

*Protecting  
the Public  
and Guiding  
the Dental  
Profession*

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**RCDSO**

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## It's Election Year at the College

**T**he Council of the Royal College of Dental Surgeons of Ontario is made up of 12 elected dentists, one from each of the twelve Electoral Districts in the province, 2 dentists appointed by the dental schools and a minimum of nine and a maximum of eleven public members appointed by the provincial government. The current number of public members is ten.

Section 4 of the RCDSO By-Laws respecting Elections / Electoral Districts requires that an election of members to the Council of the College be held on the second Wednesday of December, every two years.

All dentists whose designated register addresses are located in an Electoral District in the province are entitled to nominate a member of the College from their particular district as a candidate for election to the Council of the RCDSO. The 'designated register address' is defined in the College by-laws as follows:

- The address in Ontario where the member practises;
- If the member does not practise, the address where the member resides; or
- If the member practises at more than one address, the address designated by the member as his or her register address.

Elections for all Electoral Districts where the candidate is not declared elected by acclamation will be held on Wednesday, December 13, 2000 commencing at 12:00 noon when the mail ballots will be counted. Important dates to know are:

Call for Nominations Mailed Out

*October 12, 2000*

Nominations Close

*November 13, 2000*

Last Day for Candidates to Withdraw

*November 20, 2000*

Ballots Mailed Out

*November 24, 2000*

Election Day

*December 13, 2000*

See page 11 for answers to commonly-asked questions regarding the upcoming election.



# Moving Forward Together

*Its YOUR College . . . Consider Getting Involved!*

Self-regulation is a privilege and a tradition that members of the dental profession in this province have enjoyed since the Royal College of Dental Surgeons of Ontario (RCDSO) was incorporated by provincial statute in 1868 as the regulatory body for the dentists in Ontario. The College's mission is to protect the public interest by regulating dental practice and facilitating the ongoing competency of its over 7000 member dentists.

## Looking Back

Over the past two years, it has been my privilege to work with the dedicated and hard-working group of individuals who make up the RCDSO Council and its Committees and I am very appreciative of their efforts. I also deeply appreciate the support that has been given to me as President by Council members, College staff and most importantly, the dental profession of this province.

When I was elected President, my aim was to address some of the concerns that I knew were on the minds of my fellow practitioners and to do this in a way that would not compromise the integrity of the College and its role in self-regulation. As a practising dentist for more than thirty years, I was very aware that the RCDSO was not always looked upon as a resource by members and, in fact, many aspects of the College were not well-understood and were often feared.

In keeping with my vision for a "new and supportive" College, the RCDSO Council, during its current term, has made a number of fantastic changes in the way the College operates. I am especially proud of the following accomplishments:

- Processes have been put in place to ensure that every dentist receives respect and is treated in a fair and equitable manner in all his or her dealings with the College;
- A "Pre-trial Hearing Conference" mechanism has been established where a dentist who has been referred to the Discipline Committee can offer his explanation "without prejudice" as a way to clarify the issues under review;
- An Alternate Dispute Resolution (ADR)

process has been implemented and it is receiving an excellent reception by dentists and patients alike;

- The College has stepped up its efforts in dealing with the illegal practice of dentistry and these have been very effective. We have convicted more people for practicing illegal dentistry during the last two years than in the previous 132 years of the College's history;
- Any proposed regulation change or amendment and new or revised by-laws were circulated to all members and the input that was received was valued.
- The Practice Advisory Service was established which is ably handled by Dr. Michael Gardner. Members have received this program in a very positive fashion. They are especially happy that they can speak with another dentist, one who is not part of the complaints or disciplinary process, in a confidential manner and receive helpful advice about practice or patient-related matters; and
- A new business and professional relationship has been forged between the RCDSO and the CDA that will not only satisfy the needs of both organizations but also protect the dental accreditation process.

Many of these enhancements are new and innovative and demonstrate the ability of the College to regulate its members in a positive and pro-active way.

## The Responsibility of Self-Regulation

Another important part of the tradition of self-regulation is the election of members by their peers to serve on the College Council.

As you will read elsewhere in this issue of *Dispatch*, an election will be held on Wednesday, December 13, 2000 at which time twelve dentists will be elected to serve as



Dr. Tom McKean, RCDSO President

## *President's Message*

members of Council for the next two years. These twelve will join two other dentists who have been appointed to represent the Ontario dental schools and ten public members appointed by the provincial government to form the next RCDSO Council.

These twenty-four men and women will make decisions that will have direct impact on each and every dentist in the province. It is therefore crucial that the best people are elected to represent each of the twelve Electoral Districts at Council. If you are a dentist who has shown leadership, organizational ability and who has proven him or herself as effective and a hard worker, I would encourage you to consider standing for election.

