Dispatch Vol. 25, No.4 • November/December 2011

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(Certified as a Specialist by the Law Society of Upper Canada in Civil Litigation and in Health Law)

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ISSUE ENCLOSURE

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Dentists and denturists working together to provide implant-supported dentures

Dentists and denturists working together under one roof

Dr. Don McFarlane retires

New QA program launches on December 15

Early bird discount for registration renewals

White coat ceremony emphasizes students’ ethical responsibilities

New government information about prescribing and dispensing narcotics and other monitored drugs
Our patients have every right to have great confidence in the dental professionals in this province. It is not clichéd to say that Ontario dentists provide high quality oral health care. Likewise our patients can have every confidence that the self-regulation model is working in their interests.

When the Regulated Health Professions Act originally became law nearly 25 years ago, it was groundbreaking legislation. It was the model for self-regulation for the rest of the world. I believe it still is.

Within this framework, our College has done amazing work in fulfilling its mandate of public protection.

We never hesitate to go the extra mile. For the last eight years, we have supported, at our own expense, the drug interaction database. This is an online program accessible at any time from our website that allows dentists to immediately verify possible drug interactions while their patients are in the chair.

We have put significant resources into programs like our webinar series that brings top quality professional development opportunities right to the home or office in real time.

We continually take a proactive role in addressing important health care issues. The College hosted a special symposium on the management of pain in dental practice last November. Now a special expert group is working on a strategy to implement many of the recommendations from the symposium’s final report. Because of this initiative, earlier this year the College was approached by the Ministry of Health and Long-Term Care to explore how we might work in collaboration to support the government’s Narcotics Education Strategy.

When it comes to our complaints and discipline process, we take a back seat to no one. We investigate every complaint that we receive. There is direct and easy access to the complaints process, without any complicated forms or unnecessary formality.

We already have an option in place for the use
of alternate dispute resolution for a faster way to resolve some concerns, with the agreement of both the patient and the dentist.

We have spared no expense to gather evidence and take legal action through the civil courts to get an injunction to shut down individuals who are putting the public in harm’s way by illegally practising dentistry without a licence.

If any further reinforcement of the incredible leadership of our committees and Council was needed, we just have to remember last year’s visit of the Ontario Fairness Commissioner Jean Augustine to one of our Council meetings.

During her speech, the Commissioner congratulated the College for its full compliance with the provincial legislation and for offering leadership in fair registration practices. She noted that the College has been “at the forefront of discussions around labour mobility.”

The Commissioner went on to say that she uses the College as an example of what can be done in her speeches around the province as the College has maintained standards in its registration practices while continuing to protect the public, and at the same time is supportive of her office.

Informal feedback from government tells us that it is pleased with our proactive approach to self-regulation. That credibility and trust helps us exert leverage in other areas. Our values of integrity and trust are the guiding principles for everything we do. That is the foundation of our reputation.

We should never take the right to self-regulation for granted. It is a privilege that we must earn every day.

For self-regulation to continue, consumers and government must know that they can trust us. We must be accountable for our performance. We must show, in ways that the public understands and relates to, that self-regulation really works.

Self-regulation is built on trust. If a gap grows between those who are regulating themselves and the public they serve – that’s when there is a threat to self-regulation. We have no intention of letting that happen.

Nos patients ont entièrement le droit d’avoir une grande confiance dans les professionnels des soins dentaires de la province. Ce n’est pas cliché que d’affirmer que les dentistes de l’Ontario procurent des soins de santé bucco-dentaire de haute qualité. De même, nos patients peuvent être entièrement confiants, du fait que le modèle d’autoréglementation fonctionne dans leur intérêt.

À l’origine, lorsque la Loi sur les professions de la santé réglementées a été adoptée, il y a près de 25 ans, il s’agissait d’une loi d’avant-garde. C’était le modèle d’autoréglementation pour le reste du monde. Je crois que c’est encore le cas.

