processing radiographs).

12. Registered Dental Hygienists employed by or in contract with Principal Dentist are authorized to perform a limited, specific, or emergency assessment and communicate the results of that assessment and a potential treatment plan regarding periodontal health of a patient and may also perform supra and subgingival debridement; orthodontic and restorative procedures consistent with an approved education program in dental hygiene; administer local anesthesia in the provision of dental treatment; expose and process dental radiographs (for provision of their authorized practice in accordance with the written protocol for exposing radiographs by the Primary Connected Dentist).
13. Registered Dental Therapists employed by or in contract the Principal Dentist approved by the NLDB, under the general supervision of the Primary Connected dentist to the practice, may be authorized to perform limited, specific or emergency assessments and to communicate a conclusion, identifying caries or dental abscesses as the cause of a person's symptoms; and perform treatment services on teeth, conduct simple extractions of primary and permanent teeth and perform space maintenance on teeth; administer local anesthesia in the provision of dental treatment; to expose and process dental radiographs (for provision of their authorized practice in accordance with the written protocol for exposing radiographs by the Primary Connected Dentist).
14. The Primary Connected Dentist is responsible to see that patients have the necessary examination confirming the screening information and for finalizing a treatment plan. Completion of the prescribed examination should be done in person. Following the dentist's involvement in the examination the cost can be billed to the patient. Involvement of the dentist by videoconferencing or skype etc. maybe useful in emergency or specific examination situations but is not equivalent to the dentist-in-person involvement in a Comprehensive (complete) Examination, unless the dentist can show evidence that it is equivalent.
15. Responsibilities of Primary Connected Dentists include, but are not limited to:
 - (i) General oversight /supervision of the provision of all oral health professional services provided at the clinic within the context of the Dental Act 2008, its Regulations and by-laws and this Clinic Facility Standard.
 - (ii) Appropriate display and communication of professional designations for all staff in facilities to which the dentist is connected;
 - (iii) Appropriate processing of all patient information /records including radiographs, notes and treatment plans to meet NLDB Standards of Practice and Guidelines. The patient information must be appropriately available to other dentists when required. The staff should be able to make appropriate contact with the dentists associated with the clinic

as necessary with questions pertaining to patients. Remote access to patient records including radiographs as required including real time access to patients at remote locations should be available. These records may include intra –oral photography, face to face communications (like Skype) with the patient and other providers (Therapists, Hygienists, Assistants);

- (iv) When possible establish comprehensive treatment plan for each patient, updating them as required advising them on the treatment plans.
- (v) In remote locations visit each clinic at least once a month for treatment beyond the scope of the Dental Therapist, Hygienist or Assistant and to attend patients as necessary to fulfill the other responsibilities;
- (vi) Consultations and Referrals to other dental health providers for additional assistance in diagnosis or additional treatment beyond their competence;
- (vii) Appropriate prescribing of medications, storage and recording;
- (viii) The Primary Connected dentist's billing number must be used for all providers. Provider coding may be used to provide data relating to each provider for office administrative purposes.
- (ix) Random and regular audits of patient records including billing records to ensure scope of authorized practice should be observed.

16. Dentists operating in the dental clinic facility may have an extended scope of practice where they have completed appropriate additional training and have adequate knowledge for the provision of the extended treatment.

17. Dentists operating in the dental clinic facility shall make specific verbal orders or maintain a written protocol for ordering diagnostic tests and imaging to be performed by Registered Dental Hygienists, Registered Dental Therapists and Registered Dental Assistants.

18. In cases where the facility has a Registered Dental Technician and laboratory there shall be a contract with the Principal Dentist and the Primary Connected dentist responsible to properly authorize prescriptions and records kept.

19. All dentists with active practice status, including specialists must provide appropriate contact information and access, to patients of active record, in order to address emergencies. Professional judgement determines whether a person requires immediate attention to address trauma, pain, infection or bleeding. It is unethical to direct a patient of record to another source without first determining that source is willing to approve of this policy.