In addition to the upcoming election, there are also opportunities for dentists to serve as a non-elected member on one of the six College committees that permit such representation, namely the Complaints, Discipline, Quality Assurance, Patient Relations, Fitness to Practise and Professional Liability Program Committees. If you are interested in applying, details about the selection and application processes can be found in this issue of *Dispatch*. Serving on a College committee is an excellent way for a dentist to make a meaningful contribution to the decision-making process at the committee level without necessarily entering the political arena.

Another way for dentists to become involved with their self-governance is to provide input whenever a proposed regulation, by-law or

guideline is circulated for comment. I can tell you from first hand experience that all comments that are received are carefully considered by the appropriate committee, many times resulting in revised drafts being submitted to Council in light of members' input.

A final way in which you can provide input to Council is to send a letter to me, as President of the College or to the Registrar, Mr. Irwin Fegergrad, if you have any good ideas or general concerns. At the very least, you will receive a written or telephone reply and in many instances, your point of view may be placed on the agenda of the appropriate committee for further consideration.

### **A Final Word**

I would like to emphasize that "self-regulation" means just that. Each member has an opportunity to provide input to the College. The amount of input individual dentists choose to provide relative to the self-regulatory process can be as little as taking the time to vote in your Electoral District or as great as serving on Council or on a College committee. The choice is yours!

Sincerely,



Thomas W. McKean, DDS  
RCDSO President

## Reminder to Members About Practice Name Registration Requirements

In previous issues of *Dispatch* and by a separate mailing earlier this year, members were informed of the requirement to register their practice name, if they were practicing under a name other than their own.

**September 30, 2000** was set as the deadline for the submission of Practice Name Registration Applications forms to the College.

Failure to comply with the practice name registration requirement as contained in the *Dentistry Act, 1991 (RHPA)* and the May 2000 Practice Advisory re: Practice Names could result in the matter being brought to the attention of the Executive Committee.

If you have not yet registered your practice name or require further information or assistance, you should immediately contact Dr. Fred Eckhaus, Manager, Investigations at the College.



# Role of Dentistry in Treating Snoring/ Sleep Apnea

*This article originally appeared in the May 1997 issue of Dispatch. The College continues to receive inquiries from dentists regarding their role in the treatment of snoring. In order to assist the profession in understanding the complexities of this issue and to avoid potentially serious repercussions, the article is being reprinted.*

Reports in the medical literature suggest that snoring may be more than an annoying habit. Snoring may actually be a symptom of a potentially serious sleep disorder called sleep apnea. Studies have shown that a significant percentage of the population who snore actually have this serious underlying medical condition. In some of these people, delaying proper assessment and treatment or providing symptomatic treatment only, can have serious and potentially fatal results.

Because of the possible life-threatening

implications of sleep disorders, it is imperative that treatment to stop snoring commence only after the potential presence of other associated medical conditions, including sleep apnea, is ascertained. This medical assessment should be carried out by a physician with knowledge in sleep disorder medicine.

Patients with medically-related sleep disorders may require dental appliance therapy as part of their treatment but, in these cases, dentists should be part of a multidisciplinary team with the patient's physician taking the lead, including the timing of the placement of any necessary appliance.

If the medical assessment shows that a patient's snoring is solely related to an anatomical abnormality of the oral facial complex, an appropriately trained dentist can safely provide appliance therapy on his or her own.

## RCDSO and ODA Officials Meet

The RCDSO's Executive Committee and selected staff hosted a dinner meeting for their counterparts of the Ontario Dental Association at the College's offices in Toronto on August 29, 2000.

The purpose of the meeting was to allow both organizations to gather in a less formal setting and discuss matters of mutual interest. The topics of discussion included areas where the two organizations can work

together in order to promote the advancement of dentistry, and avenues by which the two groups can better communicate in a helpful and positive fashion.

All attendees acknowledged that this meeting generated much good will, and the hope was expressed that it will set the stage for future openness and understanding. It was also agreed that such meetings should be held on a more regular basis.



Ms. Lynne Arnill, Public Member of RCDSO Council, Ms. Linda Samek, Director Professional Affairs, ODA, and Mr. John Gillies, Executive Director, ODA.



Dr. Jon Perlus, ODA President, speaking to Irwin Fefergard, RCDSO Registrar.



## Treating the Asthmatic Patient

*This article originally appeared in the November 1993 issue of Dispatch. At that time, the office of the Chief Coroner had been concerned with the occurrence of sudden deaths in asthmatics, and Ontario physicians and dentists were advised of this concern. Since the advice contained in this article is still very relevant, it is being reprinted to ensure that members are aware of this important information.*

Asthmatic patients require specific and detailed evaluation as a part of every routine medical history taken in a dental office.

