



# **NEWFOUNDLAND & LABRADOR DENTAL BOARD**

## **STANDARDS OF PRACTICE FOR DENTISTRY**

### **IN NEWFOUNDLAND AND LABRADOR**

#### **Introduction:**

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

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

#### **1. The Dental Practice**

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

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

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

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

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

## **2. The Dental Consult**

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

## **3. The Dental Referral**

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

## **4. The Dental Collaboration**

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

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

## **5. Clinic Facilities Standard**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **What is Teledentistry?**

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

Teledentistry can include modalities such as:

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

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

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

### **When can Teledentistry be used?**

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

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

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

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

### **When practising via Teledentistry dentists must:**

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



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

## **7. Use of Botulinum Toxin C (Type A) and Esthetic Therapies in Dental Practice**

### **Preamble**

The Standard of Practice for the *Use of Botulinum Toxin (Type A) and Esthetic Therapies* was developed originally by the Alberta Dental Association and College (ADA+C) and with some modifications by the Provincial Dental Board of Nova Scotia (PDBNS). The Newfoundland & Labrador Dental Board acknowledges their work in the production of this document and has directly contacted them for their approval for the use of their document.

Since contravention of this Standard may be considered professional misconduct, dentists employing Botulinum Toxin (Type A) and esthetic therapies must be familiar with its content, be appropriately trained, and regulate their practices accordingly.

This document indicates the minimum standards for the use of Botulinum Toxin (Type A) such as Botox®, Xeomin®, Dysport® and esthetic therapies in dentistry.

### **INTRODUCTION**

**This document is the Standard for the use and administration of Schedule 1 drugs such as neuromodulators (e.g. Botulinum Toxin (Type A), dermal fillers, other agents (injected and /or topical) and for adjunctive non-surgical and/or surgical therapies used to provide comprehensive treatment for facial pain and cosmetic /esthetic therapy by dentists.**

**It is the dentist's responsibility to ensure that appropriate educational training is undertaken in preparation for performing the treatments outlined in this Standard. In addition, each dentist must apply to the NLDB and be issued a certificate prior to providing the levels of care outlined in this Standard.**

**In the case of Oral Maxillofacial Surgeons, some may have already received appropriate educational training related to some or all of the Levels of the Standard or have already included treatments in their scope of practice. Each Oral Maxillofacial Surgeon wishing to provide treatment under the Standard and be listed on the Register must provide the Review Committee appropriate information for a review of educational programs they have completed to determine if they satisfy the requirements of this Standard. N.B. Level 5 and Level 6 require that the applicant has successfully completed the National Dental Specialty Examination for Oral Maxillofacial Surgeons to provide services in these Levels.**

**The NLDB will develop a register or otherwise provide notification on the NLDB website of those persons who have been issued certificates, the levels of which will be based on the level of training achieved by all dentists or Oral & Maxillofacial Surgeons. The NLDB will also maintain a list of approved programs for each certification level. Performing of any of the acts described in this Standard without NLDB certification and/or without adhering to the Standard, is considered professional misconduct and will result in disciplinary action against the licensee.**

**Dentists are advised that the core competencies and treatment modalities contained within the standard are not all encompassing. In particular, bruxism and myofascial pain and dysfunction are complex diagnoses that may require multiple treatment modalities that include but are not limited to neuromodulators. Therefore, it is the licensee's responsibility to ensure they have the appropriate training to establish a definitive diagnosis in order to provide appropriate treatment.**

**Dentists must also realize that the field of facial esthetic treatment and adjunctive therapies are constantly changing. Thus, new and emerging modalities may not be described or contained within this Standard. As a result, practitioners are required to consult with the NLDB before administering any new or emerging modalities or adjunctive therapies for both esthetic and non-esthetic therapies not contained within this Standard.**

**These esthetic and adjunctive procedures cannot be assigned to a support staff member or employee unless they are registered with a professional regulatory authority that allows for that restricted activity, and they meet the requirements of that regulatory authority to administer, formulate or dispense such agents, therapies, or procedures. Treatment must take place in an appropriate dental facility/clinical setting. This implies facility compliance with the Standard for Clinical Facilities No.5 and the IPAC Guidelines.**

**Registered Dental Assistants licensed with the NLDB, under the direct supervision of a dentist holding a certificate for the Standard No.7, may on providing proof of attendance at courses approved by the NLDB assist in formulating or dispensing agents used in therapies and procedures.**

## **PATIENT ASSESSMENT / MANAGEMENT**

Dentists are only permitted to provide the treatment described in this Standard if the following criteria are met:

