HEALTH PROFESSIONS COUNCIL
RECOMMENDATION ON THE
DESIGNATION OF DENTURISM

Mr. Irvine Epstein, Q.C., Chair
Dr. Arminée Kazanjian, Member
Mr. David MacAulay, Member

Application by the
Denturist Association of British Columbia

October 1993

The Health Professions Council is a three person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions under the Health Professions Act (R.S.B.C. 1979 c. 162.7).

TABLE OF CONTENTS

A. Statement of Issues
B. Executive Summary
C. Recommendations
D. Rationale for Recommendations
E. Concluding Remarks
F. Application and Process of Investigation

Appendix A: The Regulation of Denturism in Canada (1993)
This appendix is not included in the web edition

Appendix B: Consultation Process
Appendix C: Synopsis of Submissions from Key Stakeholders

A. STATEMENT OF ISSUES
Pursuant to its mandate under the Health Professions Act, the Health Professions Council has considered the application from the Denturist Association of British Columbia (DABC) for the designation of denturism under the Health Professions Act.

There are essentially three issues raised by this application:

I. is it in the public interest for denturism to be designated under the Health Professions Act?

II. if designated, what scope of practice is appropriate for denturists practising in British Columbia?

III. should there be limitations on the scope of practice of denturism?

(i) is it in the public interest for denturism to be designated under the Health Professions Act?

At the present time, denturists are regulated by the Dental Technicians and Denturists Board pursuant to the Dental Technicians and Denturists Act. This Board is appointed by the Lieutenant Governor in Council and includes two dental technicians and two denturists.

This Board does not appear to function as effectively as it might, at least partly because of the different professional perspectives. Dental technicians work under the direction of a dentist, and have no direct patient contact, while denturists provide prosthetic services directly to the public.

Should denturism be designated under the Health Professions Act, a new college would be established to replace the Dental Technicians and Denturists Board and separate the regulation of these professions. The board of a college regulating denturism would consist of both elected registrants and appointed public members.

During the investigation of denturism conducted by the Health Professions Council, the College of Dental Surgeons of British Columbia, supported by the British Columbia Registered Dental Technicians Association, the Commercial Dental Laboratory Association of British Columbia and the Vancouver Implant Seminar (Study Club), opposed designation on the basis that denturists have a past record of non-compliance with the Dental Technicians and Denturists Act and Rules. The College submitted that the applicant has not demonstrated the requisite commitment or ability to regulate the practice of denturism in the public interest.

(ii) if designated, what scope of practice is appropriate for denturists practising in British Columbia?

In its application, the Denturist Association of British Columbia requested that "the Council recommend that denturists be permitted to provide, direct to the public, without referral or prescription, all forms of patient removable dental prosthetic appliances and related non-surgical procedures" (DABC application, page 15).
Currently, under section 5 of the *Dental Technicians and Denturists Act*, denturists may make, repair, reline, replace or furnish upper and/or lower full dentures only. There is some difference of opinion between the College of Dental Surgeons and the applicant as to whether denturists may also provide removable dentures over implants. Because of this uncertainty and the absence of a clear definition in either the *Dentists Act* or the *Dental Technicians and Denturists Act*, this activity is unregulated at the present time.

Given the applicant's request for an expanded scope of practice, the Council's investigation focused primarily on whether it is in the public interest for denturists to provide removable partial dentures (RPDs) and dentures over implants (DOIs) directly to the public.

*Comment:*

*Dentures over implants may either be fixed or removable. The applicant did not seek to include fixed DOIs within their scope of practice and the Council agrees it should not be included within the scope of practice of denturism. "DOIs" refers to removable dentures over implants only.*

In comparison with full dentures, it is acknowledged that RPDs and DOIs are more complex and involve a greater risk of harm to the patient. The College of Dental Surgeons submitted that a comprehensive oral examination, including x-rays, is required for the appropriate fabrication and placement of these dentures in order to avoid serious infection, loss of teeth or general deterioration in oral health.

The College submitted that denturists do not have the training and education required to provide these services safely. The applicant, supported by the Canadian Academy of Denturism, The Denturist Association of Canada, The Pacific Denturist Association and The Council of Senior Citizen's Organizations of British Columbia, maintains that many of its members have the requisite expertise. The applicant agreed, however, that denturists should be required to complete a prescribed course prior to providing RPDs and DOIs to the public.