Dans ce cadre, notre Collège a accompli un travail remarquable en s’acquittant de son mandat consistant à protéger le public.

Nous n’hésitons jamais à en faire davantage. Au cours des huit dernières années, nous avons soutenu, à nos propres frais, la base de données sur l’interaction médicamenteuse. Ce programme en ligne accessible à tout moment, à partir de notre site Web, permet aux dentistes de vérifier sur-le-champ les interactions médicamenteuses possibles pendant que son patient est dans le fauteuil de dentiste.

Nous avons investi des ressources considérables dans nos programmes, notamment notre série de webinaires qui offrent des occasions de perfectionnement professionnel de qualité supérieure en temps réel, à la maison ou au bureau.

Nous exerçons constamment un rôle proactif en abordant les questions essentielles des soins de santé. Le Collège a organisé un symposium particulier sur la gestion de la douleur au sein du cabinet dentaire en novembre dernier. Un groupe spécial d’experts travaille à élaborer une stratégie visant à mettre en œuvre nombre des recommandations du rapport final du symposium. En raison de cette initiative, le Collège a été contacté par le ministère de la Santé et des Soins de longue durée plus tôt cette année, afin d’examiner la manière dont
How do dentists and denturists work together to provide implant-supported dentures?

Q Can denturists fabricate implant-supported dentures?

Under the Denturism Act, 1991, the scope of practice of denturism is the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures. Denturists have only one authorized act and it is “to fit and dispense removable dentures.”

This means that denturists may fabricate implant-supported dentures that are removable by the patient, including complete overdentures retained by implants and removable partial dentures retained by implant-supported crowns that have been fabricated for, and cemented by, dentists. Denturists may not fabricate fixed prostheses retained by implants, e.g. bridges that are cemented or screwed onto implant abutments.
Can dentists place implants on a referral from a denturist who is planning to fabricate an implant-supported prosthesis?

The decision as to whether a patient is a candidate for dental implants and, if so, the number and positioning of the fixtures rests with the dentist. Dentists are trained to make these types of decisions. They are the only regulated dental health professional in Ontario authorized to communicate a diagnosis to a patient identifying a disease or disorder of the oral-facial complex as the cause of a person’s symptoms.

The formulation and communication of diagnosis and subsequent treatment plan is an integral component to obtaining a patient’s informed consent to treatment for implant dentistry. As part of this informed consent process, in cases where implant-supported removable prostheses are considered, alternative treatment options may include conventional removable prostheses, fixed implant-supported prostheses, or fixed conventional prostheses. The latter two options are outside the scope of practice of denturists.

In an implant team composed of a dentist and denturist, it is the dentist who is responsible for obtaining the patient’s consent to treatment. The College’s Guidelines for Educational Requirements & Professional Responsibilities for Implant Dentistry posted at www.rcdso.org outline the dentist’s responsibilities for obtaining the patient’s informed consent to treatment.

The patient’s record must document the dentist’s discussion with the patient and must show evidence of adequate consultation with all professionals involved in the treatment process. The patient’s record should document the alternative treatment options discussed and the patient’s choice of treatment.

Who is responsible for the maintenance and assessment of the implants?

According to the guidelines on implant dentistry, once treatment is completed, a member of the implant team should be designated as the ongoing care provider. This practitioner will be responsible for general maintenance of the implant(s) and the supporting prosthesis, and for informing the patient of the ongoing preventive requirements. If difficulties arise with the prosthetic portion of the treatment, other members of the team should be consulted. The ongoing evaluation by a clinical and/or radiographic examination and the maintenance of implant abutments must be performed by a dentist.
1. Different levels of professional responsibility

Dentists and denturists have different scopes of practice and different controlled acts, as described in the Dentistry Act, 1991 and the Denturism Act, 1991. That is why it is the College’s view that dentists and denturists have different levels of professional responsibility for shared patients.