Asthma is a disease that is increasing both in incidence and severity. It can present as sudden and rapid attacks that seriously compromise the airway by constriction of the bronchiolar tree. Management of the resultant emergency situation can be difficult.

Dentists must assess the degree of severity of the disease in their asthmatic patients by determining:

- How often do asthmatic attacks occur?
- What triggers these attacks?
- When did the last attack occur?
- Has an attack ever required urgent hospital care?
- What medications are being taken? What doses? How often? How effective?
- When was the last time a physician assessed the asthmatic condition?
- In terms of your asthma, how would you rate your condition today?

Asthmatic patients require this assessment together with physician consultation when indicated. Severe asthmatics may not be suitable candidates for ambulatory office outpatient care particularly when sedation or general anaesthesia is involved.

Asthma must be recognized as a potentially life-threatening illness and asthmatic patients given the care and respect that their condition demands.

### NEED TO KNOW

- Members should be aware of the signs and symptoms of an acute asthmatic attack, and be prepared to deal with this emergency situation.
- It is a good idea to ask asthmatic patients to bring with them to each appointment the medication they use to manage acute attacks.
- The emergency kit in every dental office should include salbutamol inhalation aerosol, epinephrine and oxygen. Please refer to the Winter 2000 issue of Dispatch (pages 12 and 13) for the complete list of drugs that should be found in the office emergency kit.

*From the Patient Relations Committee*

## Clarifying the Informed Consent Issue

At the June 2000 meeting of the RCDSO Council, the Patient Relations Committee was asked to prepare a report for Council on the subject of "informed consent". This direction was prompted by questions from members that have arisen from time to time about the requirements for informed consent.

Among possibilities being considered by the Committee is the development of a set of general principles to assist our members in understanding what their duties are in explaining treatment, consequences of treatment, consequences of non treatment, alternative forms of treatment and cost.

Since your input is valued, the Patient Relations Committee would be grateful if members who have any thoughts on the subject would take the time to share them with the Committee. To this end, please feel free to contact Dr. Patricia Abbey or Mr. Irwin Fefergrad at the College.

# An Invitation to Serve on College Committees

RCDSO By-Laws allow for dentists who are not elected members of Council to be appointed to five of the College's statutory committees (Complaints, Discipline, Fitness to Practice, Quality Assurance and Patient Relations) and one standing committee (Professional Liability Program).

To be eligible for consideration for appointment to a College committee, you must:

- Hold a current certificate of registration;
- Have been a member of the RCDSO holding a General, Specialty or Academic Certificate of Registration for a minimum of five years;
- Have been engaged in clinical practice for a minimum of five years.
- Be an Ontario resident;
- Not be in default of any fees, fines or other amounts owed to the College; and
- Not be a member of the governing body of the ODA, CDA or other similar organization, or be an appointed official of these organizations.

In addition,

- Your professional conduct must not currently be the subject of any disciplinary or incapacity proceeding.
- Your certificate of registration cannot be subject to any term, condition or limitation imposed by a panel of the Discipline Committee or Fitness to Practice Committee.
- A period of three years must have elapsed since complying with all aspects of an order of a panel of the Discipline Committee or Fitness to Practice Committee.

Members appointed to the Professional Liability Program Committee cannot have served on the Complaints Committee or the Discipline Committee of the College within the previous seven years.

Remuneration for the College's non-Council Committee members is the same as that for dentist members of Council. The current per diem is \$750. Reasonable travel, accommodation and meal expenses are also reimbursed in accordance with the College by-laws. The term of office corresponds with that of elected members of Council, namely two

years, commencing in January 2001.

If you are interested in being considered for appointment to a College committee, you are invited to submit a letter of application and current resumé to the attention of Mr. Irwin Fefergrad, Registrar, at the College. **Your application must be received by November 30, 2000.**

## Selection Process

At its June 2000 meeting, the RCDSO Council approved the following new selection process for non-elected dentists wishing to serve on College Committees:

- All applications that are received will be reviewed in order to confirm that the above-noted eligibility criteria have been met;
- Sixteen (16) non-Council committee members are to be selected from across the province. Thirteen of those members will be selected by the Registrar by lottery, one from each Electoral District other than District No. 3 (Northeastern and Northwestern Ontario);
- Two (2) members will be selected by the Registrar by lottery from District No. 3, as part of the College's northern initiatives program. One from Northeastern Ontario and one from Northwestern Ontario; and
- The remaining three (3) committee members will be appointed by the Executive Committee from among those applicants who were not successful in the Electoral District lottery.

Once the sixteen (16) non-Council members have been selected by means of the above process, their particular Committee assignment will be decided and approved by Council at its January 2001 meeting on the recommendation of the Executive Committee.

