



Royal College of  
Dental Surgeons of Ontario

Ensuring Continued Trust

# Dispatch

January/February 2002

Vol. 16, No. 1

Official publication of the **RCDSO**

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to *Protect  
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Royal College of  
Dental Surgeons of Ontario

*Ensuring Continued Trust*

### Dispatch

Vol. 16 , No. 1  
January/February 2002

*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. It is published four times a year. The Editor welcomes comments and suggestions from our readers.

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Irwin Fefergrad, BA, BCL, LLB

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Peggi Mace

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*President's Message*

# Minister's Decision To Move Forward On Orders Regulation Means Continued Access To High Quality Dental Care

**IT'S BEEN A LONG TIME COMING. BY NOW ALL OF YOU WILL KNOW THAT EARLY THIS PAST DECEMBER TONY CLEMENT, THE MINISTER OF HEALTH AND LONG-TERM CARE, NOTIFIED OUR COLLEGE THAT HE WOULD BE ASKING MINISTRY STAFF TO PREPARE THE ORDERS REGULATION FOR CABINET CONSIDERATION. THIS MEANS THAT THIS COLLEGE CAN CONTINUE TO FOSTER THE QUALITY OF DENTAL CARE THAT IS IN TUNE WITH PUBLIC EXPECTATIONS.**



Dr. Eric Luks

For there is no question that this decision by Minister Clement is really a victory for the public of Ontario. Once passed, the regulation will give this College the enforcement power to protect the public should one of our members assign a procedure to someone who is unqualified. It ensures that the College will continue to have strong and effective legal powers to maintain the standards of care that the profession and the public expect of us. It is a victory for ensuring that the public continues to receive high quality dental care.

It is interesting to note that in our membership survey (see story on page 12) dentists identified retaining public confidence by dealing with quality of care issues as one of the most important key activities in which they want the College to play an active role. It also ranked in the top four as

an issue of the highest personal importance for dentists.

This College has worked diligently on this regulation since at least June 1994. We have focused significant energy and resources to act responsibly to ensure the best outcome. Our efforts have always been based on a foundation of openness, consultation and collaboration. In this regard, Minister Clement worked with us to recognize and understand the legal and public issues at hand.

In mid-November of last year, the Health Minister asked to meet personally with our College and the College of Dental Hygienists of Ontario to discuss the proposed dental regulation.

At that meeting, RCDSO was represented by myself as your President, Joan Stewart, as a public member of Council, the College Registrar Irwin Fefergard and our lawyer Tracey Tremayne-Lloyd. In that meeting, we were clear, firm and focused on the principles of the issue.

It ensures that the College will continue to have strong and effective legal powers to maintain the standards of care that the profession and the public expect of us. It is a victory for ensuring that the public continues to receive high quality dental care.

## President's Message

Ministry of Health  
and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4  
Tel (416) 327-4300  
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6/17/07  
Kathy Walker, RDH  
President  
College of Dental Hygienists of Ontario  
69 Bloor Street East – Suite 300  
Toronto, ON M4W 1A9

and

Eric Luks, DDS  
President  
Royal College of Dental Surgeons of Ontario  
6 Crescent Road – Fifth Floor  
Toronto, ON M4W 1T1

Dear Presidents:

I would like to thank both colleges for meeting with me recently to discuss the proposed Royal College of Dental Surgeons of Ontario regulation concerning orders and its impact on the practice of dental surgeons and dental hygienists. I have carefully considered your input and again reviewed the advice provided by the Health Professions Regulatory Advisory Council regarding orders for the performance of two controlled acts: (1) scaling of teeth and root planing including curetting surrounding tissue, and (2) orthodontic and restorative procedures (attached).

The Ministry is confident that Ontarians have access to high quality dental care. We acknowledge the common commitment to excellence demonstrated by all dental care professionals. The *Regulated Health Professions Act (RHPA)* provides for autonomous professions of dental hygiene and dentistry with overlapping scopes of practice. A central tenet of the RHPA framework is that through their colleges, individual health professionals are accountable to the public for their own actions, not for those of other professionals. Responsible self-regulation and individual professional accountability bolster the relationship among dental care professions. Individual health professional accountability is a principle that this government continues to support while expecting each college to govern the practice of its own members.

...2

Ministère de la Santé  
et des Soins de longue durée

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-2-

I understand and fully appreciate the concerns of the College of Dental Hygienists of Ontario with this regulation and its perceived impact on the autonomous regulation of the profession of dental hygiene. Notwithstanding the concerns expressed by the College of Dental Hygienists of Ontario, the legal opinion provided by the Health Professions Regulatory Advisory Council did not identify any legal issues with the regulation proposed by the Royal College of Dental Surgeons of Ontario. Based on the input from your colleges, advice provided to me by the Health Professions Regulatory Advisory Council, and the authority in the RHPA to make regulations concerning prescribing standards of practice of the profession, I have asked Ministry staff to follow-up on this issue with the Royal College of Dental Surgeons of Ontario and prepare the regulation for Cabinet consideration.

My decision in this matter should not interfere with creating complementary standards of practice and expectations for your members that respect professional boundaries and promote public safety.

Thank you again for your cooperation on this issue.

Yours very truly,

Tony Clement  
Minister

Attachment


c. Daniel Burns, Deputy Minister of Health and Long-Term Care  
Mary Beth Valentine, Director, Program Policy Branch, MOHLTC  
David Schachow, Minister's Office

As we stated in that meeting, we strongly believe that this College is empowered by legislation to make regulations to assure the quality of the practice of the profession and to protect the public interest. The Minister has agreed.

As Minister Clement outlined in his letter of December 7th, 2001:

Notwithstanding the concerns expressed by the College of Dental Hygienists of Ontario, the legal opinion provided by the Health Professions Regulatory Advisory Council did not identify any legal issues with the regulation proposed

by the Royal College of Dental Surgeons of Ontario. Based on the input from your Colleges, advice provided to me by the Health Professions Regulatory Advisory Council, and the authority in the *Regulated Health Professions Act* to make regulations concerning prescribing standards of practice of the profession, I have asked Ministry staff to follow-up on this issue with the Royal College of Dental Surgeons of Ontario and prepare the regulation for Cabinet consideration.

We appreciate the Minister's initiative to collaborate with the College to solve this longstanding issue and the confidence he has expressed in the ability of Ontarians to have access to high quality dental care. The College will continue to encourage a culture of professionalism in which dentistry and the public work together to ensure that this access continues unfettered. 

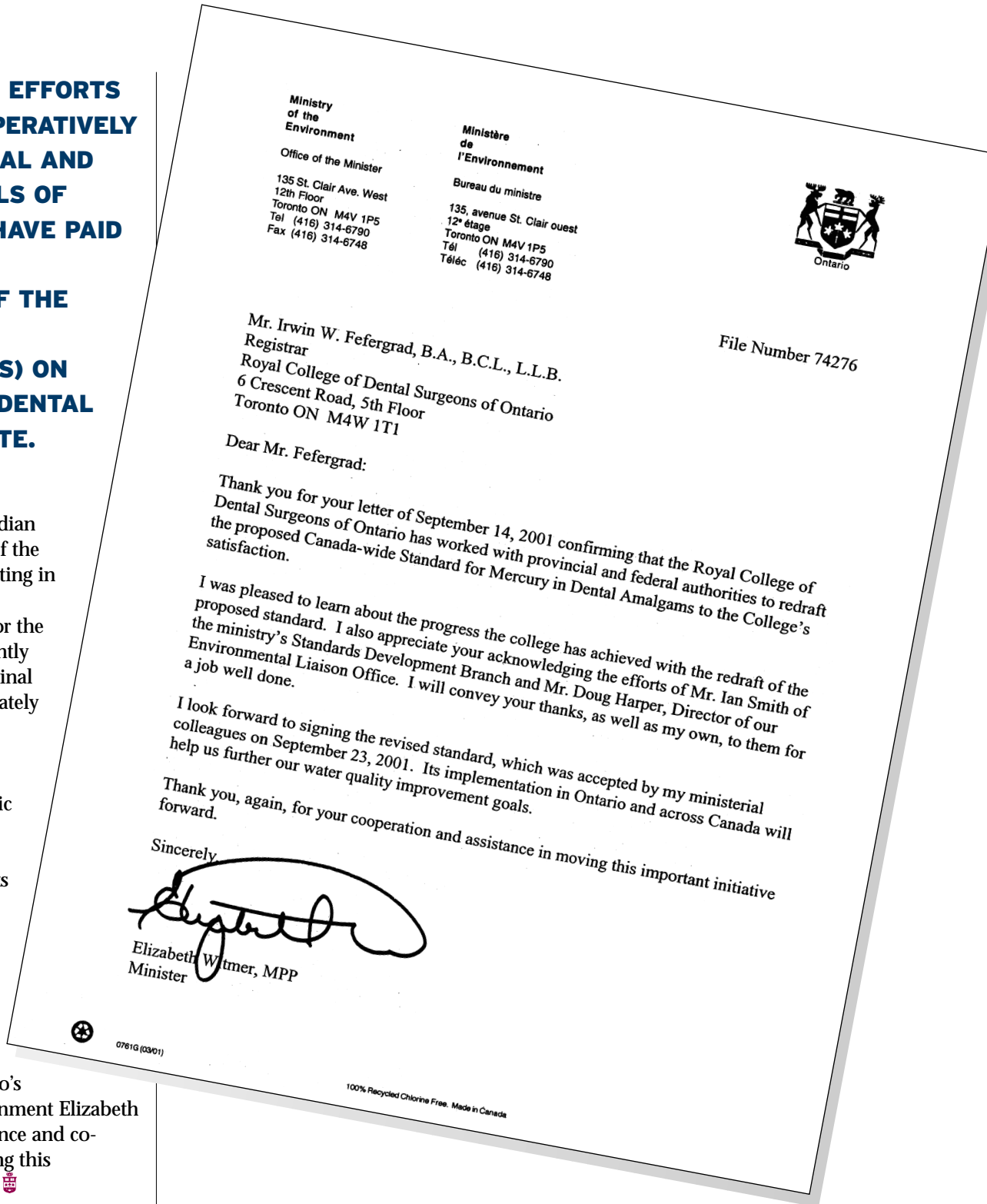
# Redrafted Canada-Wide Standard on Mercury Receives National Approval

**THE COLLEGE'S EFFORTS TO WORK CO-OPERATIVELY WITH PROVINCIAL AND FEDERAL LEVELS OF GOVERNMENT HAVE PAID OFF WITH THE REDRAFTING OF THE CANADA-WIDE STANDARD (CWS) ON MERCURY FOR DENTAL AMALGAM WASTE.**

The final wording was approved by the Canadian Council of Ministers of the Environment at a meeting in late September 2001.

The new rationale for the standard was significantly reworked from its original format. It more adequately represents the dental profession as caring professionals who are concerned about public safety and the environment. It also more accurately reflects the important historic contribution of amalgams to dental health for Canadians.

The College received this letter of thanks from Ontario's Minister of the Environment Elizabeth Witmer for our assistance and co-operation in supporting this important initiative.



# Federal Government Stonewalls On Dental Audits

**ORGANIZED DENTISTRY CONTINUES TO EXPLORE EVERY AVENUE TO HALT THE ON-SITE AUDIT OF DENTISTS PROVIDING SERVICE UNDER THE NON-INSURED HEALTH BENEFITS PROGRAM OF HEALTH CANADA'S FIRST NATIONS AND INUIT BRANCH. THIS COLLEGE-LED INITIATIVE HAS SEEN RCDSO, THE ONTARIO DENTAL ASSOCIATION (ODA) AND THE CANADIAN DENTAL ASSOCIATION (CDA) WORKING COLLABORATIVELY AT BUREAUCRATIC, POLITICAL AND LEGAL LEVELS.**

"All three organizations have banded together to retain legal counsel to obtain a legal opinion on what options are now open to us," explained RCDSO Registrar Irwin Fefergrad.

The RCDSO Council at its June 2001 meeting endorsed legal action as a joint effort with either ODA or CDA or both organizations.

"Over the past year we have had countless meetings with federal government staff. Representatives from all three organizations meet with staff from the office of the federal Privacy Commissioner of Canada George Radwanski in Ottawa during the first week of December. But so far, Health Canada has not budged from its position.

"It is extremely frustrating. Dentists are in such a difficult situation when threatened with the suspension of billing privileges and the withholding of outstanding accounts if they don't submit to the audit. Patients have not

given informed consent for the release of their records. Their privacy and information rights are compromised. We have even heard of cases where records are being removed from dental offices and reviewed in hotel rooms," explained Fefergrad.

RCDSO, ODA and CDA had formally suggested mediation as an objective, expeditious and cost-effective way to reach a solution. The arbitrator would be a retired Superior Court or Court of Appeal judge. Health Canada declined to participate.

RCDSO, CDA and ODA have also requested a moratorium on the audits. Health Canada refused.

All three dental organizations have supported a claims verification


program that is consistent with those used by the majority of insurance carriers. If irregularities were found, then RCDSO, as the regulator, could be contacted to exercise its authority under the *Regulated Health Professions Act* to investigate. Health Canada refused.

It is the College's position that the company performing the audits, First Canadian, as an agent of the federal government, is bound by the federal

Charter of Rights and Freedoms and cannot legally conduct these audits.

In Ontario, the Non-Insured Health Benefits Program provides services to over 155,000 clients at a cost of over \$23.5 million. This

represents 22 per cent of the program's clients nationwide. All three dental organizations accept the government's need to verify claims and to be accountable for public monies.

If you have any questions about this issue, contact the College's Registrar Irwin Fefergrad at 416-934-5625, toll-free at 1-800-565-4591 or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org). 

"We have even heard of cases where records are being removed from dental offices and reviewed in hotel rooms."



