



Standards of Practice

Approved by Council

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COLLEGE OF
ALBERTA DENTURISTS



Standards of Practice

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Disclaimer

Readers are reminded that the College and denturist practice, in Alberta, is at all times guided by federal and provincial legislation/regulation which may, at any time and in the sole discretion of, be changed/amended by the Governments of Canada and Alberta. Alberta denturists are reminded of their professional obligations and requirement to always comply with in-force federal and provincial legislation/regulation.

In the reference section of this document, external documents are provided as a convenience and for informational purposes only and College references do not constitute an endorsement or an approval by the College of external content or documents.

Acknowledgements

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Your hard work and dedication to the denturist profession are greatly appreciated. Thank you.



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Introduction

Background

The College is empowered through the *Health Professions Act* (HPA) and the *Denturists Profession Regulation* to regulate and govern the denturist profession in the public interest. Denturists are required to comply with federal and provincial legislation, the Code of Ethics and these Standards of Practice, and other legal policy documents.

The Standards of Practice (“the Standards”) contains content that reflects the contemporary practice needs of registered denturists clinicians and as administrators, educators, and researchers.

Denturist Practice Settings and Professional Roles

Most regulated denturists are employed by or operate their own independent private clinics and practice as clinical denturists (including in laboratory settings). Denturists provide professional **denturist care** and/or **denturist services** to patients and/or clients.

A **denturist administrator** is responsible for overseeing the daily operations of a healthcare facility, a private healthcare business, a healthcare department or health related program. It is common for a denturist administrator to have a dual role as an administrator while at the same time providing professional denturist care and/or services.

Others regulated denturists practice as **denturist educators**. Denturist educators provide professional teaching services, education, training and instructions to denturist students, other denturists, other regulated professionals and/or other students. This includes supervisory responsibilities for “other professionals and/or other students” on a case-by-case basis.

Some denturists work as **researchers**. Denturist researchers may be independent or employed/sponsored to perform research.

In some circumstances, denturists may simultaneously practice in one or multiple practice setting(s) and role(s). For example, a professional denturist may be a clinician, an administrator, an educator, and a researcher if they provide direct patient care, operate a business, supervise students, and are engaged in a research project.

Regardless of the breadth in practice setting(s) and/or role(s), Alberta denturists are expected to comply with the Standards which are commensurate to the totality of their practice setting(s) and role(s) expectations.

Standard Development Methodology

With the College’s oversight, the College’s Standards of Practice Advisory Group assembled these Standards in 2020 and 2021, with external consulting services. The Standards of Practice advisory group was composed of diversified group of Alberta regulated denturists. Following extensive College and Alberta government consultation, including with regulated members and other stakeholders, the Standards were approved by the College Council.

The Standards have been prepared based upon extensive research and review of denturist and health profession practices in Alberta and other jurisdictions. The Standards also incorporate the concept of ‘Right Touch Regulation’ first introduced in the United Kingdom in 2000. ‘Right Touch Regulation’ was subsequently adopted worldwide, including in most Canadian provinces, as a leading regulatory practice.

Fundamentally, ‘Right Touch Regulation’, within the context of health profession regulation,



ensures a proportionally balanced approach between state imposed regulation, professional practice, and public risk management such, as to ensure that the public receive cost effective, safe, and high-quality care/services. The overall themes in 'Right Touch Regulation' considered in the development of these Standards includes ensuring that the Standards are:

- ☒ *Proportionate* - and appropriate to the risk posed
- ☒ *Consistent* - and fairly implemented
- ☒ *Targeted* - minimizing potential side effects
- ☒ *Transparent* - simple and user friendly
- ☒ *Accountable* - and subject to public scrutiny
- ☒ *Agile* - and adaptive to change

Amendments were completed in 2022 to address the changing legislative landscape in Alberta.

Organization of the Standards

The Standards are based upon the most important concepts of self-regulation and placing patient/client interests at the forefront. The Standards are divided into four principles:

- I. Standard Principle 1.0 - Professional Relationships
- II. Standard Principle 2.0 - Professional Competence
- III. Standard Principle 3.0 - Practice Management
- IV. Standard Principle 4.0 – Professionalism and Leadership

Each of the four principles include a summary, associated standards, and expected **indicator statements**. Defined terms are italicized and bolded. A Glossary and References common to the Code of Ethics and the Standards are found at the end of the Standards document.

If you have any comments or concerns about how to apply the Standards, please contact the College.

Alignment with the Code of Ethics

The College's Code of Ethics details the profession's ethical and moral principles and expectations. The HPA requires that the College develops, enforces, and maintains the Code of Ethics. The Code of Ethics is intended for all contexts and domains of denturist practice and to guide decision making.

The Code of Ethics is contained in a companion document, which serves to support the profession's Standards of Practice. The Code of Ethics and Standards of Practice reflect the College's regulatory role, Mission, Vision, Values, and mandate to govern denturists in the public interest.

Purpose of the Standards

This Standards of Practice replaces any previous versions. The Standards are supported by guidelines which provide denturists with the detail required to support the standard.

Similar to other regulated health professions, the Standards need to be understood within the context of the:

- ✘ *Health Professions Act* (HPA), first proclaimed in 2000, and all subsequent amendments.
- ✘ *Denturists Profession Regulation* (Regulation) proclaimed in 2002 and accompanied by Schedule 8 of the HPA.
- ✘ The College's Code of Ethics approved by Council and reviewed by stakeholders and Alberta Health; and
- ✘ The College's Bylaws, governance and operational policies and other regulatory guidance documents.

The Standards set the minimum practice expectations for Alberta denturists including for integrity, shared decision-making, self awareness, and competence.

The College may also publish **Position Statements**, Guidelines, and College **Advisories** to clarify, supplement, and inform denturist legislative, Code of Ethics, Standard of Practice, and policy compliance obligations.

- ✘ Denturists perform restricted activities, as noted in the Regulation, and include:
 - Prescribing or fitting removable partial or complete dentures or fixed, or a removable implant - supported prosthesis that replaces two or more teeth.
 - Performing invasive procedures on body tissue below the mucous membrane or in or below the surface of teeth, if the procedure does not alter natural dentition.
 - Inserting and removing instruments, devices, and fingers into an artificial opening of the mouth.
 - Reducing a dislocated temporomandibular joint for the purposes of reducing a subluxation of the temporomandibular joint.
 - Ordering any form of ionizing radiation in medical radiography.

The Standards guide all aspects of denturist practice including:

- ✘ The assessment, **diagnosis**, and treatment of persons missing some or all of their natural teeth.
- ✘ Designing, constructing, repairing, altering, and fitting any complete or partial denture for the purpose of restoring and maintaining function and appearance.
- ✘ Teaching the profession, directing or overseeing Denturist business operations, managing and supervising denturist practice, and conducting research in the science, techniques and practice of denturist.
- ✘ Providing and supervising restricted activities authorized by the Regulation.

The Standards are legally enforceable, with alleged violations subject to the College's complaint, investigation, and potentially disciplinary processes.



The Standards are an important accountability measure to reduce the likelihood of incompetent and/or unprofessional practice. The Standards are publicly available on the College's website.

Patient and Client

Denturists establish and maintain professional, ethical, respectful, and trusting collaborative and professional relationships with their patients and clients. Throughout the Standards, the terms **patient** and **client** are not interchangeable and are defined to mean:

Patient refers specifically to an individual who is receiving or has received professional and on-going clinical (including laboratory) or research care or services from a denturist. A spouse or **adult interdependent partner** of a denturist is not a patient. An individual is considered a patient:

- a. When they first consent to receiving professional denturist care or services; and
- b. When the care or service extends beyond an **episodic care** or service episode; and
- c. Until one year has elapsed since the formal conclusion of the denturist care or services and the termination of the denturist-patient relationship.

Client specifically refers to a denturist's **colleagues**, spouse, adult interdependent partner, child, student/mentee, or the agent representative of a patient such as spouse, parent, guardian, child, **alternate decision-maker**, or other person with whom a denturist's patient has an interdependent or close personal relationship and who is engaged in the patient's care. An individual is considered a client:

- a. When they marry or consent to and begin a personal interdependent or business-related relationship with the denturist; and
- b. When they consent to receiving ONLY episodic care or emergent care services from a denturist; or
- c. When the denturist agrees to provide education, supervision and/or evaluation to a student or mentee while the student or mentee is engaged in a formal educational, training or mentorship program; or
- d. When a denturist's patient first consents to receiving denturist care or services and the denturist becomes, or is made aware, that the other person has an interdependent or close personal relationship with the denturist's patient or is actively engaged in the patient's care as a legal guardian or alternate decision maker; and
- e. Until the conclusion/termination of the denturist and patient or client relationship.

Patient and Client Protection

Significant vulnerability and power imbalances often exist among healthcare service providers and their patients/clients. Recent legislative amendments specifically address these vulnerabilities and enhance public protection and trust.

Under the HPA, all sexual relationships with patients are prohibited, even if the denturist and the patient consent to such relationship. Following investigation and findings of **unprofessional conduct** against a denturist, based in whole or in part on **sexual abuse** or **sexual misconduct** of a patient, will result in serious discipline, including:



In the case of sexual abuse:

- a. Cancellation of the regulated member's registration and practice permit
- b. Inability of the member to ever re-apply for reinstatement.

In the case of sexual misconduct:

- a. At a minimum, suspension of the regulated members practice permit for a time determined by the College's Hearing Tribunal.
- b. Potential cancellation of the regulated member's registration and practice permit for at least five years.

Where there have been confirmed findings of sexual abuse and/or sexual misconduct, the College must also publicly post the Hearing Tribunal's written decision on its website.

Denturists may also face sexual abuse and sexual misconduct sanctions if they terminate a patient relationship to form or pursue a close personal relationship with a patient.

Relationship with Clients

A regulated member may engage in a close personal relationship with a person who is not a patient but is a client or other person. However, in the case of a professional complaint, this conduct may still be considered unprofessional conduct. While mandatory sexual abuse or sexual misconduct sanctions may not apply in these cases, the member may still face disciplinary penalties such as fines, registration, and/or practice permit suspension or cancellation.

Client Becoming Patient

A client becomes a patient when they receive on-going denturist care/services, and the denturist-client relationship is extended beyond episodic, minor, or emergent care/service.

Special Client Care Considerations

A denturist may provide professional services to their clients, including their spouse, adult interdependent partner, or children – ONLY if the Standards of Practice requirements are met such as for episodic or **emergent care** circumstances, when an alternate and timely appropriate referral cannot be made and delay in care may adversely impact or result in harm to the client.

Due Diligence

Denturists must exercise **due diligence** and care in always maintaining trusting and professional patient/client relationships and delivering competent and ethical care/services in accordance with the professional expectations identified in the College approved Code of Ethics, Standards of Practice, competency profile and policies.



Standard Principle 1.0 – Professional Relationships

*Denturists establish and maintain professional, ethical, respectful, and collaborative professional relationships. This principle includes relationships with patients, clients, colleagues, healthcare team members, employers, and **industry** partners.*

*Regardless of the type of professional relationship, every denturist must engage in relationships that align with the trust placed by the public - while managing conflicts of interest, establishing **professional boundaries**, and appropriately concluding the denturist and patient or client relationship.*

1.1 Professional Care and Service Relationships

Denturists develop professional relationships resulting from their professional engagements. In all cases, these relationships reflect professional and ethical behaviours and comply with the College's approved Code of Ethics, the Standards of Practice, the National Professional Competency Profile, and other regulatory policy documents.

All regulated members role model professional and ethical denturist relationships with their patients and clients, irrespective of practice settings. Additionally, the HPA requires that all denturists report unethical and unprofessional relationships to the College.

A denturist demonstrates compliance with this Standard by:

- 1.1.1 Demonstrating respect and empathy while responding to and managing their patient/clients' needs, wants, and expectations.
- 1.1.2 Developing collaborative relationships that respect the individual patients/clients' rights. This includes, but is not limited to, human, cultural, socioeconomic, language, values, beliefs, privacy, medical, and other rights.
- 1.1.3 Respecting their patient/clients' rights to make informed decisions based on the full and accurate information provided by the denturist. This information must include assessment findings, treatment, service or product options, risks and benefits, ongoing maintenance, and costs.
- 1.1.4 Role modelling positive and collegial relationships with other healthcare team members while recognizing and respecting their colleagues' roles, knowledge, expertise, and unique contributions.
- 1.1.5 Using a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships.
- 1.1.6 Sharing professional knowledge to promote patient/client comprehension and achieve best possible outcomes in all professional relationships.
- 1.1.7 Demonstrating effective conflict resolution skills to maintain professional relationships.
- 1.1.8 Not refusing to establish a patient or client relationship based on:
 - a. Any prohibited discriminatory grounds.
 - b. Patients or clients requiring more care or service time than others with fewer needs.
 - c. An intent to establish a close personal relationship with the patient or client.
- 1.1.9 Working collaboratively with professional colleagues, patients/clients when referrals are required.
- 1.1.10 When deciding not to establish a patient/client relationship, disclosing the reason(s) to the patient/client unless such disclosure could result in actual or potential patient/client harm or safety risk.



