DISPATCH

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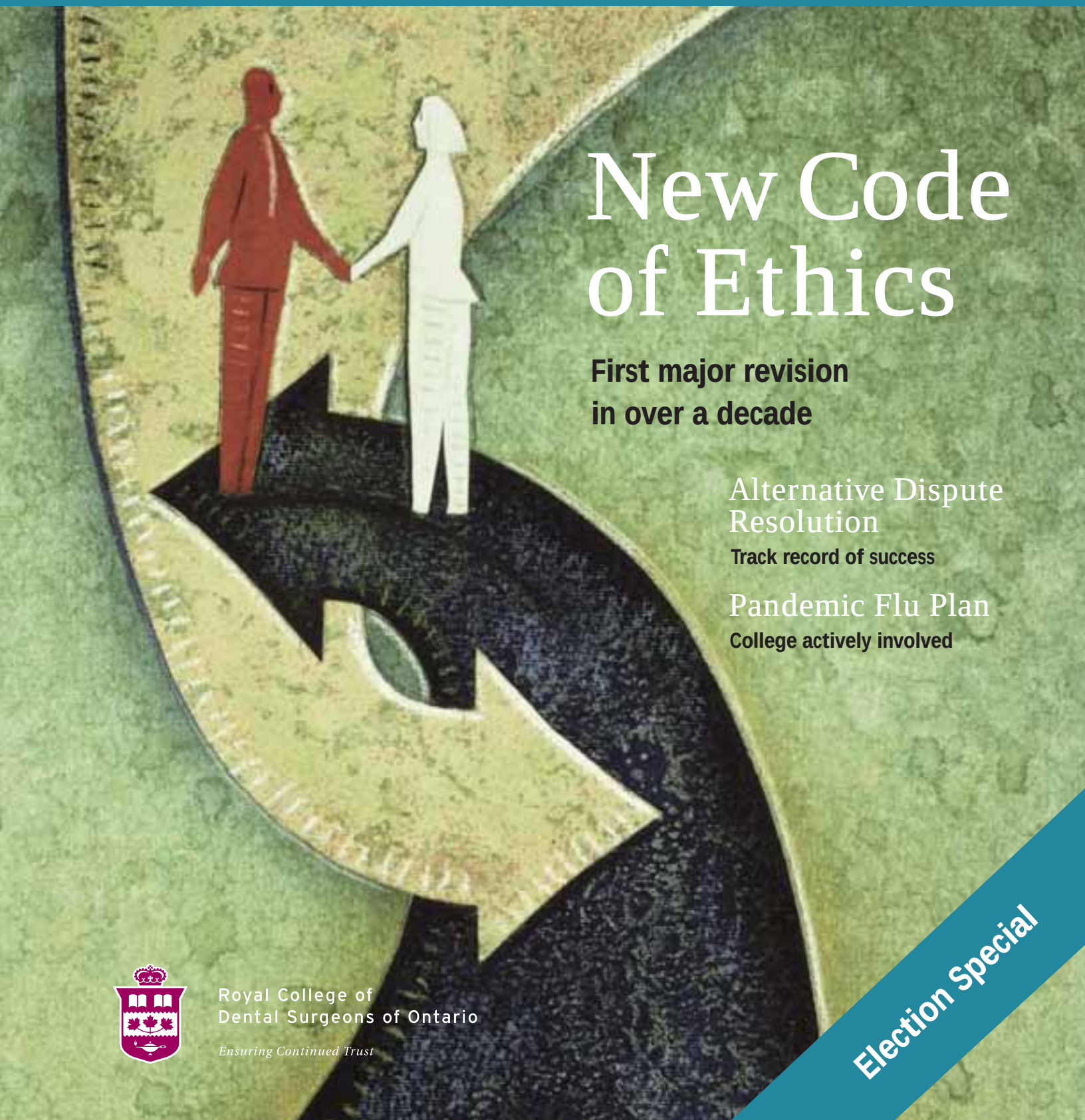

New Code of Ethics

First major revision in over a decade

Alternative Dispute Resolution

Track record of success

Pandemic Flu Plan

College actively involved

Election Special

Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust

Royal College of
Dental Surgeons of Ontario
Ensuring Continued Trust

DISPATCH
Vol. 19, No. 1
Winter 2005

Dispatch is the official publication of the Royal College of Dental Surgeons of Ontario (RCDSO). RCDSO is the regulatory body governing the practice of dentistry in Ontario. *Dispatch* is published four times a year. The editor welcomes comments and suggestions from our readers.

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DISPATCH

COVER STORY

ON THE COVER

Ethical decision-making is often a delicate balancing act between competing forces. The new Code of Ethics will help you make the right choices.

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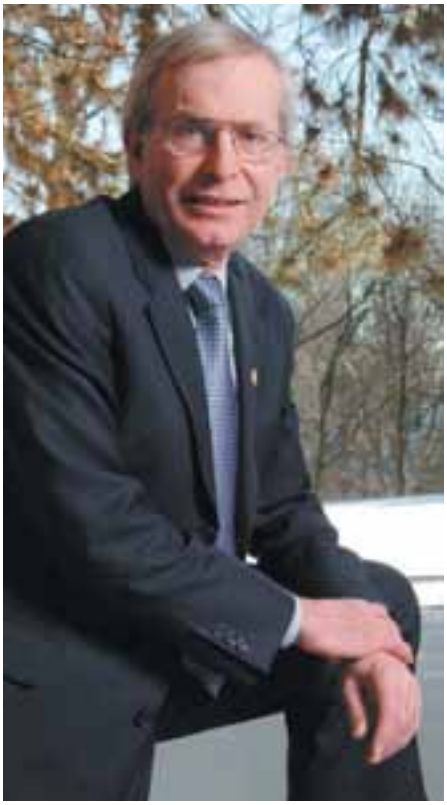
- Summaries of Recent Discipline Committee Hearings
- PEAK: Dentists' Use, Misuse, Abuse or Dependence on Mood-Altering Substances
- Guidelines: Use of Sedation and General Anaesthesia in Dental Practice
- Code of Ethics



My pledge to you is to continue to polish our reputation as one of the best regulators in the country.

Dr. Cam Witmer

It is indeed a great honour to be acclaimed by the College's governing Council as RCDSO president for the next two years. I am deeply moved by this honour.

I believe that I could not be taking on this great challenge at a better time. For that, I am indebted to my friends and colleagues on Council and the committees with whom I have shared these past few years. I take the preservation of that legacy very seriously.

Working as a team with College staff, we have created a culture at the College that encourages innovative thinking and approaches. Members and the public have gained enormously from this fusion of creativity and fearless action.

There are membership services like the Web-based drug interactions service, and new programs like FLAME, the Fresh Look At Members Education. Our first CD-based course in our lifelong learning program is going out to members very soon. There was our Future of Dentistry leadership conference. Then, our efforts to throw a spotlight on the problems and possible solutions to access to dental care in the long-term care sector, and now, our symposium on oral health as a window to systemic diseases in the body.

My commitment to you for the next two years is simple: more of the same. I know that sounds pretty reactionary. The norm is to take office with a raft of pledges to do things differently. I believe that would be a mistake.

This College has got it right. Our challenge is to continue the momentum. Of course, that is not as easy as it sounds. The reality is that we do not live in a world where it is always possible to plan and calculate our way. To continue to succeed, we need to be open and welcoming of the constant change and uncertainty that makes up our daily lives. I believe that we have the maturity and confidence to do just that.

This College is convinced that professionally led regulation, in partnership with the public, offers the best way to encourage high standards of dental practice, protect patients, and to be responsive to change.

Of course, much remains to be done. We know that by raising the quality of regulation we can better protect the public. We are determined to continue to deliver what the public and the profession are entitled to expect – fair, transparent, responsible, and effective regulation.

I know that our College has much to contribute to a greater understanding of the ways in which government, the public, and the profession can co-operate to ensure high standards of dental care. I look forward to being a part of this with each of you, and I welcome your continued help, advice, and guidance.

Je m'engage à préserver et à maintenir notre réputation qui fait de nous l'un des meilleurs organismes de réglementation au pays.

C'est un grand honneur pour moi d'avoir été nommé président du RCDS pour les deux prochaines années par le conseil d'administration, et j'en suis très flatté.

On ne pourrait relever ce grand défi à un meilleur moment. Je suis très reconnaissant envers mes amis et collègues du conseil et des comités avec lesquels j'ai partagé ces dernières années. J'accorde une grande importance à la préservation de notre héritage.

Le travail d'équipe du personnel du Collège a permis de créer un environnement qui favorise la pensée et les méthodes novatrices. Les membres et le grand public ont grandement bénéficié de cette fusion des mesures créatives et inédites.

Les services aux membres comme le service Web sur les interactions médicamenteuses et les nouveaux programmes comme FLAME (qui signifie Fresh Look At Members Education). Notre premier cours sur CD dans le cadre de notre programme de formation continue sera très bientôt offert à nos membres. Il y a eu la première conférence du leadership sur l'avenir de la dentisterie. Nous avons ensuite concentré nos efforts sur les problèmes et les solutions possibles en matière de soins dentaires dans le secteur des soins de longue durée, et notre symposium sur la santé bucco-dentaire servira de fenêtre sur les maladies systémiques.

Au cours des deux prochaines années je m'engage à continuer ce que j'ai entrepris. Cela pourrait sembler assez réactionnaire, car les gens ont l'habitude de faire beaucoup de promesses et de s'engager à faire les choses différemment lorsqu'ils entrent en fonction, mais je crois que ce serait là une erreur.

Le Collège est sur la bonne voie. Son défi consiste à poursuivre sa lancée. De toute évidence, cela n'est pas aussi simple qu'on ne le croirait. En réalité, il n'est pas toujours possible de prévoir et de planifier nos actions. Pour continuer à réussir, nous devrons faire preuve d'ouverture face au changement et à l'incertitude dans notre quotidien. Je crois que nous détenons la maturité et la confiance requises pour ce faire.

Le Collège est convaincu que les lois qui reposent sur les professionnels et sur un partenariat avec le public représentent la meilleure façon d'encourager des normes élevées en dentisterie, de protéger les patients et de bien réagir au changement.

Il reste assurément beaucoup à faire. Nous savons que nous pouvons mieux protéger le public en accroissant la qualité des règlements. Nous sommes résolus à continuer d'offrir au public ce à quoi il est en droit de s'attendre : des règlements justes, transparents, responsables et efficaces.

Je sais que notre Collège peut contribuer grandement à une meilleure compréhension des façons dont le gouvernement, le public et les membres de la profession peuvent coopérer en vue d'assurer des normes élevées en matière de soins dentaires au public. Ce sera un réel plaisir pour moi de coopérer avec chacun d'entre vous et de recevoir votre appui, vos conseils et vos directives.

Elections 2005

Meet Your New Council

Your New Council for the 2005 & 2006 Term

At the inaugural meeting of the new RCDSO Council on January 19 and 20, 2005, Council members elected a president, vice-president, and members of the Executive Committee for 2005 and 2006.

EXECUTIVE COMMITTEE

DR. CAM WITMER PRESIDENT AND CHAIR

DR. MARVIN KLOTZ VICE-PRESIDENT

DR. FRANK STECHEY

KRYSTYNA RUDKO

BEN WIWCHARYK

ELECTED REPRESENTATIVES

District 1 (Ottawa) – **Dr. Elizabeth MacSween**

District 2 (Durham/York) – **Dr. Larry Parker**

District 3 (Northern Ontario) – **Dr. Albert Bouclin**

District 4 (Halton-Peel) – **Dr. Randy Lang**

District 5 (Muskoka-Simcoe) – **Dr. Ted Schipper**

District 6 (London) – **Dr. George Grayson**

District 7 (Haldimand/Norfolk) – **Dr. Cam Witmer**

District 8 (Hamilton/Wentworth) – **Dr. Frank Stechey**

District 9 (Toronto North) – **Dr. Sven Grail**

District 10 (Toronto West) – **Dr. Bohdan Kryshtalskyj**

District 11 (Toronto Central) – **Dr. Marvin Klotz**

District 12 (Toronto East) – **Dr. Hartley Kestenberg**

APPOINTED BY LIEUTENANT-GOVERNOR IN COUNCIL

Kelly Bolduc-O'Hare, Little Current

Mohammed Brihmi, Toronto

Ryan Clarke, Mississauga

Kurisummoottil S. Joseph, Thunder Bay

Mary Ann Labaj, Elliot Lake

Evelyn Laraya, Oakville

Krystyna Rudko, Ottawa

Stanley Spencer, Toronto

Ben Wiwcharyk, Thunder Bay

ACADEMIC APPOINTMENTS

University of Toronto – **Dr. Philip Watson**

University of Western Ontario – **Dr. Stanley Kogon**

ELECTED REPRESENTATIVES

DISTRICT 1

Dr. Elizabeth MacSween

Dr. MacSween is a new member of Council. She graduated from the University of Toronto Faculty of Dentistry in 1980, and practises in Orleans, Ontario. She was president of the Ontario Dental Association in 1996-97, has served as a governor of the Canadian Dental Association, and has been a board member of the Canadian Dental Services Plan Inc. Elizabeth is an avid cyclist and is a founding member of the Ottawa Dental Society Bicycle Club.

DISTRICT 2

Dr. Larry Parker

Dr. Parker completed a Bachelor of Dental Science (BDS) at the University of Witwatersrand, Johannesburg, a DDS at Dalhousie University, and a MSc in orthodontics at the University of Toronto. For the last six years, Larry chaired the Registration Committee. He has maintained an orthodontic practice in Richmond Hill since 1985, and participates in part-time teaching and research. Recently, he became a member of the European Orthodontic Society.

DISTRICT 3

Dr. Albert Bouclin

Dr. Bouclin earned his DDS from the University of Toronto in 1970, after completing a BSc at the University of Manitoba and teaching high school for three years. This is Al's second term on the College Council. He previously served as a member of the Quality Assurance Committee for three years. He is an active member of the Sudbury Dental Society and has served on its executive. Dr. Bouclin also served for four years on the Board of Governors of the Ontario Dental Association. Al practises general dentistry in Garson, Ontario.

