

## STANDARDS OF PRACTICE: PROCEDURES

*Standards of Practice are a validated set of expectations that contribute to public protection. The standards define expectations for the profession, communicate denturists' accountability to the public and guide the dentist's practice. The College or other bodies may use the Standards of Practice in determining whether appropriate standards and professional responsibilities have been met.*

### Introduction

Making decisions about clinical procedures and who has the authority to perform them is a complex issue that has serious ramifications for the dentist and the public. When performing any procedure, it is important that denturists consider the profession's scope of practice and the controlled acts model; employ critical thinking and practise reflective decision-making; and ensure measures are in place for public safety throughout.

In Ontario the scope of practice of denturists is described as "*the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures.*" The scope of practice statement is a descriptive guide as to what work each professional would normally do.

A practitioner is not legally precluded from performing a procedure beyond the profession's stated scope of practice, although he/she is precluded from performing controlled acts that the profession is not authorized to perform. The philosophy behind this approach is to move away from the exclusive scope of practice model for regulated professions, in order to permit professions to evolve and develop with changing technology. (*Federation of Health Regulatory Colleges of Ontario* website retrieved Nov. 12, 2015.)

There are two key concepts that must be included when a dentist assesses whether a procedure falls within the profession's scope of practice: 1) Principle Expectation of Practice and 2) the Controlled Acts Model.

### 1. Principle expectation of practice (PEP)

"Principal Expectations of Practice include *specific procedures and services that are generally understood to fall within the scope of practice for a profession for which its members have the authority to carry them out.*

They include those procedures where the knowledge base and clinical-practice experience required to competently perform them is obtained either through accredited entry-level programs or through a combination of formal or informal education and clinical experience that expands on baseline competencies provided in unaccredited entry programs. PEPs are dynamic. **They are based on what constitutes regular practice and evolve as new knowledge, technologies and practices emerge that enable a profession to address patient needs.**" (*Federation of Health Regulatory Colleges of Ontario*, retrieved Nov. 12, 2015.)

Procedures within PEPs include:

- Controlled acts authorized to a profession (authorized acts) that are part of regular practice; and
- Procedures that are not controlled acts that fall within the scope of practice and competencies for the profession.

Therefore, it is important to ensure that the performance of both controlled and non-controlled activities by denturists who have the required knowledge, skill and judgement meet the standards outlined in this Standard of Practice.

## 2. Controlled Acts model

Currently the *Denturism Act, 1991* (section 4) authorizes denturists to perform one controlled act, and that act is limited to the fitting and dispensing of removable dentures. The regulations under the *Denturism Act* do not allow for any other controlled acts to be delegated to denturists. It is professional misconduct under Ontario Regulation 854/93 for a denturist to "perform a controlled act that has been delegated to the member unless the delegation is authorized by the regulations." (see Appendix B for the full list of controlled acts for health professionals in Ontario).

### Purpose

This Standard of Practice is organized in a manner that supports denturists in making a decision about performing a procedure. It outlines the expectations for denturists when determining (a) if they have the authority to perform a procedure; (b) if it is appropriate for them to perform a procedure; and (c) if they are competent to perform the procedure.

This document follows the principles of self-regulation, allowing the denturist flexibility in practice while requiring professional accountability to protect the public interest.

### Glossary

Controlled Act	An activity that is considered to be inherently harmful if performed by unqualified persons. A list of activities defined in legislation (see Appendix B).
Competence	Demonstrating the required knowledge, skill, judgment and attitude required of the profession.
Delegation	A formal process that transfers the authority to perform a controlled act from one regulated health professional who has the legislated authority and competence to perform a procedure to another person. Under the current regulations, denturists are not allowed to accept delegation from other health professionals.
Scope of practice	<p>Scope of practice refers to both the legislative scope of practice statement and the controlled act model. Describes the range of procedures, actions and processes that a regulated health professional is permitted to undertake in keeping with legislation and regulations.</p> <p>A practitioner is not legally precluded from performing a procedure beyond the profession's stated scope of practice, although he/she is precluded from performing controlled acts that the profession is not authorized to perform. The philosophy behind this approach is to move away from the exclusive scope of practice model for regulated professions, in order to permit professions to evolve and develop with changing technology.</p> <p>However, be mindful that if a member acts outside the scope of practice, and the act carries with it a risk of serious bodily harm, the member may be breaching s. 30 of the RHPA.</p>