This fall, Vancouver Community College plans to implement a minimum educational curriculum, based on the Canadian Baseline Denturist Competency Profile. Four other colleges in Canada offering a diploma program in denturism also intend to implement this minimum educational curriculum by the fall of 1993. The applicant submitted that this curriculum will provide graduates and currently practising denturists with the appropriate training and education necessary to provide and care for all forms of removable prosthetic appliances.

(iii) **should there be limitations on the scope of practice of denturism?**

The Council has recommended only limitations which it considers necessary to protect the public from risk of harm. It also sought to balance the need for public protection with the desirability of increased consumer choice and lower costs of services. The Council is of the view that its recommendations meet these objectives and enhance the delivery of dental services in British Columbia.
The Council has concluded that denturists should be allowed to provide RPDs and DOIs on the referral or prescription of a dentist who is a member of the College of Dental Surgeons. Such an arrangement supports the concept of a team approach to the safe delivery of health care.

The Council reviewed the current scope of practice of denturism authorized by other provinces and found that it varies considerably across Canada. This legislative review is discussed in detail elsewhere in this Report.

The Health Professions Council conducted an extensive investigation of denturism and considered all the issues raised by the application from the Denturist Association of British Columbia. The recommendations in this report are the result of a comprehensive review, analysis and investigation. Consideration of the public interest in this matter was paramount.

EXECUTIVE SUMMARY

The Health Professions Council recommends that the health profession of denturism be designated under the Health Professions Act and that a College of Denturists be established to govern the practice of denturism.

The Council recommends that the title "denturist" be reserved for a registrant of the College of Denturists.

The Council recommends an exclusive scope of practice comprised of the making and furnishing of full upper and lower dentures. In addition, the Council is of the view that it is in the public interest for denturists to be able to provide removable partial dentures and dentures over implants, but only on the written prescription of a dentist. Denturists should not be permitted to take or interpret x-rays.

A consequential amendment should be made to the Rules under the Dentists Act to allow members of the College of Dental Surgeons to work together with registrants of the College of Denturists on removable partial dentures and dentures over implants.

C. RECOMMENDATIONS

Pursuant to section 10 of the Health Professions Act, the Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

1. denturism be designated as a health profession under the Health Professions Act,
2. the college established under section 15(1) for the health profession be named the College of Denturists,

3. the title "denturist" be reserved for the exclusive use of the registrants of the College of Denturists,

4. the services which shall be performed only be denturists are

   A. making, repairing, relining, replacing or furnishing upper or lower full dentures (that is, appliances which replace all of the natural teeth and associated structures of either the upper or lower jaw and is not supported, wholly or in part, by natural teeth, roots or implants), or both, and for that purpose carrying out nonsurgical intraoral procedures, including the taking of impressions that are necessary to make, repair, reline, replace or furnish upper or lower full dentures, or both, and

   B. where the repairs or replacement can be done without intraoral procedures or the taking of impressions, making structural repairs to a removable dental prosthesis or replacing teeth in a denture.

5. additional services which may be performed by denturists only on the written prescription of a dentist are the making or furnishing of removable partial dentures and dentures over implants, and for that purpose carrying out nonsurgical intraoral procedures, including the taking of impressions that are necessary to make, or furnish removable partial dentures, and

6. the practice of denturism does not include the taking and interpreting of x-rays and radiographic examinations.

   **ANCILLARY RECOMMENDATION**

   The Health Professions Council also makes the following ancillary recommendation:

   7. Article 12.02 of the Rules of the College of Dental Surgeons of British Columbia under the *Dentists Act* should be amended.


---

**D. RATIONALE FOR THE RECOMMENDATIONS**
Recommendation 1

that denturism be designated as a health profession under the *Health Professions Act*

The Council has applied the criteria set out in the Health Professions Regulation and determined that it would be in the public interest for denturism to be designated under the *Health Professions Act*. The practice of denturism clearly satisfies the major criteria for designation in that it involves a risk of harm to the health, safety or well-being of the public.

