

# ANNUAL REPORT 2020



alberta dental  
association & college



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# PRESIDENT'S REPORT

2020 saw continuous change for dentists in Alberta.

In January, the ADA&C moved toward self-reporting for continuing education. Regulated dentists are now responsible for submitting their continuing education hours via the self-reporting link on the main page of the members' website. Continuing competency also made adjustments to allow for more online education. Self-instructional/self-study courses qualify for 40 credits per two-year cycle, without duplication.



In March of 2020, COVID-19 hit Alberta. At that time, the ADA&C formed a COVID-19 Response Task Force (CRT) to evaluate the science and develop protocols for dental offices to allow for the continued and enhanced safety of the public and oral health providers during this pandemic. Communication was frequent during the first two months with updates happening daily or every second day, and these updates continued on a weekly or biweekly basis as needed. Elective dental treatment was suspended on March 17, 2020 and treatment was limited to emergent and urgent care. This level of dental care went on for two months until May 14, 2020 when the Government of Alberta (GOA) relaxed restrictions and allowed for routine dental treatment to be re-established. The ADA&C worked very hard with the other oral health care Colleges in Alberta to ensure guidelines were universal for all College members and to eliminate any confusion that had developed. The CRT continued to work and adapt as the science regarding COVID-19 evolved.

In July, the GOA passed Bill 30: *The Health Status Amendment Act, 2020*. This Bill required that Regulated Colleges increase the number of public members, appointed by governments on Regulated Health Care College Councils, from a minimum of 25% to a minimum of 50%. This increase in public members was also applied to Hearing Tribunals and the Complaints Review Committee. These changes will take effect April 1, 2021.

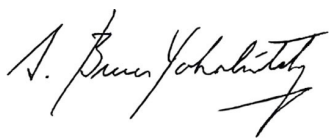
On December 9, 2020 the GOA passed Bill 46: *The Health Statutes Amendment Act, 2020 (No. 2)*. This omnibus Bill made a number of changes in the running of Colleges. The most noticeable changes included mandating the separation of colleges from professional associations and labour unions, and enhancing the operation of governing councils and hearing tribunals. It also established a central registry of health professionals in Alberta, revises the current professional complaints and discipline processes, and authorizes the performance of restricted activities through government regulation (Lieutenant Governor in Council), rather than professional regulations. The Government has not given a timeline for these changes.

Based on the declining economics of the Province and strong indications from the Government, Council, in their October 2020 meeting, made a decision to hold the 2021 ADA&C Fee Guide at the 2020 level. During this same meeting, Council passed the omnibus Standard of Practice: Minimal and Moderate Sedation, Deep Sedation and General Anesthesia in Non-Hospital Dental Practices. This went into effect January 2021. This Standard of Practice set out the requirements for all dental facilities providing diverse modalities and levels of sedation.

New member benefits through the ADA&C were implemented in 2020. These included partnerships with Moneris, which gives a reduction in Credit Card and Debit Card service fees; Sowingto, which offers membership discounts of 13-50 percent on thousands of sundry products; and a Health Spending Account Program for members with a reduced administration fee managed by Cost Efficient Benefit Plan.

These changes and services are indicative of how the ADA&C continues to provide leadership to the public and to dental professionals in the Province of Alberta.

Respectfully,



Dr. S. Bruce Yaholnitsky  
President, Alberta Dental Association and College



# MISSION, VISION & GOALS

## MISSION

The ADA&C gives leadership to the dental profession on professional regulations and member services. It provides the public with information and services, to ensure that Albertans receive safe, appropriate, ethical and quality dental care as an integral part of general health.



## VISION

Albertans recognize and regularly use dental services as key components of their primary health care. The dentist-patient relationship is seen as central to the ongoing health of Albertans. Albertans trust their dentists, and view them as the leaders in the delivery of the most advanced, evidenced-based and caring dental services. Dental practices are considered a vital part of Alberta communities, and dentists are active contributors to community life.

The ADA&C upholds the public trust of dentists, and preserves the integrity of the relationship of dentists with government, service care providers, supporters of dental services, business community.

## GOALS

- Optimizing dental health services for all Albertans through governance leadership in the profession that ensures safe, appropriate, and ethical oral health care.
- Effective communication and collaborative relationships with dentists, the public, government, industry, other dental organizations, and health professionals.
- Effective and efficient resolution of problems regarding dental health services provided by dentists; with patients, dentists, government, industry, and other health professionals.
- Promotion of excellence in the delivery of dental health services.
- In cooperation with patients, dentists, government, industry, other dental organizations and health professionals, the Alberta Dental Association and College supports effective resolution of health-care delivery issues to ensure that the public does not receive unsafe, inappropriate, or unethical oral health services.
- Positioning of dentists and dental services with all stakeholders as trustworthy, competent, and responsive to the personal wellness of Albertans.
- Effective monitoring and support of continuing competence and capacity to practice of Alberta dentists.



# PUBLIC MEMBERS' REPORT

What a year it has been!

The dental profession faced an unprecedented public health crisis in 2020. The Alberta Dental Association and College (ADA&C) responded to the pandemic and other challenges with wisdom and strength of purpose.

The dental profession is self-regulated through the ADA&C. This provision is granted under the Health Professions Act (HPA). The HPA is based upon the principle that health professionals are in the best position to protect the health of their patients. The ADA&C works every day to promote dental health and protect the public. The HPA requires that 25 per cent of voting members of the ADA&C be composed of public members. The ADA&C currently has three public members.

The public members are appointed by the Minister of Health to assist the ADA&C in fulfilling its governance role in a manner that protects the public interest. The role of public members is to enhance and support the ADA&C, as it protects the public, acts fairly, adheres to statutory and other legal requirements, and develops and fosters appropriate professional standards.

As public members, we serve as objective participants in regulatory processes and we engage fully in decision making at meetings of the ADA&C. In order to fulfill our mandate, we must keep ourselves informed on the dental profession, dental health initiatives, current industry trends and dental health events.

