

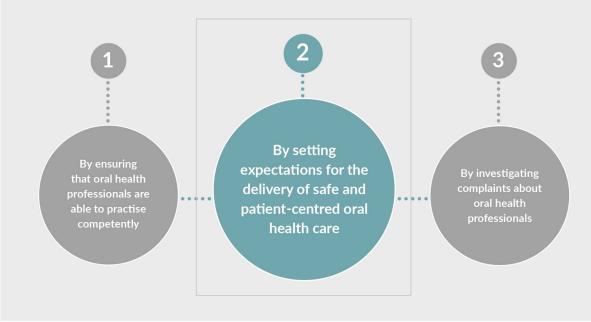
British Columbia College of Oral Health Professionals Mailing Address 110 - 1765 8th Ave W Vancouver, BC V6J 5C6 Phone: 672.202.0448 Toll free: 1.888.202.0448 info@oralhealthbc.ca www.oralhealthbc.ca

Expectations for clinical and ethical practice

Patient-centred Care and the Business of Dentistry

Applies to Dentists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Surgeons of BC and will be updated to reflect the amalgamation.



STANDARDS & GUIDELINES

Patient-centred Care and the Business of Dentistry

TABLE OF CONTENTS

Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily contains standards, which are, by definition, mandatory and must be applied. Standards are clearly identified by mandatory language such as "must" and "required". This document also contains guidelines that are highly recommended but – while being evidence of a standard – are not, strictly speaking, mandatory. Guidelines contain permissive language such as "should" and "may".

1. Introduction

The practice of dentistry is changing and so are the economic realities of the profession. The escalating costs of purchasing and operating a dental practice, expectations for flexible schedules that a group practice setting might allow, and increased competition, especially in urban markets, are just some of the pressures facing the profession. Different business models have emerged – specifically large group or corporate practices – that are challenging the traditional ways that dentistry has operated.

This has become known as the "corporatization of dentistry" and has implications for both registrants and the public. While this is a convenient label, corporatization is a mindset and is not specific to any particular ownership structure.

With few exceptions, dentistry is excluded from the publicly funded healthcare system and is therefore a fee-for-service profession. Dentists – regardless of whether they are owners, associates, or employees in a practice – are called upon to make concurrent business decisions in support of the practice, with decisions about the health of their patients. To do otherwise would not be sustainable.

This document has been developed to address the inherent ethical challenges that arise, and addresses the concern that the pursuit of profit or business efficiencies has the potential to conflict with the obligation to provide advice and treatment that is in the best interest of patients.

CDSBC takes the position that regardless of whether the dental practice is owned by a single dentist or a group of dentists, there is an unvarying requirement to provide patientcentred care. This is defined as care that "is respectful of and responsive to individual patient preferences, needs, and values, and [that ensures] patient values guide all clinical decisions."^[1]

Professional conduct requires that the dentist puts the healthcare needs of the patient above all other considerations. Regardless of ownership structure, every registrant is obligated to ensure that this ethical principle is upheld throughout the practice.

2. Patient-Centred Care and the Business of Dentistry

De	ntists' Obligations & Responsibilities	The Patient's Perspective
1.	Dentists must exercise unbiased judgment to provide advice and treatment which promotes the patient's oral health and that is in the patient's best interest. Advice offered and treatment provided must be based on the best available scientific evidence and the needs of the patientindependent of the business interests of the dentist or any third party.	The dentist must act in the patient's best interest. The patient's health and quality of care must come before the business interests of the dentist or any third party. The dentist will only provide care for which there is a clinical indication, free from influence by third parties or promotional consideration.
2.	Practice owners and managers must recognize and put in place protocols and procedures to ensure that patients' interests are not subordinated to business considerations.	
3.	Any dentist with an ownership interest in a practice is accountable for the activities of the practice, including compliance with College requirements.	The patient can expect that every owner of a dental practice is accountable for the activities of the practice.
4.	Dentists must treat colleagues and patients fairly in all financial dealings.	The patient can expect to be treated fairly in all financial dealings.
5.	The treating dentist must complete an appropriate examination, provide a diagnosis, a treatment plan, an estimate of cost, and obtain informed consent from the patient before proceeding with treatment or overseeing treatment that is appropriately delegated.	The patient can expect that before any treatment proceeds, they will receive a diagnosis, and a treatment plan that includes an estimate of cost. On this basis, the patient will have opportunity to provide informed consent
	A dentist who assumes responsibility for an existing treatment plan must reassess the patient to ensure that the proposed treatment is appropriate and necessary. If the treatment plan is altered, the dentist must update the patient and obtain informed consent.	arived at in consultation with their treating dentist based on their individual needs and preferences.
		If the patient is transferred to another dentist, the patient can expect that the secondary dentist will review and confirm the existing plan, or modify the plan in consultation with the patient before proceeding with treatment.

6. Regardless of practice arrangements, third parties must not prescribe or direct treatment for a patient, or otherwise compromise the autonomy of the treating dentist.	The patient will receive a diagnosis and treatment plan arrived at in consultation with their treating dentist based on their individual needs.
7. Dentists must ensure that informed consent discussions set out the risks, benefits, and costs of all reasonable treatment options for the patient, including the option of no treatment, in a manner that can reasonably be understood by the patient. If the treatment option selected includes treatment that is of a type or complexity that is outside of the dentist's usual practice, a referral to an appropriate colleague must be offered without expectation of material or financial gain.	The patient must be informed of all reasonable treatment options available to them including no treatment. The patient must receive only the treatment for which they have provided informed consent. Appropriate referrals at no cost will be provided by the dentist when necessary to ensure the safe and competent delivery of appropriate care.
8. Dentists must only deliver treatment they are competent to provide and that they believe is appropriate to the individual patient's needs, regardless of who diagnosed and prepared the treatment plan.	The patient will only receive treatment that is appropriate for their needs, delivered by a dentist who is competent to provide that treatment.
9. Dentists are accountable for the work that they deliver to patients, but must not guarantee the success of operations, appliances, or treatment. They must inform patients of the possible risks associated with treatment or the failure to undertake treatment.	The patient can expect that dentists will use their best efforts to provide the expected standard of care. The patient should be aware that treatment success and durability is dependent on variable factors and that no treatment is guaranteed.
10. Dentists will refer laboratory work to a dental laboratory or other third party entity that will, in their opinion, provide the appropriate service for the patient. The dentist will ensure that the materials used in the fabrication of dental components and the components themselves meet CSA (Canadian Standards Association) guidelines and/or satisfy Health Canada requirements.	The patient can expect that laboratory procedures performed on their behalf will be accomplished competently, and that appropriate materials and techniques were used in completing the restoration(s).
 Dentists must appropriately charge patients and dental plans for goods and/or services provided by a third party. It is inappropriate for a dentist to add a markup on third party fees. 	The patient should have confidence that neither they nor their dental plan will be charged inflated or hidden fees.



3. References

^[1]USA. Institute of Medicine. *Crossing the Quality Chasm – a new health system for the 21st century*, Institute of Medicine, 2001.

Board Approved

• 5 June 2015; June 2018

Date Published

• 1 December 2015; November 2018

Originating Committee

• Ethics Committee



500 – 1765 West 8th Avenue Vancouver, BC Canada V6J 5C6 www.cdsbc.org Phone 604 736-3621 Toll Free 1 800 663-9169 Fax 604 734-9448