## Illegal Practices

# CDHO Advises Employers To Check Credentials of New Hires

**ON AUGUST 1, 2001, A JUDGE OF THE ONTARIO COURT RULED THAT RAFAEL ORLANDO IRAHETA HAD BREACHED THE PROVISIONS OF THE DENTAL HYGIENE ACT BY USING THE TITLE OF DENTAL HYGIENIST, AND BY HOLDING HIMSELF OUT TO BE A DENTAL HYGIENIST.**

The judge granted an injunction ordering Mr. Iraheta to refrain from any further breaches of the law, and awarded the College of Dental Hygienists of Ontario (CDHO) costs of \$9,500.

In May 2001, it had come to the attention of CDHO's Registrar that Mr. Iraheta appeared to be holding

himself out to be a dental hygienist. An investigation found that, in applying for a dental hygiene position at a hospital dental clinic, Mr. Iraheta had presented the hospital's human resources department with photocopies of documentation including a certificate of registration, on which his name appeared. As a

routine matter, the hospital contacted the CDHO for verification. CDHO found no evidence that Mr. Iraheta was ever registered with the College, and that his photocopied document belonged to another member.

The CDHO has asked us to share with our members that: "... some job applicants will go to extraordinary lengths to portray themselves as dental hygienists. Employers are reminded that they should check with the College to ensure that the individual they propose to hire is indeed registered as a dental hygienist in Ontario." 🇺🇸

## Members Fax Numbers & E-Mail Address Kept Confidential

**DURING THE RECENT RENEWAL PROCESS, MANY MEMBERS TOOK THE TIME TO LET US KNOW THEIR FAX NUMBERS AND E-MAIL ADDRESSES.**

This is a great help in allowing the College to eventually have the option of sending out important information quickly to members electronically, either by broadcast fax or e-mail.

It is important to note that this information will be used for internal communication purposes only. We

want to provide you with the best service, yet still maintain the confidentiality of this information. As a result, the membership directory, that is available for sale to the public, will no longer contain fax numbers and will not contain e-mail addresses.

If you haven't already, please let you know if you have a fax number or

an e-mail address. Just fax the College at 416-961-5814. Or e-mail us at [info@rcdso.org](mailto:info@rcdso.org).

If you have any questions, call Peggi Mace, Communications Director at 416-934-5619, toll-free at 1-800-565-4591 or e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org). 🇺🇸





# Incorporation of Regulated Professionals Still A Long Way Off

**D**ESPITE THE RECENT PROCLAMATION OF LEGISLATION TO ALLOW REGULATED HEALTH PROFESSIONALS TO INCORPORATE, THERE ARE STILL MANY STEPS TO BE COMPLETED BEFORE INCORPORATION IS POSSIBLE. INCORPORATIONS CAN ONLY TAKE PLACE ONCE THE ACT IS PROCLAIMED, THE REGULATIONS ARE IN PLACE, AND THE APPROPRIATE RCDSO BY-LAWS ARE PASSED.

The *RCDSO Bulletin*, An Important Notice About Incorporation, outlined that proclamation is only the beginning of a long process. This is a process over which the College has no control. Check out our Web site [www.rcdso.org](http://www.rcdso.org) for a copy of the Bulletin.

The Ministry of Health and Long-Term Care must also pass regulations that relate to incorporation by health professionals. This has not yet happened.

The College can only pass by-laws to allow the administrative processes


around registration of professional corporations to take place once the Ministry has passed the necessary regulations.

For the College to pass by-laws, they must first be approved in draft format at a meeting of Council. Then this draft must be circulated to membership for its review. This is a very lengthy process with timelines set out very clearly in RCDSO by-laws.

If the Ministry moves expeditiously, the earliest the proposed by-law changes could go to Council would be in April 2002. Then they would be

approved at the November 2002 Council meeting.

Members are advised to seek accounting and legal advice to formally investigate if, in their particular practices, incorporation is an effective vehicle and will generate a cost savings.

If you have any questions on this topic, please contact Dayna Simon, Assistant to the Registrar, Legal by phone at 416-934-5618, toll-free at 1-800-565-4591 or by e-mail at [dsimon@rcdso.org](mailto:dsimon@rcdso.org). 

# College Urges Thorough Analysis Before Changes to HARP Act

**IN DECEMBER 1999, THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO AND THE COLLEGE OF DENTURISTS OF ONTARIO MADE A JOINT SUBMISSION TO THE HEALING ARTS RADIATION PROTECTION (HARP) COMMISSION WITH A REQUEST FOR THE REVISION OF THE HARP ACT AND REGULATIONS TO EXPAND THEIR POWERS AND DUTIES.**

Their submission included a request for the right to take a radiograph without an order, and to be a radiation protection officer.

HARP advises the Minister of Health and Long-Term Care on matters relating to radiation safety, and approves training courses in the operation of X-ray machines. It is also responsible for the X-ray safety code prescribed under the HARP Act.

Unfortunately due to a mix-up at the Commission, RCDSO was not made aware of the submission by the

dental hygienists and denturists until May 2001. By then, the Commission had already forwarded the joint submission to the Minister of Health and Long-Term Care and the Health Professions Regulatory Advisory Committee.


RCDSO only became aware of the submission through receipt of minutes of a HARP Commission meeting that took place in February 2001.

RCDSO has written a strongly worded letter to the HARP Commission urging that "before there

is any undertaking to change the current status that the most thorough of examinations as to the ethicality and safety of doing so take place, and to that end, this College be not only consulted, but be consulted in a significant way."

Seven advisory committees representing chiropractors, dentistry, radiologists, medical physicists, chiroprody, medical radiological technologists and radiation therapy assist the Commissions in developing regulations and guidelines to ensure the safe use of x-radiation.

Dr. Fred Eckhaus, Assistant to the Registrar, Dental is the College's representative on Commission's Dental Advisory Committee.


If you would like more information about this issue, please contact Dr. Eckhaus by phone at 416-934-5624, toll-free at 1-800-565-4591 or by e-mail at [feckhaus@rcdso.org](mailto:feckhaus@rcdso.org). 

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## Dalhousie University Ethicist Addresses Council Meeting

Dr. Mary E. McNally (left) joins in an after dinner discussion with Council and staff, including Dr. Robert Carroll, Manager of Professional Practice (right), about her presentations on ethics in the dental education and practice during the November 2001 Council meeting.

Dr. McNally is assistant professor in the Faculty of Dentistry at Dalhousie University in Halifax. She is a member of the College's newly-formed Ethics Committee.

Dr. McNally is also a member of the International Dental Ethics and Law Society, the Canadian Bioethics Society and a member of the Ethics Committee of the Canadian Dental Association. 



# Dental Regulators Reach Agreement On Labour Mobility for Dentists in Canada

## DENTAL REGULATORY AUTHORITIES FROM ACROSS CANADA HAVE REACHED A CONSENSUS ON THE PRINCIPLES OF A MUTUAL RECOGNITION AGREEMENT (MRA) FOR GENERAL DENTISTRY.

Seven provinces have also reached agreement on a MRA for dental specialties. Alberta, Quebec and British Columbia have yet to come on board. There is some hope that Quebec and British Columbia may yet sign on. It appears that Alberta will not.

These internal trade agreements establish the conditions under which a dentist who holds a non-restricted licence with one dental regulatory authority (DRA) would have his/her qualifications recognized by another DRA who is a party to the agreement.

These final agreements were the successful result of a labour mobility workshop for the dental specialties hosted by RCDSO in late August 2001. This College was represented by Registrar Irwin Fefergrad and President Eric Luks. Dr. Luks was the only president in attendance representing dental regulators. Other participants in the workshop included the various provincial regulators, RCDSO counsel Alan Bromstein, and representatives from the Canadian Dental Association's Labour Mobility Consortium, and the Ontario Ministry of Health and Long-Term Care.

For general dentists, the agreement states:

- A dentist holding a non-restricted licence with one DRA, and who has a National Dental Examining Board of Canada (NDEB) certificate, will be granted licensure without a fur-

ther competency examination.

- A dentist holding a non-restricted licence, obtained prior to July 1, 2001, who does not hold a NDEB certificate, will be recognized as holding a qualification equivalent to the NDEB certificate.
- For any dentist who licensure occurs on or after July 1, 2001, the holding of the NDEB certificate is a non-exemptible requirement for mobility.

For dental specialists, the agreement states:


- A specialist holding a non-restricted licence with one DRA and who has a National Dental Examining Board of Canada (NDEB) certificate will be granted licensure without a further competency examination. This is regardless of the criteria used by the DRA to grant the speciality licence.
- A specialist holding a non-restricted licence obtained prior to July 1, 2001, who does not hold a NDEB certificate, will be recognized as holding a qualification equivalent to the NDEB certificate.
- Specialists with a non-restricted licence obtained prior to July 1, 2001, shall be considered to have successfully completed a speciality examination for the purposes of labour mobility.
- For specialists whose initial non-

restricted speciality licence occurs on or after July 1, 2001, the following are non-exemptible requirements for mobility:

- holding of a NDEB certificate
- graduation from a dental speciality educational program accredited by the Commission on Dental Accreditation of Canada (CDAC), or accredited under the terms of a reciprocal agreement approved by CDAC and the DRAs
- successful completion of the speciality examination.

Here in Ontario, the next step is for the provincial government to pass the appropriate regulations necessary for the agreement to come into effect. The College has written to the Minister of Health and Long-Term Care Tony Clement urging that the passage of these regulations be fast-tracked.

For a backgrounder on this issue, see the June 2001 issue of *Dispatch*, pages 18-19 on the College's Website at [www.rcdso.org](http://www.rcdso.org).

If you have any questions on this topic, contact the College's Manager of Registration Rob Lees by phone at 416-961-6555 ext 4353, toll-free at 1-800-565-4591, and by e-mail at [rlees@rcdso.org](mailto:rlees@rcdso.org). 





# Is the College Headed In the Right Direction?

## Members Say **Yes.**

**IT TAKES LEADERSHIP AND COURAGE FOR ANY ORGANIZATION TO POLL ITS MEMBERS TO FIND EXACTLY WHAT THEY THINK ABOUT ITS PERFORMANCE. THE COLLEGE TOOK THAT GAMBLE LAST YEAR.**

The College hired Pollara, one of Canada's most well-known and reputable public opinion and market research companies, to speak directly with the dentists of Ontario to find out exactly what they thought about the College. We wanted to know how members rated our job performance, where they saw the College focusing its resources, and most importantly, what members ranked as their priority issues.

The outreach to members consisted of two parts:

- Four focus groups made of dentists of different demographic characteristics. Over two weekends, members kindly gave up a Friday evening to participate in this qualitative research phase. This open-ended discussion gave a clear picture of the relative importance of issues and priorities, and helped shape the quantitative phase of the project.
- The actual telephone survey was about 20-minutes in length. Members were chosen randomly with the selection adjusted to reflect relevant demographic factors. Over 300 dentists willingly volunteered their time to participate in the survey when called.

The final survey results are based on interviews with 302 dentists,

conducted between May 28 and 31, 2001. The sample was taken from a membership list supplied by RCDSO. Regional quotas were developed to proportionately mirror this list. Overall the results are accurate within +/- 5.2%, 19 times out of 20.

The following is a summary of many of the findings of the phone survey. If you have any questions about the survey, please contact Peggi Mace, Communications Director by phone at 416-934-5610, toll-free at 1-800-565-4591 or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).

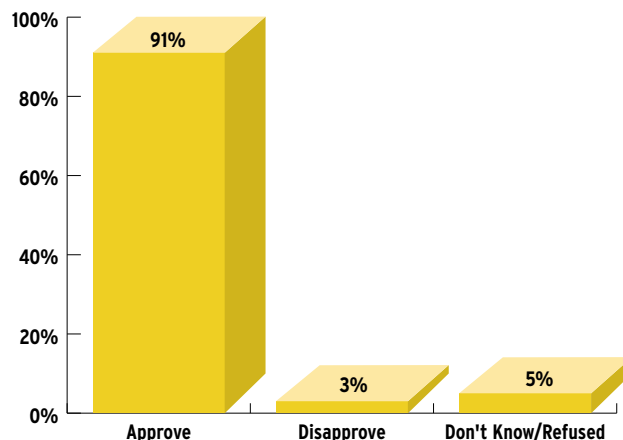
### WHAT DID WE FIND OUT?

**How do dentists rate the College's performance?**

The results here could not be more encouraging. Members notice that the College is doing business a different way — and they like it. But as College Registrar Irwin Fefergrad said in his column in the last issue of *Dispatch*: "Our work continues. ... We're going to be working on the remaining 9%."

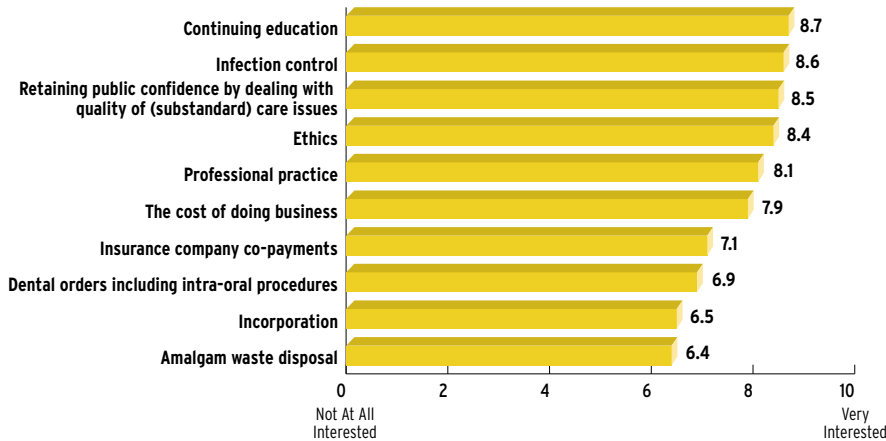
- Approval rating for the College  
91% of dentists approve of the job the College is currently doing.
- Ranking of the top four performance areas
  - protecting the public 8.2
  - communicating with members 7.3

### Approval of RCDSO's Job





### Personal Interest in Dentistry Issues



- taking a stand on issues 7.0
- representing dentists' interests on legislative issues 6.3

The rating is on a scale of one to ten, where one is poor and ten is excellent.