In its application, the applicant identified the following aspects of practice as involving a risk of harm to the health, safety or well-being of the public:

- recognition of an anomaly,
- excessive displacement of soft tissue by prosthetic appliance,
- allergic reaction to material used in the procedures or final product,
- improper jaw relationship records (ie. improper positioning of the occluding surfaces of the denture), and
- unethical conduct, impairment or incompetence. (DABC Application, page 6)

In addition, the College of Dental Surgeons of British Columbia identified a risk in the diagnosis and treatment of periodontal disease or infection and specific risks associated with RPDs and DOIs.

**PUBLIC INTEREST CRITERIA**

**Health Professions Regulation, s. 5(1)**

Pursuant to section 5(1) of the Health Professions Regulation, the Council has considered four specific aspects of current practice in assessing the risk of physical, mental or emotional harm to the health, safety or well-being of the public. Each of these is discussed below.

A. **the services performed by practitioners of the health profession**

The services currently performed by denturists are those described in section 5(2) of the Dental Technicians and Denturists Act. Section 5(2) reads as follows:

Subject to the limitations, terms and conditions established by the rules or set
out in his certificate of registration, a denturist, student denturist and assistant
denturist may,

I. make, repair, reline, replace or furnish upper or lower full dentures, or
both, and for that purpose carry out nonsurgical intraoral procedures,
including the taking of impressions, that are necessary to make, repair,
reline, replace or furnish upper or lower full dentures, or both, and

II. where the repairs or replacement can be done without intraoral
procedures or the taking of impressions, make structural repairs to a
removable dental prosthesis or replace teeth in a denture.

The Council has concluded that provision of the services described in section 5(2) (whether
over implants or not) involves a risk of harm.

B. the technology, including instruments and materials, used by practitioners

The instruments and materials used by denturists include operatory and sterilization
equipment and materials and equipment used in the fabrication of dentures.

This technology does not present a risk of harm.

C. the invasiveness of the procedure or mode of treatment used by practitioners

The procedures or mode of treatment are invasive only to the extent dentures are fitted in the
mouth.

D. the degree to which the health profession is

I. practiced under the supervision of another person who is qualified to practice as
a member of a different health profession, or

II. practiced in a currently regulated environment.

Denturists are not required to work under the supervision of a dentist or any other health
profession. Unless a denturist has successfully completed an oral pathology course
recognized by the Dental Technicians and Denturists Board, however, the Act does require a
certificate of oral health from a dentist.

The Health Professions Council has concluded that, within the current scope of practice, there
is no necessity for denturists to be supervised by a different health profession. As previously
mentioned, denturists practising in British Columbia are subject to the Dental Technicians and
Denturists Act and are governed by the Dental Technicians and Denturists Board. In the
opinion of the Council, the establishment of a college will more effectively regulate the
profession and serve the public interest.

Health Professions Regulation, s. 5(2)

Section 5(2) of the Health Professions Regulation sets out a number of facultative criteria which the Council may apply to determine whether designation of a health profession is in the public interest.

A. the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession

The Council received letters from many individuals who expressed interest in ensuring the availability of regulated services, and indeed supported an expansion of services.

If it's not too late, please let me say that, in the interests of those people who are doing their best to care for their health at the lowest possible cost, denturists should be allowed to provide partial dentures without reference to the middleman, the dentist, where that person's services is not specifically required. In effect, the dentists have a monopoly on the provision of dental care.

(Letter to the Council dated July 20, 1992)

I wholeheartedly agree with the Denturists that they should be allowed to make partials without going through a Dentist. My partial is terrible and I am sure a Denturist would have taken a proper fitting in the first place.

(Letter to the Council dated July 7, 1992)

The Council also heard from the Council of Senior Citizen's Organizations of British Columbia. The Council specifically addressed the issue of public demand for the services of denturists.

As an organization with represents more than 40,000 senior citizens in British Columbia, we passed a resolution more than 7 years ago stating our support for denturists and their desire to broaden their scope of practice. Denturists have earned the support and confidence of seniors throughout British Columbia because of their dedication and commitment to service at a reasonable cost. Further, they are always available on short notice, pay great attention to detail, have the utmost patience in dealing with the aged and often make calls to extended care homes and private residences. In addition, they provide follow up care at no extra cost well after the initial post-insertion period and honour a money back guarantee if not completely satisfied.