A dentist in an *administrator* role further demonstrates the Standard by:

- 1.1.11 Promoting and supporting a professional work environment focusing on trust, respect, and **patient/client centered care or service**.
- 1.1.12 Focusing on quality care/service provision and its role in developing and maintaining positive professional relationships.
- 1.1.13 Ensuring policies, procedures, and systems are in place to effectively reduce and manage professional patient/client **conflicts of interest**.
- 1.1.14 Supporting dentists to act when patients/clients care/service quality is compromised and/or safety risks exist.
- 1.1.15 Supporting referrals to the most appropriate alternate healthcare provider, when required.
- 1.1.16 Valuing and acknowledging dentists and other health professional expertise and contributions.

A dentist in an *educator* role further demonstrates the Standard by:

- 1.1.17 Identifying and supporting continuing education related to professional, ethical, and interdisciplinary patient/client relationships.
- 1.1.18 Supporting dentists to develop skills to address unethical and unprofessional relationships.

A dentist in a *researcher* role further demonstrates the Standard by:

- 1.1.19 Participating in research activities that are ethically defensible, socially responsible, and scientifically valid.
- 1.1.20 Participating in research activities approved by a formal ethics review body.

1.2 Conflict of Interest and Professional Relationships

Dentists are mindful of their fiduciary (legal and ethical) trust relationships with patients, clients, and others. They also guard and protect their professional relationships from conflicts of interest.

A **conflict of interest** occurs when a dentist's private interests and professional responsibilities clash while they are in a position of trust. A conflict of interest does not necessarily have financial and/or business profit implications. Other parties may benefit from a potentially improper relationship, including the dentist's family, friends, business associates, employees, students, etc.

Conflicts of interest have the potential to erode patient/client and public trust in the dentist and the profession.

A dentist demonstrates compliance with this Standard by:

- 1.2.1 Ensuring that the patient/client's best interest is the most important factor when making professional decisions.
- 1.2.2 Advising patient/clients in advance of service fees or billing charges and working with them to gain payment. If the patient/clients are unable to immediately pay for care or services, the dentist should provide objective, non-conflicted, and readily available other treatment, referral and/or payment options, if any exist.



- 1.2.3 Staying alert for, identifying, and appropriately managing actual, potential, or perceived conflicts of interest by identifying, disclosing, and collaborating with others to resolve these situations.
- 1.2.4 Respecting the patient/client's right to request a referral to another practitioner and/or a second opinion.
- 1.2.5 Not accepting gifts, **inducements** or other benefits from a patient, client, **regulated health professional**, colleague, supplier, vendor, industry partner, educator, or other person, unless it is being offered as a courtesy and as long as it does not compromise or appear to compromise the dentist's professional independence and the objectiveness of their work, judgement, or integrity.
- 1.2.6 Not offering, providing or being party to the offering of inducement to a patient/client on the condition that the patient/client obtains care, a product, or professional other services from the dentist. This principle does not apply to "no cost" initial consultations.
- 1.2.7 Not acting in a manner that may be perceived as coercive or pressuring patients/clients to choose certain products, services, or courses of action. Where reasonably possible, options should be provided.
- 1.2.8 Not engaging in "fee splitting" or "kickback" schemes or any other such arrangements that may disadvantage a patient/client.

A dentist in an *administrator* role further demonstrates the Standard by:

- 1.2.9 Exerting professional due diligence and entering in non-conflicted and fair market value leasing or mortgage arrangements for their independent dentist business premises.
- 1.2.10 Enforcing practice setting-based conflict of interest policies and procedures.
- 1.2.11 Responsibly managing potential conflicts of interest, especially with industry representatives.
- 1.2.12 Managing the business, including billing and financial transactions, payroll, human resources, referral practices, incentives, etc. in a professional and non-conflicted manner.

A dentist in an *educator* role further demonstrates the Standard by:

- 1.2.13 Enforcing rules, policies, and procedures for educators and students to deal with conflict-of-interest situations professionally and ethically.
- 1.2.14 Providing entry-to-practice and on-going educations, as required and appropriate, on how to identify, report and resolve conflict of interest situations.

A dentist in a *researcher* role further demonstrates the Standard by:

- 1.2.15 Adhering to relevant research conflict of interest policies and procedures.
- 1.2.16 Managing actual, potential, or perceived conflicts of interest ethics throughout research activities.
- 1.2.17 Committing to enhance transparency through publishing in peer-reviewed journals.

1.3 Professional Boundaries

Dentists respect and manage the power imbalances that exist in their professional relationships. Dentists comply with the HPA, and the rules contained in these Standards prohibiting sexual abuse and sexual misconduct, and **female genital mutilation**. This includes the HPA's "duty to report" in sections 127.1 and 127.2.



Denturists foster safe and trusting relationships and take appropriate and timely actions to prevent, minimize, stop, and report harassment, bullying, abuse, and misconduct.

A denturist demonstrates compliance with this Standard by:

- 1.3.1 Complying with the HPA, the *Denturists Profession Regulation*, the Standards, policies, procedures, and directives regarding acceptable and appropriate professional and personal relationships with patients/clients.
- 1.3.2 Providing only professional care or services within the denturist's legislated scope of practice, their competence and College authorization.
- 1.3.3 Exercising caution and acting prudently when socializing, communicating, or entering into close personal and/or interdependent relationships with a former patient or client. This includes considering any ongoing power imbalances that may exist even after it has been over one year since the denturist/patient relationship was terminated.
- 1.3.4 Exercising caution and acting prudently prior to providing denturist care or services to a client including their spouse, adult interdependent partner, or family member.
- 1.3.5 This includes taking steps to remain objective and professional throughout the provision of episodic or emergent care, to develop and maintain ethical and professional denturist/patient and denturist/client relationships.
- 1.3.6 Disclosing to a patient/client any conditions, restrictions, or limitations that may influence or impact upon the professional care and services the denturist may provide.
- 1.3.7 Fostering relationships in which patients/clients are not subject to discrimination, harassment, bullying, abuse or misconduct, particularly sexual abuse, or sexual misconduct.
- 1.3.8 Not procuring or performing female genital mutilation.
- 1.3.9 Acting in a timely manner to stop discrimination, harassment, bullying, abuse, or misconduct and reporting such conduct to the appropriate authorities, their employer, and if applicable, the College.
- 1.3.10 Taking timely and appropriate action to document, report, and issue a patient/client warning if the patient/client inappropriately crosses the denturist/patient or denturist/client relationship boundaries.
- 1.3.11 Taking timely and appropriate actions to document, report, and terminate the relationship when the patient/client repeatedly crosses the denturist/patient or denturist/client relationship boundaries, after receiving formal warnings from the denturist.

A denturist in an *administrator* role further demonstrates the Standard by:

- 1.3.12 Complying with occupational health and safety legislation related to maintaining approved workplace harassment, bullying, and abuse programs.
- 1.3.13 Being vigilant and appropriately acting upon workplace discrimination, harassment, bullying, and abuse. This includes unprofessional conduct, sexual abuse or sexual misconduct by a denturist and inappropriate patient/client behaviour toward a denturist.



A dentist in an *educator* role further demonstrates the Standard by:

- 1.3.14 Promoting and valuing a balanced dentist educator/client relationship which considers the power imbalances that exist between educators, preceptors, supervisors, and students or mentees.
- 1.3.15 Avoiding and not entering into a close personal relationship with a student or mentee while directly or indirectly being responsible for monitoring, teaching, supervising, or evaluating the student or mentee. This requirement is in force for at least one year after the student or mentee relationship ends.
- 1.3.16 Being attentive to and appropriately acting upon inappropriate close personal relationships, discrimination, harassment, bullying, or unprofessional conduct including sexual abuse or sexual misconduct by educators, preceptors, supervisors, students, and mentees. This includes inappropriate behaviour on the part of a student toward the dentist.

A dentist in a *researcher* role further demonstrates the Standard by:

- 1.3.17 Promoting a balanced research relationship that manages the power imbalance existing between researchers and their patients, clients, research subjects, and industry partners.
- 1.3.18 Avoiding entering into a close personal relationship with a research subject who is also receiving patient care/service from the dentist.
- 1.3.19 Acting upon actual or perceived patient/client discrimination, harassment, bullying, and abuse, including unprofessional conduct, sexual abuse, and sexual misconduct throughout research and other healthcare service activities.

1.4 Transferring and/or Ending the Dentist Patient or Client Relationship

Circumstances arise when a dentist needs to transfer care and/or terminate the patient or client relationship. In doing so, dentists have a professional obligation to ensure that they discharge these duties appropriately and diligently.

Dentists adhere to and follow applicable College policies and rules when they transfer or terminate the dentist/patient or dentist/client relationship, including but not limited to:

- a. the patient/client condition requiring emergency transfer or referral for care.
- b. the patient/client receiving episodic or emergent care from the dentist and the patient/client being referred for follow up care or services.
- c. the patient/client requiring care or services beyond the dentist's scope of practice, competence, abilities, or authorizations.
- d. the patient/client requiring special expertise or technical equipment not immediately available to the dentist.
- e. persisting dentist/patient or dentist/client conflicts of interest.
- f. the normal conclusion of professional care or services.
- g. disciplinary action prohibiting, limiting, or restricting care or service provision.
- h. relocation of the dentist and/or patient/client.
- i. the dentist resigns, retires, closes, sells, or relocates their business practice.
- j. the dentist takes a **practice leave of absence**.
- k. the patient/client repeatedly crosses the dentist/patient or dentist/client relationship boundaries after they have been formally warned.



A dentist demonstrates compliance with this Standard by:

- 1.4.1 Making informed transfer of care, referral, or service termination decisions while considering patient/client circumstances on their own merits.
- 1.4.2 In most instances, engaging early in resolving conflicted and difficult professional relationships and reaching mutually agreeable solutions including, through appropriate referrals and termination arrangements.
- 1.4.3 Identifying where transfer of care or referral to another healthcare team member is appropriate and is in the patient/client's best interests.
- 1.4.4 Ensuring that transfer of care and referrals are completed in a professional manner, and in compliance with privacy legislation, including through:
 - a. timely, clear, and purposeful patient/client communication and notice.
 - b. appropriate charting and documentation.
 - c. appropriate access to and transfer of patient/client records to the patient/client or a successor custodian.
- 1.4.5 Understanding circumstances for terminating the dentist patient/client relationship, including but not limited to:
 - a. the patient/client requests that the professional care, services, or relationship be terminated.
 - b. the patient/client poses a safety risk or is abusive to the dentist, office personnel, and/or other patients/clients.
 - c. the patient/client fails to respect dentist/patient or dentist/client boundaries, even after being formally warned.
 - d. despite documented cautions or warnings, the patient/client fails to abide by the dentist's direction and/or demonstrates a pattern of willful disregard for the dentist patient/client business relationship, including missed payments and appointments.
 - e. the patient/client having unrealistic treatment expectations and/or repeatedly failing to comply with the dentist treatment recommendations.
- 1.4.6 Prior to transferring care, making a referral, or terminating a patient/client relationship, a dentist will consider implications such as:
 - a. the patient/client's needs, rights, and abilities to receive ongoing dentist or other required professional care or services and avoiding patient/client discrimination and/or abandonment.
 - b. clearly communicating, appropriately reporting, and documenting in the patient/client records, the transfer of care, service referral or service termination.
 - c. where reasonably possible, providing 90 days advance notice to the patient/client, and facilitating patient/client transfer of care or referral.
 - d. providing patients/clients with a copy of their care or service records and/or with their consent, copies of the records to other designated or referral professional and successor custodian.
 - e. making arrangement for and notifying patient/client of the strategy to access, secure, store and dispose of their personal and health information.
 - f. acting in accordance with the wording and intent of the Canadian *Charter of Rights and Freedoms* and the Alberta *Charter of Rights and Freedoms*.



Standard Principle 2.0 – Professional Competence

This Standard encompasses ongoing professional career management for all denturists, irrespective of their practice settings (clinical, administration, education or research).

*The Standard includes elements surrounding professional and restricted activities, initial and ongoing care, **continuing competence**, career-long professional learning, maintenance of **fitness to practice**, delivery of emerging health services, infection prevention and control, maintenance of health records, **informed consent**, and cultural competence.*

This Standard is supported by detailed reference material and regulatory guidelines. Regulatory College position statements, guidelines and advisories may be issued as practice changes occur.

2.1 Professional Care, Services and Restricted Activities

Denturists provide quality care, services and restricted activities within their competence, scope of practice, and authorization.

