

**STAKEHOLDER COMMENTS RECEIVED ON
DRAFT CADA CODE OF ETHICS AND STANDARDS OF PRACTICE**

**November 9, 2015
RDA 5619**

I have had a chance to review the changes the college is making to our Code of Ethics and Standards of practice. I am concerned that these changes may confuse Alberta dental assistants because we have been following the code of Ethics released by the Canadian Dental Assistants Association. I presume that the College needed to change the ethics and standards of practice because they now are no longer associated with the Canadian Dental Assistants Association. This too is upsetting to know that dental assisting in Alberta cannot have a Canadian voice.

With this said I guess I feel the College should have allowed more time for their regulated members to review and also a chance to get verbal communication with the College regarding concerns they may have to these very important documents. Maybe the college should have held information sessions across the province of Alberta as they did when the competency program was implemented? I feel that this is very rushed, and with documents as important as these, more time should have been given and more explanation from the College should have been given to its regulated members before any changes were made. For example are we to be expected to get consent from our patient even though the services we provide must be under direction of our doctors? Should this not be the responsibility of the doctor and not us? Another concern I have is "what is a timely" manner to respond to CADA. This is very vague; a more definite time should be noted.

I hope this feedback helps the College with their final draft of the Code of Ethics and Standard of practice documents.

**October 14, 2015
RDA 9557**

Upon reviewing the proposed changes I am concerned with:

Section 1.3 Consent The RDA and DA respect the patient's right to choose and therefore seek informed consent from the patient prior to providing services by presenting complete information, recognizing the patient's right to withdraw consent at any time."

Clarification of wording and meaning of "presenting complete information" and who the person is who is "providing services" is needed. Every time a tooth is touched.....it could end up needing and extraction, yet for every single filling you don't tell the patient that he needs a filling on this tooth and that the tooth could abscess, need endo and eventually extracted. This is the possible sequelae for all dentistry. When a tooth had deep decay, well then more info and possible outcomes are provided in advance and every tx gets post-op info. The most common problems or worse outcomes are given but NOT every possible thing! Every time the dentist gives a needle, the person could end up having permanent numbness from nerve damage but that isn't told to a patient.

I believe patients must be kept aware that there are always risks to dentistry to the word, "Complete" can be left to multiple interpretations. Also, I am concerned with the provider wording.

Another section I am concerned with is Section 3.5 Communication c) The RDA and DA demonstrates professional decorum including appropriate use of social media."

Personally I believe I act professionally but this can be under that old adage "Common sense isn't common"....so

Clarification is needed to explain what this means. Does this mean no using cell phones or computers to check email while at work unless on a lunch break? Or does this mean to not have a Facebook page? Does it mean you cannot internet date? Or does it mean no pornography? Professional Decorum needs to be spelled out so there are not grey areas.

October 22, 2015
RDA 346

Following a look through the Code of Ethics for the ADA&C, CRDHA, CALPN and the CADA, some similarities were noted although the CADA did not reference their sources, making it impossible to discern where some of the content of this draft came from.

There were a few points that caused me great concern, especially since the CADA made a point of stating that they were drafting a completely new Code of Ethics to ensure enforceability. There are several sections in this draft that, in my layman's opinion, are in no way enforceable due to the vague wording and lack of definition or clarity.

I am respectfully requesting that the following issues be addressed by Council prior to a second review by stakeholders of a *draft Code of Ethics* and any final consideration for adoption:

1.1 a) to whom is the RDA to disclose the issue? What is the definition of harm?

1.1 b) what is meant by seeking sound scientific information to support practice decisions? I could probably find several scientific sources that contradict each other.

1.2 Privacy) do we only use, disclose, access the information for the purpose it was collected or do we use it "as required by law or as authorized by the patient"? (ADA&C Article A7 in their Code of Ethics states it the latter way)

1.3 Consent) Since the RDA is not an independent practitioner must they seek consent before the patient is provided services by each service provider in the practice? What exactly is meant by "complete information"? Both of these statements need clarification or re-wording.

