Practice name registration will protect profession and public.

Shakespeare’s musings about the rose and its aroma are legendary, and have left countless to argue the intrinsic values of a name. Today, our profession must consider the argument this ageless Bard presents.

The public’s choice of a dental professional is becoming ever more confusing, with businesses offering such services as cosmetic teeth whitening. It is increasingly difficult for someone needing a dentist to choose from the litany of services crowding the yellow pages.

At the College, there is a growing concern with ensuring the public fully realizes what is a regulated dental office and what is not.

The College will be taking steps to ensure the existing regulation pertaining to Practice Name Registration is complied with. Those members who to date have not applied to have their practice names approved and registered by the College are now being asked to do so. This pro-active initiative will assist the public in choosing professional dental services by ensuring our members’ practices can be differentiated from those offices not staffed by a dentist. It is a necessary step for the College to fulfil its obligation to serve and protect the public interest.

The Spring 2000 issue of Dispatch will include the new “Practice Advisory re: Practice Names” and a Practice Name Registration Application Form. Those members who have not had their practice names approved are asked to complete the form and either fax or mail it no later than September 30, 2000, to the attention of the College’s Manager, Investigations, Dr. Fred Eckhaus. The College’s Executive Committee will review the applications. The Committee will welcome practice name submissions from applying members.

continued on page 6 ...
President's Message

Moving Forward Together

I look back on my first year as your president of the RCDSO with mixed feelings.

I have done my best, but there is still much more to do. It was a year filled with new experiences for me. I have had the opportunity to work with a very dedicated group of people on our College Council, committees and administration, and I have travelled across the province and met so many enthusiastic members of our profession. We should all be pleased with the high quality of dentistry that the citizens of Ontario receive from our members.

Challenges and Initiatives

As we begin the New Year, I would like to highlight some of the challenges we face as dentists practising in Ontario, and the exciting initiatives the College is taking to meet these challenges.

As part of the College’s ongoing commitment to improve the way we communicate and interact with our members, a number of initiatives have been developed so that we can reach out to our members.

Over the entire history of the College, we held our very first College Open House on November 19, 1999. We invited our members from across the province to visit our offices and take part in a day-long education session on recordkeeping, advertising, professional liability and professional practice advice. I am very proud of the hard work and professionalism of our dedicated staff.

There was “standing room only” and the program was very well received by everyone who attended. Because of this success, we are planning to “take our show on the road” so that our members throughout the province can have an opportunity to attend. More news about the dates and locations for these programs will be printed in futures issues of Dispatch.

Our colleagues that attended our “Open House” unfortunately did not have the opportunity to interface with our Vice-President Dr. Bob Brandon, or with our Registrar Dr. Minna Stein, or myself. That same day, we were “on the road” to Thunder Bay.

The Thunder Bay Dental Society had an appreciation dinner for the RCDSO. With the full co-operation of the Council, we have been able to implement some “northern initiatives” that met with their satisfaction. As well, for the first time in the history of the College, we will be conducting a Council meeting outside of Toronto. We have accepted an invitation from our members in Thunder Bay and the June 2000 meeting will be taking place there.

I was invited to make a presentation on behalf of the RCDSO at the ODA Council Meeting on November 26, 1999. As I finished my speech, Dr. Peter DeGiacomo stood up and personally thanked me for my efforts on behalf of all the dentists of District 3. It was very emotional for me, and a moment I will forever remember.

Illegal Practice of Dentistry

The College continues to receive calls and letters about the illegal practise of dentistry by individuals practising without being registered with the College. In certain areas of the province such as urban centres like Toronto, there are large multicultural communities where unlicensed foreign dentists can practise with little fear of being exposed. For obvious reasons, their patients do not co-operate with the College.
The Regulated Health Professions Act states that only a registered member may perform the controlled acts that constitute the practice of dentistry. The College however must have concrete evidence that a controlled act has taken place to successfully prosecute these individuals, including patient names and charts. The simple possession of dental equipment and supplies is not enough.

I can assure you that when such illegal practice comes to our attention, the College uses its full resources to obtain this evidence and has been most successful in the court process including having court orders issued preventing these individuals from using the title dentist or doctor, and forbidding them from performing any controlled acts.

The College believes the illegal practice of dentistry to be a very serious offence. For this reason we are continuing a program of aggressive enforcement we started in 1999.

Again, for the year 2000, we will be providing our members with a membership certificate attesting to the fact that they are currently registered with the College. The purpose of the certificate is to make the public aware of the RCDSO, especially as it relates to our role in assuring that only qualified persons are allowed to practise dentistry in this province. The certificate will provide assurance to the public that the dentist they are attending or are planning to attend is currently registered with the College, and are duly authorized to provide dental treatment in Ontario.

While the display of this certificate is voluntary, I ask as a personal favour to your President that you consider displaying it in a prominent area of your office.

At the November meeting of the RCDSO Council, we discussed the need for a public awareness campaign to advise the public to look for a current membership certificate in their dentist’s office as a means of determining that the practitioner is indeed registered as a dentist with the College.

Revised Quality Assurance Regulation
Council has approved the revised Quality Assurance Regulation and information is available in this issue of Dispatch. The changes made to the regulation ensure that additional procedural safeguards are in place to protect members and give a greater balance of fairness.

Examples of these safeguards include providing all members with an opportunity to correct any deficiencies in their practice themselves and establish their own “corrective action plan” before the file is presented to the Quality Assurance Committee for action.

Dr. Phil Watson contacted me with some very serious concerns about allegations that recent graduates were frequently involved with “problems” at our College. I immediately responded to Dr. Watson by saying that in my opinion the “problems” these dentists (those generally in my age group) had manifested themselves as follows:

- financial problems
- marital problems
- alcohol and drug-related problems

A careful review of Discipline dates shows that the dental graduates since 1989 have been pristine in their practice of dentistry. Only 3 dentists who had been registered since 1989 have appeared in front of the Discipline Panel. Unfortunately, my age group has indeed been attending the Discipline Panel on a frequent basis.

