

Feed Back for Proposed Bylaws of BC's new Oral Health Regulators

July 25,2022

1. Companion Document, Part 6, Registrants ([pg5 pdf](#))

“Dental technician assistants will remain part of the oral health team but will not be regulated by the college. They will not be required to renew their registration annually with the college and will not have to pay an annual fee. There is no change to the work they can perform or their employment status.”

I would like to bring your attention to a major hurdle our profession is facing. Removing the Dental Technicians Assistants category from regulation would be significant for this profession that services the public.

Data from March 2021 College of Dental Technicians of BC’s Annual Report (CDTBC) (see addendum G) shows a rapid decline of more than 60% of the number of working Registered Dental Technicians (RDTs) and Dental Technician Assistants (DTAs) within the next 10 Years, mostly due to retirement from the workforce (see addendum F). This continual decline has been happening for the past 10 years and we will soon be at a tipping point. This has been a consistent trend since 2015, with 580 RDTs dropping to 347 RDTs as of June 2022, a 40% decline in less than a decade. This number will decline by another 50% within the next 10 years if something is not done. The decline in the numbers of DTAs also follows this trend closely ([CDTBC B pg. 14 pdf](#), [C pg14 pdf](#), [D pg12 pdf](#), [E pg11 pdf](#), [F pg11 pdf](#)).

The widely held belief that everything can be fabricated by using digital dentistry nearly automatically is just not true. The use of CAD/CAM and other technological advancements only lessens the stress of the workload. Machines cannot replace the empirical knowledge, contextual knowledge, artistic knowledge, and informational literacy of experienced RDTs and DTAs. It takes years to predict and anticipate any potential long-term problems with a prosthesis, and to apply lessons to each case that are learned from literally thousands of similar cases and RDT has done in the past. The base knowledge that potential students graduate with, after two years of training, meets the minimal requirements of becoming an RDT and safeguarding the public from potential harm. It is a fact that the students do not graduate ready to start a dental laboratory business, nor can they manage one for years ([CDTBC exam results pg12 pdf](#) , [pg13 pdf](#))

Many graduated students do not reach RDT status until a few years out of school and have experience working in the field ([CDTBC bottom pg3 pdf](#)). They need to take and pass both theory and practical exams to obtain their RDT License. Most students will specialize in one category of our profession out of the four. The ability to understand and problem-solve each individual patient’s unique physiology will be lost through attrition, if we cannot stem the loss of

experienced RDTs and DTAs before they can pass this knowledge to the younger generation.

Another hurdle, the Vancouver Community College has room for only sixteen students per year and it is a 2-year program. It is the only school in BC to offer this program. Not all students will remain to complete the program, nor pass both theory and practical exams required to obtain RDT status on the first attempt at the exams within 1 year of graduating. Even if all sixteen students graduated every year and became RDTs within the first year of graduating it is not enough to fill the retiring professionals. This is not just an issue here in BC but in all of Canada and the USA.

Most new DTAs apply for positions with no experience at all in a dental lab. It takes years to train a person and the majority leave as they do not have the unique skills. With the current economic environment and employee shortages, RDTs do not have the time to train a person right off the street. Also, not all RDT's can educate. There is no oversight to the training and no consistency on training methods from lab to lab. Having an RDT license does not give that person the ability to teach others. Overseeing is different from teaching.

The DTAs are, in fact, the non-registrants that have been paying a fee to the College. The College was to establish conditions or requirements for them through training and education for certification by the college as non-registrants. Once certified, they would become Certified Non-Registrants that would then be required to pay a fee. ([Bylaws for College, BC Professions Health act. section19, L.1 to L.6](#))The DTAs have been registered and pay a fee but they have not been given the opportunity to take certification courses to become Certified Non-Registrants as per the Health Act Bylaws. This has been an issue for over 30 years.

Proposed Solution:

Keep Dental Technician Assistants registered and begin certification to establish and maintain the focus on patient safety, public protection, quality assurance and high standards of practice. This will help to increase the number of RDTs quickly in the workforce.

A. Continue to have Dental Technician Assistants registered with the new Oral Health College, reduce the fees to cover the cost only. For all new DTA's, register them as Non-Certified Registrants and once they have completed a certified entry level course, they can be placed in the Certified Non-Registrant Category per the Health Professions Act, Bylaws for the College, section 19, L.1, L.2, L.3, L.6 ([addendum J, pg21 pdf](#))

The College could allow the grandfathering of all DTAs, in the existing register based on years of working experience, under the Non-Certified Registrant category. There are a high number of DTAs that were Dental Technicians from other countries. They could not apply for RDT Status due to financial issues, language barriers, or non- accepted credentials. These DTAs

should be given Certified Dental Technician Assistant status immediately.