Principal Expectations of Practice (PEP)	<p>Principal Expectations of Practice (PEP) include procedures and services that are generally understood to fall within the scope of practice and the authority for a profession. They include those procedures where the knowledge base and clinical practice to competently perform them is provided through entry-level programs or is obtained through formal or informal education and clinical experience that expands on baseline competencies provided in entry programs. PEP are dynamic. They are based on what constitutes regular practice and evolve as a function of emerging knowledge, technologies and practices that enable a profession to address patient needs.</p> <p>Procedures within PEP include:</p> <ul style="list-style-type: none"> <li>• Controlled acts authorized to a profession (authorized acts) that are part of regular practice; and</li> <li>• Procedures that are not controlled acts that fall within scope and competencies for profession.</li> </ul> <p>Federation of Health Regulatory Colleges of Ontario</p>
Procedures outside of scope and beyond PEP	<p>Procedures that health professionals are not permitted to perform, including:</p> <ul style="list-style-type: none"> <li>• Controlled acts not authorized to the profession;</li> <li>• Authorized acts that are not part of regular practice;</li> <li>• Procedures that are not controlled acts and are not part of regular practice.</li> </ul> <p>Federation of Health Regulatory Colleges of Ontario</p>
Removable dental prosthesis ( dentures)	<p>1. Any dental prosthesis that replaces some or all teeth in a partially dentate arch or edentate arch. It can be 1. removed from the mouth and replaced at will, 2. any dental prosthesis that can be readily inserted and removed by the patient.</p> <p>The means of retention of such prostheses include: tissue-retained removable dental prostheses; tooth-retained removable dental prostheses and implants; retained removable dental prostheses.</p> <p>Examples of tissue-retained removable dental prostheses include: complete removable dental prostheses, interim prostheses and provisional prostheses devoid of any attachment to natural teeth; tooth-retained partially removable dental prostheses includes interim and definitive partially removable dental prostheses retained by clasps or/and other connector devices to natural teeth or/and dental implants.</p> <p>J Prosther Dent. The glossary of prosthodontic terms. The Journal of Prosthetic Dentistry 1999; 94(1):10-92</p>
Removable prosthodontics	<p>The branch of prosthodontics concerned with the replacement of teeth and contiguous structures for edentulous or partially edentulous patients by artificial substitutes that are readily removed from the mouth.</p> <p>J Prosther Dent. The glossary of prosthodontic terms. The Journal of Prosthetic Dentistry 1999; 94(1):10-92</p>

Denture	An artificial substitute for missing natural teeth and adjacent tissue.  Harel Simon, DMD and Roy T Yanase. <i>Terminology for Implant Prosthesis. International Journal of Oral and Maxillofacial Implants 2003; 18</i>
Resources	A source of supplies, supports or aids. Includes tools, equipment, staff resources, referral sources (other qualified professionals), current literature and documented evidence-based practice.