DISTRICT 4

Dr. Randy Lang

Dr. Lang is now in his 18th and 19th year of serving on the RCDSO Council. He is a teacher in the orthodontic department at the University of Toronto, and a past president of the Ontario Association of Orthodontists. He is a faculty member of Omicron Kappa Upsilon and a Fellow of the American College of Dentists, the International College of Dentists, the Pierre Fouchard Society, and the World Federation of Orthodontists. Randy is the orthodontic editor and co-chair of the editorial board of the journal *Oral Health*. Randy practises orthodontics in both Mississauga and Etobicoke.

Elections 2005

ELECTED REPRESENTATIVES

DISTRICT 5

Dr. Ted Schipper

Dr. Schipper received his DDS from the University of Toronto in 1971 and his specialty certification in orthodontics in 1974. He maintains orthodontic practices in Collingwood and Woodbridge. He has been on staff in the orthodontic department at the University of Toronto since 1974, first in the undergraduate department, and since 1986, in the graduate department with a cross appointment in the dental department at Mt. Sinai Hospital in Toronto. He is a past president of the Ontario Association of Orthodontists and the Toronto Orthodontic Study Club, has served on Faculty Council at the Faculty of Dentistry in Toronto, and is on the editorial board and a contributing editor to *Current Practice*. Ted received a certificate in conflict and dispute resolution from the University of Toronto in 1997. He has served at the College as a non-elected member of the Complaints Committee and as a practice monitor.

DISTRICT 6

Dr. George Grayson

Dr. Grayson attended the University of Windsor where he received a Bachelor of Science, and Queen's University in Kingston where he received a Master of Science in Microbiology and Immunology. He then entered the University of Western Ontario Faculty of Dentistry and graduated in 1974. Dr. Grayson received his North East Regional Board Certificate in 1983, and practised in Michigan. He first sat as a Council member in 1984/85 as the first UWO graduate in this position, and then in 2001/02 to replace his friend and colleague Dr. Robert Brandon. George has also sat as a provincial representative on the Windsor Essex County Health unit board of directors for four years. Currently, he practises in Windsor and is a consultant for a number of dental companies.

DISTRICT 7

Dr. Cam Witmer

Dr. Witmer has been in private practice since his graduation with his DDS from the University of Western Ontario in 1972. Cam was very active with the Ontario Dental Association, serving on the ODA Executive Council for a number of years. He is also actively involved in his community, working with the Kitchener-Waterloo Handicapped Services, the Heart and Stroke Foundation, and the Kinsmen of Canada. Cam was first elected to the College Council in 1998 and has served on the Executive Committee since 2001. He was elected Vice-President in 2002, and then President in 2003 for a two-year term.

DISTRICT 8

Dr. Frank Stechey

Dr. Stechey specializes in two areas of dentistry: sports and forensics. He volunteers as team dentist for the following teams: Toronto Rock lacrosse, the Hamilton Bulldogs hockey, who are the farm team of the NHL's Montreal Canadiens, and the McMaster University's Marauders football team. He is a Fellow of the International Academy for Sports Dentistry. Frank is a Fellow of the American Academy for Forensic Science and serves as an expert witness and consultant for police services and Children's Aid Societies throughout Canada on cases ranging from child abuse to homicides. After the World Trade Center disaster on September 11, 2001, there were 256 forensic dentists working to identify victims. Of these, only 10 were foreign dentists invited to New York City. Frank was the first foreign and only Canadian dentist invited. He practises in downtown Hamilton, is a past president of the Hamilton Academy of Dentistry, and twice was a finalist as Hamilton's Citizen of the Year.

DISTRICT 9

Dr. Sven Grail

Dr. Grail is the co-founder and senior partner of Altima Dental. He is a past governor of the Ontario Dental Association and a past chairman of the ODA's Dental Practice Advisor Committee. Sven received his DMD and MBA at Boston University where he continues to be an active board member of the university's Alumni Council. Sven is very active in Canada and United States in community work related to dentistry. Here in Canada his contributions have included supporting projects at the University of Toronto and the development of a program with the Barrie Community Health Centre to assist women who have dealt with abuse or addiction to re-enter the workforce.

DISTRICT 10

Dr. Bohdan Kryshtalskyj

Dr. Kryshtalskyj earned his BSc, DDS, and Diploma in Oral and Maxillofacial Surgery and Anaesthesia from the University of Toronto. He has a full-time practice in west Toronto. He is chief of the Division of Oral and Maxillofacial Surgery and Dentistry at the Trillium Health Centre, staff oral and maxillofacial surgeon at the Toronto General Hospital University Health Network, and the Credit Valley Hospital. Bo is a member of the Royal College of Dentists, a Fellow of the American College of Oral and Maxillofacial Surgeons, the American College of Dentists, the Academy of Dentists Internationale, and of the Pierre Fouchard Academy. He is a contributing editor of the oral and maxillofacial surgery section of *Oral Health* magazine.

DISTRICT 11

Dr. Marvin Klotz

Dr. Klotz graduated from the University of Toronto Faculty of Dentistry in 1960 and got his MSc from Chicago's North Western University in 1964. From 1991-96, Marvin was elected for two terms to the College Council. During that time, he served as chair of the Quality Assurance Committee and as a member of the Executive Committee. Then in 2002, he was again elected to Council and served as chair of the Complaints Committee. Marvin has received the Alumnus of Distinction award from the University of Toronto, an Award of Excellence from the Alpha Omega Fraternity, and Ontario Dental Association's Barnabus Day Award. He has played a key role in a number of dental publications, including editor of the *ODA* Journal from 1978-81 and starting the University of Toronto *Alumni Today*.

DISTRICT 12

Dr. Hartley Kestenberg

Dr. Kestenberg graduated with a DDS from the University of Toronto in 1982, followed by a Diploma in Dental Anaesthesiology in 1987, also from the University of Toronto. He has since been practising anaesthesia and general dentistry in Scarborough. He is a past president of the Ontario Dental Society of Anaesthesiology and has served as an executive member with the Toronto East Dental Society. Hartley taught in several departments at the University of Toronto Faculty of Dentistry and is currently a part-time clinical instructor in the Department of Anaesthesia. This is his second term on the RCDSO Council.

Elections 2005

ACADEMIC APPOINTMENTS

UNIVERSITY OF TORONTO

Dr. Philip Watson

Dr. Watson graduated from Dentistry at the University of Toronto in 1967 and completed a Masters Degree at the Indiana University School of Dentistry in 1971. Dr. Watson is Professor and Head of Biomaterials at the Faculty of Dentistry at the University of Toronto. His clinical specialty is prosthodontics.

UNIVERSITY OF WESTERN ONTARIO

Dr. Stanley Kogon

Dr. Stan Kogon received his DDS in 1965 from the University of Toronto and earned a MSc in Pathology in 1970 from the University of Western Ontario. In 1969, he joined UWO in a full-time position. During his tenure he held the position of Chair of the Division of Oral Medicine for 20 years and also chaired the Divisions of Oral Radiology and Periodontics for shorter periods. He has served as Assistant Dean Clinical Affairs and Director of Clinics. After the merger of the Faculties of Dentistry and Medicine in 1997, Dr. Kogon was appointed Associate Dean, Faculty of Medicine and Dentistry and the first Director of the School of Dentistry.

LIEUTENANT-GOVERNOR IN COUNCIL APPOINTMENTS

Kelly Bolduc-O'Hare

Ms. Bolduc-O'Hare is a new public member. Kelly and her husband own and operate two small businesses: the Anchor Inn Hotel and Lakeshore Excursions. Both businesses are located in Little Current on Manitoulin Island. Kelly is very involved in the promotion of tourism and hospitality in Northern Ontario. In addition, Kelly has volunteered extensively in economic and community development on Manitoulin Island.

Mohammed Brihmi

Mr. Brihmi is a senior partner with EMB Consulting that specializes in human resources development, strategic planning and public relations. Mohammed has several decades of active community involvement including chair of Metro Toronto French School Board, trustee with Metro Toronto School Board, Board member of the Scarborough Community Care Access Centre, member of the French-Language Services Mental Health and Addiction Network of Toronto, vice-president of the Arab Community Centre of Toronto, and president of the Moroccan Association of Toronto.

Ryan Clarke

Mr. Clarke is the founder of Advocacy Solutions, a business committed to providing a voice to organizations through the development and implementation of impactful advocacy strategies. A resident of Mississauga, Ryan was educated at McMaster University in Hamilton where he received both an Honours BA and a Masters Degree in Political Science. He then went on to study law at the University of Western Ontario, where he graduated in 1993. Ryan began working in Hamilton, practising exclusively in the area of family law for almost three years. In 1997, he became a Special Assistant to the Ontario Minister of Energy, Science and Technology. He was the Minister's policy advisor on all issues within the Science and Technology Division. Ryan joined Glaxo Wellcome (now GlaxoSmithKline Inc.) in 1999, where he was a Senior Manger, Public Affairs specializing in public policy and government relations at the municipal, provincial and federal levels. An active member of several local business organizations, Ryan also sits on a number of Ontario Chamber of Commerce committees and the Dean's Advisory Council (Faculty of Social Sciences) at McMaster University.

Kurisummoottil S. Joseph

Mr. Joseph is retired after nearly three decades as a Justice of the Peace in the Ontario Court of Justice. During this time he was also seconded to the Ministry of the Attorney General for five years as Regional Director of the Family Support Plan, Northwest Region. K.S. has made many years of significant contributions to the Thunder Bay community including President of the Family Development Centre, member of the Board of Governors of St. Joseph's Hospital and of St. Joseph's Care Group, and President of the India Canada Association of Thunder Bay.

Mary Ann Labaj

Ms. Labaj has been a public member of the Council for two years. She has served on the Discipline Committee, Patient Relations Committee, Elections Committee, Ethics Committee, and the Ad-Hoc Committee for Scope of Practice for Oral and Maxillofacial Surgeons. Mary Ann is an active community member.

Evelyn Laraya

Ms. Laraya grew up on the campus of the University of the Philippines where her mother was the elementary school principal and her father was a professor of mathematics. She graduated from the same university with a Bachelor of Science in Social Work. After completing the courses for her Master of Arts in sociology, and while writing her thesis, she immigrated to Canada to join her fiancée. One of Evelyn's first jobs was with the Bank of Montreal where she remained for 27 years, taking early retirement in 2003 from the position of credit operations analyst. During her banking career, she raised two children, while holding positions in many organizations including president of the University of the Philippines Alumni Association, board member and executive co-ordinator of the Filipino Centre Toronto, Silayan Community Centre director, and the organizer for many charitable fund raising events. For the past 15 years, she and her husband have lived in Oakville. Eight years ago, with her children established in their own careers, Evelyn opened her home to foster children from the Halton Children's Aid Society, specializing in the care of troubled teenagers.

Krys Rudko

Ms. Rudko is a communications and marketing strategist who has spent over 15 years working in the field of demographic and trends analysis. Professionally trained in media relations and in cultural and diplomatic protocols, she is a respected public speaker and has led projects for the United Nations Fund for Populations Activities, the United Nations Department of Technical Cooperation for Development, USAID, and the Shanghai Bureau of Statistics. She has lectured at Queen's University, the University of Chicago, and in Addis Ababa, Ethiopia. Krys acquired experience in public consultations, crisis management, federal-provincial relations, and policy development in her role as Director, External Relations for Canada's Demographic Review and in Statistic Canada's Social Statistics Development Project.

Stanley Spencer

Mr. Spencer received his Honours BA from York University in 1972, his Bachelor of Commerce from the University of Windsor in 1973, and his designation in 1976. In 1979, Stan joined Mintz & Partners and in 1982 became a partner in the assurance and advisory department. He is a member of the Canadian Institute of Chartered Accountants and the Institute of Chartered Accountants of Ontario. Stan is very active in supporting a number of community organizations. He has been a member of the Board of Directors at Baycrest Centre in Toronto and sat on the Endowment Foundation Board from 1978-97. Since 2001, Stan has been a member of the Board of Directors of the Leave Out Violence Charitable Foundation, a member of the Finance Committee, and serves as the Foundation's treasurer.

Ben Wiwcharyk

Mr. Wiwcharyk has served the College as a member of the Discipline Committee, as chair of the Patient Relations Committee, and for the past two years, as a member of the Executive Committee. Ben has a background in real estate and securities and has 20 years of experience as an owner/operator of a business systems and equipment company. He is currently president/owner of a property company consisting of commercial real estate and apartment blocks. Ben is active in the Thunder Bay community as a director for Thunder Bay Development, Canadian Lakehead Exhibition, and the Thunder Bay Kennel and Training Club.

Non-Council Members Selected for College Committees

Members of the various College committees were also selected by the Executive Committee and ratified by Council.