It is important to note that less than 0.3 per cent of the total number of dentists and dental specialists in Ontario appear before the Discipline Panel on a yearly basis!

Controversial Treatment
I have been in personal contact with members of the Multiple Sclerosis (MS) Society and ALS (Lou Gehrig’s Disease) Society. Their specific concerns are that some of our dental colleagues are replacing silver and gold restorations with composite fillings and extracting endodontically treated teeth when not necessary. This type of treatment is controversial.
To relate to these seriously ill patients that this controversial dental treatment will cure their disease or improve their medical condition is a serious matter.

**In Closing**
I can assure you that we are working to have the RCDOS assume a more proactive leadership role in guiding our members. I know Council and staff alike are strongly committed to this change and you can look forward to other initiatives from the College in the coming months.

I would like to thank all members of Council as well as those individuals who have served our committees during the past year. The New Year promises to be as busy and productive as 1999.

I am looking forward to meeting you at your dental society. Please feel free to contact me if you have any questions or concerns. My home telephone number is (905) 881-8052.

Sincerely,

Thomas W. McKean, DDS
RCDSO President

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Dr. Minna Stein has announced her retirement as the Registrar of the Royal College of Dental Surgeons of Ontario (RCDSO) effective January 31, 2000.

Dr. Stein began her career with the College in a part-time capacity assisting in the Complaints/Discipline area (1984-1986). She then joined the College on a full-time basis in 1988 assuming the position of an Assistant Registrar with responsibility for the Investigations/Discipline process (1988-1990). In 1990, Dr. Stein was appointed Deputy Registrar following which, in 1996, the Council of the College unanimously appointed her Registrar.

During Dr. Stein’s tenure, the College underwent significant legislative changes as the Health Disciplines Act was repealed and the Regulated Health Professions Act and the companion Dentistry Act was proclaimed. Also during this time, the College’s focus moved from a reactive organization to one that is proactive and assists its members in maintaining the high quality of dental care to which the public of Ontario is entitled. Dr. Stein’s commitment to the public interest and the profession was further demonstrated by her support and service to national Conference of Dental Regulatory Authorities. She also served as the Vice-President of the Federation of Health Regulatory Colleges of Ontario.

“While I leave the College with some mixed emotions, I believe that the friendships that I have made over the years will continue as I enter this new phase of my professional life,” said Dr. Stein.

The College expresses appreciation to Dr. Stein for her contributions over the years and wishes her well in her future endeavours.

Mr. Irwin Fefergrad, Deputy Registrar/Director of Investigations and Hearings is the acting Registrar of the College.
Council Meeting Highlights

339th Council Meeting

Council was held November 11 and 12, 1999 at the Inn on the Park Conference Centre in Toronto. The following are highlights of the meeting at which Council:

- Approved funds for the “Kenneth Pownall Memorial Scholarship” for the Qualifying Program at the University of Toronto Faculty of Dentistry and approved, in principle, establishment of a similar scholarship at the University of Western Ontario School of Dentistry;
- Agreed to invite the president or designate of the Thunder Bay Dental Association and the Kenora-Rainy River Dental Association on an alternating basis as an official guest of the College to regular Council meetings;
- Converted a number of existing Ontario Regulations to By-Laws. These included: “Composition of Committees” (formerly Ontario Regulation 617/93) “Electoral Districts” (formerly Ontario Regulation 831/93) “Appointment of Non-Council Committee Members to Committees of the College” (formerly Ontario Regulation 205/904);
- Approved in principle the proposed By-Law respecting “The Register” that outlines the contents and sets out what information can be provided to the public;
- Approved the College’s 2000 Operating and Capital Budgets;
- Amended By-Law No. 1 to give Council the authority to impose sanctions on members of Council who are found to have breached the “Code of Conduct for Council Members”;
- Amended By-Law No. 1 to formally re-establish the position of Deputy Registrar;
- Amended the wording of Ontario Regulation 853/93 (Professional Misconduct) in order to include reference to the by-laws of the College;
- Approved the revised Quality Assurance Regulation;
- Approved in principle the “Standards of Practice of the Profession Relating to the Performance of Intra-Oral Procedures by Third-Parties”;
- Revised the credit point system, approved sponsor list and related information for the Mandatory Continuing Dental Education component of the Quality Assurance Program;
- Approved a one-time grant to the Canadian Collaboration on Clinical Practice Guidelines in Dentistry (CCCD);
- Approved the specialty examinations for each of the dental specialties for applicants for specialty certificates who apply for registration in the year 2000;
- Approved the College’s contribution to the RCDC Examiners Workshop scheduled for February 26, 2000;
- Agreed with the Bloodborne Pathogens Working Group not to support recommendations of the Laboratory Centre for Disease Control on mandatory testing of health care workers;
- Agreed that the College will continue to promote its Guidelines Respecting Infection Control, will take every opportunity to publish its policy on “Affected/Infected Dentists”, and promote the availability of continuing education programs on infection control issues; and
- Extended the Alternate Dispute Resolution Program pilot project for complaints to the March 2000 Council meeting.
What’s in a Name?

In considering acceptable practice names, a general rule of thumb is that a practice name must not include misleading adjectives like ‘carefree’ or ‘painless’ - so, the Painless Dentist Clinic is not acceptable. Names which are potentially misleading to the public, and names that tend to describe or make reference to any part of dental treatment or dental practice (other than recognized specialties) will not be approved. As well, with a name that describes the location of the practice, that reference must be ‘reasonable’ in identifying the location of the dental office. A practice name, which refers to a large area such as a municipality (Toronto Dental Offices) would not be approved.

Given that the College is striving for 100% compliance with this initiative, there may be a few cases where members will need to change their practice names. One scenario is the case where a member has not previously sought approval to register the practice name with the College, and is off-side with the provisions set down in the Dentistry Act. (There is currently a small percentage of members who have not registered their practice names.)