- The dentist has performed an appropriate and well-documented workup, including history, clinical examination, photographs, and records.
- The esthetic or adjunctive treatment is part of a comprehensive dentofacial/ maxillofacial treatment plan.
- The patient has received appropriate treatment for any active disease identified at the time of the patient's comprehensive dental/head and neck examination.
- The patient's psychologic health has been assessed by the dentist and the patient's motivation, goals, concerns and expected outcomes have been discussed and documented.
- Informed consent has been obtained for all treatments, prescriptions and/or therapies including a discussion with the patient with respect to benefits, risks, post-operative care, sequelae, potential complications, and alternative treatment option if applicable.
- The dentist is responsible to refer complex cases that exceed their level of training or ability to an appropriate healthcare professional.
- The dentist is responsible for continual reassessment and follow-up of the patient.

## **CERTIFICATION LEVELS AND EDUCATIONAL REQUIREMENTS**

To obtain a certificate to provide the treatments outlined in this Standard, dentists must submit an application, along with documentation of their training to the NLDB. The application and supporting documentation will be reviewed and a certificate will be issued if the applicant's training meets the Standard. It is considered professional misconduct for dentists to provide the care outlined in this Standard without the certificate.

In addition, the dentist must demonstrate evidence of continuing education in the field of facial esthetics and adjunctive procedures. Dentists with certificates to provide the care outlined in this Standard must include a minimum of 6 hours of continuing dental education in the field of facial esthetics and adjunctive procedures in their 4-year continuing education cycle to maintain certification.

For the purposes of this Standard, educational requirements and subsequent issuing of certificates has been divided into 6 structured and gated levels. A dentist cannot proceed to a subsequent level without completing the requirements of the preceding level.

## **LEVEL 1: APPLIED ANATOMY REVIEW AND INTRODUCTION TO NEUROMODULATORS**

To obtain Level 1 certification, the applicant must complete a course designed to review head and neck anatomy, its relevancy to the administration and pharmacology of neuromodulators e.g., Botulinum Toxin (Type A) and to other esthetic and non-esthetic therapies and procedures. The applicant must provide the NLDB with documentation of successful completion of such a course.

The education format must include a minimum of a 4-hour anatomical and functional cadaver laboratory and an 8-hour didactic educational program. There must be a formal evaluation at the completion of the course and documentation to attest to the competency of the individual.

The content of Level 1 educational program must include the following:

- Head and neck, and temporomandibular joint applied anatomy, masticatory, neck musculature and circulatory systems
- Facial skeletal anatomical considerations and review of aging of the face
- Patient assessment, consultation, documentation, and continuing care for use of neuromodulators
- Patient evaluation for optimal esthetic and therapeutic outcomes
- Integrating neuromodulators into dental and maxillofacial treatment plans
- Indications and contraindications for extra-oral soft tissue esthetics
- Safety and risk issues for neuromodulator therapy
- Management and treatment of possible complications
- Assessing patient for signs of body dysmorphic disorder, recognizing when not to treat, and when to refer to an appropriate healthcare professional for counseling

Level 1 educational programs do not permit a dentist to provide patient treatment and are educational only. Successful completion of this course is a prerequisite to Level 2 training.

Upon successful completion of an approved Level 1 educational program, a dentist must submit a letter of confirmation and/or certificate of completion to the NLDB. Upon receipt of this documentation, the NLDB will issue a Level 1 certificate authorizing the dentist to progress to an approved Level 2 educational program. In the event that a member wishes to take a Level 2 program immediately following a Level 1 program, the member may submit Level 1 and Level 2 educational credentials **from the SAME APPROVED EDUCATIONAL PROVIDER SIMULTANEOUSLY.**

### **Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment**

This certification level will introduce the dentist to the use of neuromodulators for the superficial muscles of the upper face and for bruxism treatment.

Level 2 educational programs must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**IN ADDITION TO ALL LEVEL 1 CORE COMPETENCIES, SUCCESSFUL COMPLETION OF A LEVEL 2 EDUCATIONAL PROGRAM REQUIRES THE UNDERSTANDING AND APPLICATION OF THE FOLLOWING ENHANCED COMPETENCIES:**

**• Patient Assessment and Evaluation**

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for both the upper face and bruxism treatment
- Indications for other treatment modalities
- Indications and contraindications for these techniques and pharmaceuticals
- Medical history taking as it relates to injected facial pharmaceuticals
- Practical patient evaluation for maxillofacial esthetic and therapeutic outcomes
- Pharmacology of injected oral and maxillofacial pharmaceutical treatment
- Etiology and types of bruxism and anatomic considerations in bruxism
- Accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for oral and maxillofacial esthetic, and therapeutic outcomes