#### Where do dentists want the College to focus its resources? What are the issues most important to dentists?

The responses to these two questions show a remarkable coherence and similarity. That is good news. It means that dentists' view of the College's priorities and their own personal priorities as dental professionals dovetail very nicely.

- Key issue areas in which members believe it is important for the College to play an active role
  - ethics 8.9
  - retaining public confidence by dealing with quality of care (substandard) care issues 8.7
  - infection control 8.2
  - continuing education 8.2
- Key issues areas dentists rank as the highest personal importance
  - continuing education 8.7
  - infection control 8.6
  - retaining public confidence by

- dealing with quality of care (substandard) care issues 8.5
- ethics 8.4
- professional practice 8.1

The scale is from one to ten, where one is not at all interested and ten is very interested.

#### Would members support a one-time levy of \$470 per member for a program to make a one-time financial endowment to fund a chair for each of the two dental schools in the province?

- A little over one half, 56%, of all respondents do not support the RCDSO making a one-time finan-

cial endowment to fund a chair for each of the two dental schools in the province. Three in ten, or 30%, do support a one-time levy, while 13% do not know.

#### How aware are members of the Professional Liability Program (PLP) offered as a membership benefit?

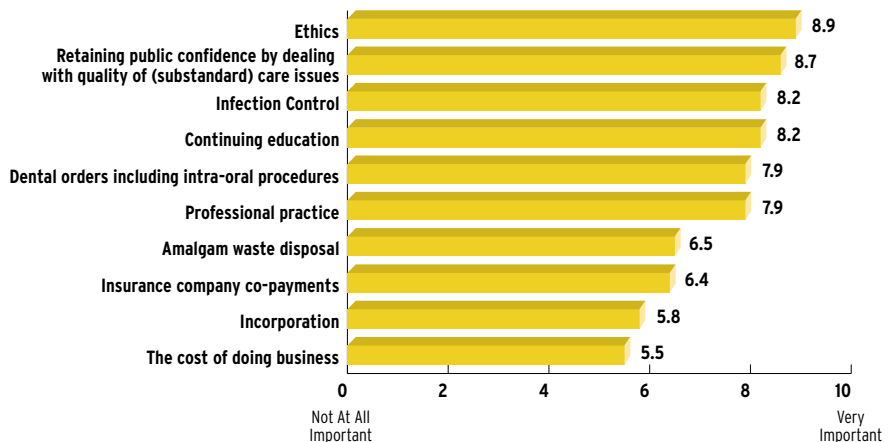
- Almost all, a whopping 97%, of RCDSO members are aware that their membership fee includes PLP coverage.
- A large majority of the respondents (87%) believe that the cost of the program is reasonable.

#### How do members evaluate the College's efforts to communicate with them?

- Almost one-third (32%) of all dentists surveyed said that RCDSO's efforts to communicate with its membership have improved over the past year.
- Members have positively noticed
  - increased correspondence from the College 35%
  - clearer/more and better communication 17%
  - more information through Dispatch 17%

continued on page 25

### Importance of RCDSO's Role



# The Latest Recommendations for Treatment of Dental Caries

**HISTORICALLY CARIES IS PRIMARILY AN INFECTIOUS DISEASE THAT THE INDIVIDUAL DENTIST HAS TREATED SURGICALLY. HOWEVER, THE DECISION TO INITIATE OPERATIVE THERAPY IS A SIGNIFICANT ONE, AS IT WILL RESULT TO SOME DEGREE IN UNAVOIDABLE WEAKENING OF THE TOOTH AND COMMIT THE PATIENT TO A CYCLE OF RE-RESTORATION.**

While operative therapy may seek to eliminate the destruction caused by the disease, it is not a cure. The current understanding of the caries process suggests that this disease may be managed with more conservative measures, by controlling the factors responsible for its initiation and progress. In deciding to initiate operative therapy, therefore, the practitioner must conclude that no other, less invasive, means of treatment will be effective.

With this issue of *Dispatch*, the advisory board to PEAK (Practice Enhancement And Knowledge) is pleased to offer two articles that address this important subject.

The first article, "Fissure Caries - Recommendations for Clinical Practice" is from the journal of *Operative Dentistry*. This document represents the work of the Academy of Operative Dentistry, and provides evidence-based recommendations concerning the diagnosis and treatment of fissure caries in general practice. The nature of caries as an oral bacterial process is presented and specific therapeutic considerations are

discussed, taking into account factors such as common practice, prudence and professional judgement.

The second article is from *Quintessence International* and is entitled "Minimal Intervention: A New Concept for Operative Dentistry." The article supports the recommendations made in the first, and expands upon several treatment objectives that form the basis of the concept of minimal intervention for operative dentistry.

Key points to consider include:

- The aim of caries management is the control of the disease process.
- The caries risk status of the patient is integral to determining the most appropriate treatment.
- Protective procedures, such as fissure sealants, dietary modification, salivary stimulation and fluoride use are recommended.
- Demineralized enamel can be remineralized.
- Sealing undetected carious dentin will stop the caries process.
- Affected (lightly demineralized) dentin at the base of a cavity is relatively sterile and can be remineral-




Practice Enhancement and Knowledge

ized - this is particularly relevant in proximity to the pulp.

- There is no justification for removal of tooth structure simply to provide a theoretical resistance to further carious attack.

PEAK is a membership service started by the College last year. The goal is to regularly provide members 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 College members.


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, at 416-934-5616, toll-free at 1-800-565-4591, or by e-mail at [mgardner@rcdso.org](mailto:mgardner@rcdso.org). 

### New Vice President

## RCDSO's New Vice President Is Dr. Cameron Witmer



**DR. CAM WITMER IS THE NEW VICE-PRESIDENT OF THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO. DR. WITMER WAS ELECTED AT THE NOVEMBER 2001 COUNCIL MEETING. HE AUTOMATICALLY SITS ON THE EXECUTIVE COMMITTEE. THE POSITION OF VICE-PRESIDENT BECAME VACANT WITH THE DEATH OF OUR COLLEAGUE DR. BOB BRANDON LAST YEAR.**

The position of Council representative on the Executive Committee, formerly held by Dr. Witmer, is now held by Dr. Richard Fillion. Dr. Fillion was elected to fill this vacancy at the November 2001 Council meeting. 

### New Council Member

## Dr. George Grayson Is New District #6 Representative

**DR. GEORGE GRAYSON OF WINDSOR WAS CONFIRMED AS THE NEW REPRESENTATIVE FOR DISTRICT #6 BY THE COLLEGE'S GOVERNING COUNCIL AT ITS MEETING ON NOVEMBER 8, 2001.**

Dr. Grayson is a graduate of the University of Western Ontario (UWO), Dentistry Class of 1974. He received his Masters of Science - Microbiology and Immunology prior to entering Western. He received his US North-Eastern Regional Board Certificate in 1983, and has practised in the United States.

Dr. Grayson previously sat on the RCDSO Council in 1984/85 as the first UWO dental graduate elected to this position. He has sat as a provincial representative on the Board of the Windsor Essex County Health Unit for four years.

Currently Dr. Grayson practises in Windsor, and is a consultant for Clinical Research Dental Supply Inc.

Dr. Grayson has two sons and a daughter. Derek is a chiropractor, Sean is a lawyer, and his daughter Chloe is attending secondary school in Windsor. 



# 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 edited versions of some of the cases dealt with by the committee. By law, neither the dentist nor the complainant can be identified. If you have any questions about any of these scenarios, please contact the College Registrar Irwin Fefergrad at 416-934-5625, toll-free at 1-800-565-4591, or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org).

## SCENARIO

A mother complained on behalf of her 16 year old child that the dentist failed to take the appropriate steps during an emergency situation. While receiving treatment from the office hygienist, the child aspirated the tip of the air/water syringe.

After a thorough investigation the panel felt that the public would be protected, and the member's practice assisted, through the offering of an undertaking/agreement. The member voluntarily signed the undertaking/agreement to upgrade his skills in office emergency procedures and protocols. In addition, the panel determined that the member should attend a Complaints Committee meeting for an oral caution.

## DISCUSSION

In the absence of the child's usual

treating dentist and the principal practitioner, the dentist present in the office becomes the supervising dentist. He/she is responsible for implementing the office emergency procedures and following the emergency protocols.


## HELPFUL SUGGESTIONS

The Complaints Committee reminds members that they have an obligation to ensure that they have established office emergency procedures and protocols. All staff members - dentists, hygienists and administrative staff alike - should be well-trained in these procedures and protocols.

In the scenario above, the dentist failed to appreciate either the gravity of the situation or his obligation as a dentist. Members are advised not to leave the management of an emergency situation to other staff in the

office; but rather to assume the responsibilities of a dentist and to ensure that the appropriate actions are taken.

In this situation, the panel felt that the member should have personally ensured that an ambulance had been called, or should have accompanied the patient to the hospital with his mother.

Members would be wise to regularly review their office emergency procedures and protocols and ensure that this information is included when training new staff members. 



# Be Wary of Any Company Claiming to be



## **FROM TIME TO TIME, THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO RECEIVES INQUIRIES FROM DENTISTS WISHING TO VERIFY IF THE CLAIMS OF A PARTICULAR COMPANY THAT IT IS "RCDSO APPROVED" ARE GENUINE.**

For example, a member recently arranged for the annual inspection of his office's nitrous oxide/oxygen gas delivery system. During the inspection, the technician allegedly made representations that his company was "RCDSO Approved." This aroused the suspicions of the dentist who then contacted the College.

The College is concerned that claims by certain companies may be misleading and misrepresent the policy of the College. In order to address this question in a clear and unequivocal fashion, the College provides the following information.

In the past, providers of continuing education courses or seminars did seek, and may have obtained, the College's approval for dental and clinical programs for Mandatory Continuing Dental Education (MCDE) credits. Effective January 1, 2000, the College no longer approves specific continuing education programs for credit. The College does recognize certain categories of sponsors of these programs. Please refer to your MCDE materials for details regarding approved and non-approved sponsors.


From time to time dentists and dental office staff may contact the College seeking information and advice respecting practice-related issues.

In the course of these discussions, College staff may be asked to recommend suitable products or services. Members are advised that College staff cannot approve of individual products or services. College staff members may, on request, offer a list of potential products or services that might be considered.

In addition, the College regularly provides its members with information in the form of Guidelines, Advisories and Bulletins, in order to assist dentists in understanding and complying with the regulations and practice standards. The College permits third parties to copy these materials, which may then be provided by company representatives to their client-dentists. However, in no way should this be construed as approval by the College of the company.

It should be understood by members that the College neither approves of, nor endorses, any particular product, service or company. In fact, the College views any claim that a specific product, service or company is "RCDSO Approved" as being inappropriate and false.

Claims by companies of being "RCDSO Approved" will not be condoned. Members are advised to be wary of such statements, and to forward any concerns to the College's attention.

If you have any questions about this article, please contact Dr. Michael Gardner, Assistant to the Registrar, Dental at 416-934-5616, toll-free at 1-800565-4591 or by e-mail at [mgardner@rcdso.org](mailto:mgardner@rcdso.org). 

Professional Practice Advisory Service

## How can I help you?

This feature in Dispatch provides advice to members on commonly asked questions that are handled by Dr. Lesia Waschuk, the College's Practice Advisor. Dr. Waschuk is available to all members to assist with their practice-related queries involving clinical, regulatory and ethical issues at 416-961-6555, ext. 3348 or toll-free at 1-800-565-4591.



## On Prescribing & Taking of

# Radiographs



**Q** • Must a dentist examine a patient before prescribing x-rays?

**A** • The *Healing Arts Radiation Protection (HARP) Act* requires that dental radiographs be prescribed by a dentist before they can be taken. This means that the dentist must first determine the clinical rationale for taking the radiograph or radiographs by means of a clinical examination. The Act also precludes taking a set number of exposures or radiographs at regular intervals (i.e. every six months, every year, etc.) without an individualized prescription for each patient based on the results of a clinical examination.

The dentist may also consider other factors in his/her decision to prescribe radiographs such as the patient's expected occurrence of disease and risk for specific dental diseases. In some cases, it may be appropriate for a dentist to prescribe radiographs based on the patient's dental history or history of presenting conditions; for example, the patient's symptoms on presentation for an emergency

## How can I help you?

examination, or the results of past clinical examinations.

**Q** • Can dental staff take radiographs while I am out of the office?

**A** • As long as a dentist ensures his/her compliance with the provisions of the HARP Act and Regulations, and provides a patient-specific prescription for the radiographs, qualified dental staff may take these radiographs without the dentist being present in the office suite. These legislative and regulatory requirements are outlined below.


- The HARP Act requires that radiographs be prescribed by a person designated in the Act, and taken only by those persons meeting the qualifications and requirements specified in the HARP Act and Regulations.
- In the dental office, only a dentist has the authority to prescribe radiographs. Dentists and dental hygienists may take radiographs. Dental assistants who have completed a radiography program that has been approved by the Healing Arts Radiation Protection (HARP) Commission may also take radiographs after they have been prescribed by a dentist. Dentists should ensure that any dental assistant who will be taking radiographs has completed a

radiography course that is HARP approved.