If a dentist refers a patient to a denturist to perform specified services as part of an overall treatment plan coordinated by the dentist, the dentist has a professional responsibility to be aware of the qualifications of the denturist. This is the same responsibility a dentist has in referring a patient to any health care provider.

If a dentist refers a patient to the dentist for rest preparations and other tooth preparation for partial dentures or for the placement of implants that the denturist will later restore with a removable denture, such as an overdenture, the dentist’s responsibility does not begin and does not end with this stage of the patient’s treatment.

In fact, the responsibility to make the decision if a patient is a candidate for a specific prosthetic treatment plan rests with the dentist. Dentists are the only regulated dental health professional in Ontario authorized to communicate a diagnosis identifying a disease or disorder of the oral-facial complex as the cause of a person’s symptoms.

The formulation and communication of diagnosis and the treatment plan is an integral component of the informed consent process for prosthetic dentistry. So too is the suggestion of reasonable
treatment alternatives, some of which are outside the scope of practice of denturists.

The patient’s record must document the dentist’s discussion with the patient and must show evidence of adequate consultation with all the professionals involved in the treatment process. The patient’s record should document the alternative treatment options discussed and the choice of treatment made by the patient.

In addition to these general requirements, with partial dentures the dentist must agree to the specific denture design.

For implant supported removable overdentures, the dentist should mount the fixed hardware to the implants before referring the patient back to the denturist.

The dentist is also responsible for the placement of any implant-supported crown if it is serving as a precision attachment for a removable partial denture.

Once prosthetic treatment is completed, the dentist will be responsible for ongoing evaluation by clinical and/or radiographic examination and for providing or arranging for periodontal and preventive maintenance of the abutments for implant supported or conventional fixed prostheses.

Because there is no procedure code in the Ontario Dental Association’s Suggested Fee Guide for tooth preparation for a partial denture, if the denture is provided by the denturist, fees for the dentist’s time in preparation of the teeth might not be reimbursed by dental insurance. Patients must be advised of this before proceeding.

A word description in the dentist’s note section of the insurance claim form would be required to submit an insurance claim for these services provided by the dentist.

2. Business relationships
The preferred business relationship is for the denturist and the dentist to operate independent and separate practices, with each maintaining his/her own patient records. The dentist and denturist bill patients for treatment independently. Insurance claims are submitted separately using their own provider numbers and the procedure codes of their own associations – the Ontario Dental Association and the Denturist Association of Ontario.

A denturist can pay rent to a dentist to work in the dentist’s office. However, if a dentist wishes to rent space from a denturist, the only permissible financial arrangement is for the dentist to pay rent on a flat fee basis, not as a percentage of the fees charged to patients.

A dentist is only permitted to fee split with another dentist or with a dental hygienist working in the dentist’s practice. Dentists cannot engage in any form of fee or income sharing or profit share with denturists.

3. Employer-employee relationship
Dentists cannot be employed by denturists. The College permits dentists to employ denturists and this arrangement is not prohibited under the regulations made under the Denturism Act. In this situation, there would be a single set of patient records, similar to the requirement with dental hygienists who are employed by dentists. The dentist would bill or charge patients for the dentures provided by the denturist.

Dentists are advised to provide the denturist with access to the patient records if the denturist requires access to those portions of the dental records pertaining to denturism services provided by him/her to respond to a complaint filed with his/her regulatory college, to comply with quality assurance program requirements, or to respond to a lawsuit in which the denturist is named.

In the case where the dentist employs a denturist, the College considers it permissible for an insurance claim to be submitted under the dentist’s name, as long as there is an explanation that the denture services were provided by a denturist and the denturist is named in the dentist’s note section of the dental claim form.

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practiceadvisory@rcdso.org
Looking back to see the present: PLP Director leaving after a decade at the helm

Dr. Don McFarlane, after 26 years of exemplary service at the College, officially retired on September 30. Don has served the College, the dentists of this province and their patients in a number of different key roles at the College. For the past decade, he was the director of the Professional Liability Program. In that position, he has had a unique vantage point to learn about Ontario dentists, their practices and their patients.

