College of Dental Surgeons of Alberta

Dentist–Patient Relationship and Clinical Responsibility Policy

Policy Number: GP-02	Reference: HPA, SoPs and Code of Ethics
Approval Date: November 6, 2026	Scheduled Review: Every two years
Revised Date(s):	Reviewed by: Governance and Council

Purpose

This Policy is to confirm the foundational requirements for the dentist–patient relationship, including direct clinical involvement, in-person assessment, and appropriate limits on delegation and remote care. It affirms that dentistry is grounded in professional judgment, physical examination, and ongoing responsibility for patient care, consistent with the *Health Professions Act*, including the College's public-interest mandate and authority to establish and enforce standards of practice and ethics.

Scope

This Policy applies to all CDSA registrants and to dental care provided by, on behalf of, or under the authority of a regulated member, including care delivered through professional corporations, auxiliary dental health professionals, or remote care modalities. It should be interpreted with the CDSA Standard of Practice: *Practice Arrangements and Provision of Professional Services*, including the expectations for responsible dentists and the accountability of all dentists.

Policy Statement

Dentist-Patient Relationship

The dentist–patient relationship is established when a dentist accepts responsibility for diagnosis, treatment planning, and ongoing care. It requires direct physical presence and clinical contact with the patient, including an in-person encounter. The relationship is not established through administrative enrollment, remote review of information, or indirect or delegated interaction.

Once established, the dentist–patient relationship requires ongoing professional involvement. The dentist must remain clinically involved and available to reassess, intervene, and provide in-person care when clinically indicated.

Public Protection Outcomes

This Policy advances the College's public protection mandate by ensuring Albertans receive dental care from appropriately registered, accountable, and clinically responsible dentists and dental specialists.

Expected outcomes include improved patient safety through direct clinical assessment; clearer accountability for diagnosis, treatment planning, delegation, remote consultation, and follow-up care; reduced reliance on inappropriate remote or delegated services; and assurance that restricted activities are performed only by authorized and competent individuals under the required direction or supervision.

The Policy also supports continuity of care by requiring remote dentistry and remote consultation to supplement, rather than replace, an established dentist–patient relationship and timely access to in-person care when clinically required.

Clinical Examination

The dentist must personally perform, or directly participate in, the clinical examination. Diagnosis and treatment planning must not be based solely on records, images, questionnaires, remote review of information, administrative enrollment, or delegated assessments. The dentist is responsible for integrating clinical findings, patient history, and presenting concerns before making a diagnosis or treatment plan.

Delegation and Supervision

Delegation must comply with applicable legislation, including the *Health Professions Act*, restricted activity requirements, CDSA standards, and the authorized restricted activities of auxiliary dental health professionals.

Delegation does not transfer professional responsibility. The dentist remains accountable for diagnosis, treatment planning, clinical judgment, supervision, clinical decisions, patient outcomes, and timely intervention.

Delegation may occur only when the dentist knows the patient, understands the clinical context, and remains available to intervene. It must not substitute for professional presence or meaningful clinical involvement.

Where dental assistants provide authorized entry-level or advanced practice services, the services must be within their competence and authorization and must be prescribed and directed by an authorized oral health professional, including a dentist where applicable.

Where supervision is required for a dental assistant, including a provisional dental assistant, supervision must include being on-site and able to assist. Remote or indirect availability is not sufficient where onsite supervision is required.

Practice Model Expectations

A dentist must not establish or participate in a practice model in which patient care is delivered primarily without direct dentist involvement, nor limit their role to administrative or indirect oversight.

Practice arrangements must support direct clinical responsibility, appropriate supervision, and accountability for patient outcomes.

Remote Dentistry

Remote dentistry may be used to supplement established care for appropriate purposes such as follow-up, triage, monitoring, or consultation, but it must not replace an in-person examination where one is necessary for safe and appropriate diagnosis or treatment.

A dentist providing remote care remains responsible for clinical decisions and must ensure that in-person assessment, treatment, or follow-up is available when required by the patient's condition.

Remote Consultation, Radiology, and Oral Medicine

Remote consultation may be appropriate where a dentist or specialist provides advice, interpretation, diagnostic input, or treatment recommendations based on clinical materials. Such consultation supports, but does not replace, the clinical responsibility of the onsite dentist or the requirement for in-person care when clinically indicated.

Any general dentist or dental specialist who provides dental services to a member of the Alberta public, including consultation, interpretation, diagnostic input, treatment recommendations, or treatment, must be registered with the CDSA in the appropriate category.

In oral and maxillofacial radiology, remote interpretation may be appropriate, but the onsite dentist remains responsible for prescription, justification, consent, radiation safety, image acquisition, and immediate patient-specific management when dental assistants expose radiographs or apply ionizing radiation.

In oral medicine, remote advice may support complex diagnostic questions, but it does not authorize a dental assistant to perform a restricted activity without an onsite dentist responsible for assessment, risk management, follow-up, and integration of advice into the treatment plan.

Exclusions

No exclusions apply to CDSA registrants. This Policy does not apply directly to non-registrants except where a registrant is responsible for, or associated with, the provision of care.

Responsibilities

Registrants are responsible for complying with this Policy in all aspects of practice.

The CEO & Registrar / Complaints Director, or designate, is responsible for interpretation and enforcement in accordance with the *Health Professions Act*, including the complaints and professional conduct framework.

Council is responsible for approval and oversight of this Policy.

Related Information

This Policy should be read with the CDSA Standard of Practice: *Practice Arrangements and Provision of Professional Services*; the CDSA Code of Ethics; the *Health Professions Act*; the *Health*

Professions Restricted Activity Regulation; and the College of Alberta Dental Assistants Standards of Practice.

Definitions

Dentist–Patient Relationship: A professional relationship established when a dentist assumes responsibility for a patient's diagnosis, treatment planning, and ongoing care.

In-Person Care: Direct, face-to-face clinical interaction involving physical presence and clinical examination.

Delegation: Assignment of specific tasks to an auxiliary dental health professional in accordance with legislation, CDSA standards, and authorized restricted activities, while the dentist retains responsibility for care.

Remote Dentistry: Dental-related services provided through virtual or remote modalities without physical presence.