(Letter from the Council of Senior Citizens' Organizations of British Columbia dated July 13, 1992)

The applicant emphasized the public demand for its services during the Council's investigation. The
College of Dental Surgeons noted, however, that the decline in the incidence of edentulism (ie. arches without any teeth) is reducing the demand for complete dentures.

The Council is satisfied there is a demonstrated public interest in the availability of the services provided by this health profession.

- the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public

As is evident from the letters quoted previously, members of the public and the Council of Senior Citizen's Organizations attested to the benefits of the services of denturists. Their letters invariable made reference to the quality of care provided by denturists and the reasonable cost of their services as compared to dentists.

- the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession

There is a national accreditation system administered by the National Council of Denturists Governing Boards. Vancouver Community College (VCC) offers a two year training course which provides instruction regarding the technical, anatomical, biological and psychological needs of the edentulous patient.

- whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution

There are currently five Canadian colleges which offer a diploma program in denturism, including Vancouver Community College.

Beginning in the fall of 1993, VCC intends to implement the Canadian Baseline Denturist Competency Profile curriculum which includes training regarding all removable prosthetic appliances.

- whether it is important that continuing competence of the practitioner be monitored

Because of the risk of harm which accompanies the practice of denturism, it is important that the continuing competence of a practising denturist be monitored.

- the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest

Within this health profession, there exists recognized leadership which has expressed a commitment to regulate the profession in the public interest. The predominant organization is the Denturist Association of British Columbia. The Pacific Denturist Association also represents denturists in British Columbia. It maintains the same basic objectives as the applicant and fully supports the application.
the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the Council may affect the viable operation of the college

One of the most important factors affecting the viability of a college is that there is a sufficient number of registrants to support its activities. The applicant stated that there are currently 194 practising denturists in British Columbia, 72% of whom voluntarily belong to the applicant, most of the remainder to the Pacific Denturist Association and the rest having no affiliation. The applicant has represented denturists since 1951.

The applicant appears to have an understanding of the duties and organization of a college established under the Act.

The College of Dental Surgeons of British Columbia opposed designation partly on the basis of the applicant's past record of non-compliance with applicable legislation. It was submitted that the applicant's past record is indicative of the applicant's inability or unwillingness to manage their affairs in a publicly responsible manner.

Comment:

The Council expects that the College which is created under the Health Professions Act will be structured to ensure compliance with the Act, regulations and bylaws.

whether designation of the health profession is likely to limit the availability of services contrary to the public interest

Denturist services have been regulated under the Dental Technicians and Denturists Act since 1953. Designation under the Health Professions Act, in itself, will not affect their availability.

Based on the foregoing analysis, the Council is of the opinion that designation of the practice of denturism is in the public interest.

Recommendation 2

the college established under section 15(1) for the health profession be named the College of Denturists

Consistent with other colleges regulating health professions in British Columbia, the Council recommends that the College use the name of the practitioners and not the name of the profession.
Recommendation 3

the title "denturist" be reserved for the exclusive use of the registrants of the College of Denturists

The Council prefers that the generic title "denturist" be reserved exclusively for registrants of the College of Denturists. This title is generally understood by the public and is reserved by other provinces in Canada.

The Council considers that a reserved title for denturists is in the public interest. In this way, the public and other health professionals will be assured that anyone calling themselves a denturist is a registrant of the College and is therefore qualified and subject to disciplinary processes for incompetent, impaired or unethical practice.

Recommendation 4

the services which shall be performed only by denturists are

A. making, repairing, relining, replacing or furnishing upper or lower full dentures (that is, appliances which replace all of the natural teeth and associated structures of either the upper or lower jaw and is not supported, wholly or in part, by natural teeth, roots or implants), or both, and for that purpose carrying out nonsurgical intraoral procedures, including taking of impressions that are necessary to make, repair, reline, replace or furnish upper or lower full dentures, or both, and

B. where the repairs or replacement can be done without intraoral procedures or the taking of impressions, making structural repairs to a removable dental prosthesis or replacing teeth in a denture.

In Canada, prior to 1933, only dentists and physicians were permitted to provide and fit a dental prosthesis. In 1933, the Alberta Government amended the Public Health Act to permit a dentist to associate with a denturist when furnishing complete dentures to the public. In 1958, British Columbia allowed denturists to make full dentures directly for the public.