## Committee Responsibilities and Frequency of Meetings

On the opposite page is a listing of the College committees, the number of positions available on each, a short description of areas of responsibility and the approximate frequency of meetings

Committee	Available Positions	Frequency of Meetings	Description of Committee Responsibilities
Complaints	2	Panel meets every three to four weeks	Responsible for fairly investigating complaints regarding professional practice. The college staff thoroughly investigates each complaint and a panel of the Committee reviews the results of investigations about dental practice and/or conduct of members and decides how to deal with complaints.
Discipline	5	Hearings can last from one to several days	Responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Complaints or Executive Committees. The Committee hears evidence regarding each case and decides whether to dismiss the allegations or find the member "guilty". If "guilt" is established, the committee orders a penalty which it considers appropriate.
Fitness to Practice	1	Committee meets infrequently	Determines whether a dentist is incapacitated, and if so, what action to take. Incapacitated means "suffering from physical or mental condition or disorder that makes it desirable in the interest of the public that the member no longer be permitted to practise or that their member's practice be restricted.
Quality Assurance	2	Committee meets at least six times a year	Responsible for the continuing competence of all dentists to ensure maintenance of standards of practice and that their knowledge and skill remain at a reasonably high level throughout their professional careers. This Committee administers the College's Quality Assurance Program.
Patient Relations	2	Committee meets at least three times a year	Responsible for the College's interaction with the general public and dentists on issues of professional conduct, especially those issues of a sexual nature and their prevention. The Committee is also responsible for the College's Patient Relations Program.
Professional Liability Program	4	Two to three full day meetings and several short meetings or conference calls a year	Recommends policy regarding the Professional Liability Program for Ontario Dentists, considers issues relating to the malpractice policy and claims and authorizes claim settlements above a specified amount. The Committee is also involved with profession-wide risk management activities.

## How can I help you?

This feature in *Dispatch* is designed to provide advice to members on commonly-asked questions that have been directed to Dr. Michael Gardner, the College's Professional Practice Advisor.



Dr. Michael Gardner, Professional Practice Advisor. Dr. Gardner can be reached at the College in Toronto at (416) 961-6555 or 1-800-565-4591.

## Advice About Dismissing a Problem Patient

One of the least pleasant tasks that a dentist may have to consider is the dismissal of a patient. For a variety of reasons, a dentist-patient relationship may begin to deteriorate. Sometimes, this results from a single incident; more often, it results from a series of problems that incrementally build upon the last. Finally, it may become apparent that the relationship is no longer co-operative and trusting, and may in fact be antagonistic. When this occurs, it may be beneficial to both parties that they go their separate ways.

Before coming to the conclusion that dismissal of a patient is necessary, it may be worthwhile to re-examine the event(s) that led to this juncture, and consider whether or not all reasonable efforts have been made to address the problem(s).

- Is the problem a result of miscommunication? If so, it may be advantageous to attempt to speak with the patient directly and clarify matters.
- Is there a disagreement regarding treatment options? If so, it may be appropriate to refer the patient for a second opinion.
- Is the patient's account in arrears? If so, new payment terms may be offered and agreed upon.
- Is the problem related to treatment outcome? If so, it may be possible and prudent to resolve the patient's concerns.

In accordance with good recordkeeping practices, your patient records should include details of any relevant problems and issues as

well as notations of all communication with the patient.

If you have concluded that dismissal is the best decision, the patient should be informed in an appropriate fashion, preferably in writing. In the December 1997 issue of *Dispatch*, the College provided a protocol for dismissing a patient. The article presented a dentist's responsibilities under the *Human Rights Act* and the *Dentistry Act 1991*. It also provided the basis for a letter of dismissal. In this issue of *Dispatch*, the content of such a letter is examined.

The letter should be polite, professional and to the point. It should avoid words or phrases that might inflame the situation. Rather, it should attempt to present the termination of the relationship as being in the patient's best interest. A well constructed letter should address the following five areas:

- 1. Provide the patient with the reason for their dismissal.**  
For example, the patient is unwilling to follow through with recommended treatment, or is demonstrating a lack of confidence in your abilities, or is disruptive to office routine and abusive to the staff, or is not complying with agreed upon payment terms, etc.
- 2. Outline any treatment needs that the patient should have attended to in a timely manner.**  
For example, the patient may still require specified fillings or should have a root canal treated tooth crowned.
- 3. Provide the patient with the means of obtaining the services of a new dentist.**  
Your letter might provide the telephone number of a local dental society or the Ontario Dental Association in order that



the patient may obtain a list of dentists in the area.

4. **Inform the patient that you will forward copies of any records or radiographs that may be of assistance to their new dentist.**

The patient must authorize the transfer of records and clearly indicate where they are to be sent. If the patient indicates that the records are to be sent to their home address, you should comply with their request. The College recommends that you retain the original records and provide copies.