- The HARP Act and Regulations include provisions relating to safety including the approval of the installation of x-ray machines, x-ray machine standards, the designation of a radiation protection officer, and inspections of premises where x-ray machines are installed. Dentists are required to comply with the provisions of the HARP Act and Regulations. They should educate their staff about radiation hygiene, and ensure that their staff are able to operate x-ray machines safely. In the dental office, only a dentist may be the radiation protection officer.
- As long as the dentist ensures his/her compliance with the provisions of the HARP Act and Regulations, and provides a patient-specific order for the radiographs, qualified dental staff may take these radiographs without the dentist being present in the office suite.

**Q** • Is the use of radiation dosimeters mandatory?

**A** • The use of radiation dosimeters, although not required by the HARP Act and Regulations, is advised for several reasons. Radiation dosimeter readings serve as a record of the radiation to which dental staff are exposed. The

use of radiation dosimeters can be reassuring to dental staff and patients. The use of these dosimeters is one of the steps that dentists can take to fulfil their responsibilities to their staff with respect to radiation safety. Their use also minimizes occupational exposure to radiation as required by the HARP Act and Regulations, and the Regulations made under the Occupational Health and Safety Act (OHSA). 

### Need More Information?

- Information about radiation dosimeters can be obtained from Health Canada at 1-800-261-6689.
- Information about approval of dental office facilities and the required forms can be obtained from:
  - ✓ the Ministry of Health and Long-Term Care's X-ray Inspection Service at 416-327-7937
  - ✓ the Government of Ontario Website [www.gov.on.ca/MBS/english/forms/index.html](http://www.gov.on.ca/MBS/english/forms/index.html) under Health and Long-Term Care and then click on X-ray Inspection Service
  - ✓ the HARP Act and the Occupational Health and Safety Act, and the regulations made under both these Acts can be found on the Government of Ontario's Statutes and Regulations Website at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

# All About This Valuable College Practice Resource To Members

By Dr. Don McFarlane  
Director, Professional Liability Program

**THE PROFESSIONAL LIABILITY PROGRAM (PLP) HAS BEEN AN INTEGRAL PART OF THE RCDSO SINCE THE 1970S. SINCE ITS INCEPTION, HOWEVER, VERY LITTLE GENERAL INFORMATION REGARDING THE PROGRAM'S OPERATION HAS BEEN COMMUNICATED TO MEMBERS. THE PURPOSE OF THIS ARTICLE IS TO DESCRIBE THE VARIOUS OPERATIONAL ELEMENTS OF PLP WITH THE HOPE THAT MEMBERS WILL BE MORE KNOWLEDGEABLE ABOUT THE VALUABLE PRACTICE RESOURCE THAT IS AVAILABLE TO THEM THROUGH THE COLLEGE'S PROFESSIONAL LIABILITY PROGRAM.**

## Introduction

There are many words that can be used to describe the College's Professional Liability Program. They include:

- ✓ **Program**
- ✓ **Positive**
- ✓ **Protection**
- ✓ **Proactive**
- ✓ **Privacy**
- ✓ **People**

## PLP Stands for **P**ROGRAM

The Professional Liability Program (PLP) is designed to be a valuable RCDSO member service that provides errors and omissions coverage for all Ontario dentists. The cost of this program is included in the annual RCDSO membership fees. For comparison purposes, other Canadian dentists pay upwards of \$1300 over and above their annual licence fee for similar coverage. In the United States,

oral and maxillofacial surgeons pay approximately \$12,000 per year for a much lower level of protection.

The philosophy of PLP is to vigorously defend groundless claims and to resolve valid ones on a reasonable basis. Poor records or undocumented informed consent discussions often make it extremely difficult to defend a member who is being sued. The courts take the position that "if it isn't in the records, it didn't happen."

## PLP Stands for **P**ROTECTION

The coverage provided by PLP is limited to malpractice claims. It does **not** cover defence of a dentist for complaints, fitness to practice or disciplinary matters. Legal insurance is available from several vendors in Ontario. Whether or not to obtain such coverage is up to each individual dentist.

Each member has \$2M coverage per occurrence, and there are minimal

exclusions. Additional coverage is available through Marsh Canada up to an additional \$8M per occurrence. The cost of this extra coverage is in the \$300 range for the full extra \$8M amount. Individual dentists and partnerships have PLP coverage. Once professional incorporation is possible, coverage will also exist for such professional corporations with respect to the corporation's practice of dentistry.

One of the conditions of the PLP policy is the member's duty to report any occurrence that might reasonably be expected to be the basis of a claim. Examples of such occurrences include an unexpected or untoward result, a demand for payment by a patient or his or her lawyer, or a threatened lawsuit. Failure to report an incident in a timely fashion may jeopardize a member's coverage.

## PLP Stands for **P**RVACY

It is important to emphasize that there is absolutely **NO** link with the regulatory arm of the College respecting PLP files. The Program is physically separate from the rest of the College. PLP has its own telephone and facsimile numbers and computer database.

In addition, PLP staff, like all College employees and/or agents, are legally required to maintain strict confidentiality regarding matters that come to the attention of the Program. The only way PLP finds out about individual regulatory matters is from the member. *continued on page 21*



# What is the Status of the Proposed Orders Regulation?



**EARLY LAST DECEMBER, THE COLLEGE REPORTED TO MEMBERS THAT THE MINISTER OF HEALTH AND LONG-TERM CARE TONY CLEMENT HAD WRITTEN TO FORMALLY NOTIFY US THAT HE INTENDED TO SEND THE ORDERS REGULATION TO THE PROVINCIAL CABINET FOR ITS CONSIDERATION. A COPY OF THAT LETTER IS REPRODUCED AS PART OF THE PRESIDENT'S MESSAGE ON PAGE 5 OF THE JAN/FEB 2002 ISSUE OF *DISPATCH*. continued on page II**

## Status of the Proposed Orders Regulation *con't*

As of early January 2002, we have not received official notice from the provincial government about the approval and passage into law of the Orders Regulation. Nor, at this time, do we know the final wording of the Regulation. Once it comes into effect, the College will ensure that dentists in the province have the necessary information to implement the Regulation in their practice.

This proposed Regulation covers orders for dental hygienists for scaling teeth and root planing including the curetting of surrounding tissue, and orthodontic and restorative procedures; and orders for a number of procedures to be performed by registered nurses and respiratory therapists.

To assist members the College offers the following information about the Orders Regulation that relates to dental hygienists. We hope that this is helpful. It must be noted that this information is based on what we anticipate might be the final wording of the Regulation.

### Any questions?

If you have any questions about what this means in your dental office, please contact:

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

If you have any questions about the passage of the Orders Regulation, please contact:

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

Dayna Simon  
Assistant to the Registrar, Legal  
phone: 416-934-5618  
toll-free: 1-800-565-4591  
e-mail: dsimon@rcdso.org

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# Orders Regulation Related To Dental Hygienists

## - General Guidance for the Profession



**Q.** What kind of orders are covered in the proposed regulation?

**A.** The proposed regulation refers to two different types of orders for the authorization of dental hygienists for the scaling of teeth and root planing, including the curetting of surrounding tissue. They are described as specific orders and standing orders.

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### SPECIFIC ORDERS

**Q.** Under what circumstances would I issue a specific order for one of my patients?

**A.** A dentist may only provide a specific order if he/she has per-

**Orders Regulation Related to Dental Hygienists - General Guidance for the Profession *con't***

sonally reviewed the current medical history of the patient. This review is done to determine:

- if there are contraindications to the performance of the procedure to be authorized under the order;
- the conditions, if any, under which the procedures may be safely performed.

**Q.** Can the specific order be in writing or given orally?

**A.** The specific order can be either in writing or given orally if the procedure is to be performed in the dentist's office.

**Q.** What do I need to do differently if the specific order is for a procedure to be performed outside my office?

**A.** If the order is to authorize a procedure to be performed outside the dentist's office, the order must be in writing.

It must also include the following:

- the name of the dentist providing the order;
- the name of the patient;
- the date of the order;
- the procedures being authorized;
- any special conditions attached to the order;
- any specific instructions that are important to the performance of the procedure;
- the statement that the order expires on completion of the procedures; OR, if they are not completed, within three months after the date of the order if the procedures have not been initiated by that time; OR six

months after the date of the order in all other cases.

**Q.** Do I have to keep a copy of a written specific order?

**A.** Yes. A copy of the written specific order should be placed in the dentist's patient record.

**Q.** What if the written specific order authorizes a procedure to be performed in a public hospital?

**A.** In this case, the dentist must comply with recordkeeping requirements set out in the Regulations made under the *Public Hospitals Act*.

**Q.** What must I do if the specific order is given orally?

**A.** If the specific order is given orally, the dentist must ensure that the particulars of the order are recorded in the dentist's patient records.

**STANDING ORDERS**

**Q.** When can I use a standing order?

**A.** A dentist may provide a standing order for a patient if she/he has first established a written protocol in order to determine:

- if there are contraindications to the performance of the procedure to be authorized under the order;
- the conditions, if any, under which

the procedures may be safely performed.

**Q.** Can a standing order be either in writing or given orally?

**A.** Just like the specific order, the standing order can be either in writing or given orally for a procedure to be performed in the dentist's office.

**Q.** Does a record of the oral standing order go in the patient's record?

**A.** Yes. In this case, the dentist providing the order must ensure that the particulars of the order are recorded in the dentist's patient record.

**Q.** Is this the same procedure for a written standing order?

**A.** Yes. A copy of the written standing order must be maintained by the dentist.

**Q.** What is the written protocol that must be in place before a standing order can be given?

**A.** The written protocol puts certain conditions on the use of the standing order. No authorized act can be performed by the dental hygienist unless:

- A current medical questionnaire for the patient is completed in writing.
- All the questions in that questionnaire are answered in the negative, indicating that the patient is not

**Orders Regulation Related to Dental Hygienists - General Guidance for the Profession *con't***

medically compromised and that there are not contraindications to the performance of the procedures.

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**Q.** What if all the questions in the medical questionnaire that are included in the written protocol are not answered in the negative?

**A.** Then the authorized person must do either of the following:

- Obtain confirmation from the dentist who provided the order that the procedures may still be performed.
- OR**
- Obtain medical clearance from a member of the College of Physicians and Surgeons of Ontario before performing the procedures.

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**Q.** Does the written protocol need to include anything more than the medical questionnaire?

**A.** Yes. The written protocol must address a number of other matters.

- The medical questionnaire used must be approved by the dentist.
- A copy of the completed questionnaire must be given to the dentist for the patient's record kept by the dentist.
- If medical clearance was given for the procedure by a member of the College of Physicians and Surgeons, then the particulars of that clearance must also be given to the dentist for the patient's record kept by that dentist. This information must include the name and address of the person who provided the clearance.

- A written summary of the procedures performed under the order must be given to the dentist following their completion.
- The order expires either on completion of the procedures authorized in the order, OR 12 months after the date of the order if the procedures are not completed earlier.

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**Q.** Do I need to keep a copy of the written protocol in my office?

**A.** Yes. A copy of the written protocol must be maintained in the dentist's office.

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**Q.** Do I need to give each person authorized under the order a copy of the protocol?

**A.** Yes. Each person delivering dental care under the standing order must be given a copy of the written protocol.

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**Q.** What is the format for a standing order for procedures done outside my office?


**A.** A standing order authorizing a procedure to be performed outside the dentist's office suite must be in writing and include the following:

- the name of the dentist providing the order;
- the name of the patient for whom the order is being provided;
- the date of the order;
- the procedures being authorized;

- the name of the person(s) being authorized by the order.

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**Q.** What are the requirements when the order authorizes orthodontic and restorative procedures for a dental hygienist?

**A.** For these procedures, the dentist must comply with the College's published Standards of Practice, and the dentist must be present in the office suite while the authorized procedures are being performed. If the order is given orally, the particulars of the order must be recorded in the dentist's patient record. If the order is written, it must be maintained in the patient's record. The order expires as soon as the authorized procedure is completed, unless it is rescinded earlier. 



### PLP Stands for **POSITIVE**

There is no cost to members for the provision of advice and assistance by PLP in dealing with patients who are dissatisfied, or who are demanding money. In fact, reporting potential claims to PLP ensures the member's right to coverage. By contacting PLP, matters can often be resolved on a mutually satisfactory basis for both the member and his or her patient.

It is important to note that approximately 75 per cent of PLP files are closed and/or resolved without any outside costs to the program. In these cases, no member deductible is incurred. Out of the 30 per cent of the files where costs are incurred, one third or less need to be referred to legal counsel. This means that for many of these files, the outside costs can be well-contained.

### PLP Stands for **PROACTIVE**

PLP staff are always available to coach members on how to approach patients about a refund in exchange for a release. Such early contact can ensure that members do not admit liability when dealing with dissatisfied patients. In many cases, PLP can remain in the background by merely providing advice and drafting correspondence and release forms for consideration by the member.

An important component of PLP is the individual risk management advice that we provide. We are also involved with group presentations to help members reduce their chances of

being sued. There is always a PLP component to the RCDSO Roadshows. Also there will be a half-day presentation on risk management at the 2002 ODA Spring Meeting.

### PLP Stands for **PEOPLE**

It would not be possible to manage the PLP process or any College program, for that matter, without our able and dedicated staff. The staff functions include:

- in-house claims examining by experienced and knowledgeable professionals;
- on-site dental advisory services;
- administrative support.

The claims examiners provide preventive risk management advice to members. They often deal directly with the patient or his or her lawyer.

PLP uses the services of a number of legal firms to defend members who are being sued. Three of these firms are in Toronto, and there is one firm in each of Ottawa, London and Windsor. The claims examiner involved with a particular file provides direction to the defence counsel assigned to the case. No settlement can be made without the agreement of the dentist member.

Once a member contacts PLP, a claims examiner is assigned to the file. Dentists can expect a prompt return call, either on the same day or at the very latest within 24-hours. Members are asked to provide a narrative summary of their care of the patient

## Role of the Professional Liability Program Committee

This article describes the Professional Liability Program from an operational/administrative perspective. Another important component of PLP is the valuable involvement of the Professional Liability Program Committee, one of the College's standing committees.