The Council reviewed the current scopes of practice for denturism in Canada. In Ontario, when the Denturism Act, 1991 is proclaimed, denturists will be permitted to provide RPDs directly to the public.
Apparently DOIs are not considered an issue in Ontario.

Denturists in Quebec are also permitted to deliver all forms of RPDs directly to the public without the supervision of, or a prescription from, a dentist. The only restriction is that, with respect to RPDs, a denturist must ask the patient whether he or she has been examined by a dentist and, if not, inform the patient that examination by a dentist is strongly recommended. A 1991 amendment to the Denturologists Act specifically prohibited denturists from taking x-rays and required supervision of a dentist for fitting DOIs.

New Brunswick recently amended its governing legislation to permit denturists to provide any RPDs directly to the public as long as the denturist receives an oral certificate from the patient's dentist. DOIs are not permitted.

In Saskatchewan, denturists who are specifically licensed as "partial denture technicians" may provide partial dentures, but only in accordance with a written referral from a dentist. Similarly in Manitoba, denturists may provide partial dentures in accordance with a prescription from a dentist. These provinces have not yet considered the issue of DOIs.

British Columbia, Alberta, Nova Scotia and Newfoundland appear to limit the scope of practice of denturism to providing complete dentures, although the status of DOIs is unclear. Prince Edward Island does not permit the practice of denturism.

The only provinces which appear to have addressed the issue of DOIs are New Brunswick, which sought to prohibit it, and Quebec which permits some delivery of DOIs under the supervision of a dentist.

Comment:

The Council recognizes that by qualification and training, dentists must be considered the primary care givers with respect to oral health. They are the only ones qualified to perform comprehensive examinations, diagnoses and therapeutic treatment. Current applicable laws reflect this. Further, only dentists are qualified to recognize periodontal disease which may arise from fitting removable prosthetic appliances.

Special Risks Associated with Removable Partial Dentures (RPDs)

The Council has identified risks to which the public could be exposed in the fitting and dispensing of RPDs, including:

- the risk of causing or contributing to periodontal disease and infection,
- failure to recognize and diagnose periodontal disease or infection, and
- improper design, fabrication or replacement of the RPD resulting in loss of and
damage to remaining teeth, loss of use of the RPD, and general deterioration of oral health.

The RPD presents the most potential for risk of harm and requires a proper and competent assessment of the remaining teeth so as to minimize the possibility of damage placed on these teeth by the RPD. The challenges presented by the RPD were discussed in a recent article on the biological risks associated with the RPD by a faculty member of the Department of Clinical Dental Sciences at the University of British Columbia.

In conclusion, there should be no doubt that the decision to replace teeth using a carefully planned RPD requires a biological appreciation of the consequences of tooth-loss and of the potentially destructive impact of dentures. It requires familiarity also with alternative methods of replacing teeth, and an ability to provide the complete range of fixed and removable prosthodontic treatment following an accurate assessment and diagnosis of the problem. Dental students today place a major emphasis on the development of diagnostic judgment and a critical awareness of treatment options, but it is widely acknowledged by dental educators that prosthodontics present some of the most difficult educational objectives to meet. Consequently, misunderstandings on the benefits and dangers of the RPD abound.

Certainly the therapeutic benefits of the prosthesis, as demonstrated by the studies of Bergman et al. and replicated regularly by dentists in this country, will not be achieved by allowing others with less than an accredited dental education to misuse it as an intimate mechanical appliance around weak teeth supported by unhealthy tissues.


Special Risks Associated with Dentures over Implants (DOIs)

Implants are metallic structures embedded in the jaw bone which protrude through gum tissue and to which the denture is fastened. They are expensive and difficult appliances to place and pose a danger of serious infection from bacteria entering down the attachment between the gum tissue and the metal post. Dentures placed on these implants must be meticulously fabricated and placed so the patient can clean the metal structures where they protrude through the gum tissue. Careful attention is required to the occlusion or biting forces so that the jaw bone is not traumatized by the forces that are transmitted through the metal peg into the jaw bone.

The College of Dental Surgeons stated that only a few general practising dentists involve themselves with the placement of removable dentures over implants. The majority choose to refer the patient to a prosthodontist who has special training in removable and fixed prosthodontic appliances. The College is of the opinion that, if many dentists do not feel competent to provide this service, it is inconceivable
that denturists are sufficiently qualified to provide this service.