5. **Inform the patient that, until they have obtained the services of a new dentist,**

**you will agree to attend to any true emergency situation.**

Your letter might also provide the telephone number of a local dental emergency service. Note that this information may be provided in addition to, but not in place of, your offer to render emergency care.

The sample letter of dismissal that accompanies this article illustrates how each of these five elements is addressed. Of course, every case is unique. Members wishing advice in handling these and other types of situations can call Dr. Michael Gardner, Professional Practice Advisor, at (416) 961-6555.

### Sample Letter

Dear Mrs. Smith:

I am writing to you following your last scheduled dental appointment, which was on July 13, 2000. On this date, you were to attend my office to have a lost filling replaced. When you failed to show at the appointed time, my receptionist contacted you by telephone and you informed her that you were too busy to leave work. This was the fourth time this year that you did not keep a scheduled appointment.

You will remember that we have had several discussions on the subject of missed appointments. Additionally, I wrote to you and clearly provided my office policies regarding this same subject in a letter dated May 30, 2000.

If a dentist-patient relationship is to be successful, co-operation is essential. Obviously, I cannot treat you if you do not attend your scheduled appointments. I can only conclude that either you do not value the appointment time which is set aside for you, or my office is not convenient to your needs. Whatever the reason, it is with regret that I must insist you seek the services of another dentist.

In order to prevent further damage to your lower left tooth, please arrange to have your new dentist replace the lost filling as soon as possible.

If you require assistance in locating a new dentist, you may wish to contact the Ontario Dental Association for a list of members in your area. Their telephone number is (416) 922-3900. Once you have selected a new dentist, I will be pleased to forward copies of your records to the new office at your written request.

Should the need arise before you find a new dentist, I am prepared to see you on an emergency basis or, if you prefer, assist you in making arrangements at another suitable dental office.

Yours truly,

# CDHO Takes Civil Action Against a Person Holding Herself Out to be a Dental Hygienist



After it came to the attention of the Registrar of the College of Dental Hygienists of Ontario in February 2000 that Debbie Considine (also known as B. Deborah Cohen, Debbie Clements) appeared to be holding herself out as a dental hygienist, the CDHO launched an investigation into the matter. Ms. Considine had practised as a dental hygienist in the Ottawa area having told her employer that she was a dental hygiene graduate from the United States. She also claimed that she had practised dental hygiene in New Brunswick, Arizona, Texas, and Pennsylvania. Upon inquiry, the

Registrar could find no evidence that Ms. Considine had ever been registered as a dental hygienist in any of these jurisdictions. She also claimed to have attended George Brown College in Toronto.

On June 27, 2000 a Judge of the Ontario Court ruled that Ms. Considine had not only held herself out as a dental hygienist but had breached the provisions under the RHPA, 1991, as Ms. Considine had performed the controlled act of scaling and root planing. The Judge granted an injunction ordering Ms. Considine to refrain from further breaches of the law and awarded the CDHO costs of \$8,433. Any breach of this order would constitute contempt of court.

Dentists are reminded that some job applicants will go to extraordinary lengths to portray themselves as dental hygienists or even dentists. You are reminded that you should check with the College to ensure that the individual you propose to hire is indeed registered as a dentist or dental hygienist in Ontario.

Both the RCDSO and the CDHO are committed to ensuring that the public of Ontario are well served in the area of oral health care and will pursue persons who hold themselves out to be dentists or dental hygienists when in fact they are not registered with either College.

## Date of Next Council Meeting

The next regular meeting of the RCDSO Council will take place on November 13 and 14, 2000 at

**The Westin Prince Hotel**  
900 York Mills Road  
Toronto, Ontario M3B 3H2

Council meetings are open to members of the profession and the public, with the exception of any in camera session.

Seating is limited and those wishing to attend are asked to contact Lynne Clark at the College at (416) 934-5627 or 1-800-565-4591 from outside of the Toronto calling area.

# Questions About Running for College Council

**Q: How do I know if I am eligible to run for Council?**

**A:** Section 6 of the RCDSO By-Laws respecting Elections / Electoral Districts sets out the eligibility criteria for election to Council. To be eligible, you must hold a general, academic or specialty certificate of registration and be engaged in the practice of dentistry in the electoral district for which you are nominated. If you are not engaged in dental practice, you must be a resident of that district. In addition, you cannot be in default of any fees, fines or other amounts owed to the College or in completing and returning any prescribed form. Dentists who are the subject of any disciplinary or incapacity proceeding or who have terms, conditions or limitations placed on their certificate of registration by the Discipline Committee or Fitness to Practise Committee are not eligible for election. You cannot be a member of the governing board of the CDA, ODA or other like organizations, or be an appointed official of these organizations such that the real or apparent conflict of interest may reasonably be expected to arise.