It is vitally important to maintain a record of the number of DTAs and where they are working, their years of experience and their “certified” knowledge of Dental Technology. It will increase the mobility of DTAs to become RDTs in a much quicker and efficient manner while stemming the loss of workers through retirement and attrition.

B. The new Oral Health College should begin establishing the conditions or requirements, including training and education for certification by the college of non-registrants. Rectify previous non-action on conditions requirements, education, and training. Follow through with the BC Professional Health Act bylaws. Begin offering certification to DTAs by approving mini work modules/courses which will allow them to challenge and take the Canadian Alliance of Dental Technology (CADTR) exams to become a licenced RDT. Re-introduce an upgraded apprenticeship program. The DTAs have paid fees to the College for over 30 years for which they have received nothing in return to further their careers for the good of the public. A great number of these DTAs should have become RDTs by now.

We would not be facing the looming employee crisis if certification had been in place. It is not too late to rectify it now.

The Canadian Alliance of Dental Technology Regulators (CADTR) has a plan in place which they will be implanting soon to allow for this. It would help to start offering certification courses to experienced DTAs before this is available. This motivates the DTAs to become RDTs as they would not need to leave the workforce to do so.

This certification will help to establish and maintain the focus on patient safety, public protection, quality assurance and standards, quality products and a reduction in remakes. Every job, including tradesmen, technical positions, and professionals, have certification training for all levels. It short sighted not to have a certification process in place for people who work in a dental laboratory. Is this in the best interest of the public welfare and safety?

C. The Dental Technician Association will support and help implement these Certification courses. We are willing to work with Vancouver Community College and the new Oral Health College to quickly form a committee to form and start a program. DTAs should have at the very least basic terminology, knowledge of safely using equipment and materials, basic lab bench work, basic oral anatomy, infection/health, and safety protocols, materials knowledge – these are basic entry level knowledge requirements every Assistant should have before starting a job in a dental laboratory. This would also satisfy many Work Safe BC regulations.

2. Companion Document, Part 6, Registrants, Delegation and Authorization ([page 7 PDF](#))

“For dental technicians, the new bylaws do not include a supervision ratio setting out the number of registrants a dental technician is permitted to supervise.”

There are serious concerns and implications to the safety of the public over this amendment as they pertain specifically to Dental Technician Assistants/Employees. New DTAs are not certified, and they have no previous training unless they have come from another country with Dental Technology training. The majority are not able to be Registered Dental Technicians under the current system.

There are four main categories of Dental Technology: Crown and Bridge with two subspecialties (Implants and Porcelain work), Dentures, Cast Partial, and Orthodontics.

Over the last 15 to 20 years, we have been losing RDTs that have had the experience of working in at least three or more of these categories and most RDTs now specialize in only one or two main fields of the profession.

In a large commercial dental lab, it is not humanly possible to ask one RDT to sign off on all four main categories. Nor to supervise and delegate to an unlimited number of people, to train non-certified assistants/employees, read every single prescription for 100's of daily incoming cases and ensure that whomever they are delegating the case to understands what they need to do. There should be checkpoints for each case after every major point in the fabrication process and upon completion of the prosthesis, by an RDT, before a prosthesis is delivered to the Dentist.

Without having Certified DTAs to help in the quality assurance of fabricating prosthesis, the removal of the supervision ratio allows for a high probability of inappropriate “signing off” on cases by overworked RDTs. This will negatively affect public quality assurance and safety issues. Due to the decreasing number of RDTs over the next 10 years it is imperative that DTAs are kept in the registry so we know how many there are and where they work and most importantly, they can all begin the certification process so we can leave the supervision/ratio system.

Proposed Solution:

Instead of using ratios of RDT's to DTAs, a better solution is to grandfather all the currently registered Dental Technician Assistants as Non-Certified DTAs or Certified DTAs based on their years of experience. Continuing education requirements can be decided upon and approved after the amalgamation in September 2022.

Certify the DTAs. This provides a good method to enhance the quality assurance and safety of a fabricated dental prosthesis. It shows stronger accountability for quality assurance and safety standards to the public. The ease of which a DTA could become an RDT is much quicker and will help to stem the RDT shortage that has started already. If the new College would rather keep the ratios, we ask that the ratio be doubled to 1 RDT to 8 DTA/lab employees, while approving a method to certify the DTAs.

Currently, all DTAs are Registered till March 2023. Keep them registered and start the certification process after amalgamation. Give the DTAs free Registration for one year, 2024, while implementing the certification process. Anyone with proof of Dental Technician schooling outside of Canada should automatically become Certified Dental Technician Assistants

Ensuring the quality assurance and safety of dental prosthesis to the public is paramount. We believe that registering and training dental technician assistants is not only the better choice but it will help to stem the rapidly falling number of RDTs within the next 10 years as it will be quicker to replace RDTs leaving the field with experienced Dental Technician Assistants as many have had several years of training on the job or have come from other Countries already trained as Dental Technicians but were not able to be approved for certification due to the old system that was in place for becoming a RDT. This will not affect any jobs the DTAs now perform or their employment status.