20. Whether a patient is active should be determined as having had a limited or comprehensive (complete) examination at least once in the previous two years.
21. Termination of treatment of a patient should only be done under the following conditions:
- (i) There are sound and reasonable grounds for doing so;
 - (ii) The patient is notified (in writing) prior to the termination; and
 - (iii) The termination is not detrimental to the patient's health.
22. Dentists should be aware of the scope of practice of Dentists, Registered Dental Assistants, Registered Dental Hygienists and Registered Dental Therapists and Registered Dental Technicians.
23. Each dentist licensed with the Newfoundland and Labrador Dental Board must provide satisfactory proof they are able to fulfill the requirements of active status practice as outlined in Sections 16 -22 of this Standard. Otherwise those dentists may be placed in the non-practising category as prescribed in the Dental Regulations.

6. **Teledentistry - Emergency Screening of Dental Patients Using Teledentistry**

The following provides direction for dentists in Newfoundland and Labrador on the acceptable use of Teledentistry during the current State of Emergency. It does not authorize the use of Teledentistry in any other setting or circumstance.

What is Teledentistry?

Teledentistry is the provision of patient dental care at a distance, using information and communication technologies. All Standards of Practice, legal and professional obligations that apply to in-person care also apply to Teledentistry.

Teledentistry can include modalities such as:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or guardian) and a provider using audiovisual telecommunications technology.
- Store- and-forward (asynchronous): Transmission of recorded health information (e.g. radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of real-time or live interaction.
- Remote patient monitoring(RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a

provider (sometimes via a data processing service) in a different location for use in care and related support of care.

- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices, such as cell phones, tablet computers and personal digital assistants (PDA).

When can Teledentistry be used?

In the current state of emergency in Newfoundland and Labrador, Teledentistry must only be used

- by dentists with offices located in Newfoundland and Labrador and on Newfoundland and Labrador patients.
- to assist with the provision of emergency care – specifically, to assess and triage patient’s oral health care needs and to determine next steps.

A full emergency examination will not be possible by using Teledentistry alone.

In those few cases where telephone or virtual/remote management is sufficient, live/in-person clinical assessment may be necessary provided the dental practice has appropriate safety precautions and PPE in place.

When practising via Teledentistry dentists must:

1. Confirm the identity of the patient if assessing a new patient.
2. Obtain an appropriate medical history, a verbal history of the patient’s condition and confirm the nature of the emergency before recommending next steps, which may include, among other things:
 - (I) advice and appropriate pharmacotherapy (if indicated);
 - (II) asking the patient to visit the practice for an in-person clinical examination or treatment appointment;
 - (III) facilitating a patient referral to an emergency office capable of seeing the patient;
 - (IV) facilitating a patient referral to allied health care providers for care needs that are outside the scope of dentistry, or;
 - (V) facilitating a patient referral to hospital for extreme emergency cases that cannot be managed in the dental office, including loss of life or limb.
3. Identify the resources (e.g. information and communication technology, equipment, support staff, etc.) that are required, and only proceed if those resources are available and can be used effectively.
4. Ensure that the reliability, quality, and timeliness of patient information obtained via Teledentistry is sufficient to justify providing or assisting in the provision of dental care.

5. Use technology that will allow dentists to gather information needed to proceed with treatment. For instance, should dentists need to prescribe medication for a new patient, technology with audio-video capacity will be required to allow for an adequate assessment prior to prescribing medication.
6. Protect the privacy and confidentiality of the patient's personal health information, specifically by:
 - I. Using technology that has privacy and security settings in accordance with the personal health information act 2012. At minimum, technology must have controls to ensure only the intended patient has access to the appointment and where personal health information is stored and/or transmitted, strong encryption must be used. If unsure, dentists can confirm with the service provider that the technology meets provincial privacy requirements.
 - II. Conducting the Teledentistry appointment in a private environment that will ensure patient information is not overheard or seen by other individuals; and
 - III. Confirming with the patient that they are in a private setting and that the technology they are using is secure.
7. Keep appropriate records of the Teledentistry appointment, in compliance with good dental record keeping guidelines and note specifically that the care was provided through Teledentistry.

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