



**College of Alberta
Dental Assistants**

College Connect

November 15, 2023

Introduction & Housekeeping

Presenters

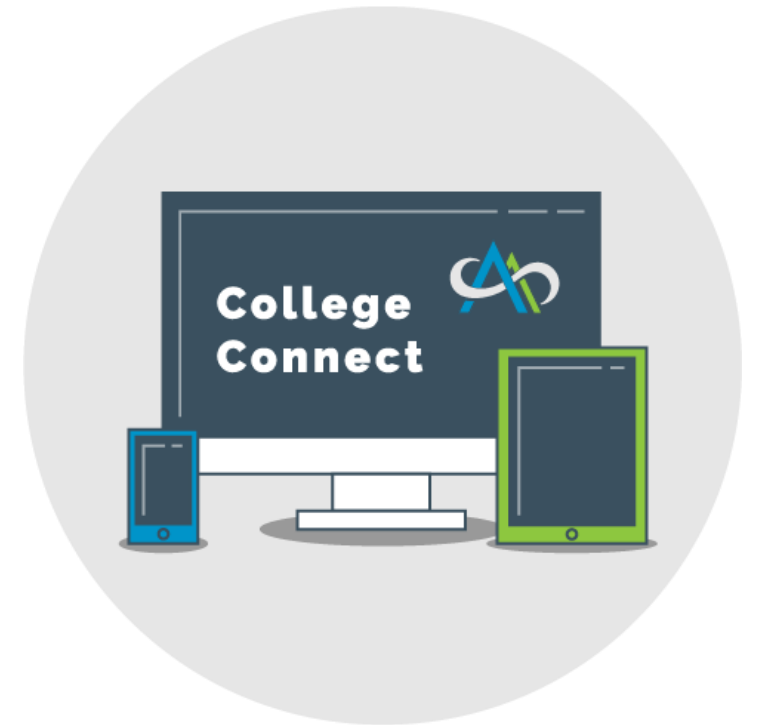
- **Luanne Menard**, Regulatory Compliance Advisor
- **April Slotsve**, Education & Practice Director
- **Jennifer Tewes**, Registrar & CEO
- **Susan vander Heide**, Operations & Complaints Director

Housekeeping

- **connection issues** - try reconnecting using same link
- use the **Questions feature** to submit questions live or to make comments
- length **60 minutes**
- session **recorded**

Content

- What is the College's Role as a Regulator?
- What's happening at the College?
- How does the Code of Ethics relate to dental assistant practice?
- What are the common renewal questions and answers?



Our Role

- Regulatory body
- Protect and serve the public interest



Key Activities of the College

- Approve dental assisting education programs
- Register dental assistants to practice
- Issue practice permits & maintain a public registry
- Set expectations & provide guidance
- Respond to complaints about dental assistants



What's happening at the College?

- Renewal season
- CCP Review
- Communications Review
- Council meeting
- Program Approval Committee recruitment
- Risk management framework



Code of Ethics

- Set of principles that guide behaviour and decision-making
- Voluntary or legally binding
- CADA's CoE legally binding
- Contravening CoE is unprofessional conduct



Code or Standards

- Code of Ethics and Standards of Practice work in harmony
- Together guide dental assisting practice
- Reflect mission, vision and values
- Guide practicing with integrity



6 Key Relationships

- Dental Assistants and Patients
- Dental Assistants and the Community
- Dental Assistants and the Profession
- Dental Assistants and the Health Care Team
- Dental Assistants Personally
- Dental Assistants and the College

Dental Assistants and Patients

- Health and well-being of patient is priority
- Respectful and honest
- Privacy
- Informed consent
- Competent practice
- Professional boundaries



Dental Assistants and the Community

- Honest representation of credentials
- Health promotion



Dental Assistants and the Profession

- Accountability
- Conflicts of interest
- Professional development
- Professional communication



Dental Assistants and the Health Care Team

- Communication and collaboration
- Professionalism



Dental Assistants Personally

- Competence
- Fitness to Practice



Dental Assistants and the College

- Compliance
- Participation



Ethical Decision-making Framework

1. Collect information to identify the issue.
2. Determine realistic alternatives.
3. Propose and test possible solutions.
4. Make your choice. Implement your solution.
5. Evaluate the outcome and learn from it.