In these select cases these members are now also being asked by the College to apply to register their practice names so they are in compliance with the Dentistry Act. The College will work with the members in identifying names that are suitable. Any member who must alter his or her practice name will have up to two years – until September 2002 – to do so, and to change their signs, business letterhead and advertisements.

Any practice whose name has been previously approved by the Executive Committee and/or College, may assume the name will be accepted as compliant. The College does not require these members to register again.

Further background information and a copy of the form will be available on the website – www.rcdso.org – as early as next month. Members who have questions about this initiative are asked to contact the College.

Next Council Meeting

The next regular meeting of the RCDSO Council will take place on March 30 and

31, 2000 at the Westin Prince Hotel (Crown Room), 900 York Mills Road, Toronto.

Council meetings are open to members of the profession and the public with the exception of in-camera sessions. Seating is limited so those wishing to attend are asked to notify the College at (416) 961-6555 or 1-800-565-4591 from outside the Toronto calling area.
Council Approves Code of Ethics Change

At the November, 1999 meeting of the RCDSO, a number of recommendations made by the “Bloodborne Pathogen Working Group” were considered and approved. One of these recommendations resulted in an amendment to Section 2 of the RCDSO’s Code of Ethics by adding the following new provision:

**Ethical Dentists:**
Will know their health status (including their serological status with respect to bloodborne pathogens) and take the necessary steps to ensure that their patients are appropriately protected.

This addition compliments another ethical responsibility which is contained in Section 2 of the By-Laws, as follows:
- Ethical dentists will inform the College when a physical or mental disease/condition has affected, or may affect over time, their ability to practise safely or competently.
- Another recommendation approved by Council was that the RCDSO’s policy on “Affected/Infected Dentists” be promoted wherever possible. Accordingly, this policy is outlined below.

**RCDSO Policy on Affected/Infected Dentists**

**Purpose of the Policy**
This policy outlines the manner in which the RCDSO would deal with a member who reports suffering from a physical or mental disease or condition which has affected, or may over time, affect his or her ability to practise safely or competently. While not supporting the principle of mandatory testing of dental care providers for certain infectious communicable diseases, the policy did confirm the following ethical responsibility of all Ontario dentists:

“Ethical dentists will inform the College when a physical or mental disease/condition has affected, or may affect over time, their ability to practise safely or competently.”

**Features of the Policy**
This policy is based on current scientific knowledge and is designed with the purpose of protecting the public while being fair and not unduly restrictive to the individual practitioner involved. As part of this policy, the RCDSO has established a COMPULSORY program to deal with infected/affected dentists in which:
- An “expert review panel” is set up to deal specifically and confidentially with the infected/affected practitioner;
- The “panel” will include the practitioner’s personal physician, experts in the field of the practitioner’s disease/condition, and dentists who are knowledgeable about this issue who could provide the dental expertise necessary to advise a practitioner about altering his or her practice habits;
- The “panel’s” purpose is to provide for counselling, advice and direction to the infected/affected practitioner regarding his or her particular practice situation. Ultimately, this Panel will assist the infected/affected dentist in determining when, if ever, it is appropriate, in the interest of the public, for that individual to leave dental practice due to his or her disability.

**Confidentiality Assured**
Members can be assured that strict confidentiality will be maintained to protect the co-operating infected/affected practitioner and access to the administration of the file is
Program Changes Approved by Council

At the November 1999 meeting of the RCDSO Council, a number of very positive changes were approved on the recommendation of the Quality Assurance Committee.

This review included looking at the “credit point system” which has been in place since the Mandatory Continuing Dental Education Program requirements began in September 1993, as well as the way in which credits can be obtained through the longstanding Academy of General Dentistry (AGD) “membership” program. In the latter case, prior approval of courses and sponsors is not required and credits can be obtained for non-dental topics as well.

Another consideration by the Committee was the principle that “bonus” points be awarded for certain programs, especially hands-on clinical courses.

A third consideration related to ensuring that the credit points that are assigned to each type of educational experience are fair and equitable.

With these factors in mind, the Quality Assurance Committee developed a revised “MCDE Credit Point System” and a new policy statement regarding “approved sponsors”. It is the Committee’s view that these changes will improve an already excellent program and provide members with additional opportunities to further their professional and personal education.

The changes to the MCDE program are highlighted below, with the former point allocation shown in brackets:

- **Evening Programs** – 1, 2 or 3 credits now available, depending on the length of the evening program (formerly 1 or 3 credits were available)
- **Dental Society Evening Meetings** – 2 credits per meeting since most evening meetings exceed two hours (formerly 1 credit was available)
- **Dental Conventions** – 6 credits for each day attended (instead of 5 credits) and 20 point maximum per three-year cycle has been eliminated.
- **Full-time Faculty Members** – 20 credits per term (formerly 10 credits per academic term)
- **Part-time Faculty Members** – 10 credits per term (formerly 5 credits per academic term)

Non-Dental Topics – 20 credit points per three-year cycle now available for such programs as

**Information, Advice and Assistance Available**

Dentists with potentially debilitating mental or physical conditions or diseases are urged to contact the College for more information, advice or assistance. Please direct your call to Dr. Irwin Fefergrad, acting Registrar, at the College headquarters in Toronto.
practice management, personal development and
general interest topics. Programs given by non-
approved sponsors also fall into this category.

Bonus Points will be awarded for hands-on
clinical programs sponsored by accredited North
American dental schools or other sponsors
approved by the Quality Assurance Committee.
The applicable credits will be calculated by
adding one-half of the credit usually allowed for
a similar non-hands-on program. For example,
a full day hands-on course would garner 6 plus 3
or nine (9) credit points.