A denturist demonstrates compliance with this Standard by:

- 2.1.1 Providing health care and other professional services, including restricted activities only within the bounds of their training, competence (“knowledge, skills, attitude and judgement”), proficiency, and authorization.
- 2.1.2 Prudently assessing and managing safety risks whenever they provide professional care, services, and/or restricted activities.
- 2.1.3 Obtaining patient/clients’ informed consent before initiating care, service, and/or performing restricted activities.
- 2.1.4 Ensuring that equipment and supplies are available, checked and meet Health Canada, other government, manufacturer’s specifications and infection prevention and control requirements prior to providing professional care, service, and/or restricted activities.
- 2.1.5 Ensuring that the provision of professional care/service and the performance of restricted activities are accurately documented.
- 2.1.6 Monitoring, completing, and scheduling required patient/client follow up after providing care, services, and/or restricted activities.
- 2.1.7 Reporting, documenting, and following up when **adverse care or service events and/or practice errors** have occurred.

A denturist in an *educator* role further demonstrates the Standard by:

- 2.1.8 Ensuring that students understand where to source information about entry-to-practice competencies, the denturist scope of practice, and to comply with professional expectations and obligations to only provide care, services, and/or restricted activities within the bounds of their level of training, competency, proficiency, and subject to the supervision rules established in legislation/regulation and College policies.

2.2 Initial Service/Care and Continuity of Care

Denturists provide, at all times, professional care, and associated health services. They protect against professional care/service failures, until their care and legal obligations are complete, and throughout all care/service encounters. This begins with the initial patient/client visit and carries on through on-going, continuing and follow-up care/service interactions.



A denturist demonstrates compliance with this Standard by:

- 2.2.1 Collaborating with other healthcare service providers in the best interests of safe, competent, and ethical patient/client care and services. This obligates denturists to respect their competencies, sense of professionalism, ethics, technical expertise, authorization, professional culture, and directions provided by regulatory authorities.
- 2.2.2 Demonstrating accountability and specifically protecting against actions that may negatively impact upon their and the profession's reputations.
- 2.2.3 Demonstrating their commitment to patient/client-centered care through proper diagnosis, treatment, offering an appropriate prognosis, and being available to the patient/client for consultation and follow up care:
 - 2.2.3.1 The diagnosis is objectively determined from:
 - a. the clinical examination and currently available information.
 - b. the patient/client's dental and medical histories.
 - c. the results of study models, radiographs, and other tests.
 - d. reports from other healthcare providers.

The diagnosis must also consider subjective information expressed by the patient/client, including their primary and secondary health complaints.

The diagnosis is the denturist's professional opinion of the cause(s) of the patient/client's symptoms, based upon the above factors and other relevant information.

The diagnosis and prognosis may be informed by additional information and may be amended, if required and justified.

- 2.2.3.2 The **treatment plan** is based on information gathered from the examination and diagnosis, including wherever possible:
 - a. referral for pre-treatment care (for example, from a dentist), as required, before continuing with denturist services.
 - b. assessing and treating identified disease(s), including but not limited to considering the urgency of treatment.
 - c. maintenance of aesthetics, function, and phonetics.
 - d. achievement and maintenance of the patient's maximum oral health.
 - e. disease prevention or on-going treatment adjustments (for example, addressing problems caused by a dental prosthetic appliance), malocclusion and/or future degenerative changes and preservation of the teeth, mandible, maxilla, and surrounding tissues.
- 2.2.3.3 The **prognosis** is determined by considering objective anatomical and physical considerations, and subjective considerations such as the patient/client's psychological acceptance, expected compliance with treatment, and treatment expectations. The prognosis is usually determined as:
 - a. Excellent – it is highly likely that the patient/client will be successful with the provided treatment, with minor or no concerns
 - b. Good – it is probable that the patient/client will be reasonably successful with the provided treatment, possibly with some minor



- concerns
- c. Guarded – it is likely that the patient/client will have some difficulty with the provided treatment but may overcome these difficulties with time
 - d. Poor – it is highly likely that the patient/client will have difficulties with the treatment and may experience long-term, ongoing problems, and major concerns
- 2.2.4 Demonstrating their commitment to continuity of care through timely review of test results, consultation reports and by providing post-treatment and post-insertion education and advice, verbally and/or in writing. This includes but is not limited to ensuring that the patient and client receive education and culturally safe care while considering their health literacy, language, and communication barriers (i.e., English as a second language and hearing impairment).
- 2.2.5 Arranging for necessary referrals, tests, and follow up care or service appointments.
- 2.2.6 Appropriately documenting all provided care or services and follow up care or service instructions and appointments.
- 2.2.7 Appropriately responding to the patient/client's questions or concerns, and where possible, providing the patient/client with appropriate resources or documentation to reinforce the conversation. This includes but is not limited to ensuring the patient/client receive education and culturally safe care while considering their health literacy, language, and communication barriers (i.e., English as a second language and hearing impairment).
- 2.2.8 When dealing with another dentist's patient/client in an episodic or emergent care circumstance, attending to that patient/client's immediate health needs and then referring them back to their original dentist.
- 2.2.9 Ensuring appropriate handover of all necessary previous patient/client care or service information when a patient/client has provided consent, when the patient/client is referred to another healthcare provider, or for after-hours or emergency care referral.

2.3 Continuing Competence and Career-long Professional Learning

Denturists, on the general register, maintain competence in their practice by complying with the College's **Continuing Competence Program (CCP)** requirements. The denturists on the general register will commence participation in the CCP as per the CCP Guide.

All general members are compliant with the requirements of the CCP as a requirement for the annual renewal of their practice permits.

Denturists, on any register, follow through with their career-long commitment to professional development by actively engaging in professional reflective practice, competence assessments, continuing education, and other learning activities.

Denturists recognize that continuing competence is achieved by maintaining competency, **currency of practice**, and committing to career-long education, learning and improvement.



Continuing Competence Program

A dentist demonstrates compliance with this Standard by:

- 2.3.1 Complying with the currency of practice requirements specified by Council.
- 2.3.2 Complying with the College's CCP requirements, policies, procedures, and rules as specified in the College's CCP Guide. This includes meeting the program's minimum continuing professional development requirements by:
 - a. Participating in College-prescribed professional development assessment, learning and/or continuing education activities, when applicable.
 - b. Participating, within the CCP cycle, in self-directed professional development to enhance the provision of professional care and services and the dentist's practice. These activities may include, but are not limited to formal or self-study courses, professional meetings, professional volunteer roles, and preparation of publications.
- 2.3.3 Continuing education activities undertaken by the dentist are applicable to the dentist's practice. For each continuing education activity undertaken, the dentist provides either a sponsor-provided proof of completion or a statement of self-reflection that explains how the dentist's learning has had, or may have impact on, their professional practice.
- 2.3.4 Maintaining orderly records of their CCP and related activities for at least five years after the end of the CCP cycle to which the record relates and maintaining these records on their online College profile.
- 2.3.5 Participating in and complying with the requirements of the College's CCP Validation process. This includes:
 - 2.3.5.1 Responding to College requests for and providing timely College access to their continuing competence, continuing education, and training records.
 - 2.3.5.2 Complying with any follow up requirements or remediation as per a decision of the Registration Committee.

CCP Non-compliance

A dentist demonstrates this by:

- 2.3.6 Failing to comply with the requirements of the CCP and CCP Validation process, as per the CCP Guide, CCP Rules, and any applicable legislation, which may lead to the dentist being ineligible to renew their practice permit.
- 2.3.7 Failing to comply with the requirements of the CCP, a direction given, or condition imposed by the Registration Committee or having an unsatisfactory competence assessment result, which may result in, but are not limited to:
 - a. The dentist having to complete directed learning imposed by the Registration Committee
 - b. Conditions imposed on the dentist's practice permit
 - c. Referral to the Complaints Director
 - d. The Registration Committee directing the Registrar to cancel or suspend the dentist's practice permit.

Competence Assessment

A dentist demonstrates this by:

- 2.3.8 As required, participating in an assessment of the dentist's competence that is conducted in accordance with the criteria and requirements established in the College's CCP Guide. This assessment may include one or more of the following



activities:

- 2.3.8.1 Interviews with the regulated member
- 2.3.8.2 Reviewing documents pertaining to the practice, or CCP, of the dentist
- 2.3.8.3 On-site practice visits which may include conducting interviews with individuals with knowledge of the practice of the dentist (i.e., employees, colleagues, students, patients, clients, etc.)
- 2.3.8.4 Any other evaluation that the Registration Committee considers appropriate.

Career-long Professional Learning

A dentist demonstrates compliance with this Standard by:

- 2.3.9 Participating, when appropriate, in reflective practice reviews and self-evaluations, and following up on identified areas of self-development need and/or learning.
- 2.3.10 Meaningfully collaborating in professional practice conversations and providing appropriate peer practice feedback to improve the dentist's competence.
- 2.3.11 Engaging in, and critically reviewing, professional literature reviews and research, as required.
- 2.3.12 Meaningfully engaging in professional, interdisciplinary, and "community of practice" work and learning programs/sessions, when possible.

A dentist in an *administrator* role further demonstrates the Standard by:

- 2.3.13 Engaging in relevant and business-related continuing competence, education, and learning activities, as set out in the CCP Guide.

A dentist in an *educator* role further demonstrates the Standard by:

- 2.3.14 Engaging in relevant educational/pedagogical (teaching) continuing competence, education, and learning activities, as set out in the CCP Guide.

A dentist in a *researcher* role further demonstrates the Standard by:

- 2.3.15 Engaging in relevant research continuing competence or learning activities, as required in the CCP Guide.

2.4 Maintenance of Fitness to Practice

Dentists are mindful of the context of their professional practice environment and the associated practice requirements. Dentists are **fit to practice** and meet the physical, emotional, and psychological demands of their work and their professional obligations to always provide safe, competent, and ethical care and services.

A dentist demonstrates compliance with this Standard by:

- 2.4.1 Maintaining physical, mental, and emotional health and wellness so as to practice professionally, ethically, safely, and competently.
- 2.4.2 Regularly assessing their health, well-being, ability, and capacity to deliver safe, ethical, and competent professional services and care.
- 2.4.3 Voluntarily abstaining from practice if their cognitive and other abilities are or may be impaired by a health condition, disorder, addiction, or drug and/or alcohol impairments. This includes impairments due to prescribed and non-prescribed medications.



- 2.4.4 Taking appropriate and timely actions and reporting to their employers and/or the College, if they feel that their fitness to practice may be compromised.
- 2.4.5 Collaborating with their employer if their professional fitness to practice is limited by a short-term medical, physical, or psychological condition(s), communicable disease, disorder(s), or medical treatment(s) that can be “**reasonably accommodated.**”
- 2.4.6 Cooperating with their employer and the College, if their professional fitness to practice is compromised, by **substantial limitations**, as a result of an on-going and long-term medical, physical, or psychological condition(s), communicable disease, disorder(s), addiction(s), or medical treatment(s).
- 2.4.7 Complying with the College’s fitness to practice investigations and the associated directions/instructions, including, but not limited to:
 - a. Limiting professional practice activities to those that are authorized and are not restricted and/or under conditions or limitation
 - b. Abstaining from practice
 - c. Undergoing psychological, physical, or other examination(s)
 - d. Providing physical, psychological, or other assessment reports
 - e. Complying with fitness to practice program and treatment requirement(s) before resuming professional practice

2.5 Delivering Emerging Denturist Services

Denturist practice is ever changing and evolving. This includes through new and emerging professional trends, enhanced competencies (clinical, educational, managerial) or researched and **evidence informed** leading practices and technological advancements.

Denturists continually reflect upon these changes and, where desirable and required, incorporate them in their professional practice.

A denturist demonstrates compliance with this Standard by:

- 2.5.1 Striving to always practice to their optimal ‘**scope of practice**’.
- 2.5.2 Striving to incorporate into their professional practice emerging trends, evidence-informed, leading practices, and new competencies.
- 2.5.3 Diligently referring a patient or client to an appropriate healthcare provider, if a patient or client requests specific and new emerging trend or competencies which the denturist is unable to professionally incorporate in their professional practice.
- 2.5.4 Completing required special training related to new competencies, leading practice, or technology.
- 2.5.5 Consulting with colleagues and the College to obtain advice about implementing emerging trends, evidence-informed, leading practices, new competencies, or technologies into practice, including but not limited to:
 - a. Implants
 - b. Digital dentures and digital impressions
 - c. Fitting sports guards
 - d. Fitting night guards
 - e. Natural or prescribed teeth whitening
 - f. Sleep apnea and anti-snoring appliances
- 2.5.6 Notifying the College and providing requested supporting evidence of education, training, and competence if they intend to implement new emerging services not previously provided.



2.6 Infection Prevention and Control (IPC)

Denturists practice as part of the broader healthcare system team. Denturists ensure that their work protects and safeguards their patient/clients' best interests, including through adhering to current legislation (i.e., *Public Health Act*) and policies evidence-informed leading Infection Prevention and Control (IPC) practices and requirements.