**THE STANDARD**

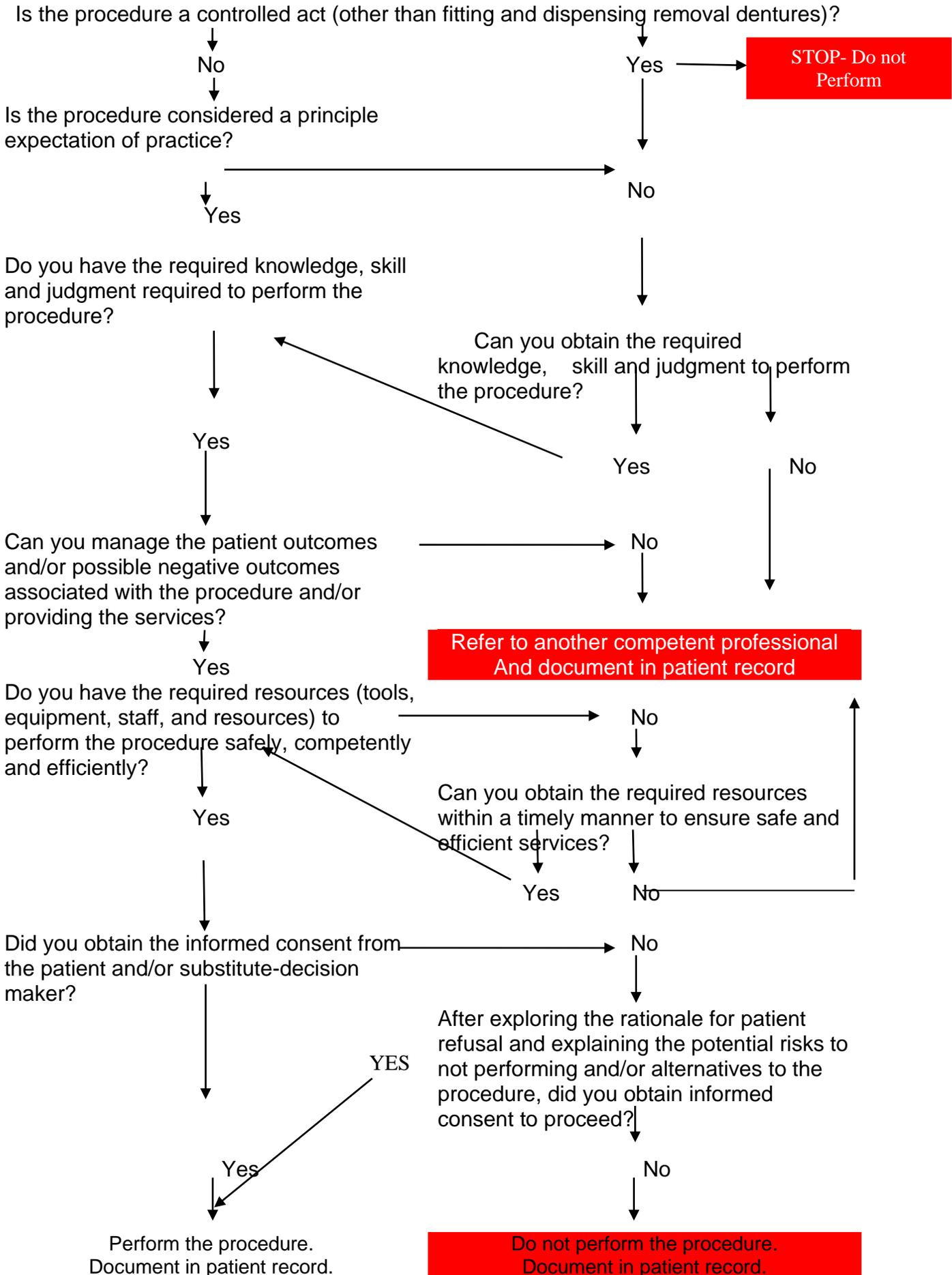
<b>Standard Statement</b>	<b>Performance Indicators</b> <b>Prior to performing a procedure, there is an expectation that the dentist:</b>
Denturists consider each situation separately to determine the appropriateness of performing the procedure.*  *(see Appendix A, Decision Tree)	Determines if the procedure fits within the profession’s scope and authority as per- principle expectations of practice (includes both controlled acts and non-controlled acts).
	Considers and confirms he/she has the required knowledge, skill and judgement required to perform the procedure competently, ethically and safely.
	Identifies and considers the associated risks of and potential contraindications for performing the procedure.
	Ensures that appropriate resources (personnel, tools, emergency equipment etc.) are in place.
	Determines the possible negative outcomes associated with specific patient factors and the circumstances, and ensures he/she has the knowledge, skill, judgement and resources to manage any negative outcomes.
	Ensures work policies, regulations and College position statements support him/her in performing the procedure.
	Declines performing the procedure if the procedure puts the client at risk or does not support safe care.
	Obtains informed consent from the patient and/or substitute decision-maker adhering to the Standards of Practice for consent and legislation.

<b>Standard Statement</b>	<b>Performance Indicators</b> <b>There is an expectation that the dentist:</b>
Denturists ensure they are competent to perform the procedure, prior to performing.	Knows that the procedure falls with principle practice and/or is a controlled act authorized to denturists.
	Has obtained the required education and has maintained the skill required to perform the procedure as outlined by the College, regulations and/or work environment.
	Demonstrates possession of cognitive and technical skills to perform the procedure.