1.5 Professional boundaries) Does this mean that we cannot provide services to family or friends?

2.2 Community a) How would it be determined that an RDA is or is not supporting oral health initiatives to promote oral health knowledge and awareness in the community? How is it determined that an RDA is or is not advocating on behalf of patients including vulnerable populations? What are they advocating for? How is any of this enforceable?

2.2 Community b) If RDAs are being encouraged to give back to the profession shouldn't this be under Responsibilities to the Profession? How is this enforceable?

3.4 Veracity) does "in their practice" mean to their patient or does it mean "in all professional matters" as stated in the CRDHA Code of Ethics P2?

3.5 Communication a) why is this section here? doesn't it fit under b)? Article C2 in the ADA&C Code states more clearly "the practitioner will cooperate with requests of the College, officials and committees to enable them to fulfill their legislated responsibilities". Communication in a timely manner is very subjective and this section makes it possible for administration to use this as unprofessional conduct based on their personal definition of timely.

3.5 Communication b) what constitutes respectful and professional behavior when dealing with an individual or a group who has authority over the RDA/DA? If the RDA/DA makes a complaint about an individual or about the College, is that disrespectful or unprofessional behavior?

3.5 Communication c) does this apply to professional life and personal life? Based on what or whose criteria? This is found in no other Code of Ethics listed above that I reviewed and as this would impact on the personal lives of RDA/DAs, this section is of great concern. This section regarding use of social media as it is written is not appropriate as it impacts on the freedom of the RDA/DA to conduct their personal lives as they see fit.

I would like to recommend that any legal reviews of CADA drafts be done from both the prosecutorial and defense perspectives for a balanced document and for an administratively and legally fair process. The vagueness of many sections in this draft is a benefit to the prosecution (College) and a detriment to the defense (RDA/DA).

Following a review of the *CADA draft Standards of Practice* I am respectfully requesting that the following issues be addressed by Council prior to a second review by stakeholders and any final consideration for adoption:

Page 3 of 11 in the draft states that "...30 days to provide comments as required by the Act and Bylaws" is incorrect and does not provide accurate information. Under the HPA Section 133 (2) and 133 (3), there is no specific time period legislated for review. The Council may have chosen to include a 30 day review period under the CADA Bylaws but that was not a time period that was legislated in the Act.

Additionally, under the HPA Section Section 133 (3), it states that Council must wait until they have reviewed and considered stakeholder comments prior to adoption of those documents. In a previous Council meeting the drafts were "adopted pending stakeholder comment" when they more properly would have been "approved for distribution for stakeholder comment".

Page 4 of 11 in the draft states that "In their practice, dental assistants do one or more of the following:" and then lists a) b) c). Do dental assistants also provide unrestricted activities within their scope of training and education, and should that also be included in this section as d)?

Page 4 of 11 in the draft states that "Dental Assistants provide quality services, maintaining and improving patients' oral health without causing undue harm or risk." The "undue harm or risk" needs to be defined so that everyone understands what this means. This document can be used to determine unprofessional conduct and therefore would be requiring clarity to ensure that Dental Assistants properly understand the limits and broadness of this statement.

Page 6 of 11 contains a list of definitions beginning with "Advocate". This definition was one that applied to the Code of Ethics under 2.2 Community a) and yet was not included in that document.

Page 7 of 11 has 3 items that are also included in the Code of Ethics 1.2, 1.4, 1.7. Should there be this duplication if the purpose of revising the 2 documents was for clarity and to avoid redundancy?

Page 9 of 11 discusses the practice of dental assisting and the application of knowledge to that practice. Item 3.4 seems to be out of place. Would this be better included under the Code of Ethics?

Page 10 of 11 item 4.3 appears to be missing a word that would make it relative to the practice of the dental assistant. Would rewording this to read "Demonstrate *professional* communication, interaction and collaboration skills with peers, allied professionals and the public" be more appropriate?

I would like to recommend that Council return the drafts for further amendments and re-issue them for stakeholder comment yet again to ensure that these documents are well considered by the professional dental assistants that they will apply to both in practice and for disciplinary use by the College.

When the Council of a profession chooses to revise such important documents it is in the best interests of the profession as a whole that the process be allowed sufficient time for thorough and thoughtful contemplation by the parties affected. A reconsideration of the 30 day time period for stakeholder review would be appreciated.