For More Information

- Code of Ethics Learning Module
- Therapeutic Relationships and Professional Boundaries



Common Renewal Questions & Answers

- CPR
- Continuing Competence Program
- Professional Liability Insurance
- Leave of Absence
- Practice Hours Verification Form

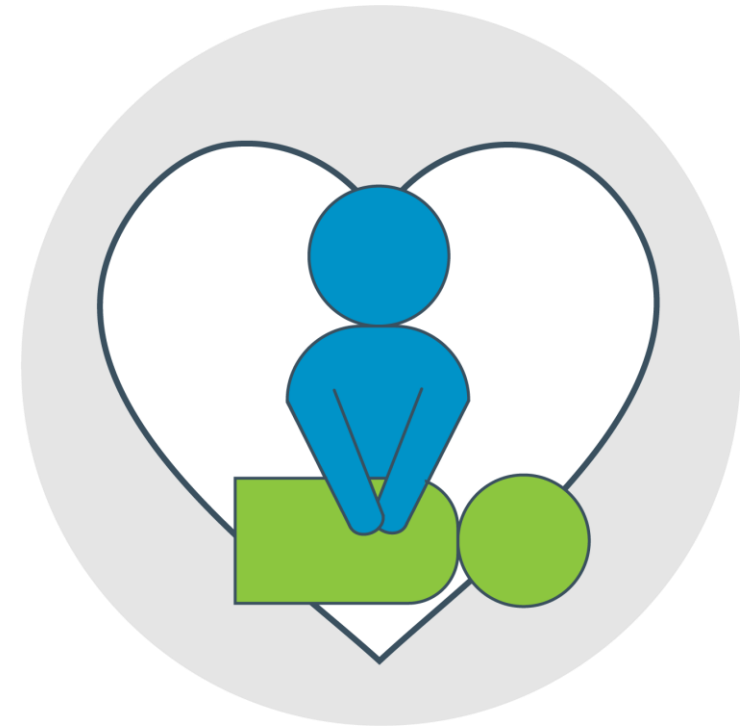


Do I need current CPR?

Yes: If you are part of a sedation team.

Yes: If your employer or practice setting requires it.

You don't need current CPR to renew your practice permit.



Continuing Competence Program

1. What can I use as a Learning Objective? / Does this qualify as a Learning Objective?
2. What is the correct Competency Number for my Learning Objective?
3. Can a Learning Objective be carried forward to the next year?

Professional Liability Insurance

1. How do I renew my insurance?
2. My insurance certificate states it is valid until December 1. Do I need to renew it now, or can I wait?
3. I entered the wrong policy number - how do I fix it?
4. I'm also registered with ACDH. Can I use the same insurance policy for my registration with CADA?

Leave of Absence

- Do not hold a Practice Permit - **Permit is Suspended**
- May not perform any professional services
- May not use the protected titles RDA and DA
- Must **Reinstate your Practice Permit** before returning to practice

Eligibility for Leave of Absence

1. Are you taking a temporary leave from practicing in Alberta?
2. Will your leave begin by December 1st this year and end after November 30th next year?
3. Do you plan to return to practice within 3 years?



Leave of Absence Questions

1. I am currently on Maternity/Parental Leave. What should I do for my permit renewal? Should I transfer to Leave of Absence?
2. If I take on a different role in the dental industry, such as sterilization tech or dental administration, can I transfer to Leave of Absence?
3. I will not be working for 6 months. Can I take a 6-month Leave of Absence?

Leave of Absence Questions continued

4. I have been on Leave of Absence for 2 years. How do I know if I have enough practice hours to meet current practice requirements to reinstate my permit?
5. If I don't meet current practice requirements, what can I do to reinstate my practice permit?

Practice Hours Verification Form

Practice Hours Verification Form



- Use this form to report your practice hours:
 - for CCP (use Sections A and C)
 - for new registration or reinstatement applications (use Sections B and C)
- Complete one form for each employment or volunteer role.
- Hours may include employment and volunteer hours.

Name _____ Registrant # _____

Section A - Practice Hours for CCP Records

- Include hours for one Plan Year only.
- Use Section C – Verification.
- Upload this completed form to your Practice Hours record at *Practice Hours* in the CADA Portal.

Plan Year _____ Exact Number of Hours Completed _____
Plan year is from December 1st to November 30th.

Hours Completed Between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Section B - Practice Hours for New Registration or Reinstatement Applications

- New registration applicants need clinical practice hours from employment only and must list all clinical services they provided at *Types of Services Provided*.
- Hours that are less than 3 years old are eligible.
- Use Section C – Verification or attach documents that verify your practice hours.
- Attach this form to your registration or reinstatement application.

Hours Completed Between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Exact Number of Hours Completed _____

Type of Services Provided _____

Section C - Verification

To be completed by employer or volunteer organization representative who is verifying practice hours.

Employer or Volunteer Organization _____

Verified By (print name) _____

Signature _____ Date _____

Job Title/Position _____

Contact Information _____
(Phone, Address or Email)

**What questions do
you have for us?**





**College of Alberta
Dental Assistants**

Thank you for attending

Watch your Inbox for College Connect sessions in 2024!