AUDIT COMMITTEE

Dr. Larry Parker, Chair
Dr. Philip Watson
Evelyn Laraya
Dr. Cam Witmer, President (ex-officio)

COMPLAINTS COMMITTEE

Dr. Hartley Kestenberg, Chair
Dr. George Grayson
Dr. Ted Schipper
Kelly Bolduc-O'Hare
K.S. Joseph
Evelyn Laraya
Dr. John Anthony (non-Council)
Dr. Les Priemer (non-Council)
Dr. Richard Speers (non-Council)

DISCIPLINE COMMITTEE

Dr. Philip Watson, Chair
Dr. Stan Kogon, Vice-Chair
Dr. Sven Grail
Dr. Albert Bouclin
Mary Ann Labaj
Stan Spencer
Mohammed Brihmi
Ryan Clarke
Ben Wiwcharyk
Dr. Neil Gajjar (non-Council)
Dr. Robert Hindman (non-Council)
Dr. Jimmy Ho (non-Council)
Dr. Julian Tsafaroff (non-Council)
Dr. Katherine Zettle (non-Council)

ELECTIONS COMMITTEE

Krystyna Rudko, Chair
Mary Ann Labaj

FINANCE, PROPERTY AND ADMINISTRATION COMMITTEE

Dr. Bohdan Kryshtalskyj, Chair
Dr. Randy Lang
Dr. Marvin Klotz
Dr. Cam Witmer, President (ex-officio)

FITNESS TO PRACTICE COMMITTEE

Dr. Randy Lang, Chair
Evelyn Laraya
Dr. Peter Kalman (non-Council)

LEGAL AND LEGISLATION COMMITTEE

Ryan Clarke, Chair
Dr. Elizabeth MacSween
Dr. Sven Grail
Dr. Ted Schipper
Dr. Cam Witmer, President (ex-officio)

PATIENT RELATIONS COMMITTEE

Dr. Larry Parker, Chair
Mary Ann Labaj
Mohammed Brihmi
Dr. Charles Morgan (non-Council)
Dr. John Lau (non-Council)

QUALITY ASSURANCE COMMITTEE

Dr. Randy Lang, Chair
Dr. Bohdan Kryshtalskyj
Dr. Les Armstrong (non-Council)
Dr. Walter Yates (non-Council)

REGISTRATION COMMITTEE

Dr. Elizabeth MacSween, Chair
Dr. Frank Stechey
Dr. Albert Bouclin
Kelly Bolduc-O'Hare

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

Krystyna Rudko, Chair
Dr. Stan Kogon
Dr. Ronald Yarascavitch (non-Council)
Dr. Gordon Sylvester (non-Council)
Dr. Steven Cohen (non-Council)
Dr. Domenic Belcastro (non-Council)
Dr. Mary Krywulak (non-Council)

College lends its support to Ontario's pandemic influenza plan – a model for the entire country.

Currently, Ontario is the only province with a comprehensive strategy in place to minimize serious illness, deaths, and societal disruption when the next pandemic strikes.

"The Ontario Health Pandemic Influenza Plan is a proud achievement for Ontario. The College is committed to working collaboratively with the government," said College Registrar Irwin Fefergrad.

"As the regulatory college for the dental profession, we believe that our active involvement in this vital issue is yet another important way to fulfill our mandate of public protection."

Recently, the College produced a DVD to profile the Ontario Health Pandemic Influenza Plan at the 44th annual CEOs and Registrars Conference of dental regulators held late last year. Participants at the conference included the registrars/chief executive officers of all of the dental regulators and provincial dental associations from across the country.

The 36-minute production features an interview with the College Registrar and Allison Stuart, Director of the Emergency Management Unit and Lead of the Emergency Readiness Project from the Ministry of Health and Long-Term Care.

Ms. Stuart explained the strategic approach Ontario used to develop this plan that stands as a model for all Canadian jurisdictions.

College staff are actively involved in making the pandemic plan a reality with representation on the Health Human Resources Working Group and on the Communications Sub-Committee.

If you would like to receive a copy of this DVD, please contact:

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Cameras are almost ready to roll for the pandemic influenza production. (Left to right) Allison Stuart, Director of the Emergency Management Unit and Lead of the Emergency Readiness Project from the Ministry of Health and Long-Term Care; Irwin Fefergrad, RCDSO Registrar; Nick Romita, Edit One Video Workshop Inc.

ALTERNATE DISPUTE RESOLUTION: A Great Track Record of Success at the College

Two dentists, Brian and Don, who have been through the ADR process share recollections and impressions from their experience.

What is Alternative Dispute Resolution or ADR? When faced with conflict, our primitive instinct often involves choosing between fight or flight. Fighting has been institutionalized in our adversarial legal system or traditional industrial relations. Or we may agree with Charles Schulz, the creator of the Peanuts characters that: "There is no problem so big it cannot be run away from."

Another option is alternative dispute resolution. ADR is an umbrella term applied to a range of techniques for resolving conflict more constructively, co-operatively, and assertively than using passive or aggressive approaches. Mediation is the most common type of ADR. Others include negotiation, conciliation, early neutral evaluation, joint problem-solving, and arbitration. Mediation involves a neutral third party facilitating a voluntary resolution by the participants.

Following extensive consultation with other regulatory colleges and professional associations in 1999, Council approved the introduction of ADR as part of the formal complaint procedure. The cases proposed for ADR rose from a modest 21 in 2000 to 84 in 2004. The complainants and members agreed to ADR in about one third of all the cases.

When is ADR used?

ADR is appropriate where the issues in a complaint are relatively straightforward, so that the College's mandate to govern the profession and protect public interest is preserved.

For example, this might include issues such as:

- communication problems, including misunderstandings and perceived rudeness;
- alleged breaches of patient confidentiality;
- recordkeeping concerns;
- problematic office accounting or administrative practices;
- isolated lapses of standards of practice, such as a poorly fitting denture;
- some conflicts of interest;
- complaint withdrawals, in less serious cases.

If College staff consider that a case is possibly suitable for ADR, the member and complainant are given information about the process and asked for their consent. If this is not given, the matter is returned to the formal complaint route, but without the Complaints Committee being told that ADR was refused.

What is the ADR process?

Ideally, and usually, the participants meet face-to-face in the presence of an outside, objective facilitator and the College staff dentist assigned to the case.

If the member or complainant are not willing or able to meet, there may be a teleconference or shuttle conciliation where the facilitator and the College dentist go back and forth between the participants' separate rooms. A participant may bring a lawyer or other person, provided the other participant agrees. For example, when Brian participated in ADR, his office manager was also present since she had been involved in the complaint scenario.

If a resolution is reached, it is put in writing and signed by the participants and sent to a Complaints Committee panel for approval. Otherwise, the complaint will proceed in the normal fashion, but the panel will have no knowledge of the ADR attempt, as it is confidential. Don said he found that the ADR process went very smoothly and was well-orchestrated.

What is the end result of the ADR process?

Communication issues of one kind or another feature in many cases that come before ADR. It is an ideal format for open explanations and apologies,

especially since the participants are legally prevented from using such openness as an admission of liability or guilt in other forums. A few resolutions have involved a waiving or refunding of fees of small amounts, as in Don's case. There may also be an undertaking by the member to do or not to do certain things.

Who facilitates the ADR process?

The facilitator is an expert in ADR and is not connected to the College in any way. However, the facilitator is paid by the College. To help the participants find a solution, the facilitator will try to clarify their needs, identify the issues, and keep them on track. Brian found the facilitator and College staff to be very helpful.

The College's current facilitators are well trained in mediation and dispute resolution and have a good appreciation of administrative law and the *Regulated Health Professions Act*.

Why try ADR instead of opting for the full complaint process?

- It is more informal and flexible, an aspect appreciated by Brian.
- ADR is more effective in an interpersonal scenario.
- As Don put it, ADR is "not nearly as antagonistic as I thought it would be."
- The participants are engaged in the problem-solving of the issues in dispute and are therefore better able to influence and own the decision-making process.
- It is confidential and without prejudice. The participants sign an agreement that any information disclosed in ADR cannot be used elsewhere.
- Complainants and dentists are free to express themselves without the inhibitions imposed by a legal system or a power imbalance.
- ADR is less time-consuming than the formal process.
- There is no cost to the participants, unless they choose to hire a lawyer.
- Meetings can be held wherever in Ontario is best for the participants or by teleconference if necessary. Brian appreciated not having to travel to Toronto.
- It is a learning experience for both the complainant and the dentist.
- A successful outcome is a win/win scenario, in contrast with traditional litigation or complaints.

Why ADR may not be selected

Participants may refuse ADR because they feel strongly that a principle is at stake, that they are right, and that they want the Complaints Committee to make a formal decision that vindicates them. The problem is this: The Committee may not do that, so allowing a matter to go through the full process is a calculated risk.

While it is often admirable to hold firm on a point of principle, it may make more sense to give ADR a chance. As well, the Complaints Committee must issue a formal written decision, even after ADR. This decision typically reflects the agreement the participants reached in ADR. To allow for that, the formal decision, with respect to the original complaint, is usually to take no further action.

A dentist may also take the view that the dispute is really about money and ADR cannot resolve this. What may not be understood is that a complainant has the right to pursue a financial settlement in the courts at the same time as a complaint. Once a complaint is lodged, it cannot be withdrawn, while ADR may well find a mutually acceptable resolution for all.

SUCCESS

A track record of success

ADR at the College has proven to be strikingly successful. Of all the ADR meetings held in the last five years, only five did not succeed in a resolution.

Mediators say that they see such rarities arising where a participant cannot overcome strong emotions or has not sufficiently thought out beforehand what will help him/her resolve the matter.

Don's experience was more positive: "It was a small price to pay for what was a formal complaint … It seemed to me a much better way of handling complaints that are not drastic or serious in nature … I was fantastically thrilled that there was an outcome acceptable to both me and the patient … I am a big fan."

Brian's take on it: "I hope never to have to go through (a complaint) again, but if I do, I hope ADR is still available as an option."

If you have any questions about the College's ADR process, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

New Code of Ethics – First Major Revision In Well Over A Decade

The College has a new Code of Ethics. It is a significant revision of the Code originally drafted in 1991, and last reprinted in November 1999.

"This is an important document for the College. The Code of Ethics is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society," explained College Registrar Irwin Fefergrad.

"It brings us into the 21st century. It is clear, concise, and positive in tone. We are indebted to Dr. Eric Luks, a past president of the College, who initiated this project and brought it to its successful conclusion."

As Fefergrad explained, the RCDSO Code of Ethics is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. "Although ethics and the law are closely related, they are not the same. Ethical obligations may, and often do, exceed legal duties. In resolving any ethical problem not explicitly covered by the RCDSO Code of Ethics, dentists should consider the ethical principles, the patient's needs and interests, and any applicable laws."

The Code of Ethics is actually part of the College's by-laws and any changes to it must be dealt with by the normal process of by-law amendment. This included review by the Legal and Legislation Committee, presentation to Council for a two-thirds vote, and finally a formal circulation to membership.

The new Code of Ethics is the culmination of extensive discussion and review. It started with the creation of the Ethics Subcommittee of the Quality Assurance Committee in April 2001 to make recommendations to Council about the revision and updating of the Code.

The initial subcommittee members were then College President Dr. Eric Luks, chair; College Registrar Irwin Fefergrad; Council member John Pappain (public member); Dr. Mary McNally of Dalhousie University, ethicist and dentist; Dr. Bernard Dickens of the University of Toronto, lawyer and legal ethics scholar.

Dr. McNally addressed an educational session of Council on the topic of ethics in November 2001.

This committee was assisted in their deliberations by an extensive review of existing codes of ethics in dental organizations, health-care regulatory colleges, and other organizations. This was done by the committee members themselves and College staff.

A draft version of a new Code was

The new Code of Ethics is included as an insert with this issue of *Dispatch*. It is also available on our Web site at **www.rcdso.org** under the Resources section of our site. Additional copies are available on request.

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presented to Council for information and comment in June 2002 by Professor Dickens. Comment was also solicited from external organizations such as the Ontario Dental Association. Membership was invited in *Dispatch* to be part of the consultation process. The draft was mailed to all members and also posted on the College's Web site.

All of the comments received were considered by the subcommittee. A revised draft Code of Ethics was presented to the Executive Committee for its review and then given to the Legal and Legislation Committee. Input was also received from legal counsel.

This subcommittee had then completed its work. So, at the November 2003 meeting, Council reaffirmed its interest in continuing the process. Council instructed Executive Committee to strike a new committee called the Ad Hoc Ethics Committee to complete the review process.

The committee members included Past President Dr. Eric Luks, chair, College President Dr. Cam Witmer, Registrar Irwin Fefergrad, and others selected by the Executive Committee. In December, the Executive Committee chose the following Council members to sit on the new Committee: Dr. Philip Watson and public members Mary Ann Labaj, Krystyna Rudko, and Stan Spencer.

"It's been a lengthy process, but the time was well spent. We now know with confidence that we have a document that will serve us and the public well for at least another decade," said the College Registrar.

If you have any questions about the new Code of Ethics, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Dental Anaesthesia

Council approves regulation amendments needed to move to the final steps in creation of dental anaesthesia specialty.

The necessary amendments to the professional misconduct and the registration regulations were passed by Council at its November 2004 meeting. This was the next step forward in the creation of a specialty in dental anaesthesia.

These amendments were approved in principle by Council at its June 2004 meeting and then circulated to a broad base of stakeholders in Ontario and across the country. The Oct/Nov 2004 issue of *Dispatch* contained a story on the tremendous amount of feedback received. All of the feedback was reviewed by the Legal and Legislation Committee before submitting its recommendations at the November Council meeting.

The College will now forward the regulation amendments to the Minister of Health and Long-Term care for approval and processing by the government. There is no firm timeline from the Ministry on when this will occur.

Council has directed the Executive Committee to investigate and make a recommendation on the appropriate route to pursue for national accreditation.

If you have any questions about this article, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Perio Symposium Launches Educational Outreach to Dentists Around the Province

Dentists know that oral health and general health should not be interpreted as separate entities. Dentists also know that early identification of oral disease may contribute to the early diagnosis and treatment of a number of systemic diseases. Expanding and sharing this body of knowledge is the goal of the College's project on periodontal disease. The project kicked off with a unique one-day symposium on February 4, 2004.

Called Oral Health: A Window to Systemic Disease, the one-day event launched a significant educational outreach to members around the province. It aims to assist dentists in incorporating knowledge about periodontal disease into their practices.

"Dentists have a key role to play in maintaining oral health and identifying possible risks for serious medical conditions," said Cam Witmer, RCDSO President. "That's why we're so excited about the outstanding lineup of presentations and the calibre of participants from both the dental and medical communitites.

"This level of participation from outside the dental community is a wonderful acknowledgement of the importance oral health care in the big picture of keeping Ontarians healthy."

Look for special coverage of this event in future issues of *Dispatch* this year. In the meantime, if you have any questions please contact:

Peggi Mace
Communications Director
phone: 416-934-5610
toll-free: 1-800-565-4591
e-mail: pmace@rcdso.org

Roadshows 2005

Too Little... Too Much... Just Right!