Over the last twelve months, we saw the enactment of two new Health Statutes Amendment Acts (Bill 30 and Bill 46) that included a number of significant changes to the regulatory landscape for the dental profession:

- **Bill 30** increased the participation of public members on hearing tribunals, complaint review committees and appeal panels from the current minimum of 25% to a minimum of 50%. The effective date of these changes is April 1, 2021.
- **Bill 46** improved governance and accountability to ensure that the healthcare system and health professionals meet the health needs of Albertans. To meet some of the upcoming changes required by Bill 46, the Council established the Separation Task Force at the October council meetings, which was tasked with developing a plan for separating the Association and the College.

In 2020, the public members participated fully in the ADA&C pandemic response, and accepted new roles on ADA&C subcommittees and a dental profession task force. This increases the public oversight and accountability of the work of these groups. Public members hold positions on the Governance & HR Committee, the Audit Committee, and the Separation Task Force. At its October meeting, the ADA&C unanimously adopted a resolution to appoint a public member to the Executive Committee. A public member will now join the President, President-Elect, and Past-President on the Executive Committee of the ADA&C. The new position will commence on July 1, 2021.

The public members look forward to the opportunity to serve Albertans through our work on the ADA&C Council and we are most pleased to work with well-regarded dental professionals as we provide governance at this inflection point in the life of the organization.

Ms. Shari LaPerle, Ms. Barbara Chipeur, and Ms. Nikki Sandie



# COUNCIL

## Executive Council

Dr. S. Bruce Yaholnitsky  
President, Calgary District

Dr. Troy A. Basarab  
Past President, Southern District

Dr. Mintoo (G.S.) Basahti  
President-Elect, Edmonton District

Dr. Lee G. Darichuk  
Vice President, Calgary District

## Directors

Dr. Randall P. Crowell  
Edmonton District

Dr. Carol A. Martin  
Northern District

Dr. Nathaniel D. Podilsky  
Edmonton District

Dr. James D. Trofimuk  
Calgary District

Dr. Neil E. Strembiski  
Central District

## Public Members

Ms. Shari LaPerle

Ms. Barbara Chipeur

Ms. Nickoletta (Nikki) Sandie

# NEW COUNCIL MEMBERS



## DR. NEIL STREMBISKI

Dr. Strembiski grew up in Alberta and is a graduate of the University of Alberta with a BSc in 1989 and DDS in 1991. He established a practice in Red Deer Alberta in 1995 where he continues to practice full time. He has been a member of the Central Alberta Dental Society since 1995, serving as a director and occasionally as president for many years. He is a volunteer with the Dental Outreach program of Red Deer since its inception, which provides dental care to children in need in the central Alberta region. Being an active member of the Central Alberta Dental Society, it has instilled a great appreciation for effective leadership and firm belief that participation is the foundation of a strong profession.