Over the last 10 years, the world has changed dramatically. Back in the fall of 2002 the College organized a leadership conference, “Future of Dentistry”, to gain some insight into the innumerable issues that faced us in the decade or so ahead. As we all know, trying to forecast the future is a tricky business at best. However, Don made a presentation at that conference that is striking because of the accuracy of his predictions about the challenges that lay ahead for the Professional Liability Program.
Like our medical colleagues, dentists make mistakes too, and that’s probably going to continue as things happen in practice that are not anticipated. So I think that the professional liability program in some form or another will be around for awhile.

Ten years ago in 1992, we had 6,000 dentists and there were 477 claims handled by PLP. This year we expect that the number of potential claims from our 7,300 dentists will be in the 1,100 -1,200 range. I’m not going to be able to predict how claims are going to fall in line 10 years from now. There are many factors that we just have no control over. However, there are some issues that the PLP Committee and Council may be able to control, and at least try and influence the experience and the cost of the program. So I am going to lay out four challenges that I think Council and the Committee will need to deal with.

Should the College assume much more of a financial risk both at the individual claim and group deductible level? We do have reserves that could be used to mitigate catastrophic occurrences and the very expensive settlements.

Should we have a comprehensive profession-wide risk management strategy with complementary education programs in order to sensitize all of our members to ways of preventing or minimizing the effects of a lawsuit, or a complaint, or doing better dentistry?
Looking back to see the present: PLP Director leaving after a decade at the helm

Should there be some consideration to the imposition of a much higher deductible for individual deductibles for members who have multiple serious lawsuits of the same type and nature?

Should there be some way for these members to lessen that expense by agreeing to take upgrading training, risk management training through either the College’s Quality Assurance program, or any future educational initiatives that the College may get into?

I think these are the challenges that the Committee and Council will need to look at during the next decade in order to ensure that the College can continue to provide this very important and much appreciated and valuable member service, a service that benefits not just our members, but also the public who they serve.
The provincial government has recognized the importance of malpractice insurance and since 2009 has required all self-regulating professions to have this insurance as a condition of licensure.

For the year of 2010, there were 1528 claims/potential claims reported to PLP. That is a small decrease from the decade high of 1589 in the previous year. It is expected that 90 per cent of these files will eventually be closed with no claim payment being made by PLP.

As of January 1, 2010, there was a significant change in the PLP step-up deductible formula. While the basic deductible for a first claim remained unchanged at $2,000, the deductible for a second claim in the previous 84-month period was raised to $5,000. The deductibles for a third and fourth or more claims in the same period are now set at $10,000 and $20,000 respectively.

A dentist now has the opportunity to request to have his/her step-up deductible reduced by the PLP Committee provided s/he has completed or is prepared to complete practice improvement courses or programs, as recommended by the Committee, that will reduce the incidence of claims of a similar nature in the future.

Between 2002 and 2006, there was a huge surge in our premiums of over half a million dollars due to a pushback from the insurance industry because of the increasing number of catastrophic events, primarily in the United States, and to the massive surge in the US for medical malpractice litigation. Some insurers have gone under, while others are withdrawing from markets entirely. In the middle of the decade when we went to the market for a new insurer, only two companies were interested in our business.

Thanks to a Council that bravely chose to advocate for a dues increase to ensure the long-term financial security of our professional liability program, the contingency/reserve fund of the program is nearly at a point where it is self-sufficient and able to self-insure, freeing it from the whims of the marketplace. By being able to run our malpractice program, the College can ensure that no member of the public would ever find themselves unprotected and no dentist would ever find themselves excluded from malpractice insurance coverage.