RCDSO staff are hitting the road again to meet with members. In the new edition of this popular continuing education program, experienced dentists from the College will cover a number of key topic areas with a view to providing practical advice on how to avoid and/or minimize many of the common practice-related problems seen at the RCDSO.

There is no fee for the course and coffee breaks and a light lunch will be provided.

Dates and Locations

The specific location of each session will be chosen at a later date. Please indicate your interest by completing the form below and returning it to the College. We will send you more details by mail closer to the date. Future dates and locations will be announced in upcoming issues of *Dispatch*.

RCDSO Members Only

Please note that these sessions are offered as a membership benefit to College members. Attendance is strictly limited to Ontario dentists only.

Cancellations

Due to the popularity of these programs and the limited space available at each location, please notify us if you are unable to attend. This will allow dentists on the waiting list to attend.

Credits

All attendees will receive a certificate indicating that six MCDE credit points were awarded for their attendance at this full-day event.

Two Ways to Register

By fax: Use the registration form below and fax it to 416-961-5814.

Register On-line: Go to our Web site at www.rcdso.org and click on the Roadshow bus.

Any Questions?

Please contact: Aurore Sutton, *Communications Assistant*

phone: 416-961-6555, ext. 4303 toll-free: 1-800-565-4591

e-mail: asutton@rcdso.org

Check your choice below. You will receive a confirmation notice with the meeting location and map by mail closer to the date.

*Please note, the Mississauga date has been changed to April 29, 2005.

DATE	LOCATION	DATE	LOCATION
❑ April 1, 2005	Oshawa	❑ April 29, 2005	Mississauga
❑ June 3, 2005	Windsor	❑ June 24, 2005	Toronto East

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

What You Should Know About The *Employment Standards Act*


Ontario

What You Should Know

About The Ontario Employment Standards Act

esa

The Ontario *Employment Standards Act* (ESA) requires that dentists employing staff display the new employment standards poster entitled, What You Should Know About the Ontario Employment Standards Act, in at least one central location in the dental office. The ESA is legislation that sets minimum standards for wages and conditions of employment in Ontario.

If the majority language in the dental office is a language other than English, and if the Ministry has prepared a translation of the poster into that language, then the dentist must also post the translation next to the poster. Since this poster relates to staff, the poster may be posted in a staff area such as the lunchroom.

The College is not involved in enforcing this legislation in any way, but we are advising you of this ESA requirement to help you to be in compliance.

When the College learned that a dentist was fined for not posting the ESA poster in her dental office, the Employment Standards Call Centre was contacted. The call centre staff confirmed that all dentists employing staff must post the ESA poster. The College was advised that employment standards officers do proactive inspections of workplaces based on complaints they receive.

The monetary penalties are $250 for the first notice of a contravention of the ESA, $500 for a second contravention, and $1,000 for the third and subsequent contraventions, at a minimum.

The poster is available from your local Ministry of Labour office, the Ministry of Labour Publications Sale Unit at 1-800-809-4731 or on the Ministry Web site at www.gov.on.ca/lab/english.

Need further information about the ESA?
Call the Employment Standards Call Centre:
phone: 416-326-7160
toll-free: 1-800-531-5551

The Most Important Four Hours of Your Life!

FOUR HOURS.

That could be all it would take to ensure a clean track record at the College. Clear up communications problems in your office. Learn proven procedures for flawless recordkeeping. Find out key factors for a successful risk management program in your office. And much, much more.

It's a new and innovative workshop. Four intensive hours jam-packed with information, procedures, and skills. You will hear directly from the RCDSO Registrar and the dentists on staff at the College.

Over a third of the complaints and lawsuits that end up at the College and at Professional Liability Program fall into three basic areas: inadequate recordkeeping, communications-related issues, and standards of practice. You will learn how to avoid these problems.

With some minor adjustments, we'll show you how to ensure peace of mind. The time you invest in this workshop will pay off generously.

Targeted specifically for dentists, the workshop is part traditional lecture, part problem-solving, held in small, dynamic groups. College staff will help you each step of the way.

Once you've been to the workshop, you'll leave with full confidence that you are doing the right things in your office each and every day.

The College would like to thank the Ontario Dental Association for its support and special consideration to set aside a full morning of its program for this event.

ODA Annual Meeting Spring 2005
Friday, May 6
8:30 a.m. – 12:30 p.m.
Room MTCC 104B

Attendance is limited to 90 attendees.

Malicious Prosecution

What is the remedy for a frivolous and false complaint lodged against a dentist?

One dentist successfully sued a patient for a malicious RCDSO complaint in small claims court.

A September 1997 decision of the Ontario Court of Justice (General Division) in *B v. Dr. T* gives dentists ammunition to deal with malicious patient complaints to the RCDSO. In *B v. Dr. T*, Dr. T was awarded $2,800 damages plus interest and costs against his patient as a result of a false and malicious complaint made by Mr. B to the RCDSO.

Mr. B had been a patient of Dr. T's. When Mr. B refused to pay an outstanding balance, Dr. T was forced to sue Mr. B in small claims court to collect his fees. In response to Dr. T's collection efforts, Mr. B made a complaint to the RCDSO concerning Dr. T's treatment of him. As dentists know, it is a common ploy of wily and unscrupulous patients to make an RCDSO complaint in order to avoid having to pay an outstanding balance.

The patient's complaint to the RCDSO addressed the work that Dr. T had performed on the upper left cuspid (tooth 23). The patient alleged that Dr. T filled this tooth, but that it had to be redone twice, and that the patient was told that this tooth was rotten. The patient alleged that Dr. T then placed a cap on tooth 23, but it chipped eight months later. An expensive crown was then placed on this tooth but, because of a dispute over an upper denture, Dr. T removed the new crown.

Dr. T's response was that the patient went to Dr. T, and Dr. T advised the patient that tooth 23 which was crowned had fractured. Mr. B apparently could not afford a new one and therefore agreed to a filling instead. The restoration apparently fractured several times. Each time, Dr. T advised on the need for a crown.

MATTHEW WILTON

Reprinted from The Daily Discipline published by the Canadian Dental Protective Association

Eventually, Dr. T also recommended new dentures. Mr. B said he had just had his current dentures made but that they were no good. Dr. T offered to try and salvage the framework and replace the teeth only. One week later, Mr. B returned saying that he had found someone to do the work more cheaply. Dr. T had already started working on the dentures. Eventually, the new dentist removed tooth 23 as it was painful and diagnosed as fractured. He also added this tooth to the denture.

RCDSO found that Dr. T's explanation of the need for a crown on tooth 23 and of the reasons for the fractures of the restoration were plausible. The model indicated that there was sufficient room for a crown. Subsequent dentists did not support the patient's allegations that the tooth was decayed. RCDSO specifically found that the patient's complaint was motivated by the dentist's actions in suing the patient for the unpaid balance.

The RCDSO Complaints Committee dismissed the patient's complaint. This is when Dr. T sprang into action.

Acting on his own behalf, Dr. T sued his patient in small claims court for the inconvenience and aggravation that Dr. T went through in facing a completely frivolous complaint. Dr. T won the case in small claims court. The court assessed Dr. T's damages by accepting his evidence that he spent 14 hours, at $200 per hour, in the preparation of his response to the patient's complaint to the RCDSO, including his attendance to answer questions from the RCDSO's investigations staff.

The patient appealed this decision to the divisional court which hears appeals from small claims court decisions. At the divisional court, the patient was again represented by a lawyer. Dr. T again appeared without a lawyer. Mr. Justice O'Leary of the divisional court upheld the small claims court ruling. The divisional court agreed that the patient's complaint was unjustified, vexatious, malicious, and was motivated by the small claims court action that the dentist had brought against him. The divisional court upheld the award of damages to

Dr. T on the basis of the tort of malicious prosecution.

The necessary elements which must be proved for a dentist to succeed in an action for malicious prosecution against a patient are as follows:

1. the proceedings (complaint) must have been initiated by the patient;
2. the proceedings must have terminated in favour of the dentist;
3. the absence of reasonable and probable cause for the complaint;
4. malice on the part of the patient or a primary purpose other than that of carrying the law into effect.

In the *B v. Dr. T* case, the court was prepared to accept that the complaint to the RCDSO was a proceeding. In this instance, the proceeding was obviously initiated by the patient, Mr. B. Since the RCDSO Complaints Committee dismissed the complaint, the proceeding was terminated in favour of Dr. T.

The small claims court had found that the complaint was completely without merit, so the divisional court was prepared to conclude that there was a complete absence of reasonable and probable cause for the complaint. The requirement of malice necessary to establish the tort of malicious prosecution is the most difficult to prove. In this instance, the court was prepared to infer that the complaint was maliciously motivated because the complaint only arose after Dr. T attempted to collect his dental fees. Since the complaint was completely devoid of merit, and was made only after the dentist's collection action, the court found malice.

The *B v. Dr. T* decision provides a weapon to dentists who feel aggrieved by frivolous and false patient complaints. Dentists must be cautious not to assume that every time a complaint against them is dismissed by the RCDSO Complaints Committee that this will allow them to bring a claim for malicious prosecution against the patient.

The patient's complaint to the RCDSO must be devoid of merit and motivated by a desire to harm the dentist before malice will be found. A prudent dentist will seek legal advice before responding to an RCDSO complaint matter. If the dentist can prove the tort of malicious prosecution against the patient, the dentist could seek reimbursement from the patient for the legal fees incurred by the dentist in responding to the patient complaint.

It had previously been assumed that patients that made complaints to the RCDSO were immune from any lawsuit at the behest of the dentist.

It had previously been assumed that patients that made complaints to the RCDSO were immune from any lawsuit at the behest of the dentist. In a 1985 decision of the Ontario Supreme Court, a dentist was the subject matter of an RCDSO complaint made by a nursing home operator. After investigation, the Complaints Committee decided not to refer the matter to the Discipline Committee. After the complaint was dismissed, the dentist, Dr. S, sued the nursing home operator for libel, alleging that the comments made in the complaint letter were defamatory of Dr. S.

A motion was brought by the defendant to dismiss Dr. S's action. The basis for the motion was a proposition of law that no action will lie for defamatory statements contained in a document properly used in the course of any proceedings before a court of justice or a tribunal recognized by law. The court adopted this proposition and dismissed Dr. S's action. The court held that the author of a letter of complaint to the RCDSO is immune from an action of damages for libel. The courts indicated that it was a question of balancing two interests.

The public interest should outweigh that of the dentist for at least two reasons. Firstly, the immunity from an action for defamation will only be conferred upon a citizen complaining in a confidential way to a body created by statute (i.e., the RCDSO). Secondly, the right to engage in professional activities must be the subject of rules governing them. These rules cannot be enforced without a corresponding right in the members of the public to complain uninhibited, and without fear of being found wrong and as a result being subject to actions of defamation. As the court said, "surely it is a small price for a professional person to pay."

The *B v. Dr. T* decision represents a change in direction for Ontario courts. It represents an implicit recognition by the court that not all patient complaints are honestly motivated. The decision in this case recognizes the reality that dentists face every day. The reality includes malicious patient complaints that are made to allow patients to avoid paying for dental services that were rendered.

Matthew Wilton is a Toronto litigation lawyer who acts on behalf of dentists in RCDSO complaint matters, discipline hearings, employment law issues, and principal associate disputes. Mr. Wilton wishes to thank Dr. T for his co-operation in bringing this decision to his attention.

Changes to the Guidelines on Use of Sedation and General Anaesthesia in Dental Practice

The latest change to the Guidelines that were approved by the RCDSO Council in November 2004, relate to the administration of more than one sedative by the parenteral (intravenous, intramuscular, subcutaneous, submucosal) route.

Background

When the College's Guidelines on Use of Sedation and General Anaesthesia in Dental Practice were first issued in 1993, the Anaesthesia Working Group intended to create a standard that was focused on public safety. The chief coroner's Anaesthesia Committee assisted with the editing of the document. The emphasis was on training, the need for registered nurses as sedation or anaesthesia assistants, and the need for appropriate monitors, emergency equipment, and drugs.

One way this was accomplished was to limit the use of parenteral sedation (IV, IM, etc.) to one sedative agent only when administered by other than oral and maxillofacial surgeons and those dentists with appropriate formal post-graduate training and education in dental anaesthesia.

However, at the time the Guidelines were written, there were a number of general practitioner dentists who had had extensive experience in the use of more than one agent. To be fair to them and to recognize their history of safe practice, a grandparenting section was included in the Guidelines to permit these dentists to continue using

The revised version of the Guidelines on Use of Sedation and General Anaesthesia in Dental Practice is included as an insert with this issue of Dispatch. Copies of all of our Guidelines, Standards of Practice, and Practice Advisories are available on our Web site at www.rcdso.org. Click on the Resources heading in the index on the left-hand side of your screen.

more than one sedative agent. Now, more than 10 years later, these members have long since been recognized as being able to use multiple sedative agents safely and competently.

Current Change Explained

It was the opinion of the Quality Assurance Committee that it was in the public's best interest to remove the grandparenting provision from the original Guidelines and therefore limit the use of more than one sedative parenteral agent to those practitioners with extensive training, namely oral and maxillofacial surgeons and dentists with appropriate training and education in dental anaesthesia.

This change will not have an impact on the ability of those dentists who have been previously approved by the College to use more than one agent to continue that practice.

However, effective January 1, 2005, any new member wishing to utilize multiple parental agents must comply with the new provisions contained in Part 11 of the Guidelines. Specifically, the use of more than one agent when one of those agents is administered parenterally can only be by:

- Dentists who have successfully completed a post-graduate anaesthesia program in a university and/or teaching hospital over a minimum of 24 consecutive months. The program must have specifically evaluated and attested to the competency of the individual.
- Dentists who have successfully completed a post-graduate anaesthesia program in a university and/or teaching hospital over a minimum of 12 consecutive months prior to 1993 and have continued to practise these modalities since that time. The program must have specifically evaluated and attested to the competency of the individual.
- Dentists who have successfully completed a formal post-graduate program in oral and maxillofacial surgery suitable for certification in Ontario, incorporating adequate training in anaesthesia, such that the individual competence has been specifically evaluated and attested to.