Standard Statement	Performance Indicators <b>There is an expectation that the dentist:</b>
	Demonstrates knowledge of the following: <ul style="list-style-type: none"> <li>• purpose and benefit of performing the procedure</li> <li>• risks to the patient</li> <li>• alternatives to performing the procedure</li> <li>• expected outcomes</li> <li>• actions to take if a complication arises</li> <li>• required supplies, equipment and tools</li> <li>• appropriate referral source</li> </ul>
	Declines to perform the procedure if he/she is not competent to do so and/or to manage the potential negative outcomes.
	Seeks consultation and/or refers the patient to another professional when needed.
	Reflects on the situation and identifies any potential new learning opportunities to improve future practice.

Standard Statement	Performance Indicators <b>There is an expectation that the dentist:</b>
Denturists ensures, prior to performing the procedure, that he/she can manage the possible outcomes.	Identifies the expected patient outcomes, possible negative outcomes and next steps in the treatment process relative to patient factors and the situation.
	Determines if he/she has the required knowledge, skill and judgment to manage the outcome.
	Ensures the appropriate resources and/or referral sources are in place to help manage any possible negative outcomes and/or steps that are beyond his/her scope of practice and/or competence.
	Informs the patient of the expected outcomes and/or possible material negative outcomes and the limits of his/her practice and/or competence.
	Declines performing the procedure if he/she cannot manage the patient outcomes and/or possible negative outcomes and/or if the possible outcomes could require performing a controlled act not authorized to denturists.
	Seeks consultation and/or refers the patient to another professional when needed.

## APPENDIX A: DECISION TREE



## **APPENDIX B: CONTROLLED ACTS**

### *Regulated Health Professions Act, 1991 C. 25, S.4*

A "controlled act" is any one of the following done with respect to an individual:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
  - i. beyond the external ear canal,
  - ii. beyond the point in the nasal passages where they normally narrow,
  - iii. beyond the larynx,
  - iv. beyond the opening of the urethra,
  - v. beyond the labia majora,
  - vi. beyond the anal verge, or
  - vii. into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response. 1991, c. 18, s. 27 (2); 2007, c. 10, Sched. L, s. 32.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning

## Practice Examples

### **Scenario 1**

A patient presents with a severely over-closed vertical dimension of occlusion. The denturist determines an occlusal splint is needed on the patient's denture. The denturist performs all fabrication activities in his clinic's laboratory. Before beginning the process to treat this patient, the denturist asks himself the following questions:

#### **Is fabricating an occlusal splint a controlled act?**

Yes. Fitting the splint to re-establish a correct vertical dimension of occlusion is a controlled act. This fitting and dispensing of the occlusal splint falls under Controlled Act #11: "Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning."

#### **Do denturists have access to this controlled act?**

Yes, with limitations. Under the *Denturism Act*, Controlled Act #11 is limited to the fitting and dispensing of removable dentures. Fabricating an occlusal splint for the denture would be an activity related to the fitting and dispensing of removable dentures.

#### **Does the denturist have the knowledge, skill and judgement to fabricate the occlusal splint?**

Yes, because fabricating an occlusal splint is foundational knowledge for denturism. It is an entry-level expectation. However the denturist must also consider if his/her knowledge and skill are current and if he/she is still competent to fabricate an effective and safe splint.

#### **Does the denturist have the resources needed to provide the required services?**

Yes, the denturist confirmed that his in-house laboratory is equipped to fabricate the occlusal splint. In situations where an in-house laboratory is not available, the denturist would need to have established a relationship with an external laboratory which he/she is confident provides safe, effective and ethical services. In all cases, the denturist holds accountability for the delivery of the product to the patient.

#### **Can the denturist manage the possible negative outcomes?**

Yes. The denturist considered all possible negative occurrences and any risk to the patient before fabricating the splint. Then the denturist determines if he has the required knowledge and skill and the available resources to manage any negative situation that might arise. For example, can the denturist make the required adjustments during the fitting? Does he/she have the skills to recognize instability and/or masticatory issues? Does the patient present any unique risk factors (e.g. history of TMJ) that could cause difficulties during the fabrication and/or fitting of the splint?

#### **Has the denturist obtained informed consent from the patient?**

Yes. Prior to initiating the service, the denturist explained to the patient the assessment process and the cost associated with the initial assessment. Then, the denturist communicated his clinical findings and possible resolutions or interventions. Prior to fabricating the splint the denturist also explains the purpose of the splint, alternative solutions to managing the loss of vertical dimension, benefits and disadvantages, any potential material risks and all associated costs associated with the fabrication and fitting of the splint. The denturist poses questions to the patient to confirm his or her understanding of the information presented.