PLP staff makes a huge commitment to education. Staff are often on-the-road with a one day workshop on risk management with the sessions profiling topics like recordkeeping, informed consent and good patient communications. Presentations are made to local dental societies, senior dental students and other interested groups. Plus, PLP staff prepares articles that focus on risk management for every issue of Dispatch magazine keeping the topic front and centre for members.
Some observations about staying safe

What has Don learned about dentists in his decade as director of the Professional Liability Program? “Most dentists in Ontario strive to provide their patients with appropriate, effective, up-to-date, safe and ethical dental health care, but for various reasons, some do sometimes miss the mark,” said Don. After viewing thousands and thousands of PLP files over those years, what insights does Don have to share?

- Most patients are reasonable, appreciative and understanding – a few are not.
- Some dentists are poor communicators and even poorer listeners.
- Some patients are poor listeners and timid communicators.
- The majority of disputes with patients can be minimized or resolved when a caring, interested and problem-solving approach is used.
- Many disputes escalate into formal complaints or lawsuits when practitioners appear to be rigid, too busy to listen to a patient’s problems and unwilling to discuss and/or provide reasonable and reasoned solutions.

“There is no question that patient threats or the actual commencement of legal action for compensation for unsatisfactory results or a mishap or accident are stressful events in any dental practice,” acknowledged Don. “However, there are tried and true preventative strategies that PLP has seen prove their worth time after time after time.”

Power of Personal Communications

Poor communications is the common thread to disputes with patients. It is crucial to be more pro-active in your personal communications with patients. That means not relying so much on office staff to shield you from dealing with patient concerns. If an untoward incident arises, patients need to be advised, an apology given, if appropriate, and steps taken to rectify the situation either by you as the treating dentist or by referral to another practitioner.

Good records are a dentist’s best friend and bad ones are his/her worst enemy. The courts take the view that if information is not in the patient’s records, it didn’t happen. That is why it is important to keep detailed and accurate treatment records, following the College’s Dental Recordkeeping Guidelines. And these records need to include a record of all discussions/interactions with your patients.
Follow the Informed Consent Process
Review the informed consent process that is used in your practice to ensure that the discussion is done in a systematic way and is accurately recorded. Take the time necessary to provide your patients with sufficient information to allow them to make an informed treatment choice. Need a tutorial? Brush up by viewing the College’s LifeLong Learning program, Informed Consent in the Dental Office.

Records, Records, Records
Retain your patients’ original records according to the record retention standards of the College. Only provide copies when requested to do so by the patient or his/her authorized representative. It is also important to make sure that any new staff member is made aware of this requirement. Copies of the College’s recordkeeping guidelines are available for viewing online at www.rcdso.org for both you and your staff.

Mistakes Do Happen
Sometimes even the best dentists in the world make mistakes. The key is to have strategies in place in your practice to prevent or minimize mishaps; for example, checking that the rubber dam is on the correct tooth, making sure that you have the patient’s current chart and most recent radiographs before beginning treatment, isolating teeth properly when potentially caustic materials are being used, etc. It is also important that when mishaps occur, material safety data sheets, for example, are readily available.

Know Your Comfort Level
Recognize your limitations and treat within your comfort level. And when a referral to a specialist or more experienced practitioner is warranted, confirm the accuracy of the referral by personally reviewing all written referral letters or notes for completeness before making the referral appointment.

LifeLong Learning
Develop a personal continuing education plan that is tailored to your practice needs and, where possible, periodically plan courses that involve some hands-on components.

FINAL WORDS…
Keep your patients’ best interests in mind at all times. Aim always to provide treatment that is according to current standards and, above all, enjoy your chosen profession.
Final Countdown for the official start of the new Quality Assurance program

The final countdown is underway to the official start of the College’s Quality Assurance program. In many ways, it is business as usual. The foundation of the new QA program is a commitment to lifelong learning and continuous professional development.

There is the usual three-year cycle to collect the required 90 CE points. December 15 is the first day of the new three-year cycle. You still need to keep all the documentation that demonstrates you attended the CE activities. In fact, you need to retain all the information for each three-year cycle for five years from the date that the three-year cycle ends. So, for example, if your CE ends on December 15, 2014, you must keep your information until December 15, 2019.