The current Committee is chaired by Ms. Krys Rudko, a public member of Council. The four other Committee members are non-elected members of the College: Dr. Norm Goldberg, Toronto; Dr. Steven Cohen, Mississauga; Dr. Leon Freudman, Toronto and Dr. Ron Palinka, Thunder Bay.

In addition to reviewing and overseeing the policies and practices of PLP, claim settlements that exceed the internal staff authority limit must be approved by the Committee before any settlement is made.

along with their original records and radiographs.

The dental advisor provides advice and assistance to the claims examiners and defence counsel in order to help them to understand the issues involved with the file. Staff training and risk management presentations are also part of the role of the advisor.

### In conclusion, PLP:

- is an important College **program**
- offering **protection** to members and their patients
- where **privacy** is assured, and
- where speaking to PLP staff can be a **positive** experience; and
- where **proactive** risk management is an integral program component; and
- where **people** definitely make a difference. 🇨🇦

### CONTACTING PLP

PLP Director	Dr. Don McFarlane	(416) 934-5609 (direct line)
Claims Supervisor	Mr. Alan Lachapelle	(416) 934-5600 ext. 3114
Claims Examiners	Ms. Aisha Bhabha	(416) 934-5600 ext. 3118
	Ms. Sonia Gregoris	(416) 934-5600 ext. 3106
	Ms. Loretta Lundy	(416) 934-5600 ext. 3104
	Ms. Beata Sosnowska	(416) 934-5600 ext. 3102
Dental Advisor	Dr. Judi Purvs	(416) 934-5600 ext. 3103

If you are calling from outside the Toronto calling area, PLP's toll-free line is 1-877-817-3757. PLP's general e-mail address is [plp@rcdso.org](mailto:plp@rcdso.org).



# Confidentiality in the Dental Office

**RECENTLY THE COLLEGE RECEIVED A CALL FROM A PATIENT WHO WAS CONCERNED ABOUT A SITUATION THAT OCCURRED DURING HER LAST DENTAL APPOINTMENT. WHILE SHE WAS BEING EXAMINED BY THE HYGIENIST, OUTSIDE COMPUTER TECHNICIANS ENTERED THE TREATMENT ROOM TO REPAIR A COMPUTER TERMINAL. THE PATIENT WHO HAD A PARTIAL DENTURE REMOVED FOR THE EXAMINATION FELT EXTREMELY EMBARRASSED. IN ADDITION, THE TECHNICIANS COULD HEAR THE HYGIENIST'S COMMENTS ABOUT HER DENTAL PROBLEMS. SHE FELT THAT THIS SITUATION WAS A BREACH OF CONFIDENTIALITY BY THE DENTAL OFFICE.**

Many of us may think that this is an unusual case, and could have easily been avoided by asking the technicians to repair the equipment when the room was idle. However there are other instances that may give rise to the same concern. Some examples are:

- Many offices have an open concept design that make it difficult to completely isolate a treatment room from other areas of the office. This occasionally allows conversations that occur in one room to be heard by patients or non-staff persons in

another room. Also, people moving from one area of the office to another can often observe a patient having treatment. This can be disconcerting to some patients, particularly those patients who have dentures removed.

- In many offices appointments and financial arrangements are made at the front desk where persons in the waiting room can hear the conversation. Often a chairside assistant relays information to the front desk about treatment performed or appointment requirements when other patients are present. Both of these situations could result in a breach of confidentiality that was offensive to the patient.
- It is not uncommon to see charts left in areas which are visible to other patients. If the front of the chart contains medical information, it is possible that other patients could become



## Confidentiality in the Dental Office

aware of that information. For example, many offices put a medical alert on the front of a chart to help them identify a medical consideration for treatment. Even worse, sometimes charts are left in treatment rooms accessible to unattended patients who could easily examine them if they felt inclined to do so. Computer screens that are visible to patients can also lead to the same problem.

Patients should be able to expect the same level of confidentiality for dental care as they do with other aspects of their health care. It is important, therefore, in attempting to create a casual and less stressful atmosphere in the dental office, that care is taken to be sensitive to those patients who place a high degree of importance on confidentiality.

In order to achieve this goal there are a number of steps a dentist can take.

- ✓ When hiring staff, emphasize that the office has a responsibility to ensure patient confidentiality and what their role will be to achieve it.
- ✓ Have a staff meeting on the subject and identify areas where improvements are required.
- ✓ Do not record any sensitive medical information on the front of the chart that could easily be seen by other patients. Medical alerts can be a useful device on a chart, but if visible they should be coded in such a way that only staff persons recognize that it is medical information.
- ✓ Be careful that information on computer screens is not visible to other patients.


- ✓ Store charts, when not in use or when they are about to be used, in a way that they are not easily accessible to unattended patients.
- ✓ Educate front desk personnel on the necessity to take a patient to a quiet area if sensitive information is to be discussed.
- ✓ Advise chairside assistants and hygienists to be careful when relaying information to the front desk related to a patient's treatment when other patients can hear the conversation.
- ✓ Have at least one treatment room that will offer the degree of privacy that some patients will require both for treatment and discussions.
- ✓ Ensure that people in the waiting room can not hear the front desk area where staff may be communicating with patients either in person or by phone.
- ✓ Try to identify those patients who are particularly sensitive to this issue for extra caution. If you feel you will not be able to meet the

standard that this patient requires, then refer the patient to another office. This may avoid a complaint over a breach of confidentiality.

- ✓ Do not allow anyone other than essential staff, including students, to observe treatment without first obtaining the patient's permission.
- ✓ Remember that dental assistants are not a regulated profession. A dentist is responsible for the staff conduct

in this area so appropriate training is essential. Staff should be aware that this responsibility applies in the office as well as outside the office even after they are no longer employed there. Dentists may wish to consider having staff sign a confidentiality agreement to cover these circumstances.

If you have any questions about this article, please contact Dr. Bob Carroll, Manager, Professional

Practice at 416-934-5611, toll-free at 1-800-565-4591 or by e-mail at rcarroll@rcdso.org. 

It is not uncommon to see charts that are left in areas which are visible to other patients. If the front of the chart contains medical information, it is possible that other patients could become aware of that information.





# Prophylactic Antibiotics

**THE COLLEGE REGULARLY RECEIVES TELEPHONE INQUIRIES FROM DENTISTS AND DENTAL HYGIENISTS REGARDING THE PROVISION OF PROPHYLACTIC ANTIBIOTICS FOR THE PREVENTION OF SUBACUTE BACTERIAL ENDOCARDITIS OR THE INFECTION OF TOTAL JOINT REPLACEMENTS.**

Some dentists apparently believe that the prophylactic antibiotic regimen has changed. There is a misunderstanding that it is acceptable practice to administer the required prophylactic antibiotics, and then to proceed immediately with treatment. This course of action is inappropriate and is not endorsed by the College.

It is not in keeping with the prophylactic antibiotic recommendations of either the American Heart Association (AHA) for the prevention of subacute bacterial endocarditis; nor with the joint advisory statement of the American Dental Association (ADA) and the American Academy of Orthopaedic Surgeons (AAOS) for the

prevention of infection of total joint replacements.

Once the dentist has determined the need for prophylactic antibiotic coverage for a particular patient and procedure, the dentist should ensure that the patient has taken the prophylactic antibiotic as required prior to commencing treatment. This fact should be documented in the patient's record.

A summary of the AHA's prophylactic antibiotic recommendations for the prevention of subacute bacterial endocarditis can be found in the August 1997 issue of *Dispatch* on pages 8 - 10. In addition, a review article outlining the AHA recommendations and the

recommendations of the ADA/AAOS was distributed to all Ontario dentists last year as part of the College's PEAK initiative.

If a patient has not taken the prophylactic antibiotic as required, the dentist should administer the prophylactic antibiotic. Then sufficient time should elapse prior to commencing treatment, as per the AHA and ADA/AAOS prophylactic antibiotic regimens.

If unanticipated significant bleeding occurs during the treatment:

- with an at-risk patient who has not taken prophylactic antibiotics, or,
- if a patient discloses new medical information that reveals that the patient requires prophylactic antibiotic coverage during an appointment during which significant bleeding has occurred

the dentist should administer prophylactic antibiotics immediately and then continue with dental treatment.

Research data suggests that prophylactic antibiotics administered





## Prophylactic Antibiotics

within two hours of the bleeding will provide effective prophylaxis, but prophylactic antibiotics administered more than four hours after the procedure will probably have no prophylactic benefit.

Before administering the post-exposure antibiotics, the dentist should advise the patient of the bleeding and the possible consequences, and the reason for the recommendation for the prophylactic antibiotics. As with any discussion with a patient, the dentist should document this discussion in the patient's clinical record.

If you have any questions about this article, please contact Dr. Lesia Waschuk, Practice Advisor at 416-961-6555, ext. 3348, toll-free at 1-800-565-4591 or by e-mail at [lwaschuk@rcdso.org](mailto:lwaschuk@rcdso.org).

### NEED TO KNOW

- High-risk patients who normally would not require prophylactic antibiotic coverage because the planned dental procedures fall into the low-risk category may require coverage when the treatment circumstances warrant it (e.g. if unanticipated significant bleeding occurs intraoperatively).
- The post-exposure prophylactic antibiotic protocol is intended to be used rarely and not routinely as a means of managing patients who neglect to take their prophylactic antibiotics as required. The post-exposure prophylactic antibiotic protocol was never intended to replace the recommendations of the AHA and ADA/AAOS.

## Is The College headed In the Right Direction?

continued from page 13

### What kind of information do members find the most useful from the College?

- Dentists rate the utility of the various information provided by the College as follows:
  - Dispatch 8.3
  - information practice guidelines 8.1
  - changes in government legislation 7.8
  - Discipline Committee reports 7.8
  - information on liability issues 7.7


- Dentaguide binder 7.1
- Council Highlights 6.9
- annual report 6.8

*The scale is from one to ten, where one is not at all important, and ten is very important.*

### How could the College expand and enhance its ongoing dialogue with dentists?

- When dentists were asked to answer this question in their own words, the following were the top three responses:
  - attend dental society meetings 13%

- provide continuing education courses 10%
- increased Web site information 10%

As RCDSO's Registrar Irwin Fefergard explained: "The information from this survey serves as a benchmark for the College to measure its performance as we move forward. It is also an important tool as we plan for future activities and programs." 



# Selling Products in the Dental Office



**THE COLLEGE FREQUENTLY RECEIVES TELEPHONE INQUIRIES FROM DENTISTS AND DENTAL SUPPLIERS REGARDING THE SALE OF DRUGS AND DENTAL PRODUCTS IN THE DENTAL OFFICE. THE COLLEGE IS ALSO AWARE OF A RECENT PROMOTIONAL LETTER SENT FROM A MANUFACTURER TO DENTISTS THAT SUGGESTED THEY SELL A CERTAIN TOOTH WHITENING PRODUCT AT A PROFIT.**

Dentists should be aware that the conflict of interest provisions of the professional misconduct regulations (Ontario Regulation 853/93 made under the *Dentistry Act, 1991*) prohibit selling or supplying a drug or other products to a patient at a profit. The regulations also prohibit accepting a rebate, credit, or benefit in respect of drugs, dental appliances, dental material or dental equipment, including those intended to be dispensed to a patient.

This means that if you choose to sell any products or drugs to a patient, it must be at the actual cost of these items. If you obtain these products or drugs from the manufacturer or supplier at a discount, or at a special promotional rate (e.g. buy 10, get 12), then any savings should also be

passed onto the patient. It is not permissible to include an office administration or storage fee in calculating the per unit cost.

Additional information about the sale of products and drugs in the dental office can be found in the March 2001 issue of *Dispatch* on pages 16-17 on the College Website at [www.rcdso.org](http://www.rcdso.org).

### Reward Point Systems

The College continues to receive telephone inquiries relating to reward point systems (e.g. Air Miles).

Dentists should be aware that the conflict of interest provisions of the professional misconduct regulations prohibit offering, making or conferring a rebate, credit or other benefit to a patient, other than an

adjustment in the fee or amount that would otherwise be charged by the dentist to that patient.

A dentist, therefore, may not award reward points to patients at the time when the patients are paying for dental treatment for dental professional and laboratory services, or for the purchase of products or drugs in the dental office. Neither can a dental laboratory use the awarding of reward points as a means of inducing a dentist to use its services.

The conflict of interest provisions do not preclude the dentist's accepting the patient's use of a credit card, which awards reward points, to pay for dental treatment or products or drugs. The conflict of interest provisions also do not preclude a dentist from paying for laboratory services, dental equipment or materials, or drugs using a personal or business credit card which awards reward points.

If have any questions about this article, please contact Dr. Lesia Waschuk, Practice Advisor at 416-961-6555, ext. 3348, toll-free at 1-800-565-4591 or by e-mail at [lwaschuk@mnao.org](mailto:lwaschuk@mnao.org).

## Risk Management Advice from PLP



### An Ounce of Prevention

The College's Professional Liability Program (PLP) offers this guidance to members regarding the prevention of malpractice claims or the minimization of the magnitude of an existing claim. In many cases this preventive advice will also be helpful for members who are involved in the College's complaints process.

### Considering Making a Refund? Call PLP First!

#### Case Study

Dr. Ann Smith fabricated a lower partial denture for her patient, Mr. Ed Jones. After many appointments for adjustments Mr. Jones was still not satisfied and was losing confidence in Dr. Smith. Dr. Smith offered to remake the denture but Mr. Jones wanted to see another dentist. He demanded that Dr. Smith pay for the cost of a new denture made by another dentist. Dr. Smith agreed, happy to be rid of this difficult patient. She did not think of obtaining a release from Mr. Jones and her records were silent regarding the goodwill nature of this refund.

