



**MANITOBA DENTAL ASSOCIATION**

# **THE BYLAW FOR OFFICE ASSESSMENTS**

**MANITOBA DENTAL ASSOCIATION**  
202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4

**Board Approval for Bylaw Distribution: 26 October 2018**  
**Member Ratification of Bylaw: 14 December 2018**

[www.manitobadentist.ca](http://www.manitobadentist.ca)

## BYLAW FOR OFFICE ASSESSMENTS

### PREAMBLE

This bylaw may be cited as the *Bylaw for Office Assessments*.

### DEFINITIONS

“**The Act**” means The Dental Association Act;

“**The Board**” means the Board of Directors of the Manitoba Dental Association;

“**Dental Office**” means the physical facility in the Province of Manitoba providing dental services to the public that is owned, leased or rented, in whole or in part, by a member dentist or dental professional corporation;

“**Director**” means the Director of Regulatory Programs;

“**Member**” or “**Member Dentist**” means a dentist registered and licensed to practice dentistry in accordance with Part 1 of Bylaw 17-10;

“**Office Assessment Program**” means the program established by this bylaw for conducting office assessments;

“**Office Document Review**” means a pre-visit review of office policy and procedure documents in accordance with this bylaw;

“**On-Site Visit**” means an on-site inspection and assessment of a member’s practice conducted in accordance with this bylaw;

“**Pre-Visit Questionnaire**” means a document completed prior to an on-site visit that identifies relevant dental office information for the on-site visit.

### SECTION I - DIRECTOR OF REGULATORY PROGRAMS

1. The MDA Executive Director in consultation with the Board shall employ a Director of Regulatory Programs to support the Committee and perform activities in accordance with this bylaw.

### SECTION II - PERIODIC OFFICE ASSESSMENTS

1. All dental offices shall be subject to periodic office assessments.
2. All members shall participate and cooperate in the office assessment process.
3. Facility certification audits required under the *Pharmacological Behavior Management Bylaw* shall be incorporated within these periodic office assessments.

### SECTION III - OFFICE ASSESSMENT SELECTION PROCESS

1. Dental Offices shall be selected by the Committee to undergo office assessments in the following order of priorities:

- a. where the Committee is directed by the Registrar to assess a member's Dental Office;
  - b. where a sedation permit has been requested for a Dental Office;
  - c. where a member has informed the Registrar that the member intends to open a new Dental Office;
  - d. upon the request of the owner of a Dental Office;
  - e. in accordance with any random selection process that the Committee may devise, and otherwise at the discretion of the Committee .
2. The Director is responsible to coordinate the schedule for office assessments.

#### **SECTION V - OFFICE DOCUMENT REVIEW**

1. The policy and procedure documents required for pre-visit review are approved by the Board in consultation with the Committee;
2. The Board approved list of required office documents is contained in Appendix A;
  - a. The Board in consultation with the Committee may alter the documents contained in Appendix A from time to time to meet changing legislative or practice standards;
3. A member must comply with request for documents and produce them in a timely manner for review.
4. Request to modify office document requirements.
  - a. A member may make a written request to the Committee for modification of the document requirements based on individual practice circumstances;
  - b. Upon review, the Committee in consultation with the Registrar may allow modifications to the document requirements if in the opinion of the Committee:
    - i. it does not reduce the intent or purpose of the requirements; and
    - ii. it does not pose an increased risk to patient safety.
  - c. A member must continue to comply with document requirements in this bylaw until a modification is approved by the Committee.
5. The Director is responsible to review and evaluate all office documents for compliance with legal requirements and consistency with the expected standards of the profession.
6. The Director shall report findings of office document review to the Committee in writing.

#### **SECTION VI - PRE-VISIT QUESTIONNAIRE**

1. A pre-visit questionnaire must be in a form approved by the Committee in consultation with the Registrar and the Director.
2. The Committee in consultation with the Director must review the pre-visit questionnaire on a regular basis. The Committee shall alter the form after review if:
  - a. Alteration will improve clarity or reduce uncertainty of information being requested;
  - b. Changes in legislation, bylaws or practice of dentistry necessitate addition or removal of questions; and/or
  - c. The Board requests changes to the pre-visit questionnaire.
3. The Director is responsible to review and evaluate the pre-visit questionnaire.