The last two issues of Dispatch magazine – May/June and August/September – have featured very detailed write-ups on the new program. There is also a special section on our website at www.rcdso.org devoted to the Quality Assurance program.

The new QA program is building on four elements: the Practice Enhancement Tool, the Practice Enhancement Consultant, the e-Portfolio and the annual declaration.
1. Practice Enhancement Tool
This is a computer-based self-assessment program, also known as PET, that allows members to evaluate and assess their practice, knowledge, skill and judgement based on peer-derived standards.

The online program means that it is easily accessible right from the College’s website. It is easy to use and is designed to the same high standards as the educational packages in our LifeLong Learning program.

The College has been working closely with the National Dental Examining Board in the development of this tool to ensure its validity and integrity.

Each year a certain percentage of the membership will be selected at random to take this peer-derived assessment. This process will start in early 2012.

2. Practice Enhancement Consultant
A dentist consultant on staff will assist members at any time in identifying appropriate continuing education or professional development activities. Once members start taking the Practice Enhancement Tool self-assessment, the consultant will be available to answer your questions and to assist you in coming up with a continuing education plan to address any deficiencies or weaknesses.

3. e-Portfolio
By the middle of next year, every dentist will have secure access to his/her own individualized online e-Portfolio right from the College’s website. You will be able to track your own CE points and see in an instant how many points you need to collect in each category to meet the requirements for the three-year cycle. That means no more forms.

At the end of each three-year cycle, a certain percentage of the membership will be selected at random to have their e-Portfolio reviewed to ensure they are meeting their obligations under the Quality Assurance regulation.

4. Annual Declaration
Starting with the registration renewals in 2012, you will be entrusted to self-declare whether or not you are in compliance with the QA program requirements on a special section of the renewal form.

WHO TO CALL IF YOU HAVE QUESTIONS

<table>
<thead>
<tr>
<th>The QA program</th>
<th>CE Points</th>
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<tbody>
<tr>
<td>Dr. Michael Gardner – Manager, Quality Assurance</td>
<td>Joanne Loy – QA and CE Assistant</td>
</tr>
<tr>
<td>416-934-5611</td>
<td>416-961-6555, ext. 4703</td>
</tr>
<tr>
<td>1-800-565-4591</td>
<td>1-800-565-4591</td>
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<tr>
<td><a href="mailto:mgardner@rcdso.org">mgardner@rcdso.org</a></td>
<td><a href="mailto:jloy@rcdso.org">jloy@rcdso.org</a></td>
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Why call a stranger?

Dr. Graeme Cunningham, RCDSO Wellness Program Consultant

I recall as a practising physician struggling with significant mental health and addiction issues as long ago as the 1980s that my only resource for help from my profession was a toll-free phone number provided by my regulatory body. There was no reassurance of confidentiality. As a sick doctor, I was very reluctant to share my vulnerabilities, wounds and fears with them.

Based on my own personal experience, I felt I should let those of the dental profession who might be considering phoning the wellness number that I am responsible for know a little bit about who I am and what I’m about.

I am a 68 year-old semi-retired Internal Medicine and Addiction Medicine specialist. I practised in Ontario for 40 years, although I grew up in, and did my undergraduate training in, Scotland.

I came from an alcoholic home where my father, a single-handed family doctor, died on skid row in Glasgow in 1975 from the progressive effects of alcoholism. Despite this harrowing experience and difficult upbringing, by 1986 I too developed progressive alcoholism resulting in severe physical and mental damage. At this time, I entered treatment and, after approximately a year, was able to return to practise with dignity as a physician.
After two years of continuing practice as a community cardiologist, my addiction medicine physician explained to me that I probably could not maintain healthy emotional sobriety in such a stressful and demanding medical specialty. As a result, I returned to further training in addiction medicine at the Addiction Research Foundation, completing my American Board in addictions medicine in 1988 and moving to the Homewood Health Centre in 1989. There I established the Homewood Addiction Division, an 87-bed residential treatment program, as well as a large outpatient program. Since that time, the program has treated approximately 5,000 health professionals, including doctors and dentists.