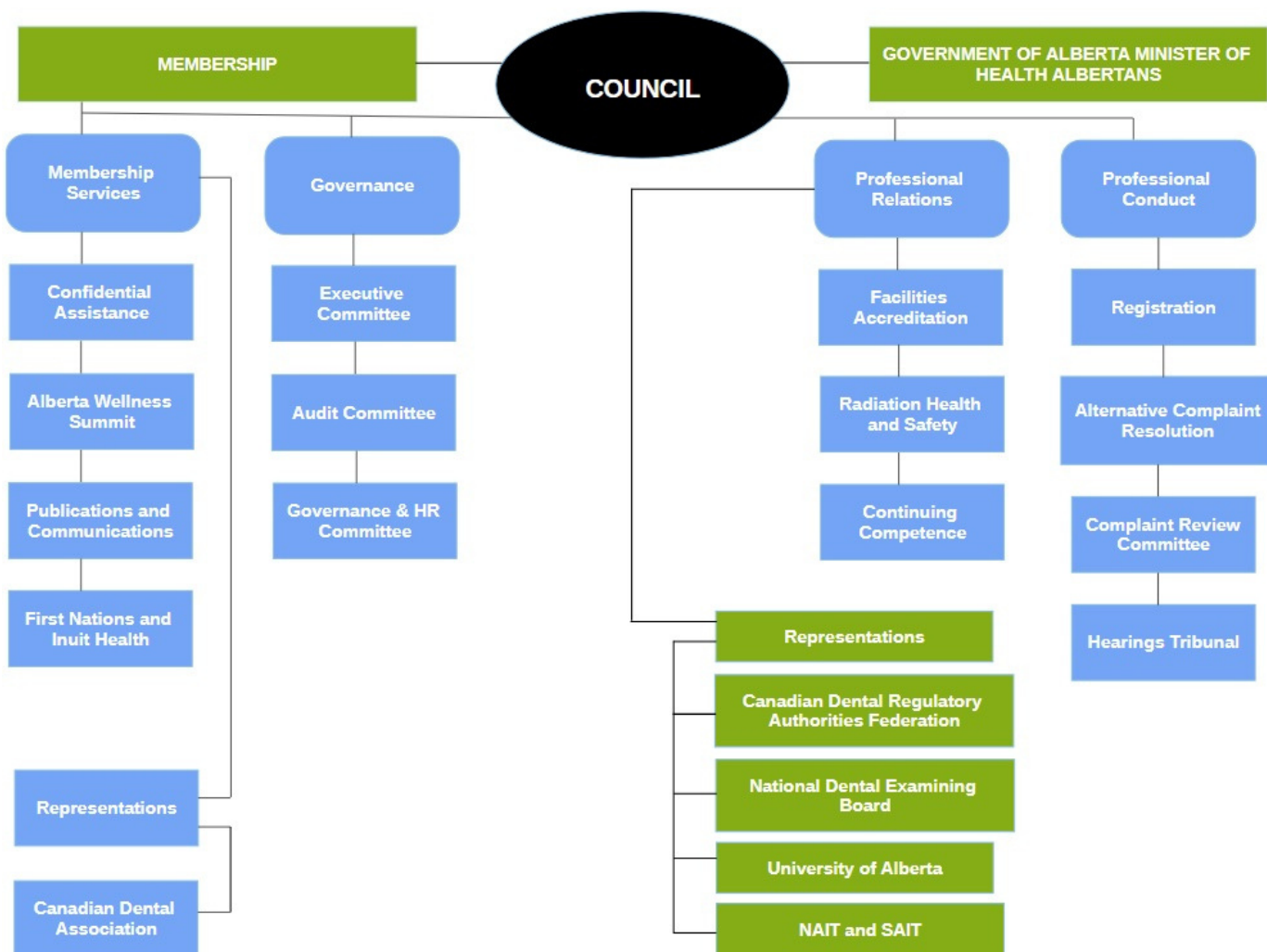


## BARBARA CHIPEUR

Barbara was born and raised in Alberta. Her first career was teaching in Edmonton after receiving a Bachelor of Education from the University of Alberta in 1982. In 1994, she graduated from the University of Alberta as a Doctor of Dental Surgery and carried on the practice of dentistry out of her own clinic for 25 years. She sold her practice and retired at the end of 2018. It is now a great pleasure for her to contribute in public service through her role as a public member of the Alberta Dental Association and College. Barbara believes that professional self-governance is the best way to ensure the public interest. Dentists must always put the patient first and it is her commitment to participate on Council with the concerns of the public in mind, as we promote the best interests of patients and lead in continually improving dentistry in Alberta.



# ADA&C STRUCTURE



# HEALTH PROFESSIONS ACT & GOVERNANCE

The Alberta Dental Association and College provides leadership to the dental profession on professional regulations and member services, and provides the public with information and services to ensure that Albertans receive safe, appropriate, ethical, and quality dental care as an integral part of general health.

Under the *Health Professions Act* (HPA), regulatory responsibilities are:

- establishing entrance requirements for the profession, including academic preparation, and examinations;
- registering dentists in the province of Alberta;
- maintaining a register of regulated dentists;
- administering the *Health Professions Act* and the *Dentists Profession Regulation*;
- developing, administering and enforcing the bylaws, policies and procedures necessary to fulfil the requirements of governing legislation;
- adopting a Code of Ethics for the profession; establishing and setting Standards of Practice for the profession;
- developing, implementing and monitoring a Continuing Competence Program for the profession;
- investigating, adjudicating and resolving complaints;
- liaising with the Government of Alberta regarding the *Health Professions Act* and other relevant legislation;
- liaising with other dental regulatory authorities; and
- liaising with other professional regulatory authorities.

## ADA&C Governance

The ADA&C is governed by a 12 member Council (nine elected dentists, and three public members appointed by the Lieutenant Governor in Council).

Council uses a policy governance model adhering to the HPA, regarding the responsibilities related to registration, competence, practice monitoring and complaint resolution.

Council defines the strategic goals and objectives (policy) while the Chief Executive Officer and the administrative team are responsible for developing and implementing results (operations).

Council is responsible for governing the dental profession in Alberta. Council carries out this responsibility by developing regulations, standards of practice, code of ethics, and bylaws.

# REGISTRATION & RENEWAL OF PRACTICE PERMITS

## **General Dentist**

To apply for registration as a general dentist in the province of Alberta, an applicant must provide a copy of the certificate from the National Dental Examining Board of Canada.

## **Dental Specialist**

An applicant for dental specialist requires successful completion of the National Dental Examining Board of Canada – National Dental Specialty Examination.

## **General Dentist and Dental Specialist**

If an applicant wishes to apply for registration as both a general dentist and a dental specialist, a copy of the certificate from the National Dental Examining Board of Canada and successful completion of the National Dental Specialty Examination are required.

All members are required to complete an annual renewal of registration and pay fees as part of this annual renewal process. Annual renewal is completed electronically through the website. All members must meet the continuing education requirements on a two-year cycle as part of their annual renewal.

## **The Canadian Dental Association outlines nine nationally recognized dental specialties:**

### **Dental Public Health**

Dental public health specialists focus on improving the dental health of populations rather than individuals. They principally serve the community through research, health promotion, education and group dental care programs.

### **Endodontics**

Root canal therapy is the most common procedure performed by endodontists. But that's not all they do. Their specialty encompasses the diagnosis, prevention and treatment of nerve and tissue diseases and injuries.

### **Oral Medicine and Pathology**

Dentists sometimes send specimens to specialists in the area of oral medicine and pathology. These specialists rely on clinical, radiographic, microscopic and biochemical examinations to establish a diagnosis. They focus on the nature and nonsurgical management of disease and disorders that affect oral structures.

### **Oral and Maxillofacial Surgery**

Oral and maxillofacial surgeons diagnose and surgically treat disorders, disease, injuries and defects impacting the functional and esthetic aspects of the mouth, head and neck. For example, they can extract wisdom teeth or broken teeth, treat temporomandibular joint disorders, or place dental implants and bone grafts.



### **Oral and Maxillofacial Radiology**

Oral and maxillofacial radiologists help diagnose and treat diseases and disorders of the craniofacial complex through the use of imaging technologies such as X-rays, CT scans and MRIs.

### **Orthodontics and Dentofacial Orthopedics**

Orthodontists are trained to diagnose, prevent and treat dental and facial irregularities, for both functional and esthetic reasons. Treatment options include the use of dental braces, retainers, spacers and other devices.

### **Pediatric Dentistry**

Pediatric dentists provide preventive and therapeutic oral health diagnosis, care and consultative expertise for infants and children through adolescence, including those with special care needs. They receive training on handling the fears or anxieties of some children.

### **Periodontics**

Periodontists focus on the diagnosis, prevention and treatment of diseases and conditions that affect the bones and gums or that lead to loose or lost teeth. They help maintain the health, function and esthetics of these structures and tissues. Periodontists also place dental implants.

### **Prosthodontics**

Prosthodontists are trained to diagnosis, restore and ensure oral function, comfort, appearance and health by the restoration of the natural teeth or the replacement of missing teeth (e.g. bridges, dentures, implants).



# REGISTRATION STATISTICS

The following summarizes registration data from the 2020 membership year.