**• Safety and Risk Issues**

- Proper sterile technique as it relates to the use of injected pharmacologic agents and patient treatment
- Safety and risk issues for injected neuromodulator therapy
- Knowledge of adverse reactions and how to avoid adverse reactions
- Management and treatment of adverse reactions including ptosis, vascular occlusion, and injection-related complications

**• Treatment Planning and Delivery**

- Integrating neuromodulators into dental therapeutic and esthetic treatment plans
- Upper facial treatment procedures for therapeutic and esthetic maxillofacial outcomes
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography
- Integrating neuromodulators with other treatments and therapies for the treatment of bruxism
- Precise delivery of injected facial pharmaceuticals
- Limitations of Level 2 treatments and recognizing need for higher level treatments and referral to qualified healthcare professionals

- **Practice Management**

- Provide customizable office forms and informed consent needed to begin treating patients
- Malpractice and jurisprudence issues
- Ethics in oral and maxillofacial esthetic procedures
- Understanding of team training in facial esthetics
- Patient education in facial esthetics in dentistry
- Recordkeeping and facial photographic documentation
- Informed consent procedures for facial esthetics treatment

The educational program must include a formal evaluation process and attest to the competency of the participant. Upon successful completion of a Level 2 educational program, a dentist must submit a letter of confirmation and/or certificate of completion to the NLDB. Upon receipt and review of this documentation, the NLDB will issue a Level 2 certificate authorizing the dentist to provide Level 2 treatment modalities to their patients. The holder of the certificate must maintain accurate treatment records and may be subject to random audit by the NLDB.

Dentists must complete at least 20 Level 2 cases (which may include the 6 patients treated during the educational program). They may then make an application for approval by the NLDB before commencing Level 3 training.

### **Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment**

A dentist wishing to take an approved Level 3 educational program must be in possession of a Level 2 NLDB certificate.

This certification level will introduce the dentist to advanced neuromodulator administration for mid-face, lower face and neck regions and for myofascial pain and dysfunction treatment.

Level 3 education must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**In addition to all Level 1 and 2 core competencies, successful completion of a Level 3 educational program requires the understanding and application of the following enhanced core competencies:**

- **Patient Assessment and Evaluation**

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for mid-face and lower face/neck regions and myofascial pain and dysfunction treatment
- Indications for other treatment modalities
- Advanced applied anatomy of the oral and maxillofacial, lower face and anterior and posterior neck, including cranial base, and related structures
- Advanced education in injected facial pharmaceuticals
- Understanding of the latest neuromodulator pharmaceuticals and introduction to dermal fillers and how the 2 injected modalities work in tandem (Note: Level 4 is required to use dermal fillers.)
- Comprehensive and definitive diagnosis of myofascial pain and dysfunction

- Understanding of the precise skeletal and muscle anatomy involved in maxillary gingival excess
- Treating maxillary gingival excess (gummy smiles) with neuromodulators as an alternative treatment to surgical dental procedures
- Trigger point therapy for myofascial pain and dysfunction cases
- Advanced upper and mid-face procedures for esthetic and therapeutic maxillofacial and neck treatment
- Neuromodulator therapeutic treatments for chronic migraine and facial pain
- Ability to test and treat hyperactive lower face muscles for dental/facial esthetics, orthodontic retention and removable prosthodontics retention with neuromodulators
- Advanced indications and contraindications of facial esthetics and therapeutics use in dentistry
- Neuromodulator therapeutic treatments for chronic migraine and facial pain
- Alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics, including referrals to other qualified healthcare professionals

**•Treatment Planning and Delivery**

- Avoidance and management of complications
- Neuromodulator therapeutic treatment of myofascial pain and dysfunction, facial pain, bruxism cases, hypertrophic masticatory musculature, etc.
- Integrating neuromodulators into a comprehensive treatment plan for treating definitively diagnosed myofascial pain
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography
- Limitations of Level 3 treatments and recognizing need for higher level treatments and referral to qualified healthcare professionals

**•Advanced Practice Management**

- Understanding of advanced team training in facial esthetics
- Enhanced informed consent procedures for facial esthetics treatment

The educational program must include a formal evaluation process and attest to the competency of the participant. Upon completion of a Level 3 educational program, a dentist must submit a letter of confirmation and/or certificate of completion to the NLDB. The NLDB will review the documentation and issue a Level 3 certificate authorizing the dentist to provide Level 3 treatment modalities if it is found to meet the Standard. The licensee must maintain accurate treatment records and may be subject to random audits by the NLDB.