A denturist demonstrates compliance with this Standard by:

- 2.6.1 Complying with relevant legislation and policies and the College's safety and IPC Standards, policies, procedures, guidelines, directives, and advisories.
- 2.6.2 Maintaining professional accountability for monitoring their practices and implementing appropriate and timely IPC risk mitigations.
- 2.6.3 Considering patient/client infection susceptibilities and special considerations within their care or service provision plans.
- 2.6.4 Considering the workplace's IPC safety program and ensuring appropriate and routine infection prevention measures, practices, and controls are implemented.
- 2.6.5 Appropriately performing and documenting within the patient/client's care record, prior to every patient/client interaction, their **IPC Point of Care Risk Assessment** findings.
- 2.6.6 Being knowledgeable, competent, and applying leading and evidence-informed practice measures to prevent and control infection transmission.
- 2.6.7 Maintaining competency and engaging in required IPC continuing competence and education activities.
- 2.6.8 Collaborating with patients/clients and explaining required IPC practice requirements.
- 2.6.9 Supporting, collaborating with, and participating in required professional IPC quality improvement activities.
- 2.6.10 Reporting IPC related practice errors and unaddressed IPC safety risks to the appropriate authorities. This includes reporting to the patient, client, employee, employer, College, and other authorities.
- 2.6.11 Fully cooperating with workplace safety related inspections and investigations.
- 2.6.12 Ensuring awareness of their own personal immunization status and how it can impact risk related to the transmission of infections.

2.7 Patient/Client Record Documentation, Confidentiality, and Privacy Protection

In delivering care and professional services, denturists perform assessments and subsequently provide patient/client advice, care, services, referrals, treatment, and follow up care. A summary of these professional encounters is noted in the patient/client record.

Professional, competent, and ethical denturists recognize the value of appropriately completing timely professional documentation and managing patient/client records to mitigate professional practice risks and protect the confidentiality and privacy of patient/client information. This includes having policies and procedures in place to administer requirements of the *Health Information Act* (HIA).

Denturists are responsible to provide individual access to their records in accordance with the HIA. The fees they may charge are subject to the HIA's requirements.

All information disclosures must comply with the HIA.



Denturists must have in place administrative, technical, and physical safeguards to protect the confidentiality of individuals' information and privacy. The safeguards must be periodically assessed and documented in policies and procedures.

Denturists are obligated to report privacy breaches to the College and the Office of the Information and Privacy Commissioner of Alberta.

A denturist demonstrates compliance with this Standard by:

- 2.7.1 Complying with provincial legislation, the College's, and their employer's applicable "Patient or Client Record" Standards, guidelines, policies, procedures, directives, and advisories.
- 2.7.2 Accurately recording patient/client encounter information in compliance with their employer's and other professional standards, guidelines, policies, procedures, directives, and advisories.
- 2.7.3 Completing timely and complete documentation of a patients/client's informed consent, assessment(s), test(s), consultation(s), referral(s), procedure(s), treatment plan(s) and result(s), advice, service/care quotation(s), billing data, and appointment(s).
- 2.7.4 Adapting their documentation practices in a manner appropriate to paper-based and/or information technology-based tools and systems.
- 2.7.5 Ensuring that patient/clients' records are an accurate and legible reflection of all encounters.
- 2.7.6 Ensuring that the patient/client's care or service record contains at least the:
 - a. date and time when professional care or service was provided.
 - b. information regarding the method used to provide services, care, or mode of communication. This may include face-to-face, telephone, video, and other conversations with the patient/client and/or an interpreter, legal guardian, or patient representative.
 - c. patient or client demographics (e.g., full name, age, date of birth, gender, Alberta Health Care number and health insurance information, personal contact, and other personal information).
- 2.7.6.1 General health information relevant to the care, service(s), treatment(s), or outcome(s) including:
 - a. current medical diagnosis and history, prescribed and over-the-counter medication, natural remedies, and immunization status.
 - b. allergies and previous drug reactions and interactions.
 - c. relevant family medical history.
 - d. laboratory, imaging, pathology, and consulting reports appropriate to the care being provided.
 - e. operative and medical procedural reports and discharge summaries appropriate to the care being provided.
 - f. emergency contact information.
- 2.7.6.2 Relevant clinical notes including:
 - a. presenting concerns and conditions.
 - b. assessment and odontogram findings.
 - c. treatment plan(s), advice, and follow up care instructions.
 - d. referrals for radiographs, other specialized consultations, or tests.
 - e. information pertaining to the consent process.



- f. billing information (e.g., type of service or care provided, date of service, fees charged).
 - g. record of missed or cancelled appointments.
 - h. details regarding patient/client care or service and adverse or incidental events and associated denturist actions.
- 2.7.7 Ensuring the currency and accuracy of the patient/client record by verifying information during follow up visits.
- 2.7.8 Diligently, legibly, and accurately making patient/client record corrections and amendments, through single line strike out, and dated and initialed addendums.
- 2.7.9 Being mindful and ensuring, as per the *Health Information Act* (HIA), that they comply with their health information and patient record **custodian** or **affiliate** responsibilities and requirements, including but not limited to:
- a. complying with workplace health information record policies and procedures that clarify the custodian, affiliate and patient/client roles, expectations and accountabilities including for collecting, access, sharing, record retention, protection, disclosure, and secure destruction.
 - b. adhering to Information Manager and Professional Information Sharing Agreements requirements.
 - c. completing and submitting a **Privacy Impact Assessment**, as required.
 - d. appropriately designating a **successor custodian**, as required.
- 2.7.10 Ensuring that patients/clients are provided with timely, reasonable, and fair information on how they may access their (or a copy of their) records.
- 2.7.11 Confirming that referral personnel are provided appropriate and timely information on how they may access and confirm the receipt patient/client care and/or service records.
- 2.7.12 Taking appropriate and timely action to report to the employer, appropriate authorities and the patient/client, the loss or theft of care records.
- 2.7.13 Actively participating in quality assurance and improvement activities to improve the comprehensiveness, accuracy, quality, security, and privacy of a denturist's documentation.
- 2.7.14 Complying with their employer, **administrative authorities** and College inspections and investigations of their patient/client records.

A denturist in an *educator* role further demonstrates compliance with this Standard by:

- 2.7.15 Protecting the privacy and confidentiality of student, preceptor, and mentor personal information, as required by their educational institution and program.
- 2.7.16 Ensuring that denturist educators, students, preceptors, and mentors comply with the educational program and their professional responsibilities and requirements for patient/client care or service documentation.

A denturist in a *researcher* role further demonstrates compliance with this Standard by:

- 2.7.17 Ensuring that research documentation abides by ethical research, the employer and sponsor's policies, procedures, directives, and requirements.
- 2.7.18 Consistent with the HIA, taking steps with their denturist colleagues to use or disclose information for research purposes, only after entering into formal agreements.



2.8 Informed Consent

Any breakdown in trust between the dentist and their patient/client can have negative and far-reaching consequences. Informed consent demonstrates respect for patients/clients' rights to participate in their own care and service and serves to protect them and the dentist.

A dentist demonstrates compliance with this Standard by:

- 2.8.1 Recognizing the patients/client's right to provide informed consent (verbal or written) prior to every care or service encounter.
- 2.8.2 Obtaining the patients/client's informed consent (verbal or written) in every service encounter, and prior to professional examinations, assessments, re-assessments, treatments, or procedures being performed.
- 2.8.3 Ensuring that expression of informed consent is accurately documented.
- 2.8.4 Confirming that informed consent is obtained from the patient/client's legal guardian or alternate decision maker if the patient/client is a minor or an adult lacking the capacity(ies) to provide informed consent.
- 2.8.5 Seeking advice from the College if they have reasonable grounds to believe that a legal guardian or alternate decision maker's informed consent decision is not in the patient's best interest. This also includes seeking advice from their employers, legal counsel and/or the Office of the Public Guardian and Trustee, as appropriate.
- 2.8.6 In gaining the patient/client's, legal guardian's, or alternate decision maker's appropriate informed consent by ensuring that:
 - a. they are aware that they may withdraw consent at any time.
 - b. the consent process is free from undue influence, duress, coercion, or inducement.
 - c. the following information is shared as part of the consent process:
 - i. required examination(s), assessment(s), and/or test(s).
 - ii. diagnosis and prognosis.
 - iii. suggested treatment plan and intervention(s).
 - iv. anticipated benefits of the examination, assessment, treatment, and intervention.
 - v. actual or potential risks.
 - vi. available alternative options and risk comparison.
 - vii. risks and consequences of forgoing dentist advice and treatment recommendations.
 - viii. assessment and treatment associated costs.
 - ix. other information that the dentist deems to be important to the care or service plan.
 - d. the patient/client, legal guardian, or alternate decision maker understands the provided information.
 - e. the assessment and treatment fees are fully disclosed along with insurable care/services and available payment plans.
 - f. the dentist accurately responds to the patient/client's, legal guardian's or alternate decision maker's questions and concerns.
- 2.8.7 Confirming and ensuring that verbal and/or written informed consent is properly obtained and documented. This includes if consent was obtained by a delegate of the dentist such as a student - prior to any examination, assessment, test, treatment, or procedure.



A dentist in an *educator* role further demonstrates compliance with this Standard by:

- 2.8.8 Ensuring that informed supervision consent is obtained prior to any student or mentee participating in supervised practice activities on patients/clients.

A dentist in a *researcher* role further demonstrates compliance with this Standard by:

- 2.8.9 Ensuring that informed consent is obtained prior to any patient/client participating in research activities being conducted by the dentist.

2.9 Cultural Safety and Humility

During every care or service encounter, the patient/client's and dentist's language and culture converge. This has the potential to influence the dentist/patient or dentist/client relationship, pattern of care, service provision and treatment outcomes. When individual cultures are at odds, the patient/client's culture should generally prevail.

By increasing their awareness, understanding and culture competence, dentists can promote positive patient/client interactions, optimize outcomes, minimize relationship conflict risks, and increase patient and client satisfaction.

A dentist demonstrates compliance with this Standard by:

- 2.9.1 Showing open-mindedness and respect for all patients/clients, regardless of differing social and/or cultural views and practices.
- 2.9.2 Demonstrating cultural awareness, cultural humility, and commitment to understanding and embracing cultural safety as central to effective dentist practice.
- 2.9.3 Being mindful of their own potential ethnocentrism and the negative impacts of stereotyping while committing to providing equal, unbiased, and non-discriminatory care, treatment, and services.
- 2.9.4 Using a broad range of personal and professional competencies that demonstrate respect for multiculturalism in healthcare practice, policy, and research.
- 2.9.5 Adapting their communication style, availing themselves of translation services when required, and advocating for effective communication with patients/clients of varying cultural backgrounds and languages.
- 2.9.6 Recognizing that population-specific diseases, conditions, and culturally specific care circumstances may require them to research and/or learn or seek advice from fellow healthcare colleagues or other appropriate resources.
- 2.9.7 Making culturally appropriate referrals, within formal and informal networks, and working to address cultural service gaps.
- 2.9.8 Competently using allied services and healthcare resources to deliver culturally competent and safe professional care or services.
- 2.9.9 Advocating for system policies and processes that advances dentists' cultural competence and that support the delivery of culturally safe patient/client care/services.
- 2.9.10 Continuing to develop cultural knowledge and understanding and implementing into their professional practice the cultural competencies required to ensure that patients/clients have a care plan which takes into consideration their cultural and spiritual needs.
- 2.9.11 Not discriminating, taking appropriate and timely action against and reporting, to the appropriate authorities, workplace acts of discrimination, racism, abuse and/or harassment.



Standard Principle 3.0 – Practice Management

Denturist practice, in Alberta, is within the domain of the College's regulated member, regardless of their practice setting – clinical (including laboratory), education, research, and/or administration.

Denturists assume responsibility for their professional business activities. This includes ensuring that patient/client care and services are provided ethically, safely, with integrity, and in a professional manner while complying with all legislation, and government and College policies and requirements.

For these Standards, managing a denturist sole proprietorship or multi-practitioner clinic is an arrangement where one or more professional use, benefit from, are responsible for, and/or manage:

- a. clinical or administrative functions (e.g., operations, invoicing, and IPC).*
- b. staff (e.g., ensuring appropriate qualifications, registration, supervision, and performance management).*
- c. shared business premises, equipment, furnishings, or other property.*
- d. advertising and promotional services.*
- e. office telephone, reception, internet, and information technology services.*
- f. records management.*
- g. quality assurance and workplace safety systems.*

Denturists maintain patient/client records consistent with legislated requirements. All denturist business-related records are orderly, comprehensive, professional, and formatted to promote continuity of care, service, and referral, if necessary.

Student records are maintained to comply with the educational institution/program and legal requirements.