Conclusion

The Council concludes that denturists are not currently qualified, by education and training, to provide RPDs and DOIs safely to the public without the involvement of a dentist. Consideration has been given, however, to whether denturists should be permitted to provide these services on the prescription of a dentist. This is discussed further in Recommendation 5.

Comment

Nothing in these recommendations prohibits a person from practising a profession, discipline, or other occupation in accordance with another Act (section 14, Health Professions Act).

Recommendation 5

additional services which may be performed by denturists only on the written prescription of a dentist are the making, or furnishing of removable partial dentures and dentures over implants, and for that purpose carrying out nonsurgical intraoral procedures, including the taking of impressions that are necessary for this purpose.

The issue of RPDs and DOIs has caused a great deal of difficulty for the Council. On the one hand, we tried to ensure that the public interest is served by providing alternatives from which individuals may make choices. On the other hand, we were mindful of the caveat that such choices should be selected from safe options.

The Council had a most helpful visit to a denturist clinic in Victoria. We were most impressed with the obvious professionalism of the operation. We were introduced to patients of the clinic who spoke very highly of the services provided (in this case, dentures over implants). So far as the Council was concerned, we had no reservations as to the competency and skill of the practitioners as it related to the construction and emplacement of the prosthesis nor as to their ability to establish a satisfactory rapport with their clientele.

Members of the Council have also availed themselves of the opportunity to visit dental offices and discuss these specific issues with dentists on an informal basis. One such meeting with practitioners in a dental clinic in Vancouver was likewise of great help in understanding the problems involved. One particular case clearly demonstrated the importance of radiological evidence in the examination and prescription of partial dentures.

All in all, the Council is satisfied denturists who have been properly qualified have the necessary
knowledge, skill and expertise to make and fit both removable partial dentures and dentures over implants. We presume the College of Denturists will establish appropriate criteria for determining such qualification.

We are not at all satisfied, however, that by training, denturists are qualified to examine and assess the appropriate prosthesis for individual patients. In our opinion, the provision of RPDs and DOIs should only be made on the explicit prescription of a dentist who has examined the patient and determined the appropriate prosthesis to be fitted. The actual construction, fitting and adjustment could very well be left to the denturist.

The best to be hoped for would be a conjoined effort with dentists exercising their undoubted qualification to examine, diagnose and prescribe and the denturists exercising their undoubted skill and expertise to manufacture and fit the prosthesis.

The College of Dental Surgeons of British Columbia has emphasized the importance of the concept of a team approach to the provision of dental services. The Health Professions Council is encouraged by this position and is equally reassured by similar attitudes expressed during the public hearing by denturists. The professional collaboration recommended by the Health Professions Council will provide additional safe options from which the public may choose in selecting its dental services. This approach echoes the 1981 Ontario study by Professor Bernard Dickens of the University of Toronto, Faculty of Law.

There seems to be mutual recognition, among the dental health professions and also among analysts and educators observing practices within the Province, that a team approach to all aspects of dental health services is to be favoured. The composition, leadership and individual status of team members are matters to be determined by developments on a number of fronts. Legal and institutional barriers to achieving team participation should be removed, however, where compatible with the health protection, economy and convenience enjoyed by consumers. The hope of this Report is that its recommendations may contribute to the forces which encourage a team approach, and which demonstrate to each profession how it may collaborate flexibility with the other in service to the public.


**Recommendation 6**

the practice of denturism does not include the taking and interpreting of x-rays and radiographic examinations.

A radiographic examination and a skilled diagnosis based on the interpretation of those x-rays are necessary to determine which teeth can sustain the added stress of having a RPD attached to them.
and in which direction the pressure should be applied. The strain of a partial denture can cause a loss of teeth if the pressures are incorrectly applied. An RPD which is designed incorrectly can destroy the remaining natural dentition.

Because denturists do not have any training or education regarding the taking or interpretation of x-ray photographs, this aspect of practice should not be included within the scope of practice of denturism.

Recommendation 7

Article 12.02 of the Rules of the College of Dental Surgeons made under the Dentists Act should be amended.