A few months later, Dr. Smith received a statement of claim, alleging improper treatment and lack of informed consent related to the partial denture fabricated for Mr. Jones. She contacted the Professional Liability Program to report the matter only to learn that she may have compromised the case by making a refund without the risk management protection offered by a release and/or letter to the patient.

#### Discussion

A refund of fees already received, or the waiving of an outstanding account, may be an appropriate way of handling a difficult situation such as when a patient is unhappy with the treatment results and chooses to attend another practitioner. Or they may serve as a means of expediting the orderly dismissal of a patient from

the practice. If not handled properly, however, these actions may not necessarily achieve the intended result of placating a problem patient.

When you are asked to, or are considering, returning a fee or a portion of a fee for dental services, you should first contact the Professional Liability Program. Such reporting serves two purposes:

- To inform PLP of the matter at hand as required under the malpractice insurance program policy conditions;
- To take advantage of risk management assistance/advice before the fact, in dealing with a patient seeking a refund.


The benefits of this initial contact are to:

- ✓ Reduce the risk of admission of liability on your part and avoid prejudicing your position with the insurer.
- ✓ Fulfill one of the requirements of the malpractice insurance program policy conditions which states that, "Upon (you) becoming aware of any occurrence which might reasonably be expected to be the basis of a claim," you must notify PLP.
- ✓ Protect your interests with respect to the possible application of one of the conditions in the malpractice insurance policy which states that: "The insured shall not, except at his own cost, voluntarily make any payment, assume any obligation or incur any expense."

In order to protect your rights to coverage please notify PLP immediately if your patient wants, or might want money, or if you would like to offer a refund. Discuss the

matter with the staff of PLP before proceeding. Do not prejudice your coverage by acting hastily. We can assist you by drafting a letter to your patient and the appropriate release statements and/or forms.

#### Confidentiality Is Assured

You can be assured that speaking to someone at PLP will be kept in strict confidence. No information will be reported to anyone outside of PLP without your consent, and that includes the complaints and investigations area of the College. 

#### To Contact PLP

Telephone: 416-934-5600  
Toll-free: 1-877-817-3757

### PLP POINTERS

Before you offer a refund or waive an outstanding fee as a means of resolving a dispute with a patient call PLP for helpful advice.

- The knowledgeable claims examiners can coach members on how to approach patients about a refund in exchange for a release.
- Early contact with PLP can ensure that members do not unwittingly admit liability when dealing with dissatisfied patients.
- Reporting potential claims to PLP ensures the member's right to coverage.
- Matters can usually be resolved on a mutually satisfactory basis for both the member and his or her patient.

# Dental Ethics 101

Here's a new ethical dilemma for our readers to review and share your comments with the College. The next issue of *Dispatch* will include an analysis of the responses received and a discussion of the case study. Look to the facing page for a discussion of the case that was presented in the October 2001 issue of *Dispatch*.



## What Would You Do?

Mr. John Kim is a new patient in Dr. Martin's practice. John's sister Anne is also a patient of Dr. Martin and she made the recommendation to her brother. Dr. Martin's general practice has been at the same location for 10 years. John works for a large electronics firm and lives less than 15 minutes from the practice. At the age of 32, he has made excellent progress in his company and, other than the pressure-cooker environment of sales, he enjoys his current career.

John's medical history reveals a five-year history of borderline hypertension monitored episodically by his physician. Other than the blood pressure concern, his general health is good. His oral health, however, reveals the ravages of neglect, with most of his posterior teeth requiring buildups and crowns. He disliked his dentist as a child and is fearful of dentists in general. He saw the dentist primarily for emergency care. Both mandibular first molars were extracted 10 years ago and he now requests implants to replace these teeth. After a thorough evaluation, gathering of diagnostic information and careful treatment planning, Dr. Martin asked John to meet with him to review his recommendations. Three-unit bridges are a reasonable alternative to implants as all of the abutment teeth require crowns. Also, the bone loss in the area makes the placement of implants more complicated. Dr. Martin would like John to know about these concerns and recommendations.

As Dr. Martin begins to discuss the complexity of the case, and particularly the risks of implants, John raised his hand and says, "Hey, you're the Doc! You just tell me when

to come and I will be here. I don't need to know what you are planning. Just show me where to sign the consent form. I trust you, and I'll pay what my dental insurance doesn't . . . just do it! I really hate to hear the gory details, and I don't understand them anyway."

Dr. Martin is facing an ethical dilemma. Check (✓) the course(s) of action that you would recommend for Dr. Martin and fax this page or a note indicating your recommendations to Dr. Don McFarlane at the College at 416-961-5814.

1. \_\_\_\_ Have John sign the consent form and proceed with the plan including the implants.
2. \_\_\_\_ Dr. Martin should insist that John listen to the treatment alternatives and risks before any treatment is started.
3. \_\_\_\_ Dr. Martin should initiate minor care, but not proceed with complex care, included fixed bridges or implants, without further consultation with John.
4. \_\_\_\_ Dr. Martin should dismiss this non-compliant patient from his practice.
5. \_\_\_\_ Another alternative (Please describe.)

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**IN THE ETHICAL DILEMMA THAT WAS PRESENTED, DR. BOLEY WAS ASKED BY MS. WENTWORTH, AN EMERGENCY PATIENT, ABOUT THE QUALITY OF CARE SHE HAS BEEN RECEIVING FROM HER REGULAR DENTIST, DR. LEEDS. MS. WENTWORTH PRESENTED TO DR. BOLEY THE SIXTH UNSATISFACTORY CASE OF DR. LEED'S WORK HE HAD OBSERVED DURING THE PAST TWO YEARS. HOW SHOULD DR. BOLEY RESPOND TO MS. WENTWORTH?**

Dr. Boley's dilemma is one of the most difficult for dentists because they must weigh the dual responsibilities of preventing harm to patients while preserving their own personal and professional integrity. Is Dr. Leeds' work unsatisfactory? If so, what are Dr. Boley's ethical obligations to report continually faulty work and what actions are available?

#### Discussion

Dentists routinely assess the appropriateness and the quality of care provided by other dentists. When this assessment includes an adverse patient outcome, it is worthwhile to begin by defining issues of competency. The philosopher Haavi Morreim of the University of Tennessee identified five levels of adverse outcomes in order to separate ordinary mishaps from real mistakes indicating incompetence.

- The first level of adverse outcome is the accident, an event totally out of the control of the dentist such as an equipment failure.
- At the second level, the dentist makes a well-justified decision that turns out badly, as in the case of a patient, requiring antibiotic coverage, who has no allergies to antibiotics, but suffers an anaphylactic reaction.
- The third level occurs when there are disagreements about the treatment options, a common problem for dentistry. What are the options for a TMD patient, the

patient with a malocclusion, or the patient who needs a three surface posterior restoration? There is as much uncertainty in dentistry as in medicine.

- At the fourth level, the dentist exercises poor, though not outrageously bad, judgement or skill. The general dentist may cement a full gold crown with a deep distal margin and determine that the margin is faulty at the next recall. The concern at this level is not the single error, but rather a pattern of errors as observed by Dr. Boley.
- At the fifth level are the outrageous violations such as the dentist who performs unnecessary treatment, performs surgery on the wrong site or threatens the lives of patients - in other words, gross faulty treatment by another dentist.

There are several actions available to Dr. Boley and they are predicated on his careful and thorough investigation. None of the dentists responding to this case selected the option to say or do nothing, or to recommend that the patient review her case with a lawyer.

Dr. Boley's ethical dilemma asks us to consider how we value our personal and professional responsibility to protect the health of the public and the integrity of our profession.

A decision to report a colleague is one of the most agonizing dilemmas that dentists encounter and requires an extraordinary measure of wisdom, courage and integrity. However, whether the dentist derives his or her decisions by principles or by consequences, since our duty first is to the patient's welfare rather than our colleague's career, evidence of manifest incompetence demands that we take steps to address it. These steps could include discussing the problem with a colleague or friend, contacting the local mediations committee and discussing the case on a no-name basis, contacting the RCDSO and speaking to the Practice Advisor, or recommending to the patient that she discuss the concerns that she has with Dr. Leeds. 🏛️

The above discussion is reprinted from the *Texas Dental Journal* with the permission of Dr. Thomas Hasegawa, Baylor College of Dentistry. A full reprint of Dr. Hasegawa's discussion paper can be obtained by contacting Communications Director Peggy Mace at 416-934-5610, toll-free at 1-800-565-4591, or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).

# Letters of Apology

**The RCDSO Executive Committee regularly reviews office newsletters, brochures, newspaper and other advertising by dentists that have been brought to the College's attention.**

**The Committee has accepted a letter of apology for publication from the following members. If you have any questions about the issues raised in this letter, please contact Dr. Fred Eckhaus, Assistant to the Registrar, Dental by calling 416-934-5624, toll-free at 1-800-565-4591, or by e-mail at [feckhaus@rcdso.org](mailto:feckhaus@rcdso.org).**

**Dr. Laith Al-Dabbagh  
Dr. Jaklin Tadrous  
Dr. Rawayh Wanis**

Please accept our sincere regrets and apology for any inconvenience our conduct may have caused the College or the profession. As young dentists, it is sometimes difficult to find a suitable associateship in the City of Toronto. When we accepted the position with Shadlock Dental Office, we

did not proceed with sufficient care to ensure that we were not offending the Regulations by working for a non-dentist.

As so often happens in cases like this, we not only managed to run afoul of the law, but did not get paid for all the work done on behalf of our patients.

It is our hope that this letter can serve as a caution to other dentists that it is very important to scrutinize

the actual ownership of the dental office. Simply entering into a contract which purports to make you the principal dentist is insufficient, if in fact the fees are shared with the non-dentist. Again, we hope that this assists other dentists who find themselves confronted by similar circumstances. 🇩🇪



## Calendar of Events

### Mark Your Calendar

**April 4 & 5**      **RCDSO Council\***  
Toronto          The Westin Prince Hotel  
                         900 York Mills Road

**June 24 & 25**    **RCDSO Council\***  
Toronto          The Westin Prince Hotel  
                         900 York Mills Road

**Nov. 21 & 22**    **RCDSO Council\***  
Toronto          The Westin Prince Hotel  
                         900 York Mills Road

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

Seating is limited so if you wish to attend please let us know in advance by calling Angie Sherban, Senior Executive Assistant, at 416-934-5627, toll-free at 1-800-565-4591, or by e-mail at [asherban@rcdso.org](mailto:asherban@rcdso.org). 🇩🇪

## Importance of Proper Protocol When Dismissing A Problem Patient

### THE VAST MAJORITY OF PATIENT-DENTIST

relationships are productive and demonstrate a mutual respect between the parties. The practice of dentistry is especially satisfying for the dentist when his/her patients are pleased with the care they receive, are motivated to maintain their dental health, and are confident in referring friends and family.

Unfortunately there are times when the patient/dentist relationship deteriorates. For various reasons, a once respectful and trusting connection is lost. If this occurs, the dentist must address the problem with the patient directly, and, if necessary, terminate the relationship.

Recently I had such an experience. In my case, a problem arose concerning the care and expectations of a patient. I finally came to the conclusion that our relationship must be severed. However, rather than dealing with the situation myself and dismissing the patient in the prescribed fashion, I delegated this responsibility to my front desk staff. The patient subsequently filed a complaint against me. Having learned from this occurrence, and as a service to my peers, I wish to offer the following advice in dealing with such a situation.


Many times a misunderstanding, dispute or miscommunication can be resolved when the dentist speaks directly with the patient. This may lead to an amicable agreement to either continue or discontinue the patient's treatment in the office. In those situations in which the dentist has determined that a patient must be dismissed from the practice, the most professional and proper method is by a formal letter of dismissal.

In the Fall 2000 issue of *Dispatch*, the article entitled, *Advice About Dismissing A Problem Patient*, discusses the proper protocol for dismissing a patient. The article describes the content of a letter of dismissal which should include:

1. the reason for dismissal;
2. a description of any treatment needs that the patient should attend to;
3. information to assist the patient in locating a new dentist;
4. an offer to forward copies of the patient's records to the new dentist;
5. an offer to assist the patient in the event of an emergency.

This article is worth rereading. I recommend keeping a copy of it in the office for reference to assist you and your staff should a similar situation arise. Once the letter of dismissal is composed, it should be reviewed and signed by the dentist, with a copy for the patient's file.

As dentists, we may ultimately be held responsible for the actions of our office staff members. Therefore it is imperative for the dentist to provide clear protocols to instruct staff members concerning the information provided to patients, and the manner in which that information is communicated. If a problem arises with a patient, staff members should be instructed to bring the fact to the dentist's attention. In these situations, the dentist must become directly involved.

Written by Dr. Mark Panzer as part of an undertaking/agreement with the RCDSO Complaints Committee. 

## Web Site **Spotlight**

**CHECK OUT THE NEW ADDITIONS TO THE COLLEGE WEB SITE AT [WWW.RCDSO.ORG](http://WWW.RCDSO.ORG).**

### GUIDELINES

- **Dental Recordkeeping**
- **Release and Transfer of Patient Records**
- **Infection Control in the Dental Office**

These three guidelines are now available on the College Web site in their entirety. Just click on Publications on the front page of the site.

They can easily be read or downloaded. Just follow the instructions to use Acrobat Reader if you don't already

have that program loaded on your system.

This is part of an ongoing program to have the College's Guidelines and Practice Advisories; in fact, all of our publications, available electronically to members and the public on our Web site.

If you have any questions or suggestions about the Web site, contact Peggi Mace, Communications Director, at 416-934-5610, toll-free at 1-800-565-4591 or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org). 



## On Appeal

When the Complaints Committee issues a decision, 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.