Information About
“Approved Sponsors”
The RCDSO will no longer be “approving”
specific continuing education programs. To be
eligible for credit, dental programs must be
sponsored by:
• a faculty/school of dentistry;
• a body that has been approved by the
  Academy of General Dentistry (AGD) or
  CERP (the ADA/CDA recognition program);
• a national or international dental association
  (e.g. CDA, ADA, FDI, etc);
• a provincial or state dental association
  (e.g. ODA, New York State Dental Society,
  etc.) or their component dental societies;
• local, provincial, state, national or
  international dental specialty associations;
• an approved study club;
• an accredited hospital;
• a government agency (e.g. public health
  unit); or the military.

Summary of Program Changes
1. Credit points are now available for
participation in non-dental education
programs such as practice management,
personal development, general nutrition and
other general interest topics. There is,
however, a twenty (20) point limit per 3-year
cycle for such topics. Dental topics that do
not meet the “approved sponsor” criteria
would also fall under this category.
2. Bonus credit points will be awarded for
“hands-on” clinical programs sponsored by
accredited North American dental faculties/
schools of dentistry or other sponsors
approved by the Quality Assurance
Committee. These credits are calculated by
adding an additional 50 percent to the credit
points that are already awarded for a similar
length program.

Please direct any questions or concerns about
these changes to Dr. Don McFarlane, Director,
Professional Practice, or Ms. Julie Wilkin at the
College Headquarters.

MCDE Transcripts Delayed
The RCDSO’s new computer system is now in
place. Unfortunately, the historical MCDE data
did not transfer as cleanly as had been hoped
resulting in a delay in the preparation of
transcripts for the 1996-1999 MCDE cycle.

The problems have now been resolved and
the transcripts are in the process of being
prepared. In fact, many dentists may now have
already received their report.

We expect the process to be completed
within the next six to eight weeks. We
apologize for the delay.

By planning your
continuing education
with the above
advice in mind,
you will be able to
continue to provide
the appropriate, safe
and ethical dental
care that your
patients have come
to expect from you
and your staff.
Continuing Education Course Selection

The RCDSO’s Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice (November 1995) address the issue of ongoing continuing education, as follows:

“Dentists using sedation and/or general anaesthesia techniques for their patients are expected to include courses and/or other educational programs related to these modalities in their personal continuing dental education planning.”

Similar advice also appears in the Guidelines Respecting Educational Requirements and Professional Responsibilities for Implant Dentistry (June 1995) and the Guidelines Respecting the Diagnosis and Management of Temporomandibular Disorders (November 1995).

This notice is meant to serve as a reminder to all dentists of their professional responsibility to ensure that their knowledge, skill and judgement respecting the techniques and modalities that they use in their practices are up-to-date.

By planning your continuing education with the above advice in mind, you will be able to continue to provide the appropriate, safe and ethical dental care that your patients have come to expect from you and your staff.

Newly-Designed Authorization Stamps for Dental Technologists

The College of Dental Technologists of Ontario (CDTO) has introduced a newly-designed stamp for all dental technologists holding a General Certificate of Registration with the College. The stamp, which came into effect December 1, 1999, contains the protected title, “Dental Technologist”, the registrant’s name, and their registration number.

In discharging their supervision responsibilities, General Certificate Registrants are required to imprint their stamp on all invoices, design consultations and any document authorizing the release of cases. This stamp signifies that a qualified dental technologist has examined the case for conformity to the prescription and standards of the CDTO and that the invoice accurately reflects the amount charged, the processes and materials used.

If there is no stamp, dentists and patients should take precautionary measures to check if a qualified dental technologist was on site in the laboratory supervising the design and/or production of the dental appliance. To inquire whether the individual is a qualified dental technologist and whether a laboratory is being properly supervised, you may contact the College of Dental Technologists at (416) 438-5003 during regular business hours.

Anaesthesia and Sedation Facility Permit Program

The RCDSO’s Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice require that all dental facilities that provide parenteral conscious sedation, deep sedation or general anaesthesia must be registered with the College and obtain a facility permit. Permits are not required for offices that use nitrous oxide and oxygen conscious sedation and/or oral administration of sedative agents.

Permits are granted subject to a review of the qualifications and training of the person administering the sedation/anaesthesia and conformance with all aspects of the above-noted Guidelines and subject to a satisfactory on-site inspection and evaluation by the RCDSO.

The annual fee for facility permits is $75.00 and invoices are sent out in January of each year.

Need to Know

The responsibility for registering the dental facility and obtaining the permit rests with the owner/principal dentist of the facility and NOT with the visiting dental/medical anaesthetist or oral and maxillofacial surgeon.

Information about the facility permit process and/or a registration package can be obtained by contacting Ms. Julie Wilkin at the College headquarters.

New Public Member Appointed

Ms. Krystyna Rudko of Ottawa has been appointed to serve as a public member on the RCDSO Council. Her three-year term began on January 16, 2000.

Ms. Rudko is a communications and marketing strategist with expertise in the field of demographics and trends analysis. She has worked in the area of crisis management and social policy development for the federal government departments of Health and Welfare, Statistics Canada and Immigration Canada.

After leaving the government Ms. Rudko founded Global Demographics Incorporated and now serves as the company president.

As a result of Ms. Rudko’s appointment, 10 public members are now serving on the College’s Council.
Preventing for a Medical Emergency

The treatment of a medical emergency in a dental office begins with assessment and, if necessary, treatment of airway, breathing and circulation by means of cardiopulmonary resuscitation. Most often, only after these basics have been addressed, should the use of the emergency drugs listed below be considered.

These drugs should be readily available, however, for such emergencies, especially those of a life-threatening nature. Although it is a good idea to ask patients taking nitroglycerin or salbutamol inhalation to make sure they bring these medications with them to each appointment, they should also be included in the basic emergency kit.

The following list outlines the six basic drugs that should be included in the emergency kit of every dental office. Additional agents may be appropriate depending on the nature of the dental practice.