**Q: What kind of work is involved as a member of Council?**

**A:** Duties of self-regulation are very broad. They include establishing, maintaining and developing standards of knowledge and skill among dentists in the province and developing standards of qualification for the practice of dentistry. The College is responsible for setting and maintaining dental standards and registering dentists in this province. As well, it also investigates complaints and disciplines dentists found guilty of professional misconduct or incompetence. Council is also responsible for developing programs to assure the continuing competence of dentists and ensuring that their knowledge, skill and clinical ability remains current throughout their professional careers.

**Q: What is the time commitment?**

**A:** As a Council member you would attend the two-day Council meetings in Toronto which are currently held three times a year

to debate and establish College policy. You would also be a member of one or more committees of Council. The time involved varies depending on the committee. Some committees may only meet quarterly for one or two days while others meet on a more regular basis.

The most time consuming committees are the Complaints and Discipline Committees, with the former requiring considerable preparation time before meetings. Panels of the Complaints Committee meet approximately every three to four weeks.

**Q: Am I compensated for this time away from my practice?**

**A:** The commitment of Council members is significant and is recognized with a remuneration for time spent on College work. The current honorarium is \$750 per day, primarily to cover office overhead. Other reasonable expenses incurred as a result of Council business such as travel, accommodation and meals are also reimbursed.

**Q: How do I run for election?**

**A:** It is not difficult to stand for election to Council. You must get at least five nomination forms signed by other dentists in your electoral district. These nomination forms must reach the College by 1200 noon, November 13, 2000. Once your nomination is confirmed you will receive one set of mailing labels to assist you with your election campaign.

**Q: How long is the term of office?**

**A:** The term of office for elected members to Council is two years.

**Q: If elected, how long after the election would I take office?**

**A:** You would take office at the first Council meeting following the election. This will take place on Friday, January 19, 2001. Council members-elect are also expected to attend the orientation sessions that will be held on the two preceding days, January 17th and 18th

*Con't. on pg. 12*

## *Running for Council con't*

**Q:** Is there a limit to the number of terms I can be elected?

**A:** Yes. You may be elected to Council in four consecutive elections. You are not eligible to be elected again until another four years have passed since you last served as an elected member.

**Q:** How do I get more information about the election process or about serving on Council?

**A:** If you are interested in standing for election or just require further information, please contact Mr. Irwin Fefergrad, Registrar, at the College in Toronto. He can be reached at 961-6555 from the Toronto calling area or toll-free at 1-800-565-4591.

## *Regulation and Monitoring of Advertising*

# Letters of Apology

The Executive Committee of the College regularly reviews office newsletters, brochures, newspaper and other advertising by dentists that have been brought to its attention. Three such matters resulted in the affected member writing a "letter" of apology. These letters have been accepted by the Executive Committee for publication in *Dispatch*.

Faculty of Dentistry,  
University of Toronto

In the premier issue of my newsletter, I referred to my teaching appointment in the Faculty as "associate clinical professor". This was intended to imply as clinical instructor, and I incorrectly assumed that using the word associate would imply the same. I in no way intended to lessen the position of a Professor or to assume for myself a title that I had not earned. Nonetheless, the newsletter did go to print and distribution without my appreciation that such an error had been made. I realize now that my position as Associate in Dentistry must be referred to unaltered as long as I maintain my current appointment.

At this point I must Apologize to the Department and to the Dean for this misunderstanding.

Yours truly,

Dr. Cyril Tahtadjian

In a recent advertisement, including a letter entitled "Hello Neighbour" which is a pamphlet distributed to the public, I made a reference to my position from 1993 to 1996 as an Associate Professor at University of Western Ontario in the Department of Fixed Prosthetics.

This was intended to imply that I had maintained a position as a Clinical Instructor. I did not intend to assume a title that I had not earned. I apologize to the Department and to the Dean for the error I made. There was no malice intended in the statement.

The College also pointed out that in my advertisements, I made references to providing "specialized" treatments in relation to implant procedures. I realize now that the use of this term to describe the treatment is inappropriate since this is not recognized as one of the dental specialties.

In addition, as per the Regulations made under the Dentistry Act, 1991, if advertising by a dentist makes any reference to an area of practice, expertise, dental procedure or treatment, technique or materials, the dentist must clearly disclose if he or she is a general practitioner or a specialist. My advertisement did not disclose that I am a general practitioner and for that I also apologize.

It is a dentist's responsibility to ensure that his or her advertisements are not misleading to the public and that they comply with the Professional Misconduct Regulations.

I intend to obtain the assistance of the College to ensure that my future advertisements comply with the Regulations.