Dentists must complete at least 20 Level 3 cases before undertaking training required for Level 4. On completion of the Level 3 cases and Level 4 training an application may be made for Level 4 approval and authorization by the NLDB.



#### **Level 4: Dermal Fillers: Facial Dermal Fillers, and Neuromodulators for Deep Muscles of Mastication**

A dentist wishing to take an approved Level 4 educational program must be in possession of a Level 3 NLDB certificate.

This certification level will introduce the dentist to dermal fillers and to neuromodulator treatment for deep muscles of mastication.

Level 4 education must include a minimum of at least 8 didactic hours and at least 8 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.

**In addition to all Level 1, 2 and 3 core competencies, successful completion of a Level 4 educational program requires the understanding and application of the following enhanced core competencies:**

##### **•Patient Assessment and Evaluation**

- Diagnosis, documentation, treatment planning and proper dosing and delivery of dermal fillers and advanced neuromodulator treatment
- Indications for other treatment modalities
- Advanced oral and maxillofacial anatomy and injected facial pharmaceuticals (A hands-on review of peri-oral facial anatomy and skin is recommended.)
- Advanced facial skeletal anatomical considerations and review of aging of the face
- Comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler pharmaceuticals for oral and maxillofacial esthetic and therapeutic cases

##### **•Advanced Facial Esthetics Treatment Planning and Delivery**

- Facial esthetic procedures in the oral and maxillofacial areas with injected facial pharmaceuticals in association with dental, prosthodontic, orthodontic, periodontal, and maxillofacial reconstructive treatment
- Conservative lip enhancement procedures and avoidance of potential complications, enhancing the natural lip anatomy to create esthetic lip structures and proper smile lines
- Smoothing lip lines and eliminating radial lip lines
- Enhancing the upper, mid-and lower face using anatomical landmarks
- Adding volume to the interdental papilla and residual dental ridges using dermal fillers
- Limitations of Level 4 treatments and recognizing need for Level 5/6 treatments and referral to qualified healthcare professional
- Understanding facial functional anatomy, aging and skin care to enhanced treatment procedures
- Advanced dermal filler injection techniques including cross-hatching, scaffolding and bulk-filling
- Comprehensively treating the upper, mid- lower face, and related structures for dental and maxillofacial esthetics and therapeutics
- Creating proper oral and maxillofacial contours with advanced lip sculpting, malar and sub-malar enhancements, and glabellar treatment
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography
- Understanding advanced facial esthetic skin treatments

### •Comprehensive Treatment Objective and Non-Surgical Techniques

- Advanced indications and contraindications of facial esthetics and therapeutics use in oral and maxillofacial areas and their related structures
- Alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics
- Treatment sequence, patient management, post-operative instructions
- Avoidance and management of complications

### •Advanced Practice Management

- Enhanced office forms and/or documentation with appropriate informed consent needed to begin treating patients
- Understanding of advanced team training in facial esthetics
- Enhanced patient education in facial esthetics in dentistry

The educational program must include review of head and neck anatomy (hands-on educational program) and review of mid-face and neck neuromodulator treatment to aid in determining the need for and use of dermal fillers for the mid-face and peri-oral region and review of deep muscle injections for temporomandibular joint dysfunction purposes (e.g., medial and lateral pterygoid muscles).

The educational program must include a formal evaluation process and attest to the competency of the participant. Upon completion of a Level 4 educational program, a dentist must submit a letter of confirmation and/or certificate of completion to the NLDB. The NLDB will review the documentation and issue a Level 4 certificate authorizing the dentist to provide Level 4 treatment modalities if it is found to satisfy the Standard of Practice No. 7. The licensee must maintain accurate treatment records and may be subject to random audits by the NLDB.

If a dentist does not gain sufficient training and experience in deep muscle injections, they should restrict their Level 4 care to dermal fillers only.

### **Level 5: Advanced Non-Surgical Esthetic Procedures**

Level 5 certification requires successful completion of the National Specialty Examination in Oral and Maxillofacial Surgery. Oral and Maxillofacial Surgeons currently performing these procedures must identify themselves as providers of these services on their practice permit renewal.

New oral and maxillofacial surgeons applying to the NLDB must provide documentation of training to be certified to provide these services.

This level covers advanced non-surgical esthetic procedures for qualified oral and maxillofacial surgeons only. This level of certification will only be granted upon review of the applicants training and credentials. Level 5 procedures may include but are not limited to lasers, intense pulsed light (IPL) dermal therapies, dermabrasion, chemical peels, hair removal, and eyelash growth agents (e.g., Latisse®).