### Practice Check

#### Preparing for a Medical Emergency

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Recommended Adult Dose</th>
<th>Recommended Child Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>Most medical emergencies</td>
<td>100% inhalation</td>
<td>100% inhalation</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Anaphylaxis</td>
<td>0.3 mg i.v or 0.5 mg i.m*</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Asthmatic bronchospasm which is unresponsive to salbutamol</td>
<td>0.3 mg i.v or 0.5 mg i.m*</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Cardiac arrest</td>
<td>1 mg i.v. mg/kg</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>Angina pectoris</td>
<td>0.3 or 0.4 mg sublingual</td>
<td>No paediatric dose</td>
</tr>
<tr>
<td>Diphenhydramine or chlorpheniramine</td>
<td>Allergic reactions</td>
<td>50 mg i.v or i.m*</td>
<td>1 mg/kg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 mg i.v or i.m.*</td>
<td></td>
</tr>
<tr>
<td>Salbutamol inhalation aerosol</td>
<td>Asthmatic bronchospasm</td>
<td>2 puffs (100 micrograms/puff)</td>
<td>1 puff</td>
</tr>
<tr>
<td>ASA</td>
<td>Acute Myocardial infarction</td>
<td>160 or 325 mg**</td>
<td>Not indicated</td>
</tr>
</tbody>
</table>

* The dose suggested for the i.m. route is also appropriate for sublingual injections

**The American Heart Association publication on Advanced Cardiac Life Support, 1997, page 1-51, suggests having ASA (acetylsalicylic acid) readily available for administration to a patient who has new pain suggestive of an acute myocardial infarction. A dose of 160 or 325 mg should be taken as soon as possible in this situation, unless there is a contraindication such as hypersensitivity, severe asthma or severe ulcer disease. ASA will be added to the suggested list of emergency drugs for dental practice in the 2001 edition of the Compendium of Pharmaceuticals and Specialities (CPS).
In addition to having an emergency kit available with the drugs that have current dates, it is advisable that some type of quick source of glucose be on hand. It is also recommended that:

- key dental office staff have CPR training;
- a written emergency protocol be in place in the office; and
- dental office staff be aware of this protocol (through regular staff meetings) and the procedures to follow when a medical emergency arises.

Those offices that provide conscious sedation, deep sedation and/or general anaesthesia are required to have specific other emergency drugs and armamentaria. These lists can be found in the RDCSO Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice.

It is important that dentists and their staff update their knowledge on the management of dental office emergencies from time to time by including courses and seminars on this subject and on dental pharmacology in their ongoing continuing education plans.

Practice Alert
Re: Global Facility Inc - Health+Plus

Members have brought to the College’s attention that Global Facility Inc. (GFI) has sent out information packages, including merchant application forms, to the profession. The College has expressed its concern with representatives of Global Facility Inc., advising that the documentation suggests arrangements which may involve members in acts which may constitute professional misconduct under the Regulations, made under the Dentistry Act, 1991, in that the arrangements contemplated may:

- be fee-splitting;
- offer, make or confer a rebate, credit or other benefit; and
- give information about a patient to a person other than the patient, or his or her authorized representative, except with consent of the patient or his or her authorized representative or as required or allowed by law.

Further, on the face of it, it would appear that Global Facility Inc. may advertise on the dentist’s behalf. In that the dentist is delegating this authority, the dentist will have no control on the content of the advertisement and it may be considered by members of the profession to be unprofessional and as such, may violate the Regulations and Guidelines of the Royal College of Dental Surgeons of Ontario.

Dentists are therefore advised that before entering into any arrangement with the Global Facility Inc. via the merchant application form, they consult with their solicitors, who can properly advise them on the matter.
Use of Nitrous Oxide-oxygen Conscious Sedation for Dental Hygiene Services

This article originally appeared in the December 1996 issue of Dispatch and in Milestones, the newsletter of the College of Dental Hygienists of Ontario. It is being reprinted to ensure that members are aware of their professional and legal responsibility relative to the administration of nitrous oxide-oxygen conscious sedation.

Administering a substance by injection or inhalation is not part of the legislated scope of practice of dental hygienists under the Dental Hygiene Act, 1991 (RHPA), nor is it part of dental hygiene education in Ontario. Because of this, the authorized act of administering nitrous oxide-oxygen conscious sedation in dental practice must be performed by a dentist trained in the use of this modality or by a registered nurse working under the order and/or supervision of a dentist.

The RCDSO “Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice”, which were sent to all dentists in December 1995, were revised at that time to allow properly trained registered nurses to administer nitrous oxide-oxygen conscious sedation and monitor the patient under the following circumstances:

- the patient has previously had nitrous oxide-oxygen conscious sedation in the dental office;
- the dentist has established the appropriate dosage for the patient; and
- the supervising dentist is immediately available in the office to respond to any emergency or other situation.

Provided these criteria are met, it is possible for dental hygienists to perform scaling, root planing and other preventative services while the patient is receiving nitrous oxide-oxygen conscious sedation. Unless a dentist or registered nurse administers nitrous oxide-oxygen conscious sedation and directly monitors the patient as required by the RCDSO Guidelines, dental hygienists cannot provide scaling, root planing or other preventative services for patients requiring this modality.

Professional Practice Advice

How Can I Help You?

The Patient Who Refuses to Take Prophylactic Antibiotics

In recent years, the medical/dental communities and the public have become aware that antibiotics may be over-prescribed, and that this may be cause for great concern. For instance, we are now faced with the emergence of new strains of bacteria – strains that demonstrate resistance to our most powerful antibiotics.

Perhaps as a consequence of this and other factors, more and more dentists are being confronted with patients who are refusing to take prophylactic antibiotics. These patients are often aware that they have a condition for which prophylactic antibiotics are recommended, and may have taken them in the past, but no longer wish to do so. They may even be willing to sign a prepared release that states this.
What would you do?
Should you honour the patient’s decision not to take prophylactic antibiotics? That is, should you agree to provide services, for which prophylactic antibiotics would normally be prescribed, knowing that the patient will not be taking them?
Should you have the patient sign a release?
Should you refuse to treat the patient?