For more information, please contact:

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Dr. Don McFarlane
Director, Professional Liability Program
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toll-free: 1-877-817-3757
e-mail: dmcfarlane@rcdso.org

REMINDER

Last year the Guidelines on Use of Sedation and General Anaesthesia in Dental Practice were amended to reflect a change requested by the College of Nurses of Ontario (CNO) relating to the use of Registered Practical Nurses as sedation or anaesthesia assistants.

CNO notified the College that our use of the term "nurse" in the Guidelines indicated that Registered Practical Nurses could be used for the administration of sedative agents. CNO advised RCDSO that the administration of conscious sedation by any route, deep sedation and general anaesthesia, as well as monitoring sedated patients, is beyond the scope of practice of Registered Practical Nurses.

MARK YOUR CALENDAR

MAY 12, 2005
RCDSO Council

NOVEMBER 10, 2005
RCDSO Council

Westin Prince Hotel
900 York Mills Road
Toronto

Seating is limited so if you wish to attend please let us know in advance by contacting:
Angie Sherban
Senior Executive Assistant
phone: 416-934-5627
toll-free: 1-800-565-4591
e-mail: asherban@rcdso.org

RCDSO Council meetings are open to the public, with the exception of any in camera portion dealing with personnel matters or other sensitive or confidential material. Meetings begin at 9:00 a.m. The agenda is available either at the meeting or in advance on request.

When the Complaints Committee issues a decision, either the member or the complainant has a right of a review by the Health Professions Appeal and Review Board (HPARB) – as long as it is not a referral of specified allegations to the Discipline Committee.

Under the *Regulated Health Professions Act*, HPARB hears appeals and reviews decisions made by the self-governing regulatory agencies of the 23 regulated health professions.

The following summaries of some HPARB reviews are published in *Dispatch* as an educational resource for both members and the public. Institutional parties may be named, but individual parties will not.

If you would like a full version of any of these decisions, contact the HPARB at 416-327-8515 or RCDSO at:
Petula Widyaratne
Co-ordinator, Complaints
phone: 416-961-6555, ext. 5311
toll-free: 1-800-565-4591
e-mail: pwidyaratne@rcdso.org

On Appeal

CASE 1

The Complaint

The complainant alleged that the dentist performed a specific examination of tooth 14 that had some root canal therapy. There was pain in her gums and repeated infection. The member recommended that the tooth be extracted. The complainant initially declined but subsequently agreed. The member referred the patient to an oral and maxillofacial surgeon. The surgeon extracted the tooth. The complainant stated that she did not expect the tooth to be extracted and thought that her gums would be treated. The records of both the dentist and the specialist were very clear indicating that the tooth had a fistula and subgingival fracture with extensive caries; in addition, there was a full explanation that the tooth needed to be extracted and the infection would never be eliminated unless it was extracted.

Complaints Committee

The Committee ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision to the Board. The Board found the investigation adequate and, because of the clear records of both members, the Board confirmed the decision of the Complaints Committee.

CASE 2

The Complaint

The complainant alleged that she attended before the member to do some restorative work but the member did not do the work properly because he was running behind schedule. As a result, she suffered pain and attended on a separate occasion to repair the same tooth. The complainant refused to pay the member's fee and, when the member threatened to take her to small claims court, she filed a letter of complaint.

The member stated that he was unaware of the dissatisfaction of the treatment until he attempted to collect for payment. He produced his schedules indicating that, in fact, the appropriate number of units of time were set aside to do the appropriate work, and he had not rushed through the treatment.

Complaints Committee

The Committee noted that on one occasion the member adjusted the occlusion on the affected teeth and ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. The Board found the investigation thorough. The record of the member was thorough and the Board relied on that and stated that the Committee's decision was therefore reasonable and confirmed it.

CASE 3

The Complaint

The complainant alleged that the member diagnosed cavities that did not exist and asserted that the member did this for no diagnostic purpose, but simply to make money.

Complaints Committee

The Committee examined the radiographic and clinical evidence and found decay on teeth 11, 22, 21 and a breakdown of the margins on fillings and teeth 37 and 45. The Committee reviewed the comprehensive treatment plan that the Committee regarded as conservative. The Committee ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. The Board reviewed the College's investigation and noted that the Committee had decided certain aspects of the clinical issue based on a reading of the radiographs. The Board agreed that the Committee members were entitled to use their own expertise to interpret the evidence and, on balance, the Board was inclined to believe that the investigation was adequate.

That said, because there was no information to corroborate the claim that the member made the diagnoses in bad faith or with the ulterior motive of money, the Board confirmed the decision of the Committee. However, the Board was of the view that it would have been safer for the Committee to have the support of an independent expert.

LEGAL ISSUES

This feature in *Dispatch* has been prepared by the College's legal staff to offer guidance to members regarding legal issues relevant to our members. This column is intended to provide information of a general nature. It is not intended to be legal advice or a substitute for the independent advice of your own lawyer.

Jury Duty

No change in the legislation – but judges are sensitive to valid reasons for exemptions on a case by case basis.

Jury duty is a fundamental part of every citizen's civic duty for the good of the community, in a free and democratic society. Jury duty can range from several days to several weeks and can involve either a criminal or civil matter.

On occasion, we receive calls at the College from dentists, who although they wish to be good citizens, fear that this time away from their practice on short notice may pose a dramatic health hazard to patients. If you find yourself in this situation, the College may be able to assist.

By way of background, the obligation to serve as a juror is set out in Ontario law under the *Juries Act, 1990*. Very few categories of persons are automatically exempt from serving as jurors. These include judges, lawyers, some politicians, police officers, firefighters, and prison wardens.

The Act also provides that "every legally qualified medical practitioner and veterinary surgeon who is actively engaged in practice and every coroner" is ineligible to serve on a jury. Dentists are not automatically exempt from jury duty under the Act.

Since dentists often have patients in the midst of major treatment, have scarce hospital time booked or emergency calls, a delay to any of which could cause pain, infection, and harm, the College Registrar Irwin Fefergrad wrote to the Attorney General Michael Bryant and requested that dentists be added to the list of ineligible jurors.

The Attorney General responded that although there is no doubt that dentists play an important role in the delivery of services to the public, he is not inclined to seek any amendment to the *Juries Act*. He wrote that the trend is fewer exemptions and not more and advised that, in the United States, no occupations are exempt. However, he wrote, "for lengthy trials, judges are sensitive to the needs of those who may require exemptions for valid reasons" and that presumably this would include dentists "whose work was immediately urgent." He stated that he is confident that dentists' concerns can be accommodated within the current system.

If you are summoned for jury duty and you believe that the serving of that duty would likely compromise your patients' health and care, please contact the College. If we are in agreement, we will write a letter to the Sheriff's office requesting that for the benefit of patients, you be excused from serving or, at a minimum, your attendance be deferred. At times, we have attended before the trial judge seeking exemption.

In general, the College's requests have been accommodated in the interest of avoiding harm to patients. Neither the College nor the Sheriff will consider financial impact or inconvenience to the potential juror or staff as a valid reason to defer service, so these reasons should not be brought forward.

If you do not receive an exemption or deferral you must attend the courthouse on the specified date or you will be liable to penalties provided by the *Juries Act* and may be found to be in contempt of court, an offence under the Act.

If you receive a form entitled Questionnaire as to Qualifications for Jury Service you are obliged to complete it and return it to the Sheriff's office. This is not an actual summons. It indicates that you are only being considered as a possible juror.

If at any time you feel that you need assistance in communicating with the Sheriff's office regarding jury duty, please contact the College well in advance of the date of your jury attendance.

Please remember that you are legally obliged to respond to the questionnaire and the summons. Serving as a juror can be an interesting and rewarding experience that benefits both your community and fellow citizens, but if the circumstances of serving would jeopardize your patients, please contact the College.

If you need assistance with this issue, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Dental Fees and Informed Consent

In order to obtain informed consent, patients must understand the treatment that is being proposed, any alternate treatments, and the accompanying risks and benefits for each treatment option. The informed consent discussion should also include information concerning the cost of the various options.

When patients are depending upon third party coverage to pay for some or all of those costs, patients should be assisted in understanding their financial responsibility to pay for treatment.

This discussion should include advising patients about services that include co-payments, what are non-covered services, and where the dentist's fees exceed those covered by the patient's particular plan. The discussion should also clearly explain that laboratory costs would be on top of the professional fees that are quoted. It would be helpful if an estimate of these laboratory fees were provided to the patient as well.

Dentists are entitled to set their own fees; however, because insurance benefits often are determined by the fees set out in a particular fee guide, dentists should consider advising patients when they anticipate that their fees will exceed the fees allowed by the patient's plan. This could help to minimize patient complaints and help patients better understand their financial responsibilities to pay for the treatment.

If you have any questions about this article, please contact:

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A Reminder About Co-payment Collection Regulations

Failure to make reasonable attempts to collect the co-payment portion of dental fees not covered by a patient's insurance company or third party payer is professional misconduct. Dentists have reported to the College that this problem continues and a no collection of co-payment policy has in fact been employed by some dentists who seek to build their practice.

Section 2, paragraph 34, of the professional misconduct regulations under the *Dentistry Act, 1991* (under the RHPA) defines professional misconduct to include:

> Accepting an amount in full payment of an account or charge that is less than the full amount of the account or charge submitted by the member to a third party payer, unless the member has made reasonable efforts to collect the balance from the patient or has the written consent of the third party payer.

When considering the rationale behind this regulation, dentists should consider the following points:

- A practitioner alone decides what fee he/she will charge for a given procedure. With the exception of some government programs, dental fees do not have to correspond to the fees in any fee guide and do not have to be the same for every patient, even if they are undergoing very similar dental procedures. Patients must be informed of the fees in advance of treatment in order to be able to provide the dentist with informed consent for that treatment. The patient should also understand the dentist's office policies with respect to collection in order to understand his/her financial obligations.
- The fee charged is to be the fee that the dentist expects to collect, regardless of whether the payment is to be made by the patient, by an insurance carrier or shared by the carrier and the patient.
- Practitioners must treat the payment of the fee as though the patient, and only the patient, were responsible for payment. For example, if a dentist renders a fee of $100 to a patient for a specific service that is covered 80 per cent by an insurer and 20 per cent by patient co-payment, and the dentist elects to forgive the co-payment portion, the implication can only be that the dentist is undeniably prepared to accept $80 as the true fee. If so, then the carrier's payment should have only been $64 – that is 80 per cent of $80.

Not making an earnest attempt to collect co-payments may be viewed by a Complaints Committee or Discipline Committee as professional misconduct because the member has asserted to the insurance company, usually by virtue of a dental claim form, that the fee was $100 when, in fact, the dentist was prepared or has expressly or implicitly agreed to accept less. Reasonable steps to

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AN OUNCE OF PREVENTION

This feature in *Dispatch* has been prepared by the College's Professional Liability Program (PLP) to offer guidance to members regarding the prevention of malpractice claims or the minimization of the magnitude of an existing claim.

Risk Management Resolutions for the New Year

Patient threats, the actual commencement of legal action, demands for compensation for unsatisfactory results, failed treatment, a mishap or an accident are all stressful events in a dental practice. Once PLP has assisted a member in resolving any such situation, there are a number of positive lessons to be learned to avoid similar problems in the future.

As the new year begins, here are some risk management resolutions for possible inclusion in your own list.

In 2005, I resolve to:

- ✔ Become more proactive in my personal communications with my patients and not rely as much on my office staff to shield me from dealing with patient concerns.
- ✔ Keep detailed and accurate treatment records according to the College's Guidelines on Dental Recordkeeping, including a record of all discussions and interactions with my patients.
- ✔ Review the informed consent process that I use in my practice to ensure that this discussion is done in a systematic way and is accurately recorded.
- ✔ Retain my patients' original records in my office at all times according to the record retention standards of the College. Only provide copies when requested to do so by the patient or his/her authorized representative and make certain that any new staff member is aware of this requirement.
- ✔ Make sure that strategies are in place in my practice to prevent or minimize mishaps e.g., checking that the rubber dam is on the correct tooth, making sure that I have the patient's current chart and most recent radiographs before beginning treatment, isolating teeth properly when potentially caustic materials are being used.
- ✔ Improve communication regarding the referral of my patients to other dentists or specialists by personally reviewing all written referral letters or notes for accuracy and completeness before the referral appointment is made.
- ✔ Develop a personal continuing education plan that is tailored to my practice needs and includes where possible hands-on components.
- ✔ Call PLP for advice in drafting a letter to a problem patient that sets out the treatment options, the pros and cons of each option and, if necessary, explaining why the particular treatment being demanded by the patient would not suit his/her situation or needs.
- ✔ Keep my patients' best interests in mind at all times. Aim always to provide treatment that is according to current standards and, above all, enjoy my chosen profession.

If you have questions or comments about this article, please contact:

Dr. Don McFarlane
Director, Professional Liability Program
phone: 416-934-5609
toll-free: 1-877-817-3757 ext. 5609
e-mail: dmcfarlane@rcdso.org

HAVE ANY QUESTIONS?

If you have questions about how to handle a particular situation with a patient, call PLP and one of our claims examiners will be happy to assist you.

phone: 416-934-5600
toll-free: 1-877-817-3757
e-mail: plp@rcdso.org
fax: 416-934-5600

Tooth Whitening

Both patients and dentists are increasingly interested in cosmetic procedures. With tooth whitening now widely performed in dental offices, and in some cases, outside of the dental office, there is some confusion about what is legally permitted.

The College considers that tooth whitening is best provided in the dental office in the context of total patient care and under the supervision of a dentist.

For these services to be performed in the dental office, the dentist is responsible for performing the examination, prescribing any necessary radiographs, diagnosing the cause of tooth discolouration, developing the treatment plan, communicating the diagnosis, and obtaining the patient's consent to treatment.