In this scenario, all the decision-making steps have been satisfied; therefore, the denturist proceeds with the fabrication and fitting of the occlusal splint, and documents in the patient record his assessment findings, clinical opinion, treatment plan and the informed consent process undertaken with this patient.

## **Scenario 2**

During a yearly follow-up appointment a patient asks the dentist if he is a candidate for implants for his missing teeth. How should the dentist respond to this question?

### **Discussion**

In this situation the dentist might recognize that he has the knowledge to answer many of the patient's questions, but he does not have the skill to confirm if the patient is a candidate for implants or to have an in-depth conversation about the surgery. Therefore, the dentist would explain to the patient that to determine if he is a candidate for implants a referral to a dentist is required (as the dentist does not have the authority to order and/or perform a radiograph and/or cone-beam scan and cannot provide a diagnosis) Applying and ordering a form of energy (e.g. x-ray, cone-beam scan) is a procedure *not* authorized to dentists, and the in-depth knowledge of implant surgery is not a principal practice. The dentist would therefore provide to the patient a few names of dentists known to be skilled in implant therapy, and would document the advice being given in the patient record.

## **Scenario 3**

Jon, a dentist, has had many requests from his patients to perform teeth whitening. Jon is exploring the possibility of offering this service.

### **1. What College documents support Jon's decision making process?**

Jon first reviews information posted on the College's website and the *Regulated Health Professions Act* to obtain a list of controlled acts that dentists are authorized to perform. He confirms that he would not be performing any controlled acts if he were to provide teeth whitening services. Jon also reviewed the College's *Standards of Practice* to confirm that there are no specific College requirements for this type of service, if provided by a dentist.

Jon confirms that many of his colleagues have been performing teeth whitening services. However, Jon has never performed this procedure himself.

### **2. What additional steps must Jon take before performing the procedure?**

### **3. How can Jon ensure that he is providing safe and competent care?**

Jon speaks with a colleague who suggests that he speak with a teeth-whitening supply manufacturer. Jon attends a session offered by the manufacturer, and reads several articles posted on different manufacturers' websites. Jon considers the possible side effects (such as tooth sensitivity) and patient risk factors (e.g. gingival recession) and develops a patient education brochure to help explain both the possible side effects and interventions to cope with any side effects that might arise. Jon also observed a few treatment sessions performed by his colleague before providing the service the first time to one of his own patients.

### **Discussion**

In this situation, Jon first confirmed if any activity associated with performing teeth whitening was a controlled act. He also considered if the activity was a principal practice for dentists. Jon then obtained the required knowledge, skill and judgment prior to performing the procedure. Jon also considered the possible negative outcomes associated with teeth whitening and determined he could provide education to patients to help them manage the possible side-effects.

## **Scenario 4**

A patient presents at Kathy's office with a possible abscess. Kathy observes the patient's oral cavity and sees swelling and redness around the base of an existing tooth. Further observation reveals a fistula and tooth decay. The patient is complaining of pain in this area. The patient asks Kathy what she thinks is the problem.

- 1. Can Kathy communicate her findings to the patient?**
- 2. Can Kathy offer treatment?**

Even though Kathy highly suspects an abscessed tooth cavity, she knows she cannot share this information with the patient, as it would be performing the controlled act of communicating a diagnosis—which denturists are not authorized to carry out. However, Kathy does communicate her assessment findings, red and swollen gingival tissue with a fistula. Then she suggests a care provider who *does* have the authority to communicate a diagnosis, and offers to make a referral to a dentist. She writes her assessment findings and referral in the patient's record.

## **Discussion**

In this situation, Kathy's decision-making process began with her confirmation that communicating a diagnosis to a patient is a controlled act *not* authorized to denturists. Kathy was aware that the communication of assessment findings and making recommendations for seeking professional services by another health care practitioner who is authorized to provide diagnoses was within her scope of practice.

## **References**

*Denturism Act, 1991, S.O. 1991, Chapter 25.*

*Ontario Regulation 854/93, Professional Misconduct.*

*Regulated Health Professions Act, 1991 C. 25, s.4.*

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