Professional Practice Advice
A patient has the right to make informed decisions regarding their health care. This includes the right to accept or refuse treatment. As a dentist, you have the responsibility to fully inform your patient regarding the options for treatment. You also have the responsibility to prescribe appropriate antibiotic coverage to protect the patient from potential harm. Nevertheless, you too have certain rights.

Before proceeding with any treatment, take the time to fully understand your patient’s condition. Just as important, take the time to educate your patient:

• Does the patient’s medical condition warrant the taking of prophylactic antibiotics?
  Following your review of the patient’s medical history, you may require additional information. For example, if the patient has a history of mitral valve prolapse, you should determine if there is valvular regurgitation and/or thickened leaflets. If the patient is not certain, request permission to consult with the patient’s physician. If an echocardiographic evaluation has not been performed, recommend that treatment be delayed until after this test is done and the results are known: it may ultimately prove that antibiotic coverage is not necessary!
• Is the patient aware of the purpose of prophylactic antibiotics? Discuss the risks of not taking prophylactic antibiotics. For example, bacterial endocarditis is a serious complication, and can result in death.
• Is the patient aware of the current recommendations regarding prophylactic antibiotics? (For that matter, is the patient’s physician aware of the current recommendations regarding prophylactic antibiotics?) Discuss the current recommendations, which potentially reduce the patient’s exposure to antibiotics. For example, they include the stratification of patients into risk categories, the decrease in the pre-operative dose of antibiotic, the elimination of the post-operative dose of antibiotic, and the modification to prescribe for only those dental procedures associated with significant bleeding.

Despite these efforts, the patient may still refuse to take prophylactic antibiotics and insist that you proceed with treatment. If you decide to comply with the patient’s request, it would be prudent to ensure you have excellent documentation of their refusal before proceeding. Such documentation should be explicitly worded, signed by the patient, and witnessed. Please note, however, that the College cannot provide you with a sample release form for this purpose, and cannot offer any opinion as to whether your release would be upheld in a court of law. You may wish to consult with your own lawyer.

You should also consider that you have an equal right to refuse to provide treatment under these circumstances. If, in your opinion, the patient’s refusal to take prophylactic antibiotics would place him/her at undue risk, it would not be considered inappropriate for you to refuse to provide treatment.

With regard to any patient who agrees to take prophylactic antibiotics, question the patient specifically before commencing the appointment to confirm that they have done so. Furthermore, note the patient’s confirmation at the beginning of your chart entry (e.g. sample chart entry: “pt said took Ab’s”). This should be done routinely.
Illegal Practice of Dentistry

The Regulated Health Professions Act, 1991 (RHPA), states that only registered members of the College are allowed to perform the controlled acts that constitute the practice of dentistry.

It is often difficult to establish that someone is practising dentistry as defined by the RHPA. An individual could set up an office filled with dental equipment: patients could be entering and exiting that office. However, unless there is evidence that the individual is performing a controlled act, the courts will not see this as practising dentistry.

The College must have evidence that a unregistered individual has performed controlled acts otherwise it can not get support from the legal system. The College sees the illegal/unauthorized practice of dentistry to be a very serious problem and has determined to commit the resources necessary to obtain proper evidence.

There are three avenues the College can take:

1. The College can proceed through the criminal court system and attempt to secure a guilty plea. This is not a rapid process and therefore not seen as adequately protecting the public.

2. The College may apply to the Superior Court for an Order compelling the individual to comply with the RHPA. There are a number of advantages to this process including:
   • The matter can be brought before a Superior Court judge usually within days of establishing the facts
   • If the Order, typically an injunction, is breached it may constitute contempt of Court and incarceration is a distinct possibility
   • The College is able to obtain an Order for costs

3. If the individual is a dentist practising while under suspension, the Discipline Committee could have jurisdiction if allegations of professional misconduct are referred to it for a hearing.

The College has recently obtained the following results through the court system:

**Marietta Avetissova**

Facts were presented in Provincial Court that Marietta Avetissova was performing controlled acts while not being a member of the College.

Results: The Court accepted a guilty plea and imposed a fine of $50.

**Mohamed Ebrahim Hoodfar**

Proceedings in Superior Court heard allegations that the individual performing controlled acts and using various titles such as “dentist” and “doctor” and holding himself as a person qualified to practise in Ontario as a dentist or in a specialty area.

Results: The Court ordered Mohamed Ebrahim Hoodfar be restrained from:
   • using language such as “dentist”, “doctor”, any abbreviation or variation thereof, or from holding himself out to be a person qualified to practise in Ontario as a dentist or in a specialty area;
   • providing health care to individuals;
   • performing any controlled acts including procedures on tissue below the dermis, below the surface of a mucous membrane, in or below the surfaces of the teeth
   • administering a substance by injection or inhalation;
   • fitting or dispensing a dental prosthesis including a denture; and
   • providing any treatment or advice that might reasonably cause harm.
Zygmunt Kurasz  

Proceedings in Superior Court heard allegations that the individual was performing controlled acts including making use of supplies and/or drugs.

Results: The Court ordered Zygmunt Kurasz be restrained from:
- using language such as “dentist”, “doctor”, any abbreviation or variation thereof, or from holding himself out to be a person qualified to practise in Ontario as a dentist or in a specialty area;
- providing health care to individuals;
- performing any controlled acts including procedures on tissue below the dermis, below the surface of a mucous membrane, in or below the surfaces of the teeth
- administering a substance by injection or inhalation;
- The individual must turn over to the College all equipment, instruments, supplies or drugs that he has used, may use or can use to perform any dental procedures.

Jonathan Lazaro  

Proceedings in Superior Court heard allegations that the individual was performing controlled acts.

Results: The Court ordered Jonathan Lazaro be restrained from:
- using language such as “dentist”, “doctor”, any abbreviation or variation thereof, or from holding himself out to be a person qualified to practise in Ontario as a dentist or in a specialty area;
- performing any controlled acts including procedures on tissue below the dermis, below the surface of a mucous membrane, in or below the surfaces of the teeth including the scaling of teeth; and
- administering a substance by injection or inhalation.