Other Feedback

3. Clarification of a Bylaw of the College of Dental Surgeons of BC

We are asking for clarification of Part “A” in the Consolidated Bylaw of the College of Dental Surgeons Feb. 2022. As it is under a Bylaw and not a Scope of Practice, we would like to clarify that it has been **removed** from the new amalgamated bylaws.

Part A. *“Supervision of the provision of dental technology services 8.13”*

“Nothing in this Part limits or restricts a dentist’s authority to authorize a person who is not a dental technician to provide a service of dental technology under the supervision of a dentist, in accordance with section 5(2) of the Dental Technicians Regulation, B.C. Reg. 278/2008.”

[\(Consolidated Bylaws Feb 2022 pg85 – 8.13 pdf\)](#)

Clarification, that Dentists/Dental Practitioners are not allowed to authorize a person, who is not a Registered Dental Technician, to provide a service of dental technology under the new

Bylaws of the Oral Health Amalgamation. That they must have a Registered Dental Technician who will provide them with Dental technology services within their own premises/inhouse lab/businesses. That the Dental practitioner must take the required Dental Technician exams to license themselves as an RDT before having the authority to provide supervision to an unregistered person in any fabrication of Dental Technology prosthesis.

Reason for Clarification :

According to the Definitions under the BC Health Act and the new amalgamated bylaws, the field of Dentistry is different from the field of Dental Technology. (See above for Dentistry Definition)

“dentistry” means the health profession in which a person provides the services of assessment, management, treatment and prevention of diseases, disorders, and conditions of the orofacial complex and associated anatomical structure

“Scope of practice 3. A registrant may practice dentistry.”

[\(Health Professions Act, Dentist, current to July 12, 2022. B.C. Reg. 415/2008, M308/2008\)](#)

“dentist” means a person who is authorized under the Act to practise the designated health profession of dentistry ([Health Act of BC- Definitions](#))

“dental technology” means the health profession in which a person provides the service of making, altering, or providing dental appliances; ([Health Act of BC- Definitions](#))

Scope of practice 4. A dental technician may practise dental technology.” ([Health Act of BC - Definitions](#))

Reserved title 3 The title “dental technician” is reserved for exclusive use by registrants. ([Health Act of BC - Definitions](#))

According to the Scope of Practice and the Definition of “dentistry” above; a Dentist should not be able to delegate or assign any practice of dental technology to a non-registered person, as they have extremely limited training and experience with Dental Technology. It is also an infringement on the title of Registered Dental Technician and the definition of ‘authorize” and “delegate,” in the new bylaws.

“Definitions 11.01 In this Part: “authorize” means the assignment from a registrant to a non-registrant of an aspect of practice of the registrant’s designated health profession to be provided or performed by the non-registrant under supervision of the assigning registrant or a registrant from the same profession; “delegate” means the assignment from a registrant to a non-registrant of an aspect of practice of the registrant’s designated health profession to be provided or performed by the non-registrant without supervision;”.

[\(Proposed Oral health Bylaws pg.123 pdf\)](#)

A dentist would clearly understand what a potential end goal of a prosthesis may be, but they have virtually no training in how to make them. Any dental laboratory owner will tell you that the relationship between the dentist and lab is one of symbiosis. The dentist treats and diagnoses the health concerns and produces a plan for restoration. The technician spends enormous amounts of time researching materials and techniques and suggests what method would be the highest level of care. Dental technology is evolving on a nearly monthly basis, and it is completely unreasonable to imagine that not only the dentist would understand how to fabricate the many kinds of appliances technicians make, but that they are able to teach the techniques to untrained people and supervise them as well. If a dentist cannot train and supervise a dental assistant off the street, why do we imagine they can train and supervise a person off the street to make restorations? An assistant is far more inline with what a dentist does daily than a lab technician.

Proposal:

The following point needs to be clearly stated in the New Amalgamated Bylaws for the Oral Health College.

A Dental practitioner is not authorized to supervise, directly or indirectly, a Non-Registered Dental Technician/person or delegate Dental Technology Services, to a Non-Registered Dental Technician/person to fabricate and finish any dental prosthesis, unless the said Dentist has a RDT License to practice in the field of Dental Technology.

In conclusion, our field is in a precarious position. In the next five to ten years, we will legitimately reach a crisis of labor shortages. The solutions going forward need to encourage and support education and training. The field needs support and bolstering. But as it stands the document will only encourage more to leave the profession and flood the field with untrained and unsupervised people from the public. We believe this will result in a lot of substandard care.

Please feel free to reach out to me at any time to either discuss the above issues or any other matter.

On Behalf of the Members of The Dental Technicians Association of BC.

Sincerely Yours,

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