Sincerely,

Dr. Derek Srokowski

Royal College of Dental Surgeons of Ontario

As you know, I have had some difficulty in interpreting the RCDSO Guidelines and Regulations on professional advertising. It is in that context that I recently prepared a newsletter which included certain information which, in retrospect, may well have been inappropriate, unprofessional, or in breach of the Guidelines or Regulations. For that error in judgement I sincerely apologize. Undoubtedly, Guidelines and Regulations concerning professional advertising are created in order to further the reputation of our esteemed profession and violations of advertising parameters can have a negative impact upon the public's perception of our professionalism.

In any event, I believe that by working together with you over the next several years, I will be better able to correctly interpret all advertising Guidelines and Regulations such that the appropriate balance between my economic rights and my professional obligations can be struck. Hence, I am particularly appreciative of your willingness to work with me in reviewing all advertising materials which I may prepare.

I look forward to working together with you and again, I reiterate my sincere apologies for any harm which may have been caused to the reputation of our profession through my actions.

Yours sincerely,

Mislav Pavelic, D.D.S.

## Dr. Bob Brandon Receives UWO's Alumni of Distinction Award



On September 23, 2000, Dr. Robert Brandon was presented with the University of Western Ontario Dental School's Alumni of Distinction Award. This is only the third year this award has been offered. Dr. Stan Kogan, Dental School Director (shown above with Dr. Brandon), presented a plaque during a reception to honour him and fellow recipient Dr. Michael Casas. This award is in recognition of Dr. Brandon's outstanding career in dentistry, including his longstanding association with UWO's Dental School. Dr. Bob Brandon currently serves as Vice-President of the RCDSO.

# Dental Ethics 101

*This is a new feature in Dispatch. An ethical dilemma will appear in each issue and members will be invited to participate by sending their response to the College. In the next issue, an analysis of the responses received will be presented and the particular case study discussed.*

## What Would You Do?

For five years, you have been trading dental emergency weekend coverage with Dr. Kurt Knell, another general practitioner in your office complex. It has worked out well, as you can almost plan the entire year and the weekend coverage that fits both of your needs.

Felix Major is an emergency patient of Kurt's who lost a small part of an amalgam on his mandibular second molar. Mr. Major was more worried than in pain as he was scheduled to start crowns on all of his molars next week. You expose a bitewing and periapical radiograph and plan to place a temporary filling (IRM) in the missing mesial box of tooth 3.7. The deficiency is small and there is no evidence of clinical or radiographic caries. Mr. Major asks you, "Do you think these four teeth need crowns? I only had silver fillings before I started with Dr. Knell. He showed me the big cracks in the teeth with his tiny tooth camera and said I should do crowns before I have nerve problems or the teeth split. My teeth don't hurt me and crowns are expensive, although my dental insurance helps. What do you think?"

Your examination reveals small, two and three surface amalgam restorations on the four molars, no evidence of decay or excessive occlusal wear from bruxism. Mr. Major is 30 years old and is in good general and oral health. It appears that the replacement of a few of the molar restorations is all that is needed.

Your concern is that you are aware that Kurt is having problems economically because of major losses in the stock market and cost overruns on his new office. Is it only a coincidence that several recent emergency patients like Mr. Major are also planned for crowns when it appears that a few replacement

restoration would suffice? Is Kurt over-treating his patients because of his money woes or is this just a difference of clinical opinion?

You are now faced with an ethical dilemma. Check (✓) the course(s) of action that you would follow and mail or fax this page, or a note indicating your recommendation to Dr. Don McFarlane at the College in Toronto. [Facsimile (416) 961-5814]

1.  Don't concern yourself with this situation. Take care of the emergencies and don't worry about possible over-treatment.
2.  Explain to the patient that you don't have all the diagnostic materials to make that judgement and can't answer his questions.
3.  Call Kurt and describe your concerns to him.
4.  Suggest that the patient contact the College.
5.  Other alternative (please explain).

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# Change in Status of Benzodiazepines

Effective September 1, 2000, the *Controlled Drugs and Substances Act* now includes regulations regarding Benzodiazepines and Other Targeted Substances. Targeted substances may produce psychological and physical dependency, and have the potential for abuse. The new regulations change the status of these drugs and, while they are not considered “controlled drugs” *per se*, they are now in a category by themselves and subject to different sales and ordering requirements.

Members are advised that the new regulations will not affect the manner in which these drugs may be prescribed. However, the following information is provided to explain the regulatory requirements that are set forth by these regulations.

## Records

A practitioner must keep records of the following information:

- a) the brand name of the targeted substance or, if the substance has no brand name, the specified name, the quantity and strength per unit of any targeted substance received from a licensed dealer, pharmacist or hospital and the date on which it was received,
- b) the name and address of the licensed dealer, pharmacist or hospital that sold or provided the targeted substance,
- c) if the transaction involves a quantity of targeted substance that exceeds five times the usual daily dose for the substance, the disposition of the substance and the date of the disposition.