**REGULATED  
DENTISTS:  
2,930**

General Dentists: 2,525  
Dental Specialists: 339  
Education & Research: 58  
Courtesy Registration: 6  
Volunteer Registration: 2

## **NEW REGISTRATIONS INCLUDING APPLICATIONS: 159**

Canadian Dentists: 99  
International Dentists: 60

## **REGISTRATION APPEALS: 0**

## **NEW GRADUATES: 84**

Canadian: 57  
International: 27

**DENTAL  
SPECIALISTS:  
18**

Endodontic: 2  
Oral Medicine and Pathology: 0  
Oral Radiology: 0  
Oral/Max Surgery: 6  
Orthodontics: 4  
Pediatric Dentistry: 3  
Periodontology: 2  
Prosthodontist: 1  
Dental Public Health: 0

## **PROFESSIONAL CORPORATIONS: 2,644**

## **EDUCATION & RESEARCH: 58**

Education & Research: 30  
Graduate Students: 20  
Education & Research Residents: 8

# CONTINUING COMPETENCE

Council and the Continuing Competence Committee of the ADA&C continues to review the program requirements for Continuing Education in terms of the accountability that is required under the *Health Professions Act* and the *Dentists Profession Regulation*. The Continuing Competence requirement is 60 program credits over a two-year period (e.g. January 1, 2020 to December 31, 2021). Continuing Competence requirements must be met prior to registration renewal at the end of the two-year term. If a member has not met their required program credits amount they may apply for a 60-day extension for the two-year term. If the member has not met the required program credits amount they are removed from the register and their right to practice dentistry in Alberta is withdrawn until they obtain the required credits.

As of January 2020, the ADA&C moved toward self-reporting for continuing education. Regulated members are responsible for submitting their continuing education hours. It is the member's ethical responsibility to ensure that all reporting of continuing education is accurate. Failure to do so can constitute unprofessional conduct and may result in disciplinary action by the ADA&C.

To obtain program credits, a regulated member may undertake professional development activities such as attendance at a dental-related scientific or clinical course designed to enhance the professional development of dentists; attendance at a dentistry-related approved study club; receipt of fellowship by examination; completion of a graduate or postgraduate specialty program; publication of a research paper in a peer-refereed journal; self-directed study and other activities approved by the ADA&C Council, the Chief Executive Officer or the Continuing Competence Committee.

Dentists must submit verification by the provider as this is mandatory or no program credits are given. Credits are granted based on one hour of lecture time equals one credit time. Lectures and courses must be provided by:

- American Dental Association Continuing Education Recognition Program (ADA CERP) approved providers (approved does not imply acceptance);
- Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) approved providers (approved does not imply acceptance);
- international, national, provincial and state dental programs in General Dentistry and Alberta Dental Association and College recognized specialties;
- Alberta Dental Societies;
- Registered Alberta Dental Specialists;
- University of Alberta Faculty of Medicine and Dentistry;
- Cardio Pulmonary Resuscitation courses by any recognized provider;
- approved Small Group Learning Sessions (or Study Club); and
- other activities approved by Council, the Chief Executive Officer or the Continuing Competence Committee.



# PRACTICE VISITS

Practice visits are part of the *Health Facilities Act* and the *Dentists Profession Regulation*. The ADA&C conducts practice visits as part of the Continuing Competence Program as directed by Council. The visitations are designed to assist practitioners in the guidance and implementation of the *Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry* and *Standard of Practice: Use of Sedation in Non-Hospital Dental Practice*.

## 2020 Continuing Competency and Practice Visits

A total of zero (0) practice visits were completed in 2020 due to the COVID-19 pandemic.

# DENTAL FACILITIES ACCREDITATION

All non-hospital surgical facilities and dental surgical facilities where deep sedation and/or general anaesthesia are used in dental treatment must be accredited by the ADA&C. This process involves application, completion of a questionnaire and an inspection to ensure compliance with the ADA&C *Standard of Practice: Dental Facility Accreditation*. This process is separate from that required by the College of Physicians and Surgeons of Alberta (CPSA).

Accreditation is required by law in Alberta in the HPA and the *Health Facilities Act*, and is carried out by the Dental Facilities Accreditation Committee. The ADA&C carries out the responsibilities of accreditation (as outlined in the HPA, Schedule 7) by:

- establishing a Dental Facilities Accreditation Committee;
- establishing the power and authority of the Dental Facilities Accreditation Committee to accredit facilities; and
- allowing for decisions of the Dental Facilities Accreditation Committee to be appealed to Council.

Dental Surgical Facility Accreditation Regulation requires Council to approve and publish standards for dental surgical facilities, and requires regulated members working in accredited facilities to comply with those standards. Section 12(1) of Schedule 7 of the HPA requires that a dental surgical facility be accredited before a regulated dentist provides dental surgical services to the public in it.

Dental surgical services include:

- a professional service that is provided by a regulated member where a general anaesthetic is used that renders the patient unconscious, or where deep sedation is used;
- an “insured surgical service” as defined in the Health Facilities Act that is provided by a regulated member in a facility that must be accredited under Schedule 7 of the HPA; or
- any other professional service described in the regulations that is provided by a regulated member that in the opinion of the council represents a risk to the patient that is greater than usual for a professional service provided by a regulated member.



Dental surgical services include major and minor surgical services. Minor surgical services, as set out in Section 1 of the *Health Facilities Act* are exempt from needing to be performed in an accredited facility if certain anaesthetic and clinical conditions with respect to the procedure and the patient are met.

Section 1 of the *Health Facilities Act* sets out that minor surgical services are not exempt from needing to be performed in an accredited facility if in the circumstances under which the surgical procedure is performed, there is significant risk of any of the following:

- intra-operative or post-operative hemorrhage;
- intra-operative or post-operative airway compromise;
- compromise of the patient's cardiovascular or respiratory status; and
- injury to a major vessel in the operative field.

The *Health Facilities Act* establishes the overall regulatory framework for surgical services which apply to both dentists and physicians.

"Insured surgical services" are defined by the *Health Facilities Act*. The *Health Facilities Act* states that in order for a facility to provide "insured surgical services," the facility must:

- be accredited;
- have an agreement with Regional Health Authority; and
- be designated by the Government of Alberta, Minister of Health.