Fabrication of Trays for Home Use

For the fabrication of bleaching trays for at-home or indirect bleaching, the dentist must authorize the procedure and ensure that the impression is suitable for the fabrication of a bleaching tray.

If a Level II dental assistant or preventive dental assistant is taking the impression, the dentist must also be present in the office suite when the impression is being taken, ensure that the tray is suitable for at-home use, and that the patient has been given instructions in its use.

Direct Bleaching

For direct bleaching procedures, the dentist must first authorize the procedure. Unlike Level II dental assistants, dental hygienists are able to perform vital bleaching procedures using bleaching agents that are available for purchase only to dentists or by prescription. It is not necessary for a dentist to be present when the bleaching services are being provided.

Level II dental assistants can only perform vital bleaching procedures using bleaching agents generally available to the public without a prescription or bleaching agents of equivalent concentrations. Health Canada has set the upper limits for concentrations of bleaching agents in tooth whitening products that are available over-the-counter at 3 per cent for hydrogen peroxide or equivalent.

The dentist must also be present in the dental office and must ensure that the procedure has been performed safely and competently before the patient is dismissed.

Preventive dental assistants, Level I dental assistants, and uncertified dental assistants are not permitted to perform direct bleaching services in the dental office.

Use of Rubber Dam and Activation Techniques

Some in-office bleaching systems require the placement of a rubber dam for isolation and/or the use of a laser, composite curing light or heat light to activate the bleaching agent.

Dentists can authorize Level II dental assistants to place rubber dams. The College advises that the application of the liquid dam be restricted to dentists and dental hygienists because of the risk to the gingival tissues from the higher concentration bleaching agents used for in-office techniques.

The use of lasers to activate the bleaching agent is not a controlled act; therefore, there are no restrictions on who can activate the bleaching agent once it has been applied.

Tooth Whitening Clinics

Dentists have called the College about tooth whitening clinics established by non-dentists and tooth whitening

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Public Interest Protection and the Professional Liability Program

The College's Professional Liability Program (PLP) provides each member of the College with errors and omission coverage for professional liability or malpractice claims. This coverage is also extended to former/retired/deceased members, dental partnerships, and health professional corporations that hold a valid certificate of authorization from the College.

In addition to the valuable member service mandate of PLP, there are a number of features of the Professional Liability Program that support the mandate of the College to protect the public interest.

INTRODUCTION

The key to understanding the College's role is to remember that the purpose of all health regulatory colleges under the *Regulated Health Profession's Act, 1991*, is not to regulate the profession but rather to "serve and protect the public interest." Regulation of the profession is, like the establishment of the Professional Liability Program, merely one of the ways in which the College is authorized to act in order to serve and protect that interest.

The College's Professional Liability Program was patterned after the errors and omissions program of the Law Society of British Columbia. At the present time, most if not all lawyers in Canada, including all members of the Law Society of Upper Canada, are members of partially self-insuring errors and omissions programs operated on a mandatory basis by their professional governing bodies.

From our program's inception, our College took a strong position on the alleviation of any perception that there might be a conflict of interest between the regulatory role of the College and PLP. For RCDSO, there has always been a policy of separation between the functions of the College and PLP. That separation element was not always a part of the Law Society program.

Specifically, information about claim files and dental records in the possession of the Professional Liability Program are not passed to the investigative side of the College without specific permission of the insured member. The only exception is transfer of patient records from the Professional Liability Program to Complaints – and this is only at the request and with the consent of the member.

Similarly, information in the hands of the Complaints Committee, including patient records, is provided to PLP only where the appropriate agreement has been obtained from either the patient or the member entitled to the records.

Physically, the PLP offices are completely separate from the regulatory side of the College. PLP has its own telephone system, fax number, and password-protected computer files.

As long as the public interest is served and protected by the operation of the Professional Liability Program, the College's operation of PLP does not create a conflict of interest for the College. However, it is recognized that proper procedures must be in place to ensure that confidential information is dealt with appropriately.

SERVICE AND PROTECTION OF THE PUBLIC INTEREST

In reviewing the current administration of the Professional Liability Program, it is useful to bear in mind the ways in which the present program serves and protects the public interest.

Mandatory Coverage

One of the issues that the Professional Liability Program was originally intended to deal with was the practice of dentistry in the absence of adequate malpractice insurance coverage. This exposed patients to the risk of an unfunded malpractice liability. This has been addressed by making PLP mandatory for

anyone who wishes to practise dentistry in the province of Ontario.

A second problem that has been successfully avoided as a result of PLP is the exclusion by the underwriter of various members from coverage. The right to decline coverage to a particular member is a feature of many group liability policies including, for example, the current CDSPI policy. The policy held by the College and administered by the Professional Liability Program does not permit the underwriter to cancel the coverage of an individual member except by cancelling coverage for the entire College.

There are four important benefits of this mandatory coverage.

1 It removes the possibility that a member of the public may find themselves unprotected because of procrastination, forgetfulness or naivete of a member about malpractice coverage.

2 It prevents the underwriter from removing from risk those members with worse than average claims experience. It should be apparent that these are the very members whose patients are most likely to require the protection of malpractice insurance coverage.

3 The availability of malpractice coverage is increased. During hard insurance markets, the spread of risk offered by the entire membership of the College is a factor that assists in arranging coverage and, on occasion, may be all that makes arrangement of coverage possible. Without this leverage, there would be an increased danger in every hard market that members of the College and their patients would not be able to obtain the benefits of adequate malpractice insurance coverage.

4 RCDSO maintains a separate and restricted Professional Liability Reserve Fund that was established, according to actuarial principals, in the event that the College is required to fully self-insure or cannot obtain third party professional liability coverage for its members. These monies are invested according to the investment policies set out in the RCDSO by-laws and may only be used in the event that third party coverage cannot be obtained.

Philosophy of Coverage

The Professional Liability Program has always attempted to maintain tight control over the claims process. This control has been facilitated by handling claims in-house rather than contracting them out to an independent adjuster or having them handled by an insurance company. Unfortunately, the handling of claims by a commercial insurance company necessarily leads to the possibility that the profit motive will conflict with the intention of the College to protect and serve the public interest.

In the past, the Professional Liability Program has resisted economic settlements in groundless claims and, occasionally, has paid valid claims even though it was apparent that the patient's solicitor was incapable of successfully presenting his case on trial.

Two beneficial effects have resulted.

Valid claims arising out of the negligence of a member of the College in the practice of his/her profession have been the subject of reasonable settlements.

Groundless claims have not been permitted to inflate the claims experience or to set informal precedents that would reduce the funding available to pay legitimate claims.

Continuity of Operation

A further problem posed by contracting out the claims handling function of the Professional Liability Program is the need to change claims departments whenever an underwriter changes. Since 1973, PLP has changed underwriters four times. On three occasions, the change was involuntary, resulting from the underwriter's withdrawal from the market.

If the claims handling function had been in the hands of the underwriter on these occasions, each change of underwriter would have been a costly and disruptive episode, as the claims personnel would have changed completely overnight.

Starting over with a completely inexperienced claims staff that is unfamiliar with the College and its mandate and uninformed of the technical aspects of dental malpractice litigation would also be problematic.

Apart from this serious and expensive disruption of the claims handling process, the profession would also be confused by repeated changes in the reporting requirements.

Although inconvenience and inefficiency are real concerns, the chief disadvantage to contracting out the claims function would be periodic loss of all technical expertise resulting in slower and less accurate claims handling and a position of disadvantage when dealing with plaintiff's counsel experienced in this area.

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Public Interest Protection and the Professional Liability Program

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IN SUMMARY

There are a number of elements built into the Professional Liability Program that are designed to promote the public protection role of the College:

- The mandatory nature of the errors and omissions coverage provided by PLP ensures that current Ontario dentists, former members of the College, and retired or deceased members have malpractice coverage.
- PLP's philosophy is to resolve valid claims on a reasonable basis given the individual circumstances of the particular situation and defend groundless claims.
- The group nature of the malpractice coverage provided by PLP ensures that the insurer cannot exclude any member from the malpractice policy for any reason.
- Financial stability of members is not an issue. Coverage is automatically included in the College's annual fees.
- In-house service and expertise means that claims handling is done by experienced claims examiners who are well aware of the College's mandate.
- Errors and omissions coverage provided by PLP is better than the commercial alternative for direct insurance since its key interest is financial gain vs. PLP's goal which is the protection of the public.

If you would like to discuss any aspect of this article or PLP in general, contact:

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Tooth Whitening

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services provided by other regulated health professionals in their professional practices.

Because tooth whitening services are not controlled acts, they are deemed to be in the public domain. That means the College does not have regulatory authority where tooth whitening services are provided in an independent business outside the dental office.

RCDSO considers that the public quite rightly expects a greater level of care, including the use of infection control procedures, qualified personnel, etc.

WANT MORE INFORMATION?

Check out the RCDSO Bulletin called Notice About Taking Impressions sent out to members in November 2001, on our Web site at www.rcdso.org under Resources.

when obtaining tooth whitening services in a dental office. This is the reason for the higher standards required by the College.

Some dentists have inquired as to whether they can be involved financially in a tooth whitening business as a partner or investor. Answers to the most common questions follow.

- Dentists may become involved in such businesses as satellite or secondary practice locations in partnership with other dentists. If this business is a satellite of a secondary practice location, the dentist is required to authorize the procedure and to ensure the appropriate level of supervision.
- Dentists may become involved in partnerships with non-dentists or as investors in businesses owned and operated by non-dentists, only if this business is separate and distinct from their dental practices. If dentists refer patients to an independent tooth whitening business in which they are a business partner or investor, they must declare their financial interest to the patient to avoid a conflict of interest. If this business is distinct and separate from the dentists' practice, and not a satellite or secondary practice location, dentists must indicate to the patient that they will not be involved in the patient's treatment in a supervisory capacity. If dentists wish to establish such a business, the College recommends that they obtain independent legal and accounting advice.

If you have any questions about this article, please contact:

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LETTER OF APOLOGY

The RCDSO Executive Committee regularly reviews office newsletters, brochures, newspapers, and other advertising by dentists that have been brought to the College's attention. The Committee has accepted the following letter of apology for publication from the following member.

If you have any questions about the issues raised in this letter, please contact

Dr. Fred Eckhaus
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e-mail: feckhaus@rcdso.org

Dr. Estrabillo Dental Group
Dr. Rolando Estrabillo

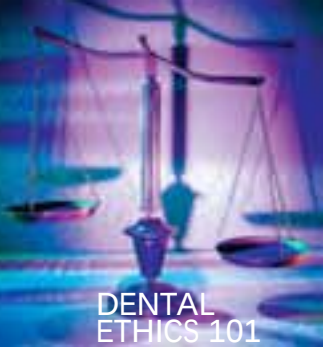
In my advertisement in the February 27, 2004, edition of the *Dundas Star News*, there were several references made to my practice that were inappropriate and which do not comply with the regulations pertaining to advertising by dentists in Ontario. I understand how the following wording/references included in my advertisement may indeed be regarded as suggesting uniqueness, superiority or making comparisons to other dental practices or dentists:

1. After a brief tour through the impressive new office, it might be easy to dismiss it as simply the latest in a long line of "get-'em-in-get-'em-out" medical facilities.
2. the high-tech offices
3. incredibly dedicated professionals
4. the most emotionally attached people you could ever hope to meet
5. using the latest, most expensive diagnostic tools available
6. from a technical standpoint there's nothing else like this around here
7. surgical microscope assures an unparalleled degree of accuracy and precision
8. both incredibly well educated, Dr. Estrabillo and Dr. Bhandari… in fact, an edited list of their full qualification and associations could literally fill pages and pages of this newspaper
9. has a standard of proficiency certificate in Diode Cosmetic Laser
10. has completed a post graduate program in aesthetic dentistry from the University of Buffalo
11. beyond the obvious extensive training
12. the most impressive tools are the dentists themselves
13. they're like walking dental encyclopedias

I sincerely apologize for having included such statements in my advertisements and any offence that it may have caused the public or my colleagues.

Sincerely,

Dr. Rolando Estrabillo



Ethical Dilemma
Case Study

Will You Stand Behind Your Work?

The Ethics of Making Things Right

Ms. Stacey Allen is a 45-year-old patient who, along with her three children, has been in your practice for 10 years. Ms. Allen is in excellent health, exercises regularly, and is conscientious about her yearly medical and dental examinations. Her chief dental complaint was the space caused by the loss of her mandibular first molar 20 years ago. She has excellent periodontal health, a stable Class I occlusion, no evidence of bruxism, good aesthetics, and only a few small anterior and posterior restorations.

Since she did not have dental insurance, she saved her money until she could pay for a three-unit porcelain fused to a metal bridge with all porcelain occlusion to replace the missing molar. Both abutments had small occlusal restorations but overall the tooth size, crown-to-root ratio, alignment, and gingival attachment were favourable. The three-unit bridge was cemented three years ago and she has been satisfied with the overall aesthetics and function.

Last Friday, while Ms. Allen was eating a sandwich, she felt a hard object and, as she told your receptionist, "It's the tooth-coloured part of my bridge!" Your examination found that the buccal cusps of both molars had failed, leaving some bare metal and some porcelain on the buccal surface. Although she was not in pain, the aesthetic deficiency was obvious and she was angry. As she explained the situation, she wanted to know if you stand behind your work because she cannot afford to pay for another bridge. Although you explained to her that there are no guarantees for dental care, she still wanted to know if you would stand behind your work.

You are now faced with an ethical dilemma. Choose the course of action you would follow.

1. Offer to replace the three-unit bridge at no fee.
2. Offer to replace the bridge with Ms. Allen paying the laboratory fee only.
3. Offer to replace the bridge for half of the full replacement fee.
4. Ms. Allen should pay the full replacement fee.

Turn to page 40 to find the case study discussion of this ethical dilemma.

Printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

Dentists' Use, Misuse, Abuse or Dependence on Mood-Altering Substances

Dentists are not immune from alcohol and drug abuse and the development of addiction. In fact, such dangers might be considered occupational hazards.