While denturists may delegate some business-related operational matters to office or clinical staff, practicum students or other third party, the denturist retains ultimate accountability for the quality, comprehensiveness, security, and confidentiality of care and associated services.

Denturists' business practices demonstrate respect for the patients/clients, patient/clients' families and representatives, colleagues, and the profession. Denturists conduct business with the utmost fairness, transparency, honesty, and due diligence.

3.1 Practice Safely

Denturists practice diligently, prudently, and with due concern for their own, their employee(s)' and their patient/clients' safety. Denturists demonstrate a career-long commitment to a **culture of safety**.

A denturist demonstrates compliance with this Standard by:

- 3.1.1 Complying with public health directives and other safety legislation, College safety directives, and occupational health and safety requirements.
- 3.1.2 Assessing and reducing patient/client safety risks through all episodes of care and services.
- 3.1.3 Complying with evidence-informed safety practices.
- 3.1.4 Meeting high standards in documenting and reporting safety-related incidents



- (e.g., near misses, unsafe conditions, and adverse events).
- 3.1.5 Drawing upon their and their team members' competencies to reduce or mitigate safety risks.
 - 3.1.6 Referring the patient/client to other appropriate healthcare providers when care or service requirements fall outside the dentist's competence, scope of practice, and/or authorization.
 - 3.1.7 Dealing with adverse care or service events in an open, honest, truthful, and trustworthy manner that supports and promotes safe reporting ("**just culture**").
 - 3.1.8 Adhering to workplace safety policies, procedures, and practices.
 - 3.1.9 Being mindful of adverse clinical events and treatment reactions and taking timely and appropriate associated actions, when required.

A dentist in an *administrator* role further demonstrates this Standard by:

- 3.1.10 Implementing employment-based initial and ongoing training in clinic safety policies and procedures for all staff.
- 3.1.11 Conducting periodic safety audits to monitor compliance with policies and procedures.
- 3.1.12 Identifying and remedying safety practices and continually monitoring for compliance.
- 3.1.13 Collaborating with third-party organizations responsible for establishing and compliance with safety practices (e.g., Occupational Health and Safety – Employee Safety, Alberta Health Services – Employee and Patient/Client Safety and Public Health – Employee and Public Safety)
- 3.1.14 Ensuring that the clinic's safety practices comply with College requirements, such as to protect public safety and ensure that the public maintains confidence in the dentist and the profession.
- 3.1.15 Ensuring that the workplace has effective incident and adverse event management, reporting and investigation policies, procedures, and systems.
- 3.1.16 Investigating and managing incidents and adverse events in compliance with College directives, legislated requirements, and "just culture" principles.
- 3.1.17 Obliging employees to comply with IPC requirements.

A dentist in an *educator* role further demonstrates this Standard by:

- 3.1.18 Training, enforcing, and continually promoting awareness of evidence-informed safety practices among educators, preceptors, supervisors, and students.

A dentist in a *researcher* role further demonstrates this Standard by:

- 3.1.19 Conducting research, conveying results, and promoting a safety culture among dentists and other regulated health professionals.
- 3.1.20 Ensuring the physical and psychological safety of research participants.

3.2 Reasonable and Prudent Dentist Business Practice Management

Dentists must demonstrate on-going competence including in ethical and professional business management. Dentists continually maintain their general knowledge of business management practices, including when it may be necessary to engage subject matter experts.

These management practices include but are not limited to:

- a. practices specific to office, human resources, and administration.
- b. commercial dentist clinic/business real estate management (e.g., purchase,



- financing, mortgaging, leasing, renting).
- c. commercial and general liability insurance management (e.g., errors and omissions, other insurance requirements).
- d. corporate financial management (e.g., auditing, Canada Revenue Agency, municipal, provincial, and federal tax, other financial administration requirements).
- e. record management (e.g., *Health Information Act* and other documentation, privacy, and confidentiality standards).
- f. employee and patient/client safety management (e.g., federal, provincial, and municipal workplace health and safety).
- g. quality assurance systems (e.g., workplace quality, accreditation, certification, other regulatory and legislative compliance requirements).

A dentist demonstrates compliance with this Standard by:

- 3.2.1 Recognizing their professional obligations to report to their employer, dentist business administrator, and if required to the College or other authorities, if they suspect that business practices may not comply with legislated requirements or regulatory standards.

A dentist in an *administrator* role further demonstrates this Standard by:

- 3.2.2 Respecting their professional obligations to maintain compliant dentist business management practices appropriate to their area of dentist business practice (e.g., clinical, administration, education, and research).
- 3.2.3 Ensuring that independent dentist businesses and workplaces exemplify professional, evidence-informed, and leading business practices. These practices must meet legal, regulatory and College requirements and are trusted by patients/clients, family members, colleagues, vendors and third parties. The dentist business also has well defined separation of office space(s), which is reserved for providing professional dentist services, and other business(es) and space used for personal activities.
- 3.2.4 Promoting and supporting a professional, respectful, and courteous work environment, including through having current and relevant operational business policies and procedures.
- 3.2.5 Ensuring that dentist businesses and workplaces complies with occupational health and safety and employment standards legislation and policies.
- 3.2.6 Ensuring that regulated and non-regulated staff have clearly defined roles, receive adequate training and supervision, and comply with all applicable policies and procedures.
- 3.2.7 Ensuring that regulated employees have the required qualifications, registrations, and/or authorizations to provide professional care and services.
- 3.2.8 Ensuring that regulated employees are registered, have a current practice permit, and are in good standing with their College (e.g., hold current registration, practice permits, ensure that they are aware of any College imposed practice limitation, conditions, and restrictions).
- 3.2.9 Ensuring that the business has implemented and adheres to patient/client complaint management policies, procedures, and systems.
- 3.2.10 Ensuring that medical equipment is maintained, cleaned, disinfected, and sterilized according to the manufacturers' instructions for use and recommendations and other requirements (e.g., Alberta Health, Alberta Health Services, the College).
- 3.2.11 Ensuring that the business has an active and appropriate quality assurance system.



- 3.2.12 Ensuring that the business has safety, emergency response, and pandemic policies and procedures.
- 3.2.13 Conducting regular workplace audits to monitor and promote compliance with legislation, Standards, policies, and related workplace requirements.
- 3.2.14 Ensuring that the business has safety equipment and IPC supplies to clean, disinfect, and ensure staff and patient/client safety.

A dentist in an *educator* role further demonstrates this Standard by:

- 3.2.15 Confirming that the education they provide complies with College and educational program approval and accreditation requirements.
- 3.2.16 Ensuring those entrusted with supervisory, preceptorship or mentorship of their students have consented to providing such services and possess the required training, qualifications, and authorizations.

A dentist in a *researcher* role further demonstrates this Standard by:

- 3.2.17 Upholding professional business practices in dealings with third parties, particularly in conducting studies and communicating research findings.

3.3 Records Management

Dentists appropriately document the professional care or services they provide in patient/client records. Dentists have additional legislated professional responsibilities associated with their business, student, and research record management practices.

A dentist demonstrates compliance with this Standard by:

- 3.3.1 Complying with HIA and College standards, policies, procedures, directives, and guidelines regarding professional documentation records management.
- 3.3.2 Collaborating with their employer to certify that and ensuring that their workplace has current and adequate record management policies, procedures, and practices.
- 3.3.3 Protecting the privacy and confidentiality of patient/client information, in keeping with their legislated custodian, affiliate, information manager, and/or successor custodian responsibilities.
- 3.3.4 Appropriately managing, securing, storing, maintaining, and disposing of patient/client records.
- 3.3.5 Taking appropriate and timely action to notify their employer, the College and the Office of the Information and Privacy Commissioner if patient/client records are lost or stolen.
- 3.3.6 Complying with administrative authorities and College inspections and investigations of their patient/client records management practices.

A dentist in an *administrator* role further demonstrates this Standard by:

- 3.3.7 Ensuring that business practices and policies comply with all HIA requirements including for:
 - a. having in place an information manager agreement (if an information manager is required and has been identified).
 - b. Filing a Privacy Impact Assessment (PIA), as required, and before implementing or changing any administrative practices or information systems relating to collection, use and disclosure of individually identifying health information.
 - c. designating a successor custodian.



- d. having in place a system for information sharing agreements.
- 3.3.8 Ensuring that HIA-compliant patient/client record management policies and procedures are in place and that staff comply.
- 3.3.9 Monitoring and periodically auditing to confirm that record management practices comply with relevant legislation (e.g., HIA) and College standards, policies, procedures, directives, and guidelines.
- 3.3.10 Undertaking workplace quality improvement activities to improve record management practices.
- 3.3.11 Ensuring that professional documents are maintained (if using electronic records managed and stored, on an independent, separate, and regularly backed-up information technology system) and disposed of in a manner that protects patient/client confidentiality and privacy. There should be no mixing of professional documents with personal information and information technology systems must be separate and independent from those use for personal use.
- 3.3.12 Ensuring that patients/clients are provided with timely, reasonable, and fair information and access to their (or a copy of their) records.
- 3.3.13 Confirming that referral personnel are provided appropriate and timely information and access to the patient/client care and/or service records.
- 3.3.14 Reporting and investigating workplace patient/client record confidentiality and privacy breach events and addressing root causes such as to mitigate/eliminate future risks.

A dentist in an *educator* role further demonstrates compliance with this Standard by:

- 3.3.15 Ensuring that students, preceptors, and mentors understand and comply with educational program policies and requirements for professional patient/client record management.

A dentist in a *researcher* role further demonstrates compliance with this Standard by:

- 3.3.16 Ensuring that research record management practices comply with all HIA requirements.

3.4 Advertising

These Standards are intended to balance the dentist's professional obligations, the importance of marketplace competition, and the regulated member's freedom to operate a dentist business. Dentists advertise their professional services with due diligence, care, and professionalism.

A dentist demonstrates compliance with this Standard by:

- 3.4.1 Recognizing that advertising their professional practice services includes:
 - a. business signage.
 - b. business cards.
 - c. business newsletters.
 - d. websites and social media advertising.
 - e. newspaper articles and any other publicity.
- 3.4.2 Avoiding comments that indicate the dentist offers "higher quality" or better/superior services, products, devices, appliances, or other special competencies than other dentists, unless recognized by the College.
- 3.4.3 Ensuring all advertising statements are "balanced" (objective, clear, fair, not



- misleading, accurate, and reasonably easily understood by the public).
- 3.4.4 Confirming that advertising statements do not include any “guaranteed” treatment outcomes.
 - 3.4.5 Advertising not mentioning coupons or other type of inducement(s) other than an initial complimentary consultation with the dentist.
 - 3.4.6 Recognizing their professional obligations to report to their employer, dentist business administrator, and if required to the College or other authorities, if they believe that business advertising may not comply with College standards, policies, directives, or guidelines.
 - 3.4.7 Promptly changing or stop using any advertising message(s) that the College deems is in violation of any part of the Standards, Code of Ethics, and applicable guidelines.

A dentist in an *administrator* role further demonstrates this Standard by:

- 3.4.8 Respecting that the dentist administrator, is ultimately responsible for business advertising including third-party advertising.
- 3.4.9 Obliging all staff to comply with advertising standards and College advertising directives and guidelines.
- 3.4.10 Defining and ensuring that all staff understand their roles and responsibilities for advertising.
- 3.4.11 Ensuring that business advertising and marketing reflect positively on the profession and are consistent with the College’s advertising guidelines.

A dentist in an *educator* role further demonstrates this Standard by:

- 3.4.12 Ensuring that students understand their responsibilities and requirements for professional advertising and marketing.

A dentist in a *researcher* role further demonstrates this Standard by:

- 3.4.13 Being mindful in developing accurate, honest, and respectful research recruitment practices and advertising.

3.5 Sale of Products

Dentists and their businesses sell products and services to patients/clients (including devices or appliances) used to diagnose, treat, cure, alleviate or prevent disease, disorders, or injuries. Dentists apply due diligence and care throughout the sales process.

A dentist demonstrates compliance with this Standard by:

- 3.5.1 Selling products or services at a fair market price and with reasonable handling and management costs.
- 3.5.2 Selling only products that are authorized for sale in Canada by Health Canada.
- 3.5.3 Maintaining a record of the products sold, including but not limited to:
 - a. the actual cost of the product, when purchased by the dentist or business, along with any rebate or price reduction received.
 - b. the manufacturer’s and supplier’s names and contact information.
 - c. the date the product was supplied to the dentist or clinic.
 - d. the expiry date of the product, if any.
 - e. the product information provided to the patient/client.
 - f. any additional costs incurred by the dentist, including the rationale used to determine additional cost(s) charged to the patient/client.



A dentist in an *administrator* role further demonstrates this Standard by:

- 3.5.4 Promoting a work environment emphasizing prudent and fair business practices.
- 3.5.5 Ensuring services and products are sold at reasonable “fair market value,” considering locally prevailing practices.