#### **SECTION VII - ON-SITE VISIT**

1. On-site visit procedures shall be determined by the Committee in consultation with the Director and in accordance with this bylaw.
2. Facility certification audits required under the *Pharmacological Behavior Management Bylaw* shall be conducted in accordance with that bylaw.,
3. The Director or his/her representative shall conduct the on-site visit.
4. The Director or his/her representative in conducting any on-site visit may use additional assessors he/she determines necessary.
5. At a minimum, an on-site visit shall include:
  - a. Observations of the functioning dental office and equipment;
  - b. Review of relevant logbooks and other documents; and

- c. Interview with specified members and staff on office policy and protocols.
- 6. The Director shall report findings of on-site visit to the Committee in writing.

#### **SECTION VIII – PRELIMINARY OFFICE ASSESSMENT REPORT**

1. The Committee shall send a preliminary written report to the member dentist owning the practice in accordance with this bylaw.
2. A preliminary written report shall include:
  - a. A review of the information gathered during the office assessment process;
  - b. The pre-visit questionnaire;
  - c. Identification of deficiencies the member dentist is required to address in order to meet legal requirements or the standard of practice for the dental office;
  - d. Identification of recommendations the member dentist may address in order to improve his/her dental office.
3. If the preliminary report identifies no deficiencies requiring changes:
  - a. The member dentist may meet with Director to discuss recommendations and develop an implementation plan for the office.
  - b. The preliminary written report shall be deemed the final office assessment report unless the member requests changes made based on the voluntary implementation plan be included in a final office assessment report.
4. If the preliminary written report identifies deficiencies requiring changes:
  - a. The member shall meet with the Director to discuss requirements and shall develop an implementation plan to address deficiencies.
  - b. Implementation plan shall include:
    - i. a timeline for addressing and completing each requirement identified in preliminary written report;
    - ii. method of follow up to confirm completion of requirements.
  - c. Implementation plan may include:
    - i. identification of additional resources and support to enable member to meet requirements;
    - ii. recommendations for educational courses in areas of deficiencies for member or dental office personnel; and/or
    - iii. any process or procedure Director deems beneficial to dental office.
  - d. A written implementation plan accepted by the Director and member shall be submitted to the Committee within twenty days of receipt of preliminary written report for approval. At the discretion of the Committee, an extension may be granted at request of either the Director or member.
  - e. If a written implementation plan supported by Director and member cannot be developed, the member may make written submissions on the preliminary written report to the Committee no later than 30 days after the timeline provided for developing the implementation plan ends.
5. After considering the preliminary written report; any written implementation plan; any member dentist's written submissions, and any other information that the Committee considers relevant to the office assessment the Committee shall confirm:
  - a. There are no deficiencies requiring changes and advise the member in a final written report no further action is required;
  - b. There are deficiencies requiring changes in the dental office and the written implementation plan is appropriate to address them in the timeline identified. The member shall be given the opportunity to complete the implementation plan in the timeline provided before a final written report is completed;
  - c. There are deficiencies requiring changes in the dental office and the Committee shall provide its own written recommendations to the licensed dentist on ways to correct the deficiencies

- and identify the timeline to correct them. The member shall be given the opportunity to complete the written recommendations in the timeline provided before a final written report is completed;
- d. In addition to making recommendations to a member dentist respecting deficiency in the dental office, the Committee may require the member's dental office to undergo a further office assessment to determine compliance with the implementation plan or the Committee recommendations.
- i. the Committee shall provide the member dentist a written report of any further office assessments;
  - ii. the Committee may require the member to pay the costs of any additional office assessment the Committee determines necessary;
  - iii. a schedule of costs shall be approved by the Board in consultation with the Committee and contained in Appendix B.
  - iv. The Board in consultation with the Committee may alter the schedule from time to time;
  - v. the member dentist may make written submissions on the further office assessment report to the Committee. Written submissions must be received within thirty days of receipt of the report.

