

CVO POSITION STATEMENT

Never have I been prouder to be an Ontarian.

In September of 2007, the College of Veterinarians of Ontario (our licensing and disciplinary board) had in its quarterly newsletter a statement that “the College is now firmly of the view that this procedure [offering oral hygiene procedures in unanesthetized animals] does not meet the acceptable standards of practice for veterinarians in Ontario.” This is found on page 18 of the following document.

<http://www.cvo.org/uploadattachments/UpdateSeptember2007.pdf>.

In other words, the standard of care for anyone providing any dental therapy for dogs and cats in Ontario is that the procedure be done in an accredited veterinary facility under the direct supervision of a licensed veterinarian AND the patient must be under an appropriate plane of general anesthesia. Any dental/oral therapy offered without general anesthesia falls below the standard of care (aka malpractice).

As I have been a vocal opponent of [non-anesthetized dental cleanings](#) for almost two decades now, I found this statement gratifying and see it as a real move in the right direction.

Late in 2008, the CVO published a more complete position statement on veterinary dentistry. Click here to view the entire document:

www.cvo.org/uploadattachments/Veterinarydentistry.pdf.

General

This position statement confirms that, in Ontario, providing any dental treatment for animals is the practice of veterinary medicine and therefore must only be done by or under the *direct* supervision of a veterinarian licensed to practice in Ontario. This applies equally to small companion animals and horses. Lay ‘equine dentists’ are practicing veterinary medicine without a license and that is a criminal offence. Groomers and breeders who scale teeth of animals not belonging to themselves are practicing veterinary medicine without a license and that is a criminal offence.

Another very important line states “*Veterinarians who perform dentistry are obligated to stay current with evolving professional standards and techniques.*” The state-of-the-art and the standard of care are moving targets and we must all continue the life-long learning process to keep up. The alternative is to opt out of offering the service. This is not exclusive to dentistry. I have not stayed current with

dermatology or ophthalmology (among other things) and so I opt to not offer any advice or services regarding those issues.

The good news is that there continues to be a great deal of dental continuing education available for veterinarians. Go to www.veterinarydentalforum.com and click on the link to More Dental CE to see a list of programs offered. We also offer CE at our facility in Guelph, so have a look at the Continuing Education page at www.toothvet.ca for programs and dates.

So the CVO says, “keep up to speed or get out of the race”.

I will be speaking on radiology at the Toronto Academy of Veterinary Medicine Hospital Personnel Series on February 11th and I believe DVMS are welcome as well.

I will also be doing six hours of lecture to the Ottawa Academy on November 18th.

That is what I have scheduled so far. I expect more dates will be developed as the year progresses.

One of the most important evolving standards is that of including intra-oral dental radiography as a matter of routine for all dental patients. More and more clinics are getting the necessary equipment and training to add dental radiography and good for them. It is already considered standard of care by the AAHA in their document *AAHA Guidelines on Dental Care for Dogs and Cats* (http://www.aahanet.org/PublicDocuments/Dental_Care_Guidelines.pdf). Actually, all general practices would do well to print this document (available to anyone by clicking that link) and ensure everyone in the practice reads it. Then have a meeting and set up a plan to work towards following these carefully thought-out guideline.

Supervision and Delegation

“Only a licensed veterinarian may conduct the examination needed to make an assessment of the animal, develop a diagnosis, and formulate a treatment plan. An auxiliary may be directed to perform a procedure which is within the auxiliary’s abilities, but the veterinarian must re-examine the entire oral cavity of the animal to ensure that the procedure was performed properly by the auxiliary.”

This means that a licensed veterinarian needs to be actively and personally involved in each and every dental case at the beginning and at the end at least.

No longer can support staff be left to manage these cases on their own.

This has been another of my 'soapbox issues' for many years. In the notes for a course I used to teach to technicians I had the following article, which has been on my website since it was launched:

<http://www.toothvet.ca/PDFfiles/TheRole.pdf>

Some technicians fear that if they are no longer allowed to perform dental procedures that their value to the practice will be diminished. I do not see that as a problem. As dental services in general practice evolve and improve, there will be more than enough important and valuable work for the support staff to do. They need not worry about that.

The next paragraph reads *“Dental extractions fall within the definition of major surgery. Only veterinarians are trained to the depth required to respond appropriately to complications or unexpected findings; therefore, in order to maintain professional standards only veterinarians may perform extraction procedures and auxiliaries may not perform extractions, even under supervision.”*

I know with certainty that many auxiliaries are still doing extractions in Ontario. In the past it was common enough for auxiliaries to be doing extractions that the commonality might have been used as justification. No longer. It is indefensible for anyone other than a licensed veterinarian to perform even the simplest dental extraction. I have always refused to teach auxiliaries extraction technique because I felt it was wrong for them to be doing this surgery. Now there is a published CVO policy specifically stating this.

Some veterinarians claim that they do not enjoy doing extractions and that their technicians actually do a better job of it because they enjoy doing them and have been doing them for so long. I would say to those veterinarians that if they do not feel comfortable doing extractions then they absolutely should not be doing them. However, rather than delegating the job to an auxiliary, they must now refer to a licensed colleague (within their own walls or at another facility). The other option is to get the proper training and equipment and get good at it.

Informed Owner Consent

“Clients should be informed about the professional status of who will be performing the dental service.”

In other words, the client has a right to know, and must be informed regarding, who is going to be doing what to their pet and what each person's

qualifications are. It is not enough to wait for the client to ask the question. The information needs to be offered. In situations where the veterinarian and auxiliaries work together as a team (the right way to do things), the duties performed by each should be outlined to the owner as part of the informed consent.

Medical Records

“quality medical-dental care for animals requires clear and complete medical records.” While a bit vague, this statement indicates the need for detailed recording of all dental findings and treatments. This includes the periodontal status of every tooth, all periodontal pocket depths, all coronal damage (wear, fractures, [caries](#)), malocclusions, [missing teeth](#), extra teeth and dozens of other findings. This goes back to the need for the veterinarian to do a thorough oral examination on each patient to find all this information. Once found, the information needs to be recorded.

Many of us have developed our own charting and recording templates, though they all are more alike than they are different. The one I use contains copyrighted art work for which I have purchased a license and so I cannot offer it to you to use but there are templates available at the American Veterinary Dental College web site : <http://www.avdc.org/dental-charts.pdf>. Another useful resource can be found at: <http://www.rvc.ac.uk/review/Dentistry/Preventative/intro.html>. This link is to an online book by Norm Johnson posted on the Royal Veterinary College website. Go through the chapter on the website then click on the link to the 'printable chapter' to get charts you can use in your own practice. Quite possibly a Google search will turn up more options and examples to consider.

When charting, it is often not possible to fit all the important information on the form in long hand and so the AVDC has developed an extensive list of abbreviations for findings and treatments that can make it easier to chart in detail. This list can be found at <http://www.avdc.org/abbreviations.pdf>.

Anesthesia

“The cleaning and scaling of the teeth of companion animals must be performed with general anesthesia with the use of an endotracheal tube with an inflated cuff in order to meet acceptable standards of practice for Veterinarians in Ontario”. This just restates the position mentioned in the 2007 document more emphatically.

There are many provinces and states that are wrestling with the issues of non-professional dental scaling, delegation of dental procedures to auxiliaries,

standard of care and so forth. I am very proud to be practicing in Ontario, where our College has made these issues a priority. They have gathered valuable advice from various credible sources and have come up with a document that should be a model for VMAs, state boards and practice associations around the world. Well done, CVO and Thank You!