Health-care professionals, including dentists, physicians, nurses, and pharmacists are frequently exposed to periods of high stress. They are prone to perfectionism, and unrealistic expectations about themselves. Importantly, they have knowledge of and access to drugs of potential abuse.

When faced with an unexpected or disappointing treatment outcome, the health-care professional's sense of invulnerability may be replaced with feelings of inadequacy and failure, feelings that he/she might attempt to numb with alcohol and drugs. Over time, this may lead to abuse and addiction.

However, unlike other health-care professionals, most dentists engage in solo private practices, largely isolated from their peers. Even in large group clinics, the number of dentists practising in partnership or association is comparatively small. This style of practice may facilitate access to drugs of potential abuse and make detection more difficult.

What begins innocently as the occasional use of alcohol and/or drugs to relieve stress and cope with problems, left undetected may develop into a self-destructive habit of impairment, resulting in significant consequences to the dentist, patients, co-workers, and loved ones.

With these sobering thoughts, the advisory board to PEAK offers the following article on this important topic: Dentists' Use, Misuse, Abuse or Dependence on Mood-Altering Substances from the April 2004 issue of the *New York State Dental Journal*.

Remember: If help is needed, it is just a phone call away, 24 hours a day, seven days a week, toll-free at 1-800-268-5211.

This article examines the development and detection of alcohol and drug addiction and offers real hope for members overcoming this illness through support by professional assistance programs.

In Ontario, any dentist can access the Member Assistance Program (MAP) offered by the Ontario Dental Association's Dentists At Risk (DAR) through the Canadian Dental Service Plans Inc. The College is pleased to lend its support to this successful ODA program. MAP provides short-term counselling, consulting, and referrals at no cost to dentists, their families, and dental office staff. The service is absolutely free and confidential. Help is a phone call away, 24 hours a day, seven days a week.

The rate of recovery is excellent for health-care professionals who receive treatment for addictive illness and maintain participation in ongoing support programs.

Dentists, like other health-care professionals, are a vital resource for the public. Their training represents a considerable investment of both public and private funds, often requiring a substantial personal sacrifice on the part of the student dentist. The retention of such highly-trained individuals is in the best interest of the public.

PEAK (Practice Enhancement and Knowledge) is a College service for members, with the goal of regularly providing Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from dental literature around the world.

It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of member dentists.

If you have any suggestions for subjects to be addressed by PEAK or questions about this membership service, please contact:

Dr. Michael Gardner
Assistant to the Registrar, Dental
phone: 416-934-5616
toll free: 1-800-565-4591
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COMPLAINTS CORNER

Complaints Corner is designed as an educational tool to help Ontario dentists and the public gain a better understanding of the current trends observed by the College's Complaints Committee.

These scenarios are an edited version of some of the cases dealt with by the Committee. The law does not allow for either the dentist or the complainant to be identified.

If you have any questions about this column, please contact:
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e-mail: ifefergrad@rcdso.org

Complaints Corner

CASE 1

The complainant is the mother of a five year-old boy. Following her son's recall examination, she was advised that he had eight teeth in various stages of decay that could be restored over two separate appointments.

At the first appointment, utilizing only nitrous oxide, the dentist completed restorations to teeth 55, 54, 84, and 85. At the second appointment, the dentist attempted to perform the four remaining restorations, again relying solely on nitrous oxide. However, this time the patient became uncooperative, and the dentist administered local anaesthetic to complete restorations to teeth 74 and 75.

Following this appointment, the dentist recommended the two remaining restorations be completed under general anaesthetic. However, due to an anticipated wait time of four to five months, the member offered the option of an associate with more experience in dealing with paediatric cases to perform the remaining two restorations. The patient's mother agreed to have the associate perform the remaining restorations on teeth 64 and 65. These were later completed without incident, utilizing a combination of nitrous oxide and local anaesthetic.

Approximately six months later, a filling on tooth 75 that had been placed during the second appointment fell out. The patient was brought to another practitioner. At that time, an abscess was found under the missing filling and there was also evidence of residual decay present under all of the previously restored teeth. A referral was made to a paediatric specialist. The specialist, using general anaesthetic, restored seven of the eight previously restored teeth, placing seven stainless steel crowns, in addition to extracting the abscessed tooth.

In the dentist's response to the complaint, it was indicated that, due to the child's high caries rate, Dryact was selected as the restorative material because of its ability to leach fluoride. The dentist also decided to use slot preparations as the patient was apprehensive about treatment. It was the member's opinion that, due to the child's apprehension of treatment, there was insufficient time available to complete normal Class II restorations, and if he had decided to use a local anaesthetic, there would have been less co-operation from the child.

COMMITTEE DECISION

After reviewing post treatment radiographs and taking into consideration the submissions by all parties, the panel of the Complaints Committee was concerned about the dentist's ability to manage and perform restorative treatments in paediatric patients.

To satisfy its concerns, the Complaints Committee requested that the dentist immediately cease treating paediatric patients and enter into an undertaking with the College to take and successfully complete, at the member's expense, a comprehensive hands-on course in paediatric dentistry that was to include patient management and restorative treatment. This was to be followed by monitoring of the dentist's practice for 24 months.

The Committee expressed concern that the dentist's decision to attempt to perform restorative procedures on a child of this age, while relying solely on nitrous oxide, was not in the patient's best interests given the degree of decay which was present. The panel also questioned the member's decision to utilize Dryact and slot preparations on posterior teeth, in addition to the use of Dryact as a restorative material in the presence of residual decay.

The final decision of the Complaints Committee was to have the dentist attend before the Committee to be cautioned about the decision not to utilize a local anaesthetic in conjunction with nitrous oxide when treating significant carious lesions; about the choice of restorative materials, specifically the decision to utilize slot preparations and place Dryact restorations on posterior teeth; and about the dentist's ability to manage paediatric patients.

CASE 2

The complainant, a father who is divorced and has shared custody of his eight-year-old daughter, contacted the dentist to obtain a copy of his daughter's records concerning orthodontic treatment and the financial arrangements that had been entered into by his former spouse. In his request to the dentist, the father indicated that he was returning to court following motions filed by his former spouse seeking a substantial increase in support payments. This action was based on what the father felt were excessive fees paid to the dentist by his former spouse. The father also advised the dentist that he had spoken to other dentists and had been advised that the amount which his previous spouse claimed to have been charged by the dentist seemed excessive for orthodontic treatment of an eight-year-old child.

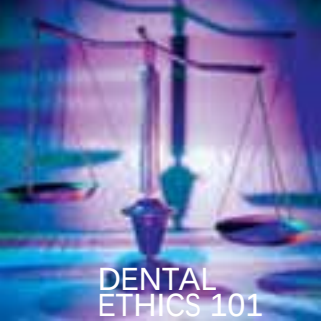
The dentist failed to turn over the records. This resulted in the submission of the complaint.

In the response to the complaint, the dentist stated that he did not turn over the records as requested because he was concerned about confidentiality, privacy, and the father's entitlement to the records.

COMMITTEE DECISION

The Complaints Committee believed that the dentist erred on the side of caution in not turning over the records as requested. At the same time, however, the Committee believed that had the member requested a copy of a custody order, divorce order or other court document, it would have indicated the father had shared custody. Then the member could have satisfied himself of the father's status and released the records; and in all likelihood, this complaint would have been avoided.

Regarding the issue of fees, the Committee reviewed the fees charged by the dentist and found that there was informed consent in relation to them and that there were not overcharges. The Committee was of a view, that as a result of this complaint, the father received the records he was seeking. Therefore, the final decision of the Complaints Committee was to take no further action in regards to this matter.



Case Study Discussion
What Should You Do?

Will You Stand Behind Your Work?

The Ethics of Making Things Right

Are dentists obliged to redo treatment that fails at no charge? What do our professional codes say about this? Should dentists guarantee their work and, if so, for what length of time?

The following three ethical issues provide a context for analyzing this complex case:

1. appropriate function/technical considerations
2. guarantee or informed consent
3. promise-keeping/fidelity

Appropriate Function/Technical Considerations

One of the predicaments dentists face is satisfying both the functional and aesthetic demands of the patient. Some patients have extremely high aesthetic expectations without an appreciation for the limitation of the materials and technique. Whether the failure of the bridge was related to a dental technology error, poor choice of material or just an unfortunate accident, both the dentist and the dental laboratory technician are restricted by the clinical parameters of the patient and the physical requirements/limitations of the dental materials and techniques.

Ms. Allen's case highlights the importance of communication and teamwork between the dentist and dental technologist as they strive to accomplish the rehabilitation of form, function, and aesthetics in complex clinical situations.

Guarantee or Informed Consent

It is unwise for dentists to guarantee treatment. Treatments may fail, for example, even though

the dentist may not have been negligent. However, once a promise is made, it is a warranty enforced by law.

Rather, it is preferred to involve patients in treatment decisions as part of the informed consent process.

Guarantees infer that dentists provide a product or commodity as in any business, rather than a valued professional service. The dental educator D.A. Nash in a 1994 article in the *Journal of Dental Education* describes the business of proprietary culture in dentistry as selling cures in contrast with the professional culture rooted in a tradition of curing.

Along this theme, the philosopher Pellegrino observed that one of the emerging socio-cultural forces in medicine is "the partial reconceptualization of medicine as a business, replete with providers and consumers and increasingly controlled by market forces or governmental regulations." Making claims that a health professional can guarantee a successful treatment does not acknowledge the inseparable role of the patient's attitude and aptitude in the successful maintenance of his/her own health.

Training may help to explain why dentists often focus on the procedures rather than on the person. Traditionally, clinical training of dentists is technically-oriented, with success or failure measured more by the fit of the margin in microns and the completion of required numbers of clinical procedures than restoration of health itself. If the crown does not fit, the dental student will redo the crown until it is acceptable. If we perceive dentistry as simply the selling of services and procedures rather than the restoration of oral health, we could move dentistry into a marketplace where guarantees and warranties are expected by the patient.

By contrast, informed consent establishes a professional relationship which acknowledges both the patient's awareness of his/her own goals or values and the dentist's expert knowledge of the risks and benefits of dental treatment. The dentist seeks to involve the patient in treatment decisions by making the patient aware of the risks and benefits of the recommendation treatment, reasonable alternatives, and the risk of no treatment.

The moral obligation to keep promises is an important part of the dentist/patient relationship, just as it is in any other interpersonal relationship.

In Ms. Allen's case, we do not know if she insisted on porcelain occlusion over the dentist's objection or if she was informed that the risk of failure due to fracture was higher for porcelain over metal occlusion or if she was informed about any replacement policy in the office before treatment was started. These three factors define some of the risks of treatment and may have prevented Ms. Allen's angry response. As for the longevity of restorations, patients should be informed that nothing is absolute.

Promise-Keeping/Fidelity

Two of the core values on which the ethical principles contained in the newly approved RCDSO Code of Ethics are derived are compassion and fairness. They are defined as "acting with sympathy and kindness to all patients in alleviating their concerns and pain" and "treating all individuals, patients, colleagues, and third parties in a just and equitable manner."

The moral obligation to keep promises is an important part of the dentist/patient relationship, just as it is in any other interpersonal relationship. Ms. Allen's question, "Do you stand behind your work?" focuses on whether the dentist is working in her best interest and questions the very trust that is essential for a healthy dentist/patient relationship. Patients trust their dentist to do the right thing and expect that their dentists would consider the patient's perspective.

In Conclusion

Ms. Allen's dilemma causes us to consider our obligations to patients when treatment fails, and that others, such as dental laboratory technicians, may share in this responsibility. The case also asks us to reflect on and acknowledge the reality that our treatment may fail and there is no absolute standard for longevity. Preparing the patient includes educating the patient about these risks as part of the informed consent process.

Finally, it is important to consider Ms. Allen's loyalty to the practice over the past 10 years as a factor in replacing the prosthesis at a reduced or no fee. Such consideration would be evidence that dentist was caring and fair in dealing with Ms. Allen's problem.

Taken in part from and printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

College Web site renovations make it easier to find key information.

More and more members know that going to the College's Web site is a great way to get the latest information quickly. Now it has gotten even easier.

The home page of the site has been renovated. Topic areas such as privacy and health profession corporations generate a lot of interest from our members. They are now permanently featured on the right-hand side of the screen for easier access. And important College events like the Roadshows are highlighted there as well.

Another key addition is Important Health Notices. This gives you a fast link to the latest information for health-care professionals from the Ministry of Health and Long-Term Care. These notices are issued by MOHLTC in response to abnormal events that require ministry direction or instruction. So, for example, this is where you can find information about dealing with travelling to tsunami-affected area, updates on Avian Influenza, and information on SARS.

The College's latest news bulletins are also easier to find. Look for the word NEW pulsating against a bright purple star shape.

Our regular popular features like the Adverse Drug Interactions Program, on the top right-hand corner of your screen, are still in the same spot. The general subject headings that lead you through the site remain on the left-hand side of your screen.

If you have any questions or suggestions, please contact:

Peggi Mace
Communications Director
phone: 416-934-5610
toll-free: 1-800-565-4591
e-mail: pmace@rcdso.org.

How to Apply For a Letter of Good Standing

If you are moving to a different province or country or are seeking hospital privileges you will often be asked to provide the new organization, hospital or dental board with a Letter of Good Standing from the Royal College of Dental Surgeons of Ontario.

This letter provides information about member's professional conduct. It answers questions such as when the dentist was registered with the College, whether they have a general or specialty degree, if they have ever been subject to a proceeding before the Discipline or Fitness to Practice Committees, and it gives any other information that the Registrar deems relevant to the application.

Getting a Letter of Good Standing is straightforward. You must complete a package of forms. These forms can be sent to you by e-mail, fax or mail. Just complete the forms and return them to the College by fax or by mail for processing.

On the first form, fill in the name, address, and a contact person of the organization, dental board or hospital that has requested the Letter of Good Standing. Please do not fill in your own contact information here.

Then, read and sign the consent for release of information form. Please note that a witness is required. The witness does not have to be another dentist or a lawyer, your office staff are acceptable as witnesses.