Article 12.02 of the Rules of the College of Dental Surgeons reads as follows:

Prosthetic appliances. A member who takes impressions, extracts teeth, or performs other professional services, preparatory or incidental, to the insertion of a prosthetic appliance must strongly advise the patient, and must use all possible efforts to ensure that the requirements set forth in this Article 12.02 are complied with, and must not directly or indirectly in any way condone any breach of such requirements. The requirements are that:

A. the prosthetic appliance must be fitted by a duly licensed member except if the mouth is completely edentulous, and a complete denture, that is, an appliance which replaces all the natural teeth and associated structures of either the upper or lower jaw, and is not supported, wholly or in part, by natural teeth, roots or implants, is to be fitted;

This Rule would prohibit a dentist from giving a prescription to a patient to have a removable partial denture or a denture over implants furnished by a denturist. In the view of the Council, this provision is contrary to the public interest because it limits consumer choice and impedes the development of a collaborative working relationship between denturists and dentists in the provision of services.

E. CONCLUDING REMARKS

A fundamental premise of this Report is that it is ultimately in the public interest to optimize choice of health care services and practitioners. Individuals should have the opportunity to choose from among health care services, for themselves and their dependents, according to their own perceptions, personal preferences and priorities. Consumers want to assume responsibility for their own health
Government does have the responsibility to ensure that those services which are accessible are safe and that the regulatory framework for the practice of health professions protects the public from incompetent, impaired, or unethical practitioners. At the same time, this responsibility to regulate should not entrench a paternalistic function for professions or reserve exclusive areas of practice in order to enhance professional status and control. It must be recognized, however, that the risk of harm involved in certain tasks and services requires that health professionals be licensed in the interests of public safety.

This philosophy was adopted in Ontario during the Health Professions Legislation Review, and was one of the four aspects of a regulatory framework which was developed. ("Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions", p.6) A new scope of practice model restricted licensure to 13 categories of tasks and services for 24 regulated health professions. The Ontario model was advocated by the Royal Commission on Health Care and Costs in British Columbia.

... exclusive scopes of practice should be narrowed to focus on preventing harm, as has been initiated recently in Ontario. We believe that more appropriate, cost-effective and timely health care could be provided to more patients if B.C. were to follow the Ontario initiative.


Restricting professional monopolies (or exclusive scopes of practice) in favour of consumer choice was also recommended in an earlier study, the Foulkes Report (1974), commissioned by the British Columbia Minister of Health. In discussing the conflicts which may arise between the professional college and the public interest, the area of exclusive scopes of practice was raised.

It must be emphasized that any professional legislation which unduly restricts the scope of practice of skilled personnel may be contrary to the public interest in greater supply and accessibility of service through the development of team practice. Therefore, it is urged that: Professional legislation should not contain narrow restrictions or rigid definitions of scope of practice which are excessively exclusive; that measures should be taken (as indicated below) to reduce the area of interprofessional strain and conflict; and that no prosecutions for violations of scope of practice legislation should be undertaken without the prior consent of the appropriate public authority. Insofar as may be possible with due regard for public safety, professional law should not place rigid restrictions on the scope of practice of allied health personnel, and greater flexibility should be encouraged in the allocation of roles between the health disciplines.

Professor Bernard Dickens, in his report on denture services for the Government of Ontario, also put forward a perspective emphasizing individual choice and responsibility.

Individuals are seen as responsible for their own dental care. As consumers of dental services, individuals are perceived to require access to relevant information for their exercise of choice between alternative services and, where they exist, alternative sources of services. Information includes details of services, and of fee scales. Responsibility for dependent persons is shared in due proportion by their guardians. The role of Government, acting through The Royal College of Dental Surgeons and the Governing Board of Denture Therapists, is to ensure that practitioners achieve and maintain competence to discharge the functions they are licensed to undertake, and act in other ways to serve the public, and not inconsistently with the public interest.

(Dickens, op. Cit., p.2)

The 1964 Report of the Royal Commission on Health Services stressed the importance of the individual's responsibility to make appropriate choices.

The individual must assume responsibility for wise and prudent use of health services, for periodic health examinations, including regular dental examinations, for assuring that the mother receives complete pre- and post-natal care, for seeing that children are properly immunized, and at the first sign of symptoms for consulting a physician or dentist. The wise use of available health services cannot be over-stressed.