From time to time, *Dispatch* will reproduce summaries of HPARB reviews 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, you can either contact the Board directly at 416-327-8512, or contact Petula Widyaratne, Co-ordinator, Complaints at the College by phone at 416-961-6555 / 1-800-565-4591, ext. 5311, or by e-mail at [pwidyaratne@rcdso.org](mailto:pwidyaratne@rcdso.org).

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### CASE #1

#### The Complaint

The patient complained to the College about pain and sensitivity in her lower right quadrant. The member diagnosed decay on teeth 46, 23, and 38. The treatment plan included an amalgam restoration of tooth 46, a resin restoration of tooth 23, and root canal treatment for tooth 38 with post and core preparation and a new bridge for the lower left quadrant. Tooth 38 served as an abutment for a bridge. The root canal treatment of tooth 38 was attempted, but efforts to remove the bridge at tooth 38 were unsuccessful and access was made through the crown.

#### Complaints Committee

The panel was of the view that the member properly diagnosed the problem and recommended an appropriate treatment plan. The bridge was unserviceable and the member had recognized this. The panel noted, however, that with respect to tooth 26, the member failed to diagnose an endodontic problem. The radiographs should have caused the member to investigate further. The panel wished to caution the member regarding the need to be more cautious in diagnosing endodontic problems. The Committee was satisfied that the member had volunteered to take courses in techniques related to

endodontic therapy through bridge and crowns, including isolation techniques, temporization and permanent restorations. It felt the public was protected.

#### Health Professions Appeal and Review Board

The complainant was dissatisfied and sought a review of the decision of the Complaints panel, and asked the Board “to identify malpractice and negligence” in its decision.

The Board concluded that the College’s investigation regarding the complaint was adequate.

It concluded that the Committee’s decision was reasonable and the action of the Committee clearly addressed the conduct complained of and protected the public interest.

Further, the Board said that it is without the jurisdiction to make determinations of malpractice and negligence since this is something reserved for the civil courts.

### CASE #2

#### The Complaint

The complainant was a long-time patient of the member. The member determined that the patient required root canal procedures on five teeth, four of which were performed. The member was a general dentist.

The patient complained to the College that she suffered continuous

pain and discomfort. She alleged that the member should have referred her to a specialist in endodontic work. In addition the complainant claimed that she was put to the expense of remedying the work done incorrectly.

#### Complaints Committee

The Committee reviewed the work of the member and determined:

- With respect to tooth 15 the root canal filling was slightly extruded beyond the apex by about 1 mm, but this was not significant.
- The treatment on tooth 25 was well done.
- The root canal on tooth 26 was short on the palatal canal, but it was close to the apices; however the mesial-buccal canal was short.
- The treatment on tooth 37 was well done.

The Committee was of the view that a general dentist can perform this kind of endodontic procedure, and the decision to refer is a question of professional judgement. The Committee noted that the member had discussed referral with the patient, but the patient refused.

In examining the charts and records of the complainant, the Committee noted that the patient frequently cancelled appointments; and during calls made to the office, the patient never advised the member of the discomfort of the patient “otherwise



he would have tried to rectify it.”

The Committee also received the report of an expert orthodontist who determined that the work done was according to standards.

The Committee ordered no further action.

### **Health Professions Appeal and Review Board**

The Board noted that the patient did not give the member an opportunity to entirely complete the work because of the frequent cancellation of appointments.

Although the complainant alleged that the investigation was inadequate, the Board determined that the investigation was, in fact, adequate.

The College had secured an expert opinion from an endodontist who determined that the work was within the standards of practice.

[It is interesting to note that the no member of the Board is a health-care provider, and certainly not a dentist.] In commenting on the Committee’s decision: “the Board finds this [Committee decision] reasonable because the Committee had the expertise to decide whether the member met an acceptable standard of care. While the work did show some inadequacies, these were apparently not so gross or systemic to indicate the work deviated from practice.” It also got help from an expert, the Board noted.

The Board also made a finding that a general practitioner can perform endodontic procedures and the decision to do so is one of professional opinion. The Board therefore confirms the decision of the Committee.

## **CASE #3**

### **The Complaint**

The complainant alleged that the member abused a friendship by being overly familiar and sexually harassing her on several occasions. She was a dental hygienist as well as a patient.

The complainant further alleged that while on a staff seminar, when the complainant became ill, the member came into her room and

sexually harassed her in the guise of offering her comfort.

### **Complaints Committee**

The member denied any sexual harassment, but did acknowledge that he may have stepped over some boundaries, such as having a playful water fight in the office and having a picture of a semi-clad model affixed to his wall. On occasion he gave her a hug.

The panel decided to issue a caution and require the member to take courses in gender sensitivity. The panel commented “that the member’s conduct of hugging staff was inappropriate, ill-advised and unacceptable.” Although the conduct was not intended to be sexual, “the panel notes that it is the perception of the conduct by the recipient that is important.”

The panel cautioned the member to be mindful of personal boundaries and to be sensitive to gender-related issues.

The panel was satisfied that the member understood the gravity of the actions and believed that the public interest was protected by the member agreeing to sign an undertaking.

### **Health Professions Appeal and Review Board**

The complainant appealed to the Board and submitted that the investigation was inadequate and the decision unreasonable.

The Board reviewed the investigation record of the College and commented on its detail and found that the Committee’s investigation was adequate.

With respect to the reasonableness of the decision, “the Board finds that the Committee’s disposition reasonable in the circumstances. The action taken clearly addresses the conduct complained of and is, together with the commitments expressed in the undertaking, sufficient to protect the public interest. The member also agreed to allow his practice to be monitored by the College. It is noted that if the member fails to abide by any of these commitments, he may be referred to

the College’s Discipline Committee.”

For all of those reasons the Board found the Committee decision to be reasonable and upheld it.

## **CASE #4**

### **The Complaint**

The complainant had three wisdom teeth extracted by the member during which time he was anaesthetised. Subsequently the complainant developed considerable distress, with shallow breathing, non-responsiveness, and considerable facial swelling with a blotchy neck and chest. The member assessed an anaphylactic reaction, and through his RN, had oxygen administered. No improvement was shown and the member then administered Benedryl and Epinephrine. A 911-call was placed and the complainant was taken to hospital.


### **Complaints Committee**

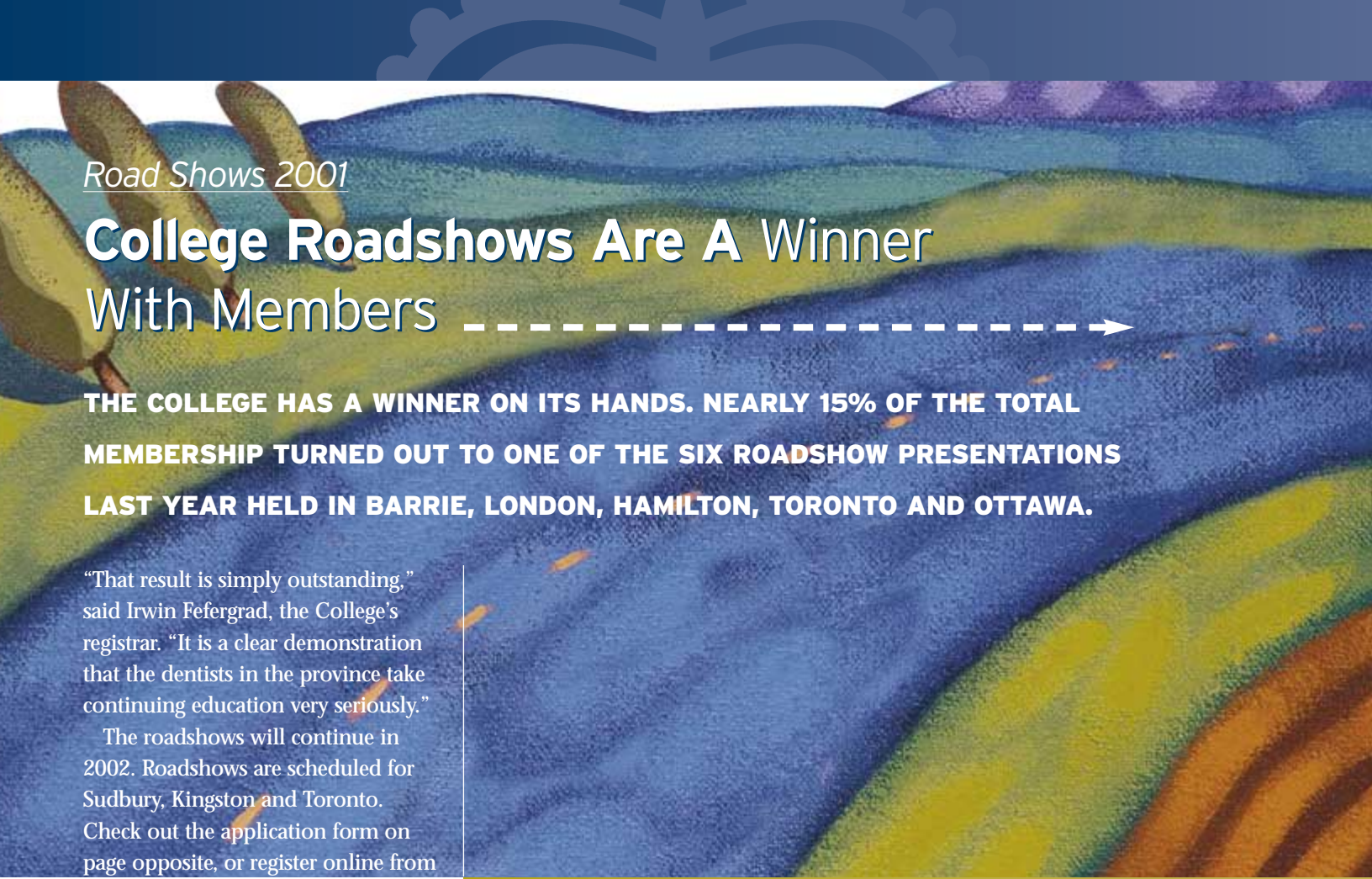
The Committee retained an expert to assist in its deliberations.

The expert advised the panel that the pre-operative dosage was appropriate. The consequences following the surgery were not a breach of the standard of care. The member had his office facility registered with the College with a permit granted, and his staff were well-trained. The office had appropriate resuscitation equipment as is required under the College’s sedation guidelines.

The member’s records were thorough and the member had discussed the risks of the surgery with the complainant and this was reflected in the charts and records. The Committee ordered no further action.

### **Health Professions Appeal and Review Board**

The complainant appealed the decision of the Complaints Committee. The Board found the records and charts of the member, as well as the expert opinion, most helpful and confirmed the decision of the Committee, and found it reasonable. 



Road Shows 2001

## College Roadshows Are A Winner With Members

**THE COLLEGE HAS A WINNER ON ITS HANDS. NEARLY 15% OF THE TOTAL MEMBERSHIP TURNED OUT TO ONE OF THE SIX ROADSHOW PRESENTATIONS LAST YEAR HELD IN BARRIE, LONDON, HAMILTON, TORONTO AND OTTAWA.**


“That result is simply outstanding,” said Irwin Fefergrad, the College’s registrar. “It is a clear demonstration that the dentists in the province take continuing education very seriously.”

The roadshows will continue in 2002. Roadshows are scheduled for Sudbury, Kingston and Toronto. Check out the application form on page opposite, or register online from the College’s Website at [www.rcdso.org](http://www.rcdso.org).

Each roadshow featured presentations from the dental staff at the College, focusing on common questions such as transfer and release of records, retention of dental records, dismissing a patient, informed consent, ethics and professional advertising. Staff from the College’s Professional Liability Program also participated in the sessions.

The informal format meant dentists had ample opportunity for specific questions and discussion.

Due to the unprecedented interest, another date was added in Toronto to accommodate the demand. Nearly every location had a waiting list of interested dentists.

Every dentist who attended one of the roadshows received a certificate and six credit points for the Mandatory Continuing Dental Education Program. 

## College Reaches Out To An Astounding 40% of Membership

What do Brantford, Sarnia, Peterborough, Elgin, Ottawa, London, Thunder Bay, Muskoka, and Belleville have in common? These were just a few of the locations where dentists welcomed speakers from the College in 2001.

“During the past year, we have had the opportunity to meet personally with about 40% of our members. And that means we had a chance to hear first-hand from dentists what their concerns and issues are,” said RCDSO Registrar Irwin Fefergrad. “We all win in this kind of exchange.”

Outreach and contact with dentists around the province is a top priority at the College. Not only has the College sponsored the roadshows around the province, but a significant commitment has been made to participate in dental society meetings, Ontario Dental Association General Council meetings, and student presentations and lectures at the University of Toronto and the University of Western Ontario.



# On the Road Again!



**RCDSO STAFF ARE HITTING THE ROAD AGAIN TO MEET WITH MEMBERS. PRESENTATIONS DURING THE ONE DAY SESSION WILL COVER SUCH TOPICS AS ETHICS, INFORMED CONSENT, PROFESSIONAL ADVERTISING, AND RECORDKEEPING. STAFF FROM THE COLLEGE'S PROFESSIONAL LIABILITY PROGRAM WILL ALSO BE ON HAND. THE INFORMAL FORMAT ALLOWS TIME FOR OPEN DISCUSSION AND QUESTIONS.**

### Locations

The specific location of each session and a map will be sent to you with your confirmation notice.

### RCDSO Members Only

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

### Food

Complimentary morning snacks and

refreshments will be available plus a light lunch – all at no cost. If you have any dietary restrictions, please notify us within 10 days of the event.

### Handouts

Handouts will be distributed. Please bring your own pen/pencil and notepad.

### Cancellations

Due to the overwhelming popularity of these events and limited space at

each location, if you are unable to attend for any reason, please notify us as soon as possible.

### Credits

You will receive a certificate in the mail after the event to indicate that you have earned 6 MCDE credit points.