**In addition to all Level 1, 2, 3 and 4 core competencies, successful completion of a Level 5 educational program requires the understanding and application of the following enhanced core competencies:**

### •Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning, and proper dosing and delivery of advanced non-surgical esthetic procedures
- Indications for other treatment modalities
- Comprehensive patient assessment for advanced non-surgical esthetic procedures
- Advanced head and neck applied anatomical considerations

### •Advanced Facial Esthetics Treatment Planning and Delivery

- Facial esthetic procedures in the oral and maxillofacial areas and related structures
- Limitations of Level 5 treatments and recognizing need for Level 6 treatments and referral to qualified healthcare professionals
- Understanding advanced facial functional anatomy, aging and skin care to enhance treatment procedures
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography

### •Comprehensive Treatment Objective and Non-Surgical Techniques

- Advanced indications and contraindications of facial esthetics and therapeutics use in oral and maxillofacial areas and their related structures
- Alternate methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics
- Treatment sequence, patient management, postoperative instructions
- Avoidance and management of complications
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography

### • Advanced Practice Management

- Enhanced office forms and/or documentation with appropriate informed consent needed to begin treating patients
- Understanding of advanced team training in facial esthetics
- Enhanced patient education in facial esthetics

## Level 6: Advanced Surgical Esthetic Procedures

Level 6 certification requires successful completion of the National Dental Specialty Examination in Oral and Maxillofacial Surgery. Oral and maxillofacial surgeons currently performing these procedures must identify themselves as providers of these services on their practice permit renewal.

New oral and maxillofacial surgeons applying to the NLDB must provide documentation of training to be certified to provide these services.

Level 6 certification includes but is not limited to: soft tissue/hard tissue esthetic procedures for the head and neck region, hair transplants, rhinoplasty, blepharoplasty, face lifts, liposuction, and fat and blood product transfers.

## **APPENDIX 1**

# **STANDARD OF PRACTICE NO. 7 REVIEW COMMITTEE**

### **TERMS OF REFERENCE**

1. Review all applicant credentials for certification.
2. Review educational programs and documentation for Standard No 7.
3. Advise the Board on amendments to the Standard of Practice No 7.
4. Refer any appeals on educational programs related to Standard of Practice No.7 to the Continuing Education Committee

### **COMMITTEE COMPOSITION**

1. Minimum of four members
2. A specialist affected by the Standard in question
3. A licenced general dentist with experience in treatment modalities in question
4. A licenced general dentist
5. A licenced dental assistant

### **COURSES APPROVED BY THE NEWFOUNDLAND & LABRADOR DENTAL BOARD**

- Pacific Training Institute for Facial Aesthetics & Therapeutics
- University of Alberta Neuromodulators & Fillers Certification Course

Eff: May 2018

Amend- May 2023



## **Application** **For the Use of Botulinum Toxin C (Type A) and Esthetic Therapies**

This application is to be completed by dentists registered and licensed by the Newfoundland and Labrador Dental Board who wish to perform treatment of patients under the Standard of Practice No.7 for the Use of Botulinum Toxin (Type A) and Esthetic Therapies in Dental Practice. Applicants must include with this application supporting documents that verifies their training to the Newfoundland and Labrador Dental Board. This information will be reviewed by the Standard & Review Committee to determine if the applicant's training and credentials meet that Level of the Standard of Practice No.7. Certificates will be issued to applicants who meet the requirements for that Level.

I am applying for the following certification level and request that the Standard & Review Committee review my application and supporting documents for:

- |          |  |                          |
|----------|--|--------------------------|
| Level 1: | Applied Anatomy Review and Introduction to Neuromodulators   | <input type="checkbox"/> |
| Level 2: | Basic Neuromodulators: Upper Face and Bruxism Treatment  | <input type="checkbox"/> |
| Level 3: | Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment | <input type="checkbox"/> |
| Level 4: | Dermal Fillers: Facial Dermal Fillers, and Neuromodulators for Deep Muscles of Mastication                   | <input type="checkbox"/> |
| Level 5: | Advanced Non-surgical Esthetic Procedures  | <input type="checkbox"/> |
| Level 6: | Advanced Surgical Esthetic Procedures  | <input type="checkbox"/> |

I declare that the contents of this application are true and complete to the best of my knowledge and belief. I also declare that I will abide by the continuing requirement of Standard of Practice No.7. A failure to do so will result in the revocation of the permit.

A Fee of \$100 must accompany the application.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Please Print Name): \_\_\_\_\_ Registration # \_\_\_\_\_