A dentist in an *educator* role further demonstrates this Standard by:

- 3.5.6 Confirming that students understand the power differential between the dentist and patient/client, and the importance of sound and fair business practices and competitive profit margins on products or services sold.

3.6 Closing, Relocating, or Leaving Dentist Practice

Dentists operate their own business practices or may practice within a larger business arrangement with other dentists, health professionals and/or business partners. The dentist's obligations include managing patient/client harm risks if they must withdraw or significantly alter/reduce the professional services they offer and provide.

For the purpose of these Standards, closing, relocating, or leaving dentist practice means:

- a. discontinuing and/or leaving practice, with no intention to return.
- b. taking a leave of absence for three months or more.
- c. leaving a current business employment arrangement and relocating professional services within a new employment or business arrangement.
- d. relocating the business to a new business location which is a significant distance from the current business location, such that patients/clients could not be reasonably expected to travel to the new location.
- e. significantly reducing their work hours (below half-time).

A dentist demonstrates compliance with this Standard by:

- 3.6.1 Notifying the College of their intentions if they:
 - a. intend to close or relocate their dentist business.
 - b. leave practice for more than three months.
 - c. reduce their work hours below half-time.

A regulated member must notify the College 90 days before the business closure, relocation, practice leave, or reduction in service is to take effect. This notice period does not apply when a dentist is impacted by sudden illness/accident, dies, or College imposed license revocation or suspensions.

- 3.6.2 In addition to any other notifications required, by their professional insurance provider, notifying their professional insurance provider if they intend to be away from professional practice for longer than six months.
- 3.6.3 In cases where a dentist has a duty to notify the College, provide the following:
 - a. information pertaining to the expected transfer of active patient/clients.
 - b. new practice or business location and information.
 - c. planned disposition and management of patient/client records and contact information for the successor custodian.
 - d. the dentist's forwarding address and new contact information.
- 3.6.4 Appropriately transferring, storing, and disposing patient/client records in compliance with the HIA.
- 3.6.5 Responsibly and safely disposing of medical equipment and supplies.
- 3.6.6 Formally communicating on paper or electronically, at minimum 90 days prior to



the occurrence, the dentist's expected practice leave, relocation, or business closure to their patients/clients. This includes but is not limited to providing information related to:

- a. the date the leave, relocation or closure takes effect.
- b. in the case of relocation, the new address and contact information.
- c. what options, if any, exist for continuing care, service, or referral.
- d. the on-going expected management, storage and/or disposal of confidential patient/client information.
- e. how patients and clients may obtain a copy of their personal records and the associated cost, if any.

3.6.7 Engaging with colleagues to ensure patient/client continuity of care.

A dentist in an *administrator* role further demonstrates this Standard by:

3.6.8 Working in cooperation with their departing dentist colleagues, so that they can meet their professional leave or relocation obligations.

3.6.9 Role modelling prudent and fair business practices to dentists and clinic staff.

A dentist in an *educator* role further demonstrates this Standard by:

3.6.10 Providing students with a sound understanding of professional obligations when closing or relocating a dentist business or leaving dentist practice.



Standard Principle 4.0 – Professionalism and Leadership

Denturists comply with the professional policy framework: Health Professions Act (HPA), Denturists Profession Regulation, Health Information Act (HIA), Public Health Act, Occupational Health and Safety Act, and the College's Bylaws, policies, Code of Ethics, and Standards of Practice.

Denturists:

- a. appreciate the privileges of professional self-regulation, being authorized to perform restricted activities and using protected titles.*
- b. recognize the trust, teamwork, leadership, integrity, and public protection expectations placed upon them as regulated health professionals.*
- c. avoid personal or professional actions that may cause them to be discredited or cause reputational damage to the profession.*
- d. are mindful of the power imbalance that exists between denturists and their patients/clients.*
- e. act professionally and responsibly in managing all professional relationships.*

4.1 Meeting Legislated Requirements

Denturists abide by regulatory requirements and responsibly use the legislated protected titles associated with the profession. In Alberta, the protected denturist titles, and the terms regulated member and regulated health professional are only used by those denturists who are duly registered with, are in good standing with, and are approved by the College of Alberta Denturists.

The protected titles that may be used by a regulated member on the general register include “denturist” and “registered denturist”. In addition, a **regulated denturist**, on the general register, may also use the abbreviated designation of “DD” and/or the title of “denture specialist”.

The protected titles that may be used by a regulated member on the provisional register include “provisional denturist” and “provisional registered denturist”.

Denturists recognize the College’s legal authority to approve, recognize and protect other titles and designations, as practice evolves. Denturists responsibly use only approved Alberta titles and abstain from using future protected titles unless authorized to do so by the College.

A denturist demonstrates compliance with this Standard by:

- 4.1.1 Complying with applicable legislation, the College’s Bylaws, policies, Code of Ethics, Standards of Practice, and directives.
- 4.1.2 Avoiding misrepresenting themselves, to a patient/client and others, by utilizing non-approved or recognized titles and designations or by utilizing titles and/or designation which they are not authorized to use.
- 4.1.3 Maintaining active registration with the College, prior to using the protected and specialist titles and the abbreviated designation and providing professional services including to:
 - a. assess, diagnose, and treat persons missing some or all their natural teeth and/or implant-supported and retained dental prostheses.
 - b. design, construct, repair, alter and fit any complete or partial denture for restoring and maintaining function and appearance.
 - c. teach, manage, and conduct research in the denturist profession’s



- science, techniques, and practice.
- d. provide restricted activities authorized by the Regulation.
- 4.1.4 Demonstrating **good character and reputation**.
- 4.1.5 Demonstrating their **governability** and willingness to abide by College requirements for denturists.
- 4.1.6 Maintaining competence and currency of practice as specified by the College.
- 4.1.7 Complying with registration and practice permit renewal requirements.
- 4.1.8 Ensuring that they maintain the required type and amount of professional liability insurance as specified by the College.
- 4.1.9 Respecting professional relationship boundaries with patients/clients.
- 4.1.10 Respecting when sexual relationships may occur between a regulated member and a former patient/client and adhering to legislative and College requirements.
- 4.1.11 Fully cooperating and complying with College reporting, inspections, investigations, registration, and competence assessment directions and requirements including for providing timely and appropriate professional documentation, assessment report(s), or other College required information.

A denturist in an *administrator* role further demonstrates this Standard by:

- 4.1.12 Promoting a professional work environment that emphasizes compliance with provincial legislation and College standards, policies, procedures, directives, and evidence-informed practices.

A denturist in an *educator* role further demonstrates this Standard by:

- 4.1.13 Incorporating, within their educational program, provincial legislation and College standards, policies, procedures, directives, and evidence-informed practices.

A denturist in a *researcher* role further demonstrates this Standard by:

- 4.1.14 Promoting research activities that comply with federal and provincial legislation, College and research standards, policies, procedures, directives, and evidence-informed practices.

Research activities must always demonstrate a high level of professionalism and ethics, and must be seen to be credible to denturists, patients/clients, healthcare colleagues, and other third parties.

4.2 Social Media Expectations

Denturists consider their professional obligations and expectations when using social media.

A denturist demonstrates compliance with this Standard by:

- 4.2.1 Recognizing that professional ethical obligations and expectations, including those related to appropriate social media utilization, may still apply outside of the denturist practice setting.
- 4.2.2 Recognizing that inappropriate use of social media, posting of personal viewpoints and judgements, may be found to be unprofessional conduct by the College.
- 4.2.3 Observing high standards of patient confidentiality and privacy, including complying with provincial legislation (e.g., HPA, HIA) and not posting unauthorized information or images that might identify patients/clients.
- 4.2.4 Maintaining professional boundaries related to establishing and communicating with patients, clients, family members, and others, over social media.



- 4.2.5 Recognizing that “online privacy” is not possible. Even deleted messages may be retrieved.
- 4.2.6 Complying with the College’s Code of Ethics and Standards of Practice, the *Human Rights Act*, and other applicable legislation, when using social media.
- 4.2.7 Using caution when posting on social media sites or forwarding electronic messages, especially when the posting(s) and/or message(s) may be perceived by others as discriminatory, offensive, or disparaging.

A dentist in an *administrator* role further demonstrates this Standard by:

- 4.2.8 Fostering a work environment sensitive to the benefits and disadvantages of social media use.
- 4.2.9 Ensuring staff understand the workplace expectations for continuously demonstrating culturally sensitive and professional behaviours when utilizing social media.

A dentist in an *educator* role further demonstrates this Standard by:

- 4.2.10 Ensuring that students are provided education about the use of social media, relative to their student and future dentist roles.

A dentist in a *researcher* role further demonstrates this Standard by:

- 4.2.11 Treating all private information in strict confidence and demonstrating professional behaviour, when using social media during research activities.

4.3 Restricted Activities and Supervision

Restricted Activities

Dentists on the general, provisional, and courtesy registers, and dentist students actively enrolled in a dentistry course, are authorized to perform restricted activities as specified in the *Dentists Profession Regulation* and any other applicable legislation. Dentists, provisional, and courtesy dentists, and students as specified above may, in the practice of dentistry, perform only the following restricted activities:

- (a) prescribe or fit
 - i. a removable partial or complete denture
 - ii. a fixed or removable implant supported prosthesis that replaces 2 or more teeth
- (b) perform an invasive procedure on body tissue below the mucous membrane or in or below the surface of teeth if the procedure does not alter natural dentition
- (c) insert and remove instruments, devices, and fingers into an artificial opening of the mouth
- (d) reduce a dislocation of a temporomandibular joint for the purposes of reducing a subluxation of the temporomandibular joint
- (e) order any form of ionizing radiation in medical radiography

A dentist demonstrates compliance with this Standard by:

- 4.3.1 in spite of authorization, restricting themselves from performing those restricted activities that they cannot perform safely, competently, and ethically.
- 4.3.2 performing only restricted activities that are appropriate to their area of practice and the procedure being performed.
- 4.3.3 refusing to perform restricted activities not authorized to them by the Regulations and the College.



A dentist in an *administrator* role further demonstrates this Standard by:

- 4.3.4 Ensuring compliance with legislative and College requirements for the performance of restricted activities by their employees.
- 4.3.5 Providing a safe environment for the provision of restricted activities.

A dentist in an *educator* role further demonstrates this Standard by:

- 4.3.6 Promoting that the provision of restricted activities only be performed when the student is actively enrolled in a dentist course (i.e., lab, clinical practicum).

Supervision

Dentists recognize their obligations to provide competent supervision, particularly when they have agreed to do so and when restricted activities are being performed. Dentists are responsible to ensure the provision of safe, competent, and ethical dentist care and services by the person they are supervising.

Provisional dentists and dentist students may perform restricted activities only under the supervision of a regulated member who:

- ☒ is on the general register,
- ☒ is not restricted from supervising others,
- ☒ is authorized to perform the restricted activity, and
- ☒ can perform the restricted activity safely, competently, and ethically.

Provisional dentists are not eligible to supervise other provisional dentists or dentist students.

A dentist demonstrates compliance with this Standard by:

- 4.3.7 Ensuring that their consent, to supervising others, is appropriately documented.
- 4.3.8 Only supervising those activities that they have received training in, are competent, proficient, and are themselves authorized to perform.
- 4.3.9 Being responsible and accountable for the care and services provided, and the restricted activities being performed by provisional regulated members, students, and others, under the dentist's supervision.
- 4.3.10 Providing appropriate supervision and taking timely and appropriate, related actions after agreeing to serve as a supervisor, preceptor, or mentor for dentists, students, and other healthcare professionals.
- 4.3.11 Providing continuous risk and monitoring assessments prior to the initiation, supervision, and performance of professional care or restricted activities.
- 4.3.12 Ensuring it is safe for the professional care and services or restricted activity to be performed by the person they supervise or mentor.
- 4.3.13 Ensuring that informed consent has been obtained prior to professional care or restricted activities being performed under supervision or mentorship.
- 4.3.14 Closely observing and providing a level of supervision consistent with the training, skill, competency, proficiency, and authorization of the person being supervised.
- 4.3.15 Ensuring that the required equipment and resources are appropriate and in good working order. These arrangements must be in place prior to allowing supervised professional care, service, or restricted activities to be provided.
- 4.3.16 Ensuring that the person being supervised clearly indicates in the patient/client record, the person(s) providing the care or services, including for restricted



activities.

- 4.3.17 Remaining readily available, and onsite, for consultation while supervising others providing care, service or performing restricted activities.

A denturist in an *administrator* role further demonstrates this Standard by:

- 4.3.18 Ensuring compliance with legislative and College requirements for supervision of care, services, and restricted activities.
- 4.3.19 Formally determining that the workplace and denturist preceptors/mentors have contracts, policies and procedures for supervision and mentorship of denturist students or other practitioners.
- 4.3.20 Setting the tone for a safe work environment that recognizes the implications for supervised care, services, and restricted activities.