For recordkeeping purposes, it is helpful if you fill in your own contact address and phone number. This helps us to ensure that our records are up-to-date.

There is a $35 processing fee for all Letters of Good Standing that can be paid by cheque, money order, Visa or MasterCard. You simply include the cheque or money order with your forms when you return them to the College or complete the credit card information on the forms.

Members who treat disabled patients in a hospital setting will have the fee waived. Please indicate this on the form.

If you are resigning at the same time that you are requesting a Letter of Good Standing, complete the renewing/ resignation form. You do not have to resign if you are moving to another province or country. If you have questions about the resignation process, contact our registration staff personally. If you are not resigning from the RCDSO, you do not need to return the resignation form.

Letters of Good Standing are generally sent directly to the organization, dental board or hospital that is requesting the information. All letters have the Registrar's seal on them. The sealed envelope from the Registrar's office ensures the letter is authentic.

Letters of Good Standing can take up to three weeks to process. If your hospital privileges are soon expiring or you are planning to change jobs in the near future, please do not wait until the last minute to apply.

To request Letter of Good Standing forms, please contact :

Registration
phone: 416-961-6555
toll-free: 1-800-565-4591
e-mail: greda@rcdso.org

Or download the forms from our Web site at www.rcdso.org by clicking on Letter of Good Standing.

YOUR CHANGE OF ADDRESS IS IMPORTANT INFORMATION

Each member of the College is required by law to report all addresses where he/she engages in practice. Practice addresses are then available to the public from the College register. A member must report any change within 30 days of the change occurring.

You may choose to designate any address as your preferred mailing address for College communications. Please note that if your home is your preferred mailing address, then that address is not published or available to the public.

In order to ensure accuracy, all changes must be received in writing. Please forward changes by mail or by fax using the form below.

By Mail: **Registration**
Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto, ON M4W 1T1

By Fax: **416-961-5814**

SURNAME **GIVEN NAMES** **RCDSO REGISTRATION NO.**

Previous Practice Address

STREET

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

E-MAIL

EFFECTIVE DATE

New Practice Address

STREET

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

E-MAIL

SIGNATURE

Previous Home Address

STREET

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

E-MAIL

EFFECTIVE DATE

New Home Address

STREET

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

E-MAIL

SIGNATURE

MEMBERSHIP LISTINGS 2005

Does the College have your most up-to-date address?

We want to be sure that we have accurate information in the membership directory.

Any changes that you wish to have reflected in the latest version of the directory must be received by the College on or before March 31, 2005.

In order to ensure the accuracy of the information, all changes must be received in writing by mail, fax or e-mail. You can use the form on page 44 to send us your most up-to-date contact information.

As you probably know, the College is required by law to make available to the public, on request, the current business address of all RCDSO members.

Any changes in this information must be reported to the College within 30 days of the change occurring. You may choose to designate another address as your preferred mailing address for College communications. The second address is not available to the public.

If you have any questions about this article or would like to update your address, please contact:

Gino Reda
Administrative Assistant, Registration
phone: 416-961-6555, ext. 5328
toll-free: 1-800-565-4591
e-mail: greda@rcdso.org

A Reminder About Co-payment Collection Regulations

Continued from page 29

collect the patient portion of the fee satisfies everyone that the dentist has not taken money from the insurer under false pretenses.

Documentation of the attempts made by the office to collect the co-payment should be recorded in the patient's chart. This should reflect a sincere attempt at collection and not a standard entry in an attempt to legitimize the write-off. The patient's financial records with respect to fees charged must also correspond to the insurance claims submitted.

Consider the scenario when a dentist, in trying to get around the co-payment collection rule, thinks as follows: "I'll ignore the $20 co-payment, but I'll send two or three bills and then simply write into the account card uncollectible." Then, six months later, the scenario is re-enacted, and re-enacted six months later, and once more six months after that. Has the dentist complied with the regulation? The College suggests not. That is because no one could accept that any dentist would allow this scenario to take place with a non-insured patient.

If a patient continued to refuse payment of 20 per cent of a fee, recall appointment after recall appointment, why would any dentist continue to accept that person as a patient, subject to unusual circumstances? Therefore, why would that be the case just because the 80 per cent is being paid by the insurer?

The only rational explanation is that the dentist is evading the intent of the regulation to justify accepting only the insurance portion of the fee. It is important to understand that charging a fee to a particular patient that is lower than the customary fee charged by the dentist or the fee that is recommended by a fee guide would not be considered professional misconduct.

A dentist has the right to charge a reduced fee to a particular patient for a particular service. Friends, relatives, staff or patients with financial limitations may be patients for whom a dentist may wish to charge a reduced fee.

However, the insurance claim must reflect the discounted fee that is the total amount the dentist expects to collect for this service. The claim cannot be for the dentist's regular higher fee, with the reduction given to the patient after the insurance company determines the amount of the reimbursement based on the higher fee.

A dentist's ethical responsibility is to ensure that the payer/insurer is not misled by his/her conduct. The College's view is that it is unethical to use the write-off of co-payments as a way to differentiate between practitioners. To do so is to say "I am less honest but I will cost you less."

If you have any questions regarding collection of co-payments, please call:

Dr. Robert Carroll
Manager, Professional Practice
phone: 416-934-5611
toll-free: 1-800-565-4591
e-mail: rcarroll@rcdso.org

Dr. Lesia Waschuk
Practice Advisor
phone: 416-934-5614
toll-free: 1-800-565-4591
e-mail: lwaschuk@rcdso.org

We want to hear from you. We welcome your feedback on anything that you read in *Dispatch* or on any of the College's policies, programs, and activities.

Sometimes a letter may not be printed with the author's name on request or due to its confidential nature. All letters printed in Mailbag are used with the author's permission.

The College reserves the right to edit letters for length and clarity. Due to space limitations, some letters may not be printed.

Please send your letters to:

Peggi Mace
Communications Director
Surface mail: RCDSO, 6 Crescent Road, Toronto, ON M4W 1T1
fax: 416-961-5814
e-mail: pmace@rcdso.org

KIND WORDS FOR COLLEGE COUNCIL AND STAFF

Congratulations once again for a wonderful and informative issue of *Dispatch*. It has so much helpful information and offers assistance to each of us in so many areas. You (the Registrar) and our Council should indeed be proud of your record of achievement on so many different issues.

It makes me feel very proud to be a member of a College that is showing such leadership on the issues that ensure that the public interest is foremost in the minds of the dental profession. You, your staff, and our Council members deserve the utmost respect and thanks for a job well done.

DR. JAMES FAWCETT
Lindsay

WARMEST REGARDS

Thank you so much for your kind letter. I miss each and every one of you at the College. My years at the College were both educational and fun. I have never met a better group of people. You are all like my second family.

JOAN STEWART
Cache Bay

(Mrs. Stewart sat on the College Council as a public appointee from February 1998 to October 2004.)

WORDS OF APPRECIATION TO COMPLAINTS/DISCIPLINE STAFF

I would like to thank you for your concern on my behalf, specifically for taking the time to call me forthwith with the decision of the Executive Committee. I know that you must have a difficult job to do and I for one am very thankful that a person of your empathetic nature is in this position.

THANKS TO PLP STAFF

Thank you very much for your skilful, prompt, and timely handling of my case. I strongly believe that the result obtained was the best for the patient, myself, and PLP.

JURY DUTY

I would like to officially thank you for your personal attention with respect to my summons to juror. The Sheriff's office excused me within two business days of receiving your letter. I would also like to thank all College staff who worked on my behalf.

DR. PETER FRIEDMAN
Toronto

I would like to express my appreciation for your prompt and effective attention to the matter of my juror summons. Thank you for looking after this situation before you left on holiday. I have been contacted by the Ministry of the Attorney General, excusing me from duty, which was great news to hear for a solo dentist.

DR. ALAIN NOURKEYHANI
Downsview

MEDICAL HISTORY QUESTIONNAIRE NOW AVAILABLE IN FRENCH

In response to requests from our members who treat French-speaking only patients, the College has had the medical history questionnaire from our kit translated into French. It is available in electronic format by e-mail.

If you would like a copy, please contact:

Aurore Sutton
Communications Assistant
phone: 416-961-6555, ext. 4303
toll-free: 1-800-565-4591
e-mail: asutton@rcdso.org

Across the Nation provides a snapshot of activity highlights of the dental regulators across Canada that may be of interest to dentists in Ontario. They are gleaned from their publications or have been submitted by the regulators themselves.

If you have any questions about this column, please contact:
Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Across the Nation

Québec

Promoting dental hygiene as a career choice

To address a shortage of dental hygienists, the Ordre des Dentistes du Québec has kicked off an advertising campaign with posters and flyers for its members' offices. The materials aim to promote an 18-month dental hygiene training program at CEGEP to their young patients who are in secondary school.

Manitoba

Action plan to recruit and retain dentists

The Manitoba Dental Association has created a new Subcommittee on Recruitment and Retention with a mandate to developing and implementing an action plan to recruit and retain dentists, dental hygienists, and dental assistants for practice in the province, with a special emphasis on rural and remote locations.

University of Manitoba enrollment climbs steadily

There was a 23 per cent increase in the number of applicants to the Doctor of Dental Medicine program in 2004 compared with the last academic year. There is a similar trend in dental hygiene, where the applicant pool has doubled over the last two years.

An increasing number of graduates are choosing to remain in Manitoba, with a higher than normal number deciding to practise in rural areas. This trend may be attributed to the faculty's curriculum that includes Manitoba-based outreach clinic rotations for students in their final year of study.

British Columbia

Looking at a quality future

The Quality Assurance Committee of the College of Dental Surgeons of British Columbia is working to develop program recommendations for a progressive and modern quality assurance program that will ensure continuing competence.

Don't You Love It When A Plan Comes Together?

Continued from page 48

2. Better communication is needed between the various health-care providers on an institutional basis.
3. More research and more money for research are needed to establish conclusively the linkages between periodontitis and specific systemic diseases.
4. The College needs to disseminate information to membership through a number of different avenues such as PEAK articles, Practice Advisories, our Roadshows, and other opportunities.
5. Dentists need to be sensitized to recognize and treat periodontal disease and to do effective periodontal treatment.
6. Government needs to be more active.
7. It was clear from the participants' feedback at the symposium that no one organization or group owns this issue. There was a strong message that a collaborative effort is needed.

The College is committed to doing its part by sharing more detailed information from this important symposium with all of the dentists in Ontario in future issues of *Dispatch* throughout the year.

I do believe we have kick-started a new momentum on this issue that will have an important ripple effect on oral health care in this province.

This event would not have been possible without the outstanding energy and enthusiasm of the staff planning group whom I would like to acknowledge by name: Bob Carroll, Peggi Mace, Don McFarlane, Lisa Pretty, Angie Sherban and Lesia Waschuk.

I thank all those who came and all those who gave of their time and wisdom for this most enlightening, fulfilling and educational event.

Don't You Love It When A Plan Comes Together?

IRWIN FEFERGRAD

About 15 months ago, our then Vice-President, Dr. Doug Smith of Ottawa, shared his excitement and interest in an emerging body of knowledge in dentistry with this College's Executive Committee members. He described how he had attended a few educational sessions and had done some additional background reading on the growing evidence linking periodontal disease with a number of systemic conditions, such as diabetes, coronary disease, and stroke. It didn't take long for the Executive Committee members to catch his enthusiasm. The Committee wanted more information. So, periodontist Dr. Christopher McCulloch, who is also a researcher, teacher and author, was invited to come to an Executive meeting to discuss what was happening in this area.

After McCulloch's presentation, the Executive Committee was convinced that there was a role for the College. A major contribution to health care in the province could be made by doing what we could to spread the word about the importance of periodontal disease and the possible links with other serious diseases.

We decided to build on our excellent track record with symposiums such as the Future of Dentistry and with Access to Dental Care for Seniors in the Long-Term Care Sector. This format seemed to be ideal for bringing together key people and acting as a kind of incubator for new ways of thinking and for forging important connections.

We sent out invitations to a wide range of people to come and share their views, ideas, and research on February 4, 2005. The response was overwhelming. There was interest in participating from the office of the Minister of Health and Long-Term Care, George Smitherman, to the offices of Ontario's Chief Medical Officer of Health and Canada's Chief Public Health Officer in Ottawa. It piqued the interest of the country's new Chief Dental Officer Dr. Peter Cooney.

Researchers and practitioners from across the spectrum of health care in both dentistry and medicine agreed to come. Teachers in dental hygiene programs were invited. In addition, we were simply swept away at the offers to deliver major research papers. The papers and presentations were novel, inspiring, and brilliant.

- Dr. Christopher McCullough and Dr. Michael Glougauer from the Canadian Institute of Health Research (CIHR) at the University of Toronto presented an historical background for the hypothesis that there is a pathophysiological link between oral and systemic health and a brief overview of the current research.
- Under the guidance of Dr. James Leake, Head of Community Dentistry at University of Toronto's Faculty of Dentistry, four graduate students – Dr. Sandra Cassolato, Dr. Austin Chen, Dr. David Chvartszaid, and Dr. Melissa Sander – presented a paper entitled Is Periodontal Disease A Risk Factor For Preterm Low Birth Weight Infants? A Systemic Review.
- Dr. Debora Matthews, Chair of Research Development in Dental Clinical Services at Dalhousie University, presented a paper entitled Floss or Die? The Link Between Periodontal Disease and Diabetes.
- Dr. Susan Sutherland, Chief of Dentistry at Sunnybrook and Women's College Health Sciences Centre, presented a paper entitled From Womb to Tomb: Does Sex Matter? Exploring Issues In Women's Oral Health.
- Dr. Howard Tenenbaum, Head of Periodontology at the Faculty of Dentistry at the University of Toronto, presented a paper entitled Is There A Real Causal Link Between Periodontitis And Cardiovascular Disease?

The afternoon workshops made a number of recommendations that essentially covered the following points:

1. More communication is needed between various health-care professions as to what is happening with particular patients.

Continued on page 47