# 2020 DENTAL FACILITIES ACCREDITATION STATISTICS

Non-Hospital Surgical Facilities  
(NHSF): 34

Dental Surgical Facilities: 3

**TOTAL  
ACCREDITED  
FACILITIES:  
37**

## DFAC ACTIVITIES

Facility Assessments: 1  
Existing Facilities Re-Accreditation: 0  
Extended Accreditation  
during COVID-19: 6  
Accreditations Outstanding: 6  
New Facility Applications: 0  
New Facilities Accredited: 0

**TWO FACILITIES LEFT THE DFA PROGRAM IN 2020.**

*Note: Non-hospital surgical facilities are accredited by both the ADA&C and the College of Physicians & Surgeons of Alberta (CPSA). Dental surgical facilities are accredited by the ADA&C.*



# COMPLAINTS RESOLUTION

The Alberta Dental Association and College is the dental regulatory authority for Alberta. The ADA&C administers all complaints about Alberta dentists within the authority granted by legislation from the Government of Alberta. The main legislation is the *Health Professions Act*. Under the *Health Professions Act*, the ADA&C is unable to publicly disclose information about a dentist and a complainant.

The public interest is forefront in the complaints process. All regulatory matters must balance protecting the public and ensuring fairness to a dentist.

The complaint process is designed to review a complaint and determine if:

- the conflict can be resolved by the Complaints Director;
- the complainant and dentist can resolve the conflict directly;
- further investigation is warranted;
- the complaint should be dismissed; or
- the complaint should be referred to a hearing.

If a complaint matter is referred to a hearing:

- a hearing may be held where witnesses, including the complainant, are present and give evidence under affirmation;
- hearings are open to the public and the date of a hearing is published on the ADA&C website;
- a purpose of the hearing process is to determine if the dentist has engaged in unprofessional conduct. The hearing process is focused on the conduct of the dentist and not financial compensation for the complainant;
- a hearing tribunal includes one public member who is appointed by the Lieutenant Governor in Council, Government of Alberta and three dentists; and
- if a hearing tribunal determines that a dentist has engaged in unprofessional conduct, a summary of the decision and the evidence from the hearing are shared publicly, including on the ADA&C public website.

Dentists are encouraged to address complaints and concerns with their patients early on in their practice with the goal of preventing a complaint but also to address the needs of the patient. Where complaints are made to the ADA&C, dentists and complainants are often encouraged by the Complaints Director, at the onset of the complaint process or throughout, to work together to resolve the complaint. At times, the Complaints Director assists the dentist and the complainant to communicate with each other to resolve the complaint.

The ADA&C encourages resolution of advertising complaints. Advertising complaints are not easily resolved before a complaint is made because often the notification of a complaint encourages a member to review their advertising to determine if it is compliant with the *Health Professions Act* and the ADA&C Code of Ethics.



# 2020 COMPLAINTS STATISTICS

| CATEGORY   | TOTAL | TREATMENT<br>COMPLAINTS | ADVERTISING<br>COMPLAINTS | SEXUAL ASSAULT/<br>SEXUAL MISCONDUCT |
|--|-------|-------------------------|---------------------------|--------------------------------------|
| Complaints carried over from previous years and open as of January 1, 2020 | 162   | 157                     | 2                         | 3                                    |
| New complaints 2020  | 119   | 118                     | 1                         | 0                                    |
| Complaints closed 2020   | 114   | 110                     | 1                         | 3                                    |
| Complaints carried over to January 1, 2021                                 | 167   | 165                     | 2                         | 0                                    |

## BREAKDOWN OF COMPLAINTS

|  |   |   |   |   |
|--|---|---|---|---|
| Complaints referred to hearing                     | 5 | 4 | 0 | 1 |
| Dentists referred to hearing                       | 5 | 4 | 0 | 1 |
| Hearings conducted                                 | 8 | 6 | 1 | 1 |
| Hearings partly or completely closed to public     | 0 | 0 | 0 | 0 |
| Hearing decision appeals                           | 2 | 2 | 0 | 0 |
| Requests for review by Complaints Review Committee | 8 | 8 | 0 | 0 |
| Reviews completed by Complaints Review Committee   | 6 | 6 | 0 | 0 |
| Members assessed for incapacity                    | 1 | - | - | - |

# SEDATION

Dentists offering sedation must adhere to the requirements outlined in the *Standard of Practice: Use of Sedation in Non-Hospital Dental Practice*. This Standard of Practice applies to dentists who are administering sedation in dental practices. Sedation is a pharmacologically-induced, minimally to moderately depressed level of consciousness that retains the patient's ability to independently and continually maintain an airway and respond to physical stimuli and verbal command.

Specifically, the *Standard of Practice: Use of Sedation in Non-Hospital Dental Practice* applies to:

- dental practices where sedation is administered;
- dentists who administer sedation;
- dentists who administer Modalities 1 through 4 in a dental practice that is within or part of a non-hospital dental practice; and
- clinical personnel who provide surgical or sedation support to dentists administering sedation.

There are four modalities of sedation. The *Standard of Practice: Use of Sedation in Non-Hospital Dental Practice*, is divided into four sections representing the four modalities. The modality determines the physical equipment and personnel requirements of the dental setting, the training requirements of the dentist administering the sedation and the clinical personnel assisting the dentist. The requirements for each modality, when used separately or in combination by a dentist in a non-hospital dental practice, must be met.

The modalities are:

**Modality 1:** Nitrous Oxide and Oxygen Sedation

**Modality 2:** Oral Administration of a Single Dose of a Single Sedative Drug (Benzodiazepines or Benzodiazepine-like drugs and Antihistamines only)

**Modality 3:** Oral Administration of a Single Sedative Drug with Nitrous Oxide and Oxygen or Supplemental Use of a Single Sedative Drug (upon review, permits are issued)

**Modality 4:** Parenteral and Parenteral-like Sedation (upon review, permits are issued)

- Single Drug IV (4S – [Benzodiazepine])
- Two Drug IV (4F – [Benzodiazepine with Fentanyl])

The ADA&C issues a permit based on the level of competency achieved for all dentists providing Modality 3 and Modality 4 described by this Standard.

## DEEP SEDATION/GENERAL ANAESTHESIA

The ADA&C issues a permit to a regulated member who has successfully completed an educational program in the administration of deep sedation and/or general anaesthesia that has been authorized by Council. This permit is specific to the regulated member and the accredited dental surgical facility.

Where more than one modality of sedation is administered (including pre-sedation) at a single appointment, a dentist may only assess a fee for the highest modality administered at that appointment.