Costs to the College were ordered in the sum of $4,000.

Dr. Kristina Reet Roman  

Proceedings in Superior Court heard allegations that the individual was practising dentistry while under suspension.

Results: The Court issued a restraining order prohibiting Kristina Reet Roman from performing any controlled acts or in any way engaging in the practice of dentistry or providing any treatment or advice that might reasonably cause harm.

Dr. Velimir Ivanovski  

Proceedings in Superior Court heard allegations that the individual was practising dentistry while his certificate of registration was under suspension, pursuant to an Order of the RCDSO’s Executive Committee.

Results: The Court ordered that Dr. Ivanovski be restrained from practising dentistry while under suspension.

The College is in the process of obtaining Court Orders or Undertakings restraining other individuals from performing controlled acts or practising dentistry. Because these matters are not yet part of the public record, the College is not at liberty to disclose the names.

In order to bring attention to your credentials, the College encourages you to have your wall certificate prominently displayed in your office. Patients would be able to see for themselves that you are registered with the College to practice dentistry in Ontario.

The College views the illegal practice of dentistry as a very serious matter and looks to members of the public and to the profession to assist in providing evidentiary information to establish that non-certified or suspended individuals may be performing controlled acts. Members are also cautioned that delegating an act to an unauthorized person may constitute professional misconduct under Ontario Regulation 853/93 made under the Dentistry Act, 1991.
Substance Abuse Among Professionals

What are the pressures facing professionals that can lead to substance abuse? How do you recognize the signs of substance abuse and what is an effective treatment? These questions formed the basis for discussion at an education session on substance abuse attended by members of Council, non-Council Committee members and staff of the College.

The session was held on November 12, 1999 and was titled “Substance Abuse Among Professionals”. It was designed to provide general information about the subject and included a discussion on how to recognize the warning signs and how to treat the problem.

The panel chaired by Irwin Fefergad was made up of three professionals – Dr. Jim Golem, Dr. Phillip Klassen and Mr. Ken Dryden. Two are health care providers and the third is a well-known sports figure and business executive.

Through the ODA’s “Dentists at Risk” program, Dr. Golem has met many dentists battling substance abuse. He recounted to the audience some of their frightening experiences. Many began abusing drugs and alcohol in dental school. Others are recovering abusers who struggle every day with their cravings. Still others spend the weekend drinking and try desperately to sober up before the first patient arrives on Monday morning.

Dr. Phillip Klassen is a psychiatrist with extensive experience dealing with people going through the struggle of substance abuse. He gave a detailed presentation of the epidemiology of substance abuse.
What leads to substance abuse? Dr. Klassen told his audience that a number of factors could push someone to abuse drugs and alcohol. Genetics, anxiety or stress, easy access to these substances, physical illness, and work life (boredom, job dissatisfaction, overwork) all can lead to substance abuse. Statistics show that 7 to 15 per cent of the general population are substance abusers and there is a surprisingly higher incidence of substance abuse in the health care profession such as emergency and critical care workers.

According to Dr. Klassen, certain traits characterize the substance abuser. These include extraordinary isolation from family, friends and associates, keeping unusual business hours, poor recordkeeping and geographical mobility. The substance abuser tends to have contact with substance-abusing patients.

Dr. Klassen also explained the difficulties encountered during treatment. The substance abuser denies there is a problem, the abuser is unable to accept the role of being the patient and the best reporters of substance abuse will not come forward because they risk losing their jobs.

According to Dr. Klassen, preliminary treatment options include eliminating the risks, involvement in family and peer support groups, and lifestyle modification. More drastic measures involve detoxification, extended inpatient treatment, pharmaco-therapy and restricted prescribing privileges. Non-compliance with treatment and refusal to engage in lifestyle changes are the main reason for treatment failures.

Health professionals have a better recovery outcome than the average population. The success rate is between 70 and 95 per cent.

Ken Dryden’s forte is sports. He spent years as a goalie for the Montreal Canadiens and is currently president of the Toronto Maple Leafs. He explains that the cycle of substance abuse begins at an early age when athletes are away from home playing in their first tournaments. Peer pressure is a major factor pushing young athletes to abuse drugs and alcohol.

The RCDSO Council believes that substance abuse amongst health care professionals is a very serious problem and is considering development of an education program for members on this topic.
Prescribing Analgesics That Contain Codeine or Other Narcotics

From time to time, the College receives information that a dentist may be prescribing inappropriately. At other times, the College receives telephone calls from members requesting advice in dealing with a patient who is complaining of severe pain and demanding a particular prescription for pain relief. In both types of cases, the drug in question is often a narcotic analgesic – such as Tylenol #3 or 292.

All narcotic analgesics have the potential for abuse. Psychological and physical dependence may develop from repeated administration of these drugs.

Remember: codeine may produce a drug dependency similar to that of morphine. Therefore, any analgesic containing codeine has the potential for being abused. You should exercise the same appropriate caution when prescribing Tylenol #3 or 292 as you would with any of the more potent narcotic analgesics.

Consider the following before prescribing any of these medications:

A dentist’s scope of practice is the treatment of patients for dental conditions. This includes the privilege of prescribing for dental-related discomfort. It does not include the privilege of prescribing for non-dental conditions – not for you, not for your family and friends, and not for your dental patients.

Only write a prescription for a dental condition that you are certain requires one. When prescribing any medication, detailed notes should be entered in the patient’s chart, specifying the date of the prescription, the type and quantity of medication prescribed, and any instructions to the patient.

A drug register must record and account for all narcotics, controlled drugs or drugs normally requiring a prescription that are kept in the office. When dispensing drugs to a patient, the amount provided must not exceed a three-day supply.

Do not allow a patient to dictate the choice of prescription drug. Do not allow a demanding patient to cause you to compromise your clinical judgement respecting the appropriate use of prescription drugs.