A denturist in an *educator* role further demonstrates this Standard by:

- 4.3.21 Promoting and enforcing supervision standards for instructors, preceptors, denturists, students, and other third parties.

A denturist in a *researcher* role further demonstrates this Standard by:

- 4.3.22 Promoting and enforcing supervision standards for students, fellow and other third-party research partners.

4.4 Leadership Accountability

Denturists are leaders in their field of practice and are expected to demonstrate a high degree of accountability for their professional leadership competencies (e.g., knowledge, skills, abilities, behaviours).

A denturist demonstrates compliance with this Standard by:

- 4.4.1 Promoting and respecting the roles, responsibilities, and competencies of other healthcare team members. This includes collaborating with others in the interdisciplinary team in the best interest of patients/clients.
- 4.4.2 Developing professional and interdisciplinary networks and “communities of practice” to share knowledge about evidence-informed, leading practices.
- 4.4.3 Collaborating with fellow denturists and students, to share knowledge, information and advice about the profession and denturist practices.
- 4.4.4 Limiting professional healthcare and service provision to those activities that the denturist can perform safely, competently, and ethically.
- 4.4.5 Integrating evidence-informed, leading practices, College policies, continuing competence activities, and other information within their professional practice.
- 4.4.6 Being a self-reflective practitioner, continually improving their competencies and striving to offer safe, competent, and ethical professional services and care.
- 4.4.7 Managing real or perceived conflicts of interest throughout interdisciplinary patient/client care or service encounters.
- 4.4.8 Supporting and advocating for the ongoing development and advancement of the profession's body of knowledge.
- 4.4.9 Promoting, supporting, and acting as a role model when providing supervision and mentorship to students, staff, and others.



A dentist in an *administrator* role further demonstrates this Standard by:

- 4.4.10 Role modelling best human resources and business practices to denturists and clinic staff.

A dentist in an *educator* role further demonstrates this Standard by:

- 4.4.11 Participating, when appropriate, in the orientation of instructors, preceptors, dentist students, and others to prepare them for their educational program-related roles.

A dentist in a *researcher* role further demonstrates this Standard by:

- 4.4.12 Acting as an opinion leader and providing guidance and mentorship to researchers, denturists, vendors, suppliers, and other third parties.
- 4.4.13 Sharing knowledge of the research process and relevant studies, as authorized.
- 4.4.14 Promoting denturists and students to participate in professional research.

4.5 Disclosure of Harm Related to Patient/Client Care

Denturists protect and guard the safety of their patients and clients. They take appropriate and deliberate actions to properly report and disclose when the patient/client suffers related harm due to complications of dentist care. This includes disclosing adverse care or service events (which affects the patient/clients' health or quality of life), regardless of whether the event was preventable.

A dentist demonstrates compliance with this Standard by:

- 4.5.1 Disclosing dentist care and treatment outcomes information directly to the patient/client and/or alternate decision maker.
- 4.5.2 Taking appropriate and timely actions to report adverse dentist care or treatment events to the patient/client and other appropriate authorities.
- 4.5.3 Cooperating and collaborating with other healthcare team members and/or administrators when disclosing adverse event or outcome to the patient/client.
- 4.5.4 Collaborating with other members of the healthcare team and/or business to address the patient/client's immediate service or care needs, the associated investigation, and the mitigation plan to prevent reoccurrence if adverse care or treatment event occurred.

A dentist in an *administrator* role further demonstrates this Standard by:

- 4.5.5 Role modelling and integrating "just culture" within the work environment, with significant emphasis on patient/client health and safety, and the prevention, identification and remediation of adverse dentist care or treatment events.
- 4.5.6 Working collaboratively with the College and third-party safety and risk management organizations, employees, patients/clients, and their families, to resolve adverse dentist events and mitigate future ones.

A dentist in an *educator* role further demonstrates this Standard by:

- 4.5.7 Promoting the importance of a "just culture" work environment with students, preceptors, supervisors, and colleagues.

A dentist in a *researcher* role further demonstrates this Standard by:

- 4.5.8 Conducting research, conveying results, and promoting the highest level of health, safety, and quality practices.



- 4.5.9 Following all applicable research protocols and reporting any dentist research adverse events to the research subjects, research sponsors and authorities.

4.6 Mandatory Reporting

Denturists are mindful of and comply with their professional mandatory reporting responsibilities.

A dentist demonstrates compliance with this Standard by:

- 4.6.1 Acting responsibly and seeking advice from the College or legal representative, if they are unsure whether and/or how to report or self-report.
- 4.6.2 Reporting to the College when they become aware that someone is or potentially has practiced the profession of denturism or used protected dentist titles, without the College's authorization.
- 4.6.3 Reporting to the College and other appropriate authorities (e.g., employer, regulatory or policing agencies) actual or potential patient boundary violations that involve sexual abuse and/or sexual misconduct.
- 4.6.4 Reporting to the College, or other applicable regulatory authority, if they have reasonable grounds to believe that the conduct of another regulated member of any College constitutes the procurement or performance of female genital mutilation.
- 4.6.5 Reporting to the College a breach of the College's, other professional regulatory agency's or administrative authority's-imposed practice restrictions, limitations or conditions.
- 4.6.6 Taking appropriate and timely action and reporting to their employer and the College if their fitness to practice is compromised because of a medical, physical, cognitive, mental, or emotional condition(s) or because of an addiction, a communicable disease, or drug/alcohol impairment.
- 4.6.7 Taking appropriate and timely action and reporting to their employers and the College, if they feel that another health professional or a colleague's fitness to practice is or may be compromised because of a medical, physical, cognitive, mental, or emotional condition(s) or because of an addiction or drug/alcohol impairment.
- 4.6.8 Taking appropriate and timely action and reporting to the College if they have been charged or convicted under the *Criminal Code of Canada*.
- 4.6.9 Taking appropriate and timely action and reporting to the College circumstances where a dentist has repeatedly demonstrated that they are or may be unable to provide competent and safe patient/client services or care.

In these circumstances, the reporting person must believe that the services and/or care falls below professionally expected standards and benchmarks and could reasonably be considered unprofessional practice or conduct.

- 4.6.10 Taking appropriate and timely actions and reporting to the College any findings of unprofessional conduct levied against them by any regulatory authority or professional College either within Alberta or elsewhere.
- 4.6.11 Taking appropriate and timely actions and reporting to the College any findings of professional negligence or malpractice levied against them.
- 4.6.12 Taking appropriate and timely actions and reporting to the College the loss or restriction of professional practice privileges granted by an administrative authority (e.g., where an employer or College places practice restrictions or conditions on a dentist's practice).



A denturist in an *administrator* role further demonstrates this Standard by:

- 4.6.13 Taking appropriate timely action and reporting to the College if; a denturist is unwilling or unable to address behaviour or impairments that interfere with or prevent the competent and safe provision of denturist services or care.
- 4.6.14 Taking appropriate timely action and reporting to the College if; a denturist displays unprofessional conduct or incompetence, which results in the imposition of an **administrative practice condition, limitation, or restriction**.
- 4.6.15 Taking appropriate timely action and reporting to the College if; a denturist has resigned from their denturist position, in lieu of administrative discipline or whose employment was suspended or terminated because of the denturist's actions which could be constituted to involve unprofessional conduct or incompetent practice.
- 4.6.16 Taking appropriate timely action and reporting to the College if; they have reasonable grounds to believe that a denturist has breached professional boundaries and committed an act that was or may be sexual abuse and/or sexual misconduct, irrespective of administrative discipline outcomes.

A denturist in an *educator* role further demonstrates this Standard by:

- 4.6.17 Ensuring students are fully conversant with their professional reporting obligations, including to the educational program, administrative authorities, and potentially the College.

A denturist in a *researcher* role further demonstrates this Standard by:

- 4.6.18 Ensuring students, fellow and third-party research partners are fully conversant with their professional reporting obligations, including to the administrative authorities and potentially the College.

4.7 Episodic and Emergent Care

Denturists may need to provide episodic or emergent services or care to a patient/client (including a family member, spouse, or adult interdependent partner). Denturists recognize their professional obligations and expectations to establish respectful, non-conflicted and safe patient/client relationships, including when episodic, **minor care** and **emergent** patient/client care or service encounters arise.

A denturist demonstrates compliance with this Standard by:

- 4.7.1 Determining if a patient/client requesting episodic, minor care, or emergent care or service, is under the care of another denturist and if it is possible for them to be referred to that or another readily available care provider.
- 4.7.2 Establishing if an episodic, minor care or emergent situation presents itself and if failure to provide care or services could negatively affect the patient/client's health or quality of life.
- 4.7.3 Ensuring that, if it is appropriate and required for them to provide professional episodic, minor, or emergent care or services, they inform the patient/client, if a spouse, adult interdependent partner, or other family member, that they will limit themselves to addressing their immediate and emergent presenting concern(s) or condition(s). They will not provide ongoing care and will refer patient/client to an alternate care provider for follow up care or service.
- 4.7.4 Performing a complete patient/client care or service encounter assessment, appropriate to the episodic or emergency circumstances, and documenting the findings and recommended treatment(s) in the patient/client records.



- 4.7.5 Discussing the results of the denturist assessment and required treatments, radiographs, specialized consultation, advice, procedures, and follow-up care, as they pertain to the episodic or emergent care or services being provided.
- 4.7.6 Obtaining the patient/client's informed consent before providing episodic or emergent denturist care or services.
- 4.7.7 Ensuring that the patient/client is aware how they or their primary care provider may obtain a copy of the episodic or emergent denturist assessment and treatment record.

A denturist in an *administrator* role further demonstrates this Standard by:

- 4.7.8 Enforcing the College's and practice requirements for denturist services in these episodic or emergent circumstances.

A denturist in an *educator* role further demonstrates this Standard by:

- 4.7.9 Promoting awareness of the requirements for dealing with episodic or emergent denturist patient/client care or service circumstances.
- 4.7.10 Promoting students' understanding of the inherent conflict and power differential among denturists and their patients/clients, including episodic or emergent denturist care or services.



Glossary

Administrative authority(ies) means a governmental, public or private agency or commission that is legislatively required to adopt and enforces regulations, standards and guidelines. In the context of denturist practice, this includes, but is not limited to professional regulatory authorities, professional Colleges, healthcare and health and safety authorities, special government commission(s) and officer(s) and denturist employers.

Administrative practice condition(s), limitation(s) or restriction(s) means limitations, conditions, or restrictions, imposed on a practicing denturist, and which restricts and/or prevent a denturist from providing independent denturist care or services to the extent of their full scope of practice.

Adult interdependent partner means a person as defined in the Adult Interdependent Relationships Act (AIRA). A person is the adult interdependent partner of another person if:

- a. the person has lived with the other person, in a relationship of interdependence, for a continuous period of not less than 3 years, or
- b. there is a child of the relationship by birth or adoption, or
- c. the person has entered into an adult interdependent partner agreement with the other person under section 7 of the 2003 Alberta *Adult Interdependent Relationships Act*.

Persons related to each other by blood or adoption may only become adult interdependent partners of each other by entering into an adult interdependent partner agreement with the other person.

Adverse care or service event(s) means event(s) or occurrence(s) which occur due to error or failure to apply an accepted assessment or intervention strategy. While the event was not preventable, it could have been less harmful if care had been different and if negligence had not caused the care or service to fall below the expected standard of professional practice.

The resulting adverse care or service event negatively impacted patient care or service delivery, the patient outcome(s), and/or the patient/client's family or support person(s).

Advisory(ies) may be issued from time to time by the College to supplement the Standards of Practice, practice statements, guidelines, and directives.

Client specifically refers to a denturist's colleagues, spouse, adult interdependent partner, child, student/mentee, or the agent representative of a patient such as spouse, parent, guardian, child, alternative decision-maker or other person with whom a denturist's patient has an interdependent or close personal relationship and who is engaged in the patient's care. An individual is considered a client:

- a. when they marry or consent to and begin a personal interdependent or business-related relationship with the denturist; and
- b. when they consent to receiving ONLY episodic care or emergent services from a denturist; or
- c. when the denturist agrees to provide education, supervision and/or evaluation to a student or mentee while the student or mentee is engaged in a formal educational, training or mentorship program; or
- d. when a denturist's patient first consents to receiving denturist care or services and the denturist becomes, or is made aware, that the other person has an interdependent or close personal relationship with the denturist's patient or is actively engaged in the



- patient's care as a legal guardian or alternate decision maker; and
- e. until the conclusion/termination of the dentist and patient or client relationship.

Colleague(s) includes industry and business partners, associates, clients and suppliers, employees, peers, other regulated or unregulated healthcare providers or any person with whom the dentist has as an interdependent business relationship or affiliation.

Competence is defined in the *Health Professions Act* as “the combined knowledge, skills, attitudes and judgement required to provide professional services.” It is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the patients and others being served.