# 2020 SEDATION STATISTICS

If a patient's response to sedation results in any of the following, it is a Reportable Incident and must be reported to the Chief Executive Officer of the ADA&C:

- reversal agent has been used;
- depression beyond the level of sedation intended or entry of the patient into levels of deep sedation or depression beyond sedation or into general anesthesia;
- incidents that required emergency interventions inside the office (where the patient was not transferred to hospital);
- transfer of the patient to another provider, a dental surgical facility, a non-hospital surgical facility or hospital;
- unexpected treatment by another care giver, a Dental Surgical Facility, Non-Hospital Surgical Facility, medical facility or hospital;
- deaths in office or within 10 days of the sedation procedure; or
- missing or non-locatable drugs.

Dentists are required to register annually specifying modality of sedation administered. Of the 2,940 dentists registered in 2020, 1,664 registered for administration of sedation with the registration breakdown below.

## MODALITY & NUMBER REGISTERED

|                                       |        |
|---------------------------------------|--------|
| Modality 1                            | 154    |
| Modality 1/2                          | 574    |
| Modality 1/2/3                        | 431    |
| Modality 1/2/3/4S                     | 26     |
| Modality 1/2/3/4F                     | 2      |
| Modality 1/2/3/4S/4F                  | 127*   |
| Modality 1/2/4S                       | 7      |
| Modality 1/2/4S/4F                    | 7*     |
| Modality 1/3                          | 1      |
| Modality 1/4S                         | 3      |
| Modality 2                            | 288    |
| Modality 2/3                          | 9      |
| Modality 2/4S                         | 6      |
| Modality 2/4S/4F                      | 5      |
| Modality 3                            | 16     |
| Modality 4S                           | 1      |
| Modality 4F                           | 4*     |
| Modality 4S/4F                        | 3*     |
| Deep Sedation/<br>General Anaesthesia | 35*    |
| TOTAL REGISTERED                      | 1,664* |

## PERMIT MODALITY & NUMBER ISSUED

|                         |     |
|-------------------------|-----|
| Modality 3              | 448 |
| Modality 3/4S           | 26  |
| Modality 3/4F           | 2   |
| Modality 3/4S/4F        | 124 |
| Modality 4S             | 17  |
| Modality 4F             | 4   |
| Modality 4S/4F          | 13  |
| Modality DGA            | 33  |
| TOTAL PERMITS<br>ISSUED | 667 |

\* combined number for the same dentist providing different modalities (Mild/Moderate Sedation and Deep Sedation/General Anaesthesia)

# FACIAL ESTHETIC THERAPIES & ADJUNCTIVE PROCEDURES

The *Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures* applies to dentists who are administering Schedule 1 drugs such as neuromodulators (e.g. Botulinum Toxin Type A), dermal fillers, other agents (injected and/or topical) and adjunctive non-surgical and/or surgical therapies used to provide comprehensive therapeutic and esthetic oral and maxillofacial treatment for the restoration of a patient's appearance in form and function, or to enhance their appearance, or both.

The ADA&C issues a certificate based on the level of competency achieved for all dentists providing the levels of treatment described in the Standard. The ADA&C maintains a list of approved programs at each level. Oral and Maxillofacial Surgeons may provide any procedures, if their training encompassed said therapeutic procedures. Dentists may not provide any of these procedures without a certificate.

**Level 1:** Applied Anatomy Review and Introduction to Neuromodulators

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

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

**Level 4:**

- 4a – Dermal Fillers - Basic Facial Dermal Fillers
- 4b – Dermal Fillers - Advanced Facial Dermal Fillers
- 4N – Neuromodulators for Deep Muscles of Mastication

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

**Level 6:** Advanced Surgical Esthetic Procedures

## DENTISTS REGISTERED AND WHO HOLD CERTIFICATES TO ADMINISTER FACIAL ESTHETIC THERAPIES AND ADJUNCTIVE PROCEDURES

| LEVEL OF CERTIFICATION  | # OF DENTISTS |
|---|---------------|
| Level 1: Applied Anatomy Review and Introduction to Neuromodulators   | 679           |
| Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment  | 604           |
| Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment | 183           |
| Level 4: 4a – Dermal Fillers: Basic Facial Dermal Fillers   | 60            |
| Level 4: 4b – Dermal Fillers: Advanced Facial Dermal Fillers:   | 28            |
| Level 4: 4N – Neuromodulators for Deep Muscles of Mastication:  | 14            |
| Level 5: Advanced Non-Surgical Esthetic Procedures  | 14            |
| Level 6: Advanced Surgical Esthetic Procedures  | 12            |



# RADIATION HEALTH & SAFETY

The Alberta Dental Association and College is an Authorized Radiation Health Administration Organization, delegated with certain powers, duties and functions under the Radiation Health Administration Regulation of the Government Organization Act. Since July 1997, the Alberta Dental Association and College has provided services in the administration of the *Radiation Protection Act* and *Radiation Protection Regulation* to owners of diagnostic X-ray equipment and class 3b and 4 lasers installed or operated within dental facilities, including dental education facilities, but excluding dental facilities owned by Alberta Health Services.

The ADA&C maintains the database of all registered radiation equipment owned by dentists in the province. Registration certificates are issued after the equipment is inspected and registered and must be displayed in all facilities. The ADA&C monitors the existence of a Quality Control Program and the mandatory use of personal dosimetry services in all facilities.

## 2020 RADIATION HEALTH & SAFETY STATISTICS

|   |       |
|---|-------|
| Active facilities certified                           | 1,523 |
| Active owners registered                              | 1,330 |
| Pieces of active equipment certified excluding lasers | 7,256 |
| Class 3b or Class 4 lasers                            | 899   |
| Suspended or cancelled registrations/certificates     | 0     |
| Reported overexposure                                 | 0     |
| Investigations undertaken                             | 0     |
| Complaints received                                   | 0     |

# AWARDS & RECOGNITION



## AWARD OF EXCELLENCE - DR. WILLIAM PRESHING

Dr. Preshing has had the privilege to spend most of his career at the junction where dental care is a medical necessity. His teaching goal at all levels has been to improve the profession's capacity to care for the most vulnerable people who need it the most. His clinical practice at the University of Alberta Hospital is limited to patients with disabilities and medical complexity. Dr. Preshing continues to contribute to lectures and clinical continuing education programs on medically challenged patients and sedation dentistry.