### TWO WAYS TO REGISTER

**BY FAX: USE THE REGISTRATION FORM BELOW AND FAX IT BACK TO 416-961-5814.**

**REGISTER ONLINE: GO TO OUR WEBSITE AT [WWW.RCDSO.ORG](http://WWW.RCDSO.ORG). JUST CLICK ON THE BUS!**

### ANY QUESTIONS?

Contact Kim Vivash, Administrative Assistant by phone at 416-961-6555, ext. 4700, toll-free at 1-800-565-4591, or by e-mail at [kvivash@rcdso.org](mailto:kvivash@rcdso.org).

**CHECK OFF YOUR CHOICE BELOW. YOU WILL RECEIVE A CONFIRMATION NOTICE WITH MEETING LOCATION AND MAP BY MAIL.**

<u>City</u>	<u>Date</u>	<u>Time</u>
<input type="checkbox"/> Kingston	May 3	9AM-3PM
<input type="checkbox"/> Toronto (NOTE: East side of city)	May 31	9AM-3PM
<input type="checkbox"/> Sudbury	Oct. 4	10AM-4PM
<input type="checkbox"/> Toronto (NOTE: Airport vicinity)	Oct. 18	9AM-3PM

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

# College Reps Visit Dental Societies Around the Province

## PETERBOROUGH



Dr. James Fawcett (left) and RCDSO Registrar Irwin Fefergrad (right)

## THUNDER BAY



Dr. Richard Filion, RCDSO Council and Executive Committee Member; Dr. Steven Adams, Thunder Bay Dental Society President; and Dr. Eric Luks, RCDSO President

## WINDSOR



(from left to right) Dr. Arnold Abramson, College Registrar Irwin Fefergrad, Dr. Paul Demarco

## MUSKOKA SIMCOE



(left to right) Dr. Eric Luks, RCDSO president; Dr. Glenn Taylor, president, Muskoka Simcoe Dental Society; Dr. Bob Carroll, RCDSO professional practice manager and former secretary-treasurer of dental society; Dr. Chris Cottle, Ontario Dental Association representative; Dr. John Gibson, Ontario Dental Association representative.





## Mailbag

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

Some letters or excerpts printed may not contain the name of the author due to the confidential nature of the original correspondence. In all the letters printed in Mailbag, the author has given his/her permission for its use. The College reserves the right to edit letters for length and clarity. Due to space limitations, all letters may not be printed.

Please send your letters by: **Surface mail:**  
Mailbag  
RCDSO  
6 Crescent Road, 5th Floor,  
Toronto, ON M4W 1T1

**Fax:**  
416-961-5814

**E-mail:**  
pmace@rcdso.org

### Heartiest Congratulations

I have just received and read the latest edition of the RCDSO *Dispatch* and wish to offer my heartiest congratulations on the new format.

Finally, from somebody that has been in practice for a while, I can take and enjoy *Dispatch* without it taking into the noonday sun or utilizing a magnifying glass in order to get through the periodical.

The printing is bold and clear and the headlines are concise. The pictures and graphics are as clean and clear as I have seen.

Keep up the good work.

Dr. F. M. Ross  
Ottawa

### Thanks for Acknowledgement of ODA Role

Let me compliment you on the Bulletin notifying the member's of Tony Clement's decision. It was very nice to see in

print the credit that the College gave to the participation and the collaboration by the Ontario Dental Association. I am very pleased to see that this is the direction that we are heading. Thanks again. It is much appreciated.

Dr. Jon Perlus  
Immediate Past President  
Ontario Dental Association

### Fee Increase

I wish to complain about the increase in fees. While it is a small amount in relationship to the whole year and other expenses, I feel that the College should learn to function within its means. *Dispatch* is too fancy and I'm sure that and *Council Highlights* could be simplified to reduce our fees.

(name withheld on request)

## What's In A Name?

**IN THE LAST ISSUE OF *DISPATCH*,** we asked members if they would like to change the name of their magazine. As far back as 1980, the College's publication was called *Dispatch*.

Now, with the updating of our visual identity, the timing was ripe for a name change - if that is what members wanted.

The feedback from members was clear. You told us that the name *Dispatch* is an important part of the culture and community of dentistry in Ontario. You told us you like it. Mention the name *Dispatch* and dentists across the province know you are talking about the College. So the name will stay.

Thanks to all the members who shared their views with us. Your interest was very much appreciated.

A vote to keep the name *Dispatch*. There's nothing dated or irrelevant in our current name.

**Dr. Joel L. Goldman**  
*Willowdale*

I would like to see the name *Dispatch* retained. This has been a familiar title over my 20 years as a DDS. As it titles a publication that "dispatches" important information to dentists in a brief form and timely manner, I feel that the name is perfect. No other word or words could summarize the purpose of the publication so succinctly. (If it ain't broke, don't fix it.)

**Dr. F. Scott Barrie**  
*Mississauga*

## City of Toronto Will Not Prosecute

### COLLEGE COMMENCES JUDICIAL REVIEW PROCEEDINGS OF CITY OF TORONTO'S DENTAL SECTOR POLLUTION PREVENTION PLAN AND SUMMARY

On December 21, 2001, the City of Toronto's solicitor wrote to the College to confirm that it will not prosecute dentists who do not complete specific sections of the Dental Pollution Prevention Plan and Dental Pollution Prevention Plan Summary. The pertinent sections of the letter are reprinted below.

The College has retained legal counsel to commence judicial review proceedings in relation to the Dental Pollution Prevention Plan and Dental Pollution Prevention Plan Summary that is included in the City of Toronto's sewer by-law. The sewer by-law requires certain industries, and dental offices, to prepare pollution prevention plans and to submit a pollution prevention plan summary for

approval by the city's Commissioner of Works and Emergency Services.

The College believes that certain activities outlined in the Dental P2 plan and its summary directly affect the dentist-patient relationship, and the clinical practice of dentistry including treatment options for restorative materials.

The College also believes that the City, in approving the Dental P2 plan and its summary, has infringed on the College's statutory authority to establish, maintain and enforce practice standards for the dental profession.

If you have any questions about this issue, contact the College Registrar Irwin Fefergrad at 416-934-5625, toll-free at 1-800-565-4591, or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org).

#### City of Toronto Letter Re: Judicial Review Application

Municipal code Chapter 681 (Sewer Use By-law No. 457-2000) and the Dental P2 Plan Summary designated thereunder, do not require dentists and other dental professionals to complete items four through six, being:

- Item 4: Brochures/posters displayed re alternative to amalgam;
- Item 5: Discuss alternatives to amalgam (% of patients having procedure) - Hg;
- Item 6: Use alternative to amalgam (5 of patients having procedure) - Hg.

or to complete any other non-bolded item on the spreadsheet entitled "Pollution Prevention Plan Summary - Dental Offices" and attached to the Dental P2 Plan Summary (the "Spreadsheet"). Accordingly, we confirm that the City of Toronto will not prosecute dentists and other dental professionals if they do not complete the non-bolded items on the Spreadsheet including, but not limited to, items four through six.

The electronic version of the Dental P2 Plan form contains a drop down box next to each item in paragraph 9, entitled "Description of Pollution Prevention Options Required by Municipal Code Chapter 681-5(2)(f)." Each drop down box calls for dentists to state "yes", "no", or "N/A." We confirm that the City of Toronto will not prosecute dentists who do not complete the drop down box next to the sub-paragraph headed "Patient Awareness" at page 5 of the Dental P2 Plan form, or who delete the sub-paragraph on a paper copy of the Dental P2 Plan which they submit to the City of Toronto, pending judicial adjudication of the Royal College of Dental Surgeons of Ontario's application for judicial review. This undertaking is given on the understanding that the Royal College of Dental Surgeons judicial application can be heard by the Court within a reasonable time, and may be terminated on the City of Toronto providing the Royal College of Dental Surgeons of one month's written notice.

#### From the Registrar's Office

*continued from page 40*

self-regulation was as important as the Minister's Advisory Council report on the *Regulated Health Professions Act (RHPA)*. The report hailed many positive features of the current legislation, and the way in which health-care professionals were ably and responsibly carrying our self-regulation.

In the report, each health-care regulatory college was evaluated on standards of efficiency, fairness, and flexibility. This College has

successfully fulfilled the goals of:


- promotion high quality of care;
- accountability to government, the public and our members for the work we do;
- protection of the public from harm;
- adherence to principles of fairness.

In its inception in 1991, RHPA represented a shift from a profession-centered law to a public interest protection law. This College has been committed to balancing our obligations under the statute with fairness to our members. Government has said that we, and the rest of our colleagues in the health-care sector,

have achieved that critical balance.

When we see the final bill in its draft form, we will comment in more and specific detail. However, at the moment, we should be pleased with the outcomes. Self-regulation continues to thrive.

So as we move into the new year, I believe that we have much to be proud of; but there is so much more to do. As Sir Edmund said, we are only half way there.

All the best to each and every one of you for a very happy, healthy, peaceful and successful new year. 

# Members Directory Going to Press Shortly

*Listings 2002*, the membership directory of all members of the College, will be going to press early in April. The information included in the directory will be the information in our member database as of March 31, 2002.

If your practice information has changed recently, please contact the College as soon as possible to ensure that your information is current. To ensure accuracy, all changes must be received in writing.

Each member of the College is required by law to report the address of his/her primary place of business and business telephone number. This address is 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 another address as your preferred mailing address for College communications. This second address is not available to the public.

The College will only use your e-mail addresses and fax number for internal communications purposes.

By Surface Mail:   Registration  
 Royal College of Dental Surgeons  
 of Ontario  
 6 Crescent Road, 5th Floor  
 Toronto, ON M5W 1T1

By Fax:                   416-961-5814

Surname	Given Names	RCDSO Registration No.
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Previous Practice Address			New Practice Address		
Street			Street		
City	Province	Postal Code	City	Province	Postal Code
Phone	Fax		Phone	Fax	
E-mail			E-mail		
Effective Date			Signature		

Previous Home Address			New Home Address		
Street			Street		
City	Province	Postal Code	City	Province	Postal Code
Phone	Fax		Phone	Fax	
E-mail			E-mail		
Effective Date			Signature		

*From the Registrar's Office*

## A Look Back At Some of the Successes & Adventures In 2001

**WHEN SIR EDMUND HILLARY RETURNED FROM HIS CONQUEST OF MOUNT EVEREST, HE WAS ASKED: "HOW DID IT FEEL WHEN YOU REACHED THE SUMMIT? WHAT WERE YOUR THOUGHTS?" WITHOUT HESITATION HE REPLIED: "MY THOUGHTS WERE THAT WE WERE ONLY HALF WAY DONE." IN SOME WAYS, AS I REFLECT ON THE YEAR 2001, I HAVE THE SAME KIND OF FEELING.**



Irwin Fefergard

Your Council has mandated a proactive strategy for the College. In the past year, we have put that strategy into action and have enjoyed numerous successes. As we move into a new year, I thought I would reflect on just some of our more high profile adventures and successes.

Your College appeared before the Standing Committee on General Government at Queen's Park to actively oppose portions of the *Personal Health Information Privacy Act*. We advocated that the Bill was an intrusion into the work that the College does as a regulator. We argued that it would add layers of unnecessary work resulting in huge expenses which we would have to pass off to you, our members. As a result of our, and others, aggressive approach, the Bill was withdrawn. It was reintroduced this past fall, and the offensive portions appear to have been withdrawn.

On the national front, we had major concerns with sections of the Canada Wide Standard for the release of mercury into the environment that covered the dental sector. This College was the sole voice from dentistry in the country that opposed the rationale and the preamble of that national agreement.

We also expressed displeasure to both the provincial and federal governments at being excluded from the process. As the regulator for dentistry in this province, and since Ontario represents some 45% of the

dentists in the country, we believed that this was enough of a compelling reason for this College to have a significant role in the development of the standard.

The end result was government apologized for leaving us out of the process, and proceeded to involve us directly in the redrafting of those sections which we had found offensive to dentistry. By mid-September, here at our offices, representatives of the federal and provincial environment ministries and the College reached agreement on new and rewritten wording. This was the wording that all provincial environment ministers and the federal minister signed on to at the end of September.

In order to establish valid evidence-based research on amalgam waste disposal, your Council awarded a significant research grant to the University of Toronto to study the fate of mercury contained in mercury amalgam that enters the sewage system from dental offices. The study is led by Dr. Philip Watson, professor and head of biomaterials at U of T's Faculty of Dentistry. At the College's invitation, both the provincial and federal governments were asked to participate and each has assigned a liaison person to the study.

When the City of Toronto proposed its sewer by-law addressing amalgam waste disposal and mercury in the waterlines, your College reviewed the by-law very carefully. We received advice that, while the city had the jurisdiction

under the precautionary principle to pass the by-law, the pollution prevention plan for the dental sector contained in the by-law, in part exceeded the city's jurisdiction. We engaged legal counsel to challenge it.

As I am writing this column, the city has agreed that, pending a court ruling, it will not prosecute dentists who do not complete the drop down box next to the subparagraph headed "Patient Awareness" at page 5 of the Dental P2 Plan form, or who delete that subparagraph on a paper copy. In the meantime, we will continue our dialogue with the city in the hope that we can resolve our concerns.

As you know from several of the articles in this *Dispatch* and from other communications with you, the Honourable Tony Clement, the Minister of Health and Long-Term Care, has agreed to the College's Orders Regulation. Essentially we are pleased that government has recognized that this College has a role and a duty to play with respect to guiding our profession. We have all seen the responses from our colleagues at the College of Dental Hygienists of Ontario and the Ontario Dental Hygienists' Association. To them we say, we have nothing but admiration and respect for the work they do and we hope and trust that we will be able to expand our dialogue and move forward in a constructive way.

Probably nothing in the field of  
*continued on page 38*