(Royal Commission on Health Services, Vol. 1, 1964, p.4)

A regulatory framework of overlapping scopes of practice and narrow exclusive scopes of practice creates a system which offers greater choice and accessibility to health care services and at lower costs. It also imputes a greater responsibility to individuals to inform themselves about the choices available, the implications of those choices, and reduces the paternalism of Government and the professions themselves.

The Council believes that the recommendations in this Report on denturism reflect this philosophy and maximize freedom of choice for consumers of denturist services to the extent possible, given overriding concerns with respect to public safety. The recommendations also enhance the development of the dental team and encourage greater cooperation and collaboration between dentists and denturists.

F. APPLICATION AND PROCESS OF INVESTIGATION

The application by the Denturist Association of British Columbia for the designation of denturism
HPC - Recommendations on the Designation of Denturism

under the Health Professions Act was received by the Council on March 16, 1992. The applicant also provided the Council with an extensive collection of reference materials regarding the practice of denturism and a document of supplementary information dated November 3, 1992, in support of the application.

The Council conducted a consultation process with respect to the designation of denturism and the scope of practice sought by the applicant. The Council wrote to other denturist associations, including the Pacific Denturist Association and the Denturist Association of Canada, the related professions (in particular, the College of Dental Surgeons and associations of dental technicians), a consumer organization, educational institutions and other provinces. A list of the organizations consulted in the denturism investigation is included in Appendix B. The Council also received several letters from individuals regarding their experiences with denturists' services. A public hearing on the application was held on February 25, 1993 in Vancouver.

Because of the technical nature of the expanded scope of practice sought in the application, the Council spent a great deal of time studying the procedures involved in RPDs and DOIs. The Council read a number of articles on the subject and wrote to both the applicant and the College of Dental Surgeons with specific enquiries regarding areas of risk, training and education in partial dentures, the frequency of complaints, and the working relationship between the professions. The Chair of the Dental Technicians and Denturists Board was also asked for detailed information regarding the complaints received by the Board pertaining to denturist practice. Council members visited a denturists' practice in Victoria and contacted dentists to pose questions regarding RPDs and DOIs.

The Council is extremely appreciative of the information and assistance provided by all participants in this investigation, particularly the applicant, denturists, members of the College of Dental Surgeons, and the Dental Technicians and Denturists Board. A synopsis of the positions expressed by the principal stakeholders is in Appendix C.

Appendix B

Consultation Process

1. ASSOCIATIONS

   Alberta Denturist Society
   British Columbia Registered Dental Technicians Association
   British Columbia Dental Hygienists’ Association
   The Canadian Academy of Denturism
   Canadian Dental Association
   Commercial Dental Laboratory Association of British Columbia
   Council of Senior Citizens Organizations
   Denturist Association of Canada

Appendix C
Synopsis of Submissions from Key Stakeholders

1. ASSOCIATIONS

British Columbia Registered Dental Technicians Association

Denturists do not have the expertise to deliver services other than full dentures. Expanded scope of practice would have detrimental effect on the industry as a whole and will result in downgraded quality of dental prosthesis.

Commercial Dental Laboratory Association of BC
Opposed to expanded scope of practice -- denturists should not be allowed to fabricate partial dentures or appliances for implants because they do not have the education necessary to make adjustments to natural teeth.

Council of Senior Citizen's Organization of BC

Supported designation of increased scope of practice. Seniors are main consumers of denturist services and denturists have earned their support and confidence because of their dedication and commitment to reasonable cost.

Pacific Denturist Association

Supported expanded scope of practice because of public demand for the services and the health of the public is not at risk. Wish to cooperate with dentists.

2. HEALTH PROFESSIONS

College of Dental Surgeons of British Columbia

Opposed designation and expanded scope of practice. The history of denturism in BC demonstrates a lack of appreciation and understanding of the responsibilities of self-governance and the responsibilities of delivering and being responsible for dental health care to the public. Services in expanded scope require a high level of sophistication in education and treatment planning far beyond that obtained in denturists' training.

3. EDUCATIONAL PROGRAMS

Vancouver Community College

Utilization of Canadian Denturist Baseline Competency Profile should be useful in defining the scope of practice, with limitations established to ensure patient safety is not compromised. Limitations should not restrict direct access to denturist's care. Conflicting relationship between denturists and dentists should not cloud determination of regulation.

Last Revised: July 21, 2005