Since 1991, Bill has directed the University of Alberta Hospital Dental. He is the past Director of the University of Alberta Dental Residency Program. He was a Clinical Professor in the University of Alberta Faculty of Medicine and Dentistry and has taught from 1987 to today. He coordinated undergraduate courses in Diagnosis & Treatment Planning, Hospital Dentistry, and Local Anesthesia and served as Chair of the Department of Dentistry Academic Standing Committee. He is active in Alberta Health Services on the Provincial Head and Neck Tumour Team, Operative services committees in Stollery Children's Hospital and Grey Nuns Hospital, and the Procedural Sedation Review Committee. He is also a member of the Alberta Dental Association & College Hospital Dentistry Committee.



## HONOURARY MEMBERSHIP - DR. JULIET GUICHON

Dr. Guichon's work focuses on issues arising at the intersection of law, health care, ethics, religion and journalism. She has authored academic articles, presented at international academic conferences, and is a co-author of "Pediatric Ethics: Achieving Excellence When Helping Children" (Springer Nature, 2019) and was senior editor of the book "The Right to Know One's Origins: The Best Interests of Children of Assisted Human Reproduction" (Brussels: ASP, 2013). A grant recipient and award-winning lecturer and seminar leader, Dr. Guichon is a frequent contributor to public debate and has founded five child health advocacy groups. Dr. Guichon is the recipient of the Canadian Medical

Association Medal of Honour, and the Canadian Public Health Association's National Public Health Hero Award, and has been invited by the Canadian House of Commons and Senate to testify in public hearings on health matters. A graduate of Yale University, she earned two law degrees at Oxford University where she was a Commonwealth Scholar, and a doctoral degree in law at the University of Toronto where she was elected Don of Hall of Massey College. She was called to the Bar of Ontario. A native of Calgary, she has also taught at the Universities of Toronto and Brussels.



### DISTINGUISHED MEDAL OF SERVICE - DR. BENJAMIN EASTWOOD

Upon graduating, Dr. Eastwood joined Academy Dental Group in downtown Edmonton and is now beginning to finish his career with them. Asked in 1979 by Dr. Tony Sneasewell to assist in teaching at the Dental Faculty – which he did with pride for 15 years – he studied the Orthotropic regimen and continues to use and present on it at home and worldwide. He also has a fierce pride in the Dentistry school and his family has donated to help in its continued excellence.

In 2008, enticed by Dr. Bill Sharun, he joined a Kindness in Action team to South Africa for a dental mission. While in Africa, he had a fortuitous meeting with his patient Cliff Higuchi of Shaw Convention Center and with Dr. Amil Shapka, and together they started the Dental section of Homeward Trusts' "Homeless Connect". It is the only Dental program in all of Canada at this sort of event and it is the envy of other cities who would love such a service at their Homeless events. The event is held twice a year in April and October, and has helped over 2000 individuals with dental and hygiene health. Dr. Eastwood is pleased to have been given the chance, through dentistry, to be able to help in his small ways and hopes that all of his fraternity will use their privilege to support the community at large and the Dental Faculty.



### DISTINGUISHED MEDAL OF SERVICE - DR. JOHANNA MAGATHAN

Dr. José Magathan earned her D.D.S. from the University of Alberta and her Diploma in Dental Anesthesiology from the University of Toronto. Dr. Magathan is owner and principal dentist at Magathan Dental Centre, an Accredited Dental Facility. She practices full time focusing on; Prosthodontics, Dental Implants, Surgery and Sedation. She is also a Diplomate with the American Dental Board of Anesthesiology, as well as a Board-Certified Specialist in Dental Anesthesia in Ontario, where it is a recognized specialty.

José has a passion for dentistry and has taught at the University of Alberta and the University Of Toronto Faculty Of Dentistry in local anesthesia, nitrous oxide and operative dentistry. Dr Magathan was the Curriculum Director of the Conscious I.V. Sedation Program for 3 years at the University of Alberta, Faculty of Dentistry and Medicine. During her career she has volunteered her time with the following organizations:

- American Dental Board of Anesthesiology
- Canadian Academy of Dental Anesthesiology
- Edmonton District Dental Society
- Alberta Dental Association: I.V.Sedation and Oral Sedation Regulations, 1998-1999
- Alberta Dental Association and College: 17 years on the Dental Facilities Accreditation Committee, 2003-present. Chair from 2003-2006, 2016-present



## DISTINGUISHED MEDAL OF SERVICE - DR. JOANNE WENDELL

Dr. Joanne Wendell was born and raised in Edmonton with strong ties to the family farm in Smoky Lake, Alberta. She completed a Bachelor of Science degree in 1990, and a Doctor of Dental Surgery degree in 1994, both from the University of Alberta.

She began her career working in Wabasca with the Bigstone Band in their first dental clinic which was a small mobile dental trailer. Since 1997, she has worked for the federal government as the sole contract dentist providing dental services to six remote First Nation communities in Northern Alberta. Her daily commute involves driving hours on dirt

roads, crossing ice bridges, and flying in a Cessna plane. She has also been the dental consultant for the Bigstone Health Benefit program for the past 15 years.

# COMMUNITY ASSISTANCE FUND

The Community Assistance Fund is administered by the Edmonton Community Foundation for the Alberta Dental Association and College. The intent of the Fund is to enhance the quality of life for those living in Alberta by supporting programs that assist people who face barriers in accessing oral health services provided by Alberta dentists. As the Fund has a provincial mandate, the Community Foundation has worked with funding partners in other centers to identify agencies which are able to use the funds within the funds intent. Grants are allocated from annual earnings only. This fund will continue into perpetuity.

The following is the fund update for year-end 2020:

|                             |   |            |
|-----------------------------|---|------------|
| Balance - beginning of 2020 | • | \$266,912  |
| Donations received          | • | \$0        |
| Net investment income       | • | \$12,542   |
| Grants                      | • | (\$21,000) |
| Operating Expenses          | • | (\$1,415)  |
| Balance - end of 2020       | • | \$257,039  |
| Available to Grant in 2021  | • | \$10,282   |



# FINANCIAL STATEMENTS

Summary Financial Statements of

## **ALBERTA DENTAL ASSOCIATION & COLLEGE**

Year ended December 31, 2020

# FINANCIAL STATEMENTS



KPMG LLP  
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## INDEPENDENT AUDITORS' REPORT

To the Members of Alberta Dental Association & College

### *Opinion*

The summary financial statements of Alberta Dental Association & College (the Entity), which comprise:

- the summary statement of financial position as at December 31, 2020
- the summary statement of operations for the year then ended
- the summary statement of changes in fund balances
- and related note

are derived from the audited financial statements of Alberta Dental Association & College as at and for the year ended December 31, 2020 (the audited financial statements).