Competence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence. Professional competence is developmental, impermanent and context dependent.

Conflict of interest refers to a conflict between a dentist's private/personal interests and their professional dentist expectations and responsibilities.

Continuing competence means maintaining professional competency and proficiency in relations to the passage of time and evolutionary College requirements, professional practice standards, competencies, body of knowledge and dentist practice role(s), work setting(s) and tools requirements.

Continuing Competence Program refers to the Colleges' comprehensive regulatory program(s), assessment(s), evaluation(s), activities, policies and rule(s) that aim to ensure that dentists maintain continued competence in the delivery of quality professional care or service and within the regulated practice settings of clinical, administration, education and research.

Culture of safety means the shared perceptions, beliefs, values, and attitudes that combine to create a commitment to safety and an effort to minimize harm.

Currency of practice means maintaining professional competence and proficiency in relation to College's and the profession's current requirements.

Custodian regulated members of the College are designated health information custodians under the *Alberta Health Information Act and Regulation*.

Dentist administrator is a dentist who oversees the day-to-day administrative operations of a healthcare related facility (ies), business (es), department(s) or program(s). This includes those dentists that are responsible for dentist business operations and those responsible for the management and/or supervision of healthcare service delivery or the delivery of other professional services delivered by dentists.

Dentist care encompasses healthcare related services provided to patients/clients, by a dentist, as part of a dentist-patient or dentist-client care encounter.

Dentist educator is a dentist who provides professional pedagogical services, education,



training, or instruction. This includes, but is not limited to those denturists that teach, provide didactic or clinical instruction, and practicum supervision.

Denturist service encompasses those professional denturist services, which may not be associated with healthcare service provision, but which are provided to patients and clients by a denturist. This includes, but is not limited to educational, training, supervision and mentorship services provided by a clinical denturist or a denturist administrator, educator, or researcher.

Denturist researcher is a denturist who conducts professional research activities as an independent researcher or as an employed/sponsored researcher.

Diagnosis the identification of the nature of an illness or problem by examination and investigation of the patient's signs, symptoms and other personal determinants.

Due diligence is acting in a manner comparable to that of another reasonable and prudent regulated member under similar circumstances.

Emergent care health condition is considered to exist when an individual is experiencing suffering or is at risk of sustaining serious bodily harm if care, services or interventions are not promptly provided.

Episodic care means professional patient/client care or service encounters that are unlikely to lead to on-going care or service - beyond a single professional care or service episode.

Evidence-informed practice refers to practice that is based on successful strategies that improve patient outcomes and are derived from a combination of various sources, including client (patient) perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.

Female genital mutilation means the excision, infibulation, or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

- (i) a surgical or other procedure is performed by a regulated member of a College under the *Health Professions Act* for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- (ii) the person is at least 18 years of age and there is no resulting bodily harm

Fit or fitness to practice means that a person's ability to provide safe and competent professional services or care is not compromised by a medical, physical, cognitive, mental or emotional condition or addiction(s) or drug impairment.

Good character means having moral and ethical strength and includes having and demonstrating consideration for others, respect for the rule of law and legitimate authority, ability to know right from wrong, integrity, responsibility, accountability, fairness, open-mindedness, candour, honesty, truthfulness and trustworthiness.



Good reputation means that others consider one to behaves in a manner that demonstrates; respect and consideration for others, respect for the rule of law and legitimate authority, knowing right from wrong, integrity, responsibility, accountability, fairness, open-mindedness, candour, honesty, truthfulness and trustworthiness.

Governability means that one is capable and amenable to being governed (controllable and manageable) subject to laws, regulations, regulatory and administrative authority programs, standards, policies, procedures, directives and rules.

Guidelines are published from time to time by the College to interpret and provide context to the Standards of Practice and position statements.

Indicator statements are performance measures to determine if the standards and standard principles are met or are being achieved.

Inducement(s) is/are an act or thing that are not required but are intended to persuade someone and can affect upon objective decision making. Inducements include rewards, gifts, cash, prizes, coupons, points or other inducement mechanisms or loyalty program that can be redeemed for rewards, gifts, cash, prizes or other goods or services (i.e., reward points, sales, travel/gift reward programs).

Industry means any manufacturer or distributor of health care products, including pharmaceuticals and medical devices.

Information Manager is a third party that undertakes, contractual arrangements with a health information custodian, to process, store, retrieve or dispose of health information or who strips, encodes, or otherwise transforms individually identifying health information to create non-identifying health information and who provides information management or information technology services in a manner that requires the use of health information.

Informed consent refers to obtaining permission from a patient/client “based on reasonable disclosure of the facts, costs, risks and alternatives, to use or receive identified care, service, treatment, intervention or procedures.

IPC Point of Care Risk Assessment means a dentist’s infection prevention and control risk assessment, to assist them in determining what, if any, steps are required, to protect themselves, their patient/client and others in their current care or service environment from infection transmission. An IPC point of care risk assessment is specific to; a specific interaction, with a specific patient/client within specific time given the current environmental conditions.

Just culture means shared organizational attitudes, values, goals, and practices that create an atmosphere of trust where workers, and in the case of dentist practice patients/clients and their families, feel comfortable and safe in discussing and reporting error or safety threats.

In a just culture environment, reported safety errors and threats are seen as opportunities to learn about and improve upon weaknesses. In a just culture, workers are held accountable for their actions within the specific situational context and after having considered contributing system factors.



Leading practice(s) means a denturist and other related healthcare practice that is more patient-centered, efficient, safe, and effective for delivering a particular health or treatment outcome. Leading practices are only leading at a particular point in time, are continuously evolving/developing and are generally acknowledged, at some point and time, as best and common/routine practice.

Mandatory reporting includes all required denturist reporting events or circumstances, including self-reporting, to the College and other authorities as per Alberta legislation and the College Standards of Practice.

Minor care health condition is considered a non-urgent, non-serious condition that requires only short-term, routine care or service and is not likely to lead to a more serious condition requiring long-term care or service management or specialized expertise.

Patient refers specifically to an individual who is actively receiving professional and on-going clinical (including laboratory) or research care or services from a denturist. A spouse or adult interdependent partner of a denturist is not a patient. An individual is considered a patient:

- a. when they first consent to receiving professional denturist care or services; and
- b. when the care or service extends beyond an episodic care or service episode; and
- c. until a minimum period of one year has elapsed since the formal conclusion of the denturist care or services and the termination of the denturist-patient relationship.

Patient/client-centered care involves the diagnosis, treatment and ongoing delivery of denturist care or services, while directly and deliberately engaging, as applicable, the patient/client and their families in decision-making specific to their unique care needs, wants and circumstances.

Patient records affiliate is an individual who is employed by a custodian, who performs services for the custodian as an appointee, volunteer, student, contractor and is designated under the *Alberta Health Information Act* as an affiliate.

Pedagogical is related to pedagogy and the method and practice of teaching.

Positions Statements may be issued from time to time by the College to supplement the Standards of Practice.

Practice error(s) refers to any act of commission (doing something wrong) or omission (failing to do to do the right thing) by a denturist, that exposes a patient/client to a hazardous situation and that results in the patient/client experiencing related harm.

Practice leave of absence refers to any leave, paid, unpaid, expected or unexpected that a denturist may take from professional practice, and which is intended or expected to be greater than three months.

Privacy Impact Assessment is a due diligence exercise where denturist identify, analyze, address, and mitigate potential privacy information risks. A Denturist must complete and provide, to the Information and Privacy Commissioner, a Privacy Impact Assessment (PIA) before implementing or changing existing health information or documentation practices or information systems that collect, use or disclose individual identifying health information.



Professional boundaries are the spaces between the health care professional's power and the patient/client's vulnerability. The power of the healthcare professional comes from their professional position and their access to sensitive and personal patient/client information and the patient/client needs, wants or desire to obtain professional care or service from the health care professional.

Healthcare professionals should make every effort to respect the power imbalance and ensure a patient/client centered relationship. Professional boundary management governs the parameters of how denturists interact with patients, clients, and others - with distinction between what is "acceptable" and "unacceptable."

Professional Information Sharing Agreement is a legal contract that defines how a regulated member, acting as a health information custodian, shares patient information with other custodian(s) and clarifies data stewardship rules and processes for patient chart and information access, sharing, transfer and return of the patient records.

Prognosis is an opinion or judgement prior to treatment for the prospects for success in the fabrication of dentures and for their usefulness.

Regulated health professional(s) is a person registered with a professional health regulatory professional college, agency and/or authority, in Alberta or any other jurisdiction, as a regulated member and which includes regulated denturists and regulated provisional denturists.

Regulated member(s) and regulated denturist(s) is a person registered with the College under Section 33(1) (a) of the *Health Professions Act* and in accordance with the *Denturists Profession Regulation*. This includes those College members that are on the general and provisional registers.

This term includes a previously regulated member whose last day of registration with the College is within the immediately preceding two years.

Reasonably accommodated means a reasonable work environment or job adjustment or modification that enables a qualified and authorized denturist to continue to perform and comply with their professional functions and requirements without creating patient/client safety risks and degrading professional service or care below expected standards.

Scope of practice and **optimal scope of practice** are informal terms not found in the HPA and which reflect the entirety of the activity's denturists are authorized, educated and competent to perform as set out in provincial legislation, regulation and the Standards of Practice.

Self-regulated means that the government has delegated its regulatory functions to groups that have the specialized knowledge, skills, and judgements necessary to regulate a profession in the public interest. The granting of self-regulation acknowledges professional members abilities and capabilities for self-governance, monitoring and compliance with requirements.



Sexual abuse means the threatened, attempted, or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- a. sexual intercourse between a regulated member and a patient of that regulated member.
- b. genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member.
- c. masturbation of a regulated member by, or in the presence of, a patient of that regulated member.
- d. masturbation of a regulated member's patient by that regulated member.
- e. encouraging a regulated member's patient to masturbate in the presence of that regulated member.
- f. touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by a regulated member.

Sexual misconduct means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour, or remarks of a **sexual nature** by a regulated member toward a patient. Sexual misconduct incidents do not include sexual abuse incidents but are those where the regulated member knows or ought to have reasonably known would cause offence or humiliation to the patient or would adversely affect the patient's health and well-being.

Sexual nature does not include any conduct, behaviour or remarks appropriate to the service provided.

Substantial limitations means that the dentist is hindered and limited in their ability to provide professional, ethical, competent and safe care or service and their on-going work cannot be reasonably accommodated by their employer.

Successor custodian is the person designated, in a legal agreement under the *Alberta Health Information Act*, to assume the duties and powers of the custodian of the records if the primary custodian is unable to continue as the custodian of the records.

Treatment plan is a documented therapeutic care or service strategy that addresses the patient's diagnosed condition. It includes the associated test(s), therapies), procedures, treatments, education and/or referrals provided or to be provided by the Denturist over a given period of treatment, care, or service time.

Unprofessional conduct is defined in the *Health Professions Act (HPA)* as one or more of the following, whether it was disgraceful or dishonorable for the dentist to:

- a. display a lack of knowledge of or lack of skill or judgment in the provision of professional services.
- b. contravene the HPA, the professional code of ethics or standards of practice
- c. contravene another enactment that applies to the profession.
- d. represent or hold out that they were a regulated member and in good standing while their registration or practice permit was suspended or cancelled.
- e. represent or hold out that the dentist's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions.
- f. failing or refusing to comply with the requirements of the Continuing Competence Program, or to co-operate with a competence committee or a person appointed under section 11 of the HPA to undertake a practice visit.
- g. failing or refusing to comply with a request of or co-operate with an inspector or to comply with a direction of the registrar made under section 53.4(3) of the HPA.



- h. failing or refusing to comply with an agreement that is part of a ratified settlement or to comply with a request of or co-operate with an investigator or to undergo an examination under section 118, or to comply with a notice to attend or a notice to produce under Part 4 of the HPA.
- i. contravene an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4) of the HPA.
- j. carry on the practice of the regulated profession with a person who is contravening section 98 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4) of the HPA.
- k. carry on any conduct that harms the integrity of the regulated profession.



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Additional other relevant reference publications:

Alberta Dental Association and College: “Infection Prevention and Control Strategies and Risk Management for Dentistry,”

The College of Physicians and Surgeons of Alberta “General Infection Prevention & Control Standards Assessment,”

The College of Denturists of Ontario: Guidelines - Infection Prevention and Control in the Practice of Denturism

Alberta Provincial Government: “Standards for Infection Prevention and Control - Accountability and Reporting,”

Alberta Health Services “Community-based Service Resource Manual,”
Other Alberta Health Services’ publications

Infection Prevention and Control Canada’s “Infection Prevention and Control Program Standard”

Institute for Safe Medication Practices (ISMP) - United States “List of Error-Prone Abbreviations, Symbols, and Dose Designations”, 2021.

Professional Standards Authority for Health and Social Care, United Kingdom (“Cayton Report”) (2018).