

MEMORANDUM

To: All dentists holding FETAP certificates

From: Dr. Randall Croutze - CEO

Date: June 23, 2020

Subject: Provision of services in other non-dental facilities or non-dental premises and the delegation of these procedures to allied health professionals

Facial esthetic therapies are becoming more and more common in dental offices. Questions have arisen about the provision of these services in other non-dental facilities or non-dental premises and the delegation of these procedures to allied health professionals. The Alberta Dental Association and College (ADA&C) would like to address some of these questions in the context of the ADA&C Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures (the "FETAP SOP"), found on the members and public website.

It is of note that all Alberta dentists providing these services require a FETAP certificate from the ADA&C. Also, Alberta dentists holding FETAP Certificates must attest to their familiarity with the FETAP SOP when completing Regulatory Compliance Form C, which is part of annual registration.

An important context to the provision of these treatment modalities by dentists is that the FETAP SOP was developed and approved specifically so these are adjunctive services to be provided by dentists to patients of record, in a dental clinical environment, as a component of ongoing total care by the dentist. It is expected that all patients receiving neuromodulator or dermal filler treatment are concomitantly receiving oral health care. No patient should arrive in an office, have only a facial esthetics assessment, and immediately receive treatment. Dentists are obligated (per Article 1 of the FETAP SOP) to ensure that prospective facial esthetics patients are, in medicolegal fact, patients of record, having had intra and extra-oral examinations and a comprehensive treatment plan. In the event that a patient might see a different dentist for their routine oral health care, the duty to verify the patient's ongoing oral health care remains, as does the obligation to establish continuity of care.

Per Article 4 of the FETAP SOP, "dentists are not permitted to provide any level of treatment in stand-alone or mobile spas, esthetic studios, hair salons, fairs or expositions, or private residences or similar". There are multiple reasons for this. Patients seen in these environments are unlikely to be "patients of record." They are not likely to have had appropriate case work-up. Further, these facilities are not subject to the ADA&C Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry, and patient safety cannot be ascertained. Finally, outside of the dental clinical environment, dentists are acting outside of the regulatory orders of the ADA&C. This raises

questions about compliance with the Code of Ethics and other Standards of Practice. It also may put a dentist's malpractice insurance coverage into question.

There have been repeated rumours of dentists injecting neuromodulators at events such as bridal fairs, and requests to provide injectable treatments in health spas or at "Botox parties". All these examples are completely offside the FETAP SOP. The dentist may be engaged in unprofessional conduct and subject to discipline, including but not limited to cancellation of their FETAP certificates and/or disciplinary hearings.

Another common question is about the permissibility of having other allied health professionals provide FETAP procedures in a dental clinic (e.g.; MD's, Registered Nurses, or Registered Pharmacists). Per Article 3a and 3b of the FETAP SOP, this sort of delegation may be permitted, but there are several important conditions to such delegation. Firstly, the professional to whom the procedure is delegated must be fully authorized by their regulatory body to render such care, and all restricted activities associated with it. Secondly, the dentist must have a FETAP Certificate commensurate with authorization as to the same level of procedures provided by the allied health professional. For example, a dentist holding a Level 2 FETAP Certificate may not delegate Level 4a dermal filler treatments to a registered nurse in their dental clinic. If the dentist holds a Level 4a Certificate though, they would be permitted to delegate this care. Thirdly, any treatment rendered by the delegated health professional must be compliant with the ADA&C IPC Standards, even if their regulatory body requires a lower standard, and the requirement remains for treatment to be only on patients of record.

This provision of the FETAP SOP exists to protect dentists and patients. For dentists, these requirements ensure that there is not a medicolegal gap in liability, wherein a dentist could be held liable as the owner of the clinic or delegator of the treatment despite not being authorized to perform said treatments themselves. For patients, the FETAP SOP ensures that the care received in a dental clinic is of consistent quality in a controlled and regulated environment. There is a massive breadth of facial esthetics training options across the health professions – it is our belief that the FETAP SOP ensures quality of care – and if there is a discrepancy between the training level of the dentist and care provider, that consistency cannot be maintained nor can continuity of care.

Please contact myself should you have any questions.

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