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the criteria disclosed in Note 1 in the summary financial statements.

### *Summary Financial Statements*

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditors' report thereon, therefore, is not a substitute for reading the Entity's audited financial statements and the auditors' report thereon.

The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

# FINANCIAL STATEMENTS



## ***The Audited Financial Statements and Our Report Thereon***

On our report dated May 25, 2021, we included an *Other Matter* paragraph referring to the report of the predecessor auditor for the information presented for the year ended December 31, 2019.

## ***Management's Responsibility for the Summary Financial Statements***

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1 in the summary financial statements.

## ***Auditors' Responsibility***

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810, Engagements to Report on Summary Financial Statements.

A handwritten signature in black ink that reads 'KPMG LLP' with a horizontal line underneath.

Chartered Professional Accountants

Edmonton, Canada

May 25, 2021

# FINANCIAL STATEMENTS

## ALBERTA DENTAL ASSOCIATION & COLLEGE

Summary Statement of Financial Position

December 31, 2020, with comparative information for 2019

|   | 2020          | 2019          |
|---|---------------|---------------|
| <b>Assets</b>                             |               |               |
| Current assets:                           |               |               |
| Cash and cash equivalents                 | \$ 9,949,980  | \$ 1,152,502  |
| Accounts receivable                       | 417,982       | 483,564       |
| Investments                               | 8,101,717     | 14,905,206    |
| Prepaid expenses                          | 445,906       | 303,963       |
|   | 18,915,585    | 16,845,235    |
| University of Alberta - student loan fund | 30,927        | 30,927        |
| Capital assets                            | 7,578,222     | 7,812,736     |
|   | \$ 26,524,734 | \$ 24,688,898 |

### Liabilities and Fund Balances

|   |               |               |
|---|---------------|---------------|
| Current liabilities:                        |               |               |
| Accounts payable and accrued liabilities    | \$ 348,355    | \$ 848,704    |
| Deferred membership and other fees          | 9,885,490     | 9,898,145     |
| Current portion of capital lease obligation | 5,027         | 5,027         |
|   | 10,238,872    | 10,751,876    |
| Capital lease obligation                    | 4,055         | 9,082         |
| Fund balances:                              |               |               |
| Invested in capital assets                  | 7,569,140     | 7,798,627     |
| Internally restricted                       | 879,540       | 147,705       |
| Externally restricted                       | 154,697       | 151,064       |
| Unrestricted                                | 7,678,430     | 5,830,544     |
|   | 16,281,807    | 13,927,940    |
|   | \$ 26,524,734 | \$ 24,688,898 |

See accompanying note to summary financial statements.

On behalf of the Board:

\_\_\_\_\_

\_\_\_\_\_



# FINANCIAL STATEMENTS

## ALBERTA DENTAL ASSOCIATION & COLLEGE

### Summary Statement of Operations

Year ended December 31, 2020, with comparative information for 2019

|                                      | 2020         | 2019         |
|--------------------------------------|--------------|--------------|
| Revenue:                             |              |              |
| Membership fees                      | \$ 9,945,775 | \$ 9,174,315 |
| Professional corporation fees        | 292,075      | 286,850      |
| Registrations                        | 323,173      | 367,813      |
| Investment income                    | 285,345      | 293,013      |
| Other income                         | 522,216      | 1,185,925    |
| Documents                            | 70,869       | 120,713      |
|                                      | 11,439,453   | 11,428,629   |
| Expenditures:                        |              |              |
| Council and Committee                | 790,620      | 923,421      |
| Awards, Events and Contributions     | 1,612,456    | 1,729,225    |
| General Administration               | 4,664,514    | 4,690,437    |
| Marketing and Communications         | 771,351      | 1,085,924    |
| Professional Conduct                 | 902,882      | 626,120      |
| Programs and Services                | 343,763      | 454,680      |
|                                      | 9,085,586    | 9,509,807    |
| Excess of revenues over expenditures | \$ 2,353,867 | \$ 1,918,822 |

See accompanying note to summary financial statements.

# FINANCIAL STATEMENTS

## ALBERTA DENTAL ASSOCIATION & COLLEGE

Summary Statement of Changes in Fund Balances

Year ended December 31, 2020, with comparative information for 2019

|                                     | Invested in<br>capital assets | Internally<br>restricted | Externally<br>restricted | Unrestricted | 2020          | 2019          |
|-------------------------------------|-------------------------------|--------------------------|--------------------------|--------------|---------------|---------------|
| Balance, beginning of year          | \$ 7,798,627                  | \$ 147,705               | \$ 151,064               | \$ 5,830,544 | \$ 13,927,940 | \$ 12,009,118 |
| Excess of revenue over expenditures | (467,509)                     | -                        | 3,633                    | 2,817,743    | 2,353,867     | 1,918,822     |
| Purchase of capital assets          | 238,022                       | -                        | -                        | (238,022)    | -             | -             |
| Transfers                           | -                             | 731,835                  | -                        | (731,835)    | -             | -             |
| Balance, end of year                | \$ 7,569,140                  | \$ 879,540               | \$ 154,697               | \$ 7,678,430 | \$ 16,281,807 | \$ 13,927,940 |

See accompanying note to summary financial statements.

# FINANCIAL STATEMENTS

## ALBERTA DENTAL ASSOCIATION & COLLEGE

Note to the Summary Financial Statements

Year ended December 31, 2020

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### 1. Basis of presentation:

Management is responsible for the preparation of the summary financial statements. The summary financial statements are comprised of the summary statement of financial position and the summary statement of operations, and do not include any other schedules or a summary of significant accounting policies. The summary statement of financial position and summary statement of operations are presented with the same amounts as the audited financial statements.



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