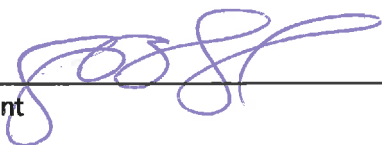
#### **SECTION IX – FINAL WRITTEN REPORT**

1. The Committee shall send a final written report to the member dentist owning the practice in accordance with this bylaw.
2. A final written report shall be sent to the member dentist:
  - a. When the preliminary report identifies no deficiencies requiring changes, it shall be deemed the final written report;
  - b. On completion of requirements in the written implementation plan and any identified assessments for compliance;
  - c. On completion of requirements in the Committee's written recommendations and any identified assessments for compliance;
  - d. At end of timeline provided for completion of written implementation plan and any identified assessments for compliance with the plan; or
  - e. At end of timeline provided for the Committee written recommendations and any identified assessments for compliance with the recommendations;
3. The Committee shall consider all office assessment reports; any implementation plan or written recommendations to the member; any written submissions by member dentist and any other information the Committee considers relevant in drafting the final written report. In the final written report, the Committee shall confirm:
  - a. There are no longer any deficiencies requiring change and advise the member in the final written report no further action is required.
  - b. There remain deficiencies requiring change and advise the member that the matter shall be referred to the Registrar and must include in the referral all of the Committee's practice review reports and any member dentist submissions in response to the office assessment reports.

#### **SECTION X - REFERRAL TO REGISTRAR**

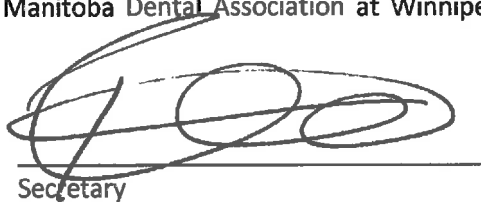
If the Committee refers a matter to the Registrar or a member fails to participate and cooperate in the office assessment process, the Registrar may conduct a review and address the matter in accordance with *The Act* and bylaws made under *The Act*.

DONE and PASSED by the Board of Directors of the Manitoba Dental Association at Winnipeg, in Manitoba this 26<sup>th</sup> day of October, AD 2018.



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President



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Secretary

This by-law will become effective on the 14<sup>th</sup> day of December 2018, unless 10 members request, in writing, its ratification at a general meeting of the Association (Section 43(2) of *The Dental Association Act*) on or before the 13th day of December 2018.

**MANITOBA DENTAL ASSOCIATION FACILITY ASSESSMENT  
APPENDIX A**

**GENERAL DOCUMENTS**

- i. Names of directors and owners of facility including corporations**
- ii. Job descriptions – including duties and responsibilities for all personnel**
- iii. Professional licenses for applicable personnel**
- iv. Fire plan**
- v. Resuscitation training for all applicable personnel**
- vi. Accidental exposure plan**
- vii. Office harassment policy**
- viii. WHMIS documentation**
- ix. Amalgam separator installation and maintenance documents**
- x. Substance abuse awareness and prevention protocols for staff as appropriate**

**INFECTION CONTROL DOCUMENTS**

- i. Infection control protocols**
- ii. Service logbook for sterilization with spore test reports**

**DRUG RELATED DOCUMENTS**

- i. List of available drugs stored in-office**
- ii. Written inspection protocol for emergency drugs quantity and viability (unexpired) maintenance**
- iii. Protocols to secure, store and control in-office drugs to protect against abuse**
- iv. Service logbook to monitor use of drugs stored in-office**

**PATIENT SAFETY PROTOCOLS**

- i. Emergency plan**
- ii. Adverse incident reporting documents**

**FOR OFFICES PROVIDING SERVICES UNDER PHARMACOLOGIC BEHAVIOUR MANAGEMENT BYLAW**

- i. As identified in appropriate section of that bylaw**