## Storage

A practitioner must store a targeted substance in a place used for the purpose of conducting their professional practice and in an area in that place where only authorized employees have access.

## Loss or theft

A practitioner must take any reasonable steps to ensure the security of a targeted substance in his/her possession and, not later than ten days after its discovery, report to the Minister any loss or theft of a targeted substance. Loss and

Theft Report forms are available at the Office of Controlled Substances.

## Destruction

A practitioner may destroy a targeted substance if the following conditions are met:

- the practitioner records, before the destruction, information with respect of the destruction including the name, strength per unit and quantity of the targeted substance to be destroyed,
- the method of destruction is in conformity with federal, provincial and municipal environmental legislation,
- the date of the destruction is recorded,
- the destruction is witnessed by a pharmacist or a practitioner,
- immediately after the destruction took place, the practitioner and the witness sign and print their names on a joint statement, indicating that they witnessed the destruction and that the targeted substance has been altered or denatured to such an extent that its consumption has been rendered improbable or impossible.

(There will be no authorization or approval document issued by the Office of Controlled Substances with respect to this activity.)

**Please note that the loss or theft of any narcotic or controlled drug or targeted substance must be reported within ten days to the regional office of Health Canada, Drug Control Unit. In Toronto, the telephone number is (416) 973-5673.**

For more information, you may wish to visit the Therapeutic Products Program web-site at <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/schedule.html>, or contact Dr. Michael Gardner, Professional Practice Advisor, by calling the College at (416) 961-6555 or 1-800-565-4591.

## Reaching Out

It is so hard to believe that the summer has come and gone! I hope and trust that each of you had an enjoyable one and had some opportunities to renew yourself.

Since my appointment as your Registrar in late June, the expressions of good will and offers of assistance have overwhelmed me as I learn my new job.

I must tell you what an honour and a pleasure it is to serve this very distinguished profession. You offer to Ontarians not only the best oral health care in the world, but do so economically with so little drain on the Treasury of government. You are not only entrepreneurs but have involvement in the communities in which you live and have made commitments to the health and well being of those members. You are exquisitely trained and as a profession acquit yourselves admirably. I take my hats off to each and every one of you.

We will try at the College to make ourselves available and accessible to you. We will try and deal with your issues, your questions, your concerns. We will try and make ourselves more relevant to you as we together enter into this new and exciting century. Our tasks are not only to be the best self-regulating profession we know how to be, but also to help you be the best dentist you can be.

We will be taking certain initiatives to achieve

these goals. Here are just two examples:

- In order to better explain our Alternate Dispute Resolution Program, we have developed a video, which we think will encourage the public and our members to take advantage of the opportunity; and
  - We will be offering to each and every member on a regular basis, some scholarly articles / publications for you to keep in your own in-office resource centre.
  - We will be establishing an Editorial Board which will be chaired by Dr. Randy Lang and have dedicated some staff time in order to search these out, reproduce them for you so that you are able to keep in touch with some of the issues out there in the dental world at large.
  - Many of these articles will be of an opinion nature and not necessarily the views of the College, but we feel it is important for you to have them.
  - In this issue of Dispatch, we are enclosing a Special Supplement to the Journal of the American Dental Association as our first such offering.
- We hope to find other ways as well to reach out to you, one of our key stakeholders, so that we can continue to achieve excellence in dentistry in Ontario.



Irwin Fefergard, BA, BCL, LLB

## Annual College Fees Due December 15th

Members are reminded that their annual membership fees are due on or before December 15, 2000. It is expected that the annual fee notice will be mailed to each member by the first week in November. If you do not receive this mailing, it is still your responsibility to pay your annual fees by the due date.

Although the fee for 2001 has been set at \$1080.00, it will be discounted by \$105.00 if paid on or before the due date. This means that the net annual fee payable is \$975.00. This discount will not apply to those members whose remittance was not received by December 15th.

To take full advantage of the discount, the \$975.00 must be received by the College or the envelope post-marked no

later than December 15th. It is your responsibility to ensure that the College receives your payment. Non-receipt by the RCDSO due to loss incurred through the mail service will not be accepted as a reason for late payment and the full fee of \$1,080.00 will apply. For this reason, we strongly advise that members consider using "Priority Post" or faxing their payment by credit card authorization directly to the College.

### NEED TO KNOW

- Annual membership fees for 2001 are due on December 15, 2000
- Discounted fee of \$975.00 is available to members whose annual fee is received or the envelope was post-marked on or before the due date.
- The full fee of \$1080.00 will apply to those members whose fees are received after December 15, 2000.