

***STANDARDS OF PRACTICE***  
***FOR***  
***DENTAL TECHNOLOGISTS***

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# **I**ntroduction to the Standards of Practice

## ***What Are Standards of Practice ?***

The Standards of Practice are a list of the most critical tasks performed by a Dental Technologist (RDT) in the areas of Full Dentures, Partial Dentures, Crown and Bridge, Implants and Orthodontics. The Standards of Practice are intended to be generic and have been developed to describe the outcomes of the various tasks the RDT is required to perform within the scope of practice. **The Standards describe how well** an RDT is expected to perform. How to do each task will be determined by a laboratory's policies and procedures and by the curriculum developed by education programs.

The Standards form a working document which will evolve as changes in the practice evolve.

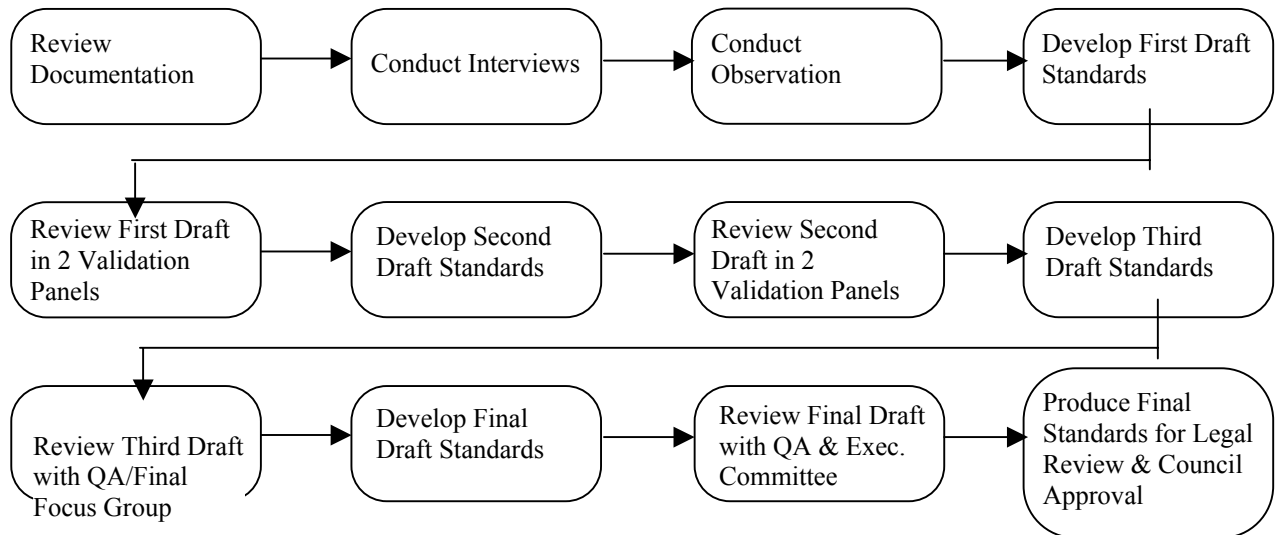
## ***Why have Standards of Practice ?***

The Standards of Practice have been developed by the College of Dental Technologists of Ontario in response to the *Regulated Health Professions Act (RHPA)* to protect the public through the development and use of these Standards of Practice. These Standards will serve as a tool to determine whether a Dental Technologist can do the job at an acceptable level. In addition they will serve as a reference tool for:

- the RDT, to better understand his/her job requirements
- the RDT, to teach and supervise others
- educators, to address in curriculum design
- registration (admission to the College)
- complaints investigation
- discipline hearings
- fitness to practice
- quality assurance
- the public, by providing objective standards in order to assess the quality of care

## ***How were these Standards developed ?***

The Standards of Practice are a result of collaborative efforts involving practising members of the College of Dental Technologists of Ontario, the ADTO, and various stakeholders. The following flow chart illustrates the process used to collect and validate the information.



## ***Who must meet the Standards of Practice ?***

All Dental Technologists must meet the minimum level of performance described in the Standards of Practice. However, a Dental Technologist is only held accountable to meet a standard if he/she is the person who:

- a) has performed the task
- b) has supervised the laboratory in which the task was performed and while the task (or a part of the task) was being performed within the meaning of supervision as defined from time to time by the CDTO (See Guidelines Respecting Laboratory Supervision)

The Standards of Practice set a level of competence. The Dental Technologist must also comply with any requirements as defined in the existing legislation related to the practice of dental technology.

## ***How do the Standards of Practice link to the Quality Assurance Program ?***

The Standards of Practice are the foundation upon which the Quality Assurance Program goals and objectives have been built. Each RDT shall participate in the Quality Assurance Program by first assessing himself/herself against the Standards and then developing a plan to enhance skills/knowledge based on this assessment. Every RDT shall be asked to attest to the College of Dental Technologists of Ontario that he/she has completed the assessment and is or is not meeting the Standards.

# **G**lossary of Terms

*The following are definitions and explanations of terms found in the Standards of Practice.*

## ***Consent:***

RDT's are required to follow the *Health Care Consent Act, 1995 (HCCA)* to obtain consent from or on behalf of their patients before providing treatment. Under HCCA, consent must be informed. Dental Technologists should be aware of the general principles listed below when they are obtaining consent:

- Consent must relate specifically to the treatment. Blanket consents are not acceptable.
- Consent must be given voluntarily.
- The patient providing consent must be mentally capable of doing so.
- Where the dental technologist believes that the patient is not capable of making the consent, the decision of a substitute decision maker can be relied upon. There is a clear hierarchy of substitute decision makers in the HCCA.
- The patient must be fully informed of the risks and benefits of the treatment being proposed.
- Consent can be written, oral or implied.
- Consent, even if signed, is not valid unless the patient or the substitute decision maker was fully informed.

## ***Health Professional:***

A Health Professional is defined as a Dentist, Denturist or an RDT who is subcontracting work to another RDT.

## ***Implant Cylinder:***

A precisely machined component part of the implant system used to provide an intimate interface between the implant and the prosthesis.

## ***Implant Analog:***

A precise reproduction of the implant(s) in the patient's mouth or the implant abutment(s). This type of analog is used in model construction.

## ***Master Model:***

The formal definition of a master model is an unaltered model fabricated from the Health Professional's final impression. In practice, the master model may or may not be used as a working model.

## ***Occlusal Registration Device:***

A record of the patient's bite sometimes referred to in practice as an occlusal registration record, bite registration or bite block.

## ***Preliminary Model:***

A model representing the patient's pre-operative condition.

## ***Standards of Practice***

A standard of practice consists of three interrelated sub-components that describe:

### **Condition:**

The situation in which the accomplishment of a task has to be demonstrated, including any resources, tools, materials, etc. that are given/available.

### **Task:**

What a Dental Technologist is expected to accomplish on the job.

### **Criteria:**

How well one is required to demonstrate the achievement of a task and is stated in observable and measurable terms.

These criteria include one or more of the following:

Measures of the effectiveness and/or Measures of efficiency of performance.

Measures of effectiveness include:

- Technical quality
- Interpersonal quality
- Safety

Measures of efficiency include:

- Timeliness

## ***Study Model:***

A model representing the patient's pre-operative condition.

\* In Orthodontics, the final study model represents the final result of the orthodontic treatment.

## ***Working Model:***

A model upon which the appliance or restoration is fabricated.