If the patient is not attending the office for treatment, only prescribe enough medication to relieve the patient’s immediate symptoms (i.e. no more than a three days supply). Make arrangements to see the patient and provide treatment as soon as possible.
If the patient’s symptoms do not appear to be commensurate with your clinical findings, consider referring the patient to a dental specialist or to their family physician for follow-up.

Before prescribing controlled drugs for any patient, it is important to determine if the patient is taking or has recently taken similar narcotic drugs. Inquiries concerning recent prescriptions should be a routine part of medical history taking or updating. (Please note that under Section 4 of the Controlled Drugs and Substances Act, it is a criminal offence for a person to seek or obtain a controlled drug or a prescription for a controlled drug from any practitioner unless that person discloses to the practitioner the particulars of every controlled drug or every prescription for a controlled drug that a person has obtained from any other practitioner within the preceding thirty days.)

If you suspect that a particular patient may be attempting to obtain narcotic drugs for a non-medical use, and/or that the patient has not divulged other recent prescriptions (i.e. the patient may be “double-doctoring”), you may decide to refuse to provide a prescription for a narcotic analgesic. Sometimes a patient will request a refill prescription for continuing discomfort. Repeated requests may indicate a different problem, such as a growing dependency, and should be handled with caution. Again, if the patient’s symptoms do not appear to be commensurate with your clinical findings, you may request permission to speak with the patient’s family physician. (Please note that you require the patient’s consent to contact their family physician.)

When dealing with a patient’s discomfort, consider prescribing a non-narcotic medication. Dental-related pain is often associated with inflammation. Therefore, nonsteroidal anti-inflammatory drugs, which demonstrate both analgesic and anti-inflammatory activity, may be the medications of first choice when prescribing for dental pain. Members should be familiar with the pharmacology of the newer NSAID’s. Consider attending courses in dental pharmacotherapeutics as part of your continuing dental education. You may also wish to consult with a local pharmacist regarding specific alternatives.

Members wishing advice in handling these and others types of situations can call Dr. Michael Gardner, Professional Practice Advisor, at (416) 961-6555.
A Reminder to Members

Advertising and Professional Misconduct

When dealing with advertising by dentists, the College commonly addresses issues relating to acts of professional misconduct. These include:

- making comparisons to another practice or member or suggesting uniqueness or superiority over another practice or member
- creating expectations of favourable results or appealing to the public’s fears

Personal information about the dentist (including years of practice, additional courses taken, etc.), specific reference to the practice’s philosophy or references to new technology as “our” (specific) equipment, may be regarded as making comparisons with another practice or as suggestive of uniqueness or superiority over another practice. As such, this information should not be included in advertisements for general distribution to the public. On the other hand, such information may be included in office brochures and newsletters provided to the practice’s patients or may be provided upon request.

The advertising of favourable results usually appears in conjunction with reference to cosmetic dentistry. Dentists are reminded not to create such expectations in their advertisements.

Appealing to the public’s fears relates to advertisements that include the term “toxic” in describing metal restorations or amalgams. Such terminology should be avoided.

Dentists are advised to review and comply with the regulations relating to advertisements. Should you require further information or clarification, please contact Dr. Fred Eckhaus at (416) 961-6555 or 1-800-565-4591.

Dentist Apologizes

This letter of apology from Dr. Bruno Paliani refers to an ad which appeared in a community newspaper in London, Ontario.

Dear Fellow Colleagues,

A copy of my ad was reviewed by the Executive Committee and was found to not completely comply with the regulations.

The committee’s concern was that the ad might appeal to the public’s fears by including comments about possible concerns with mercury toxicity, that the ad might create expectations of favourable results, and that the ad might suggest uniqueness or superiority.

Indeed, this was not my intention, but for this, I do apologize.

Sincerely, Dr. Bruno Paliani
On Friday, November 19th the RCDSO opened its doors to the membership for the first time in its 130-year history. President Dr. Tom McKean, Registrar Dr. Minna Stein and members of the College Executive Committee welcomed dentists from around the province for the College’s first ever “Open House”.

The response to the RCDSO’s invitation was overwhelming. Hundreds of dentists called the College to reserve a spot for the full-day information session but the available spaces were quickly taken. The College thanks everyone for their interest but we were able to accommodate only 80 members for this first Open House session. Plans are now underway for additional sessions and our objective is to “take our show on the road” to visit other areas of the province and to meet as many of our members as possible.

The Open House featured presentations on quality assurance, recordkeeping, advertising, and the Professional Liability Program. Dentists were also given professional practice advice and viewed the video “Zero Tolerance” on the prevention of sexual harassment and abuse in the dental office.

Our roster of presenters included Dr. Don McFarlane – Director, Professional Practice, Dr. Michael Gardner – Professional Practice Advisor, Ms. Cecelia Turner - Manager, Professional Liability Program, Dr. Judith Purvs – Dental Claims Advisor, Dr. Patricia Abbey – Manager, Public Complaints and Dr. Fred Eckhaus – Manager, Investigations.

The College has received some excellent feedback about the day. Here is just a sample:
• “Great idea! Kudos to the College”
• “The concept of the Open House is innovative and refreshing.”
• “I found it so informative and it put people’s faces on the oft times ‘intimidating’ RCDS.”
Listings 2000

The College will be printing the yearly members’ directory in April with information received as of March 31, 2000.

If your practice information has changed please contact the College as soon as possible so that Listings 2000 will contain the most up-to-date material.

You must remember that you are required by regulation to report to the College the address of your places of dental practice. A member’s practice location is a matter of public record in the College Register and any changes must be reported within 30 days of the change occurring. In addition, you may designate another address as a preferred mailing address for College communications. This alternate address is not available to the public.

In order to assure accuracy, all changes must be received in writing. Please forward changes by mail or facsimile, to:

Mailing address: Royal College of Dental Surgeons of Ontario
6 Crescent Road, 5th Floor
Toronto, ON M4W 1T1

Facsimile: (416) 961-5814