I am very proud of this achievement. Hopefully I have never lost sight of the pain, guilt, shame and utter demoralization of my own addiction experience.

As part of my ongoing wellness, it has always been my own philosophy to try and reach out and help others suffering from similar illnesses. That is why when I was approached by this College’s Registrar to staff an anonymous wellness helpline I was only too eager to agree. Since the establishment of this service, which is completely confidential and at arm’s-length from the regulatory body, I have spoken to numerous dentists and their staff and family members regarding a variety of mental health and addiction issues.

I suspect that you folks who have called me have been of more assistance to me than I have been to you, using the old adage that “to keep my sobriety I must give it away.”

It is a privilege to be a resource to such a distinguished professional group and I would hope that you continue to feel comfortable to use my services knowing that our relationship is in total confidence and without prejudice.

Dr. Cunningham is available for addressing assessment and treatment needs of dentists by helping them find suitable assessors, treatment providers and residency programs.

HOW TO REACH DR. CUNNINGHAM
Dedicated Direct Line: 647-867-6025
All calls are private and confidential.
Occasionally a panel of the Inquiries, Complaints and Reports Committee (ICRC) encounters situations where a dentist, at the request of a patient, renders certain treatment against his/her professional judgment.
It is important to remember that dentists are ultimately responsible for the treatment they render. As such, you should avoid situations where you render what you consider to be unnecessary or inappropriate treatment to a patient as a favour, or because the patient is adamant that this is what s/he wants, or because the patient lacks the funds for the recommended treatment. Just as there is informed consent for treatment, there also can be informed refusal not to have treatment.

This principle is illustrated in the following ICRC case summary:

A patient attends a dental office with two teeth demonstrating signs of extensive decay. The first tooth, located in the second quadrant, presents with a chronic infection, recurrent decay under the existing crown, and incomplete endodontic treatment. The second tooth, located in the third quadrant, had decay extending to the distal root, a poorly fitted crown and had been subject to inadequate root canal therapy. The dentist agreed to arrange to have the two teeth endodontically retreated by an associate because the patient was determined to save her teeth.

In its decision, the ICRC panel noted that the teeth in question were hopeless and the treatment rendered was both heroic and certain to fail (which it did).

The panel ultimately determined that the dentist had allowed the patient to direct treatment that was not advised.

Accordingly, it requested that the dentist undertake to complete a course intended to minimize the likelihood of a similar situation reoccurring in the future.
What is PLP all about and when would I call?

**Q** What can PLP do for me?

PLP is here to review demands made against you for compensation and to provide you with advice both on how to proceed with the current claim and on how to reduce your chances of being sued in the future. PLP’s philosophy is to help dentists and their patients resolve monetary issues as efficiently as possible so they can get on with their lives.

**Q** Do I have to pay any money or a deductible if I call PLP for advice?

Our advice and help is free. You only pay a deductible if we incur expenses to retain a solicitor, obtain an expert opinion or pay a claim on your behalf. Get more details in the Ounce of Prevention article in the August/September 2009 issue of Dispatch titled “The Benefits of Early Reporting to PLP.” Check it out online at www.rcdso.org.

**Q** Are my conversations with PLP staff kept in confidence?

Yes. All matters reported and inquiries made to PLP are kept in strict confidence. No information is divulged to anyone outside PLP, with the exception of defence counsel and/or experts retained by PLP on your behalf when necessary.

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**QUESTIONS ABOUT A PARTICULAR SITUATION?**

If you have questions about how to handle a particular situation with a patient, do not hesitate to call the College.

PLP Claims Examiners
416-934-5600 • 1-877-817-3757

Practice Advisory Service
416-934-5614 • 1-800-565-4591
Q Do I need to notify PLP if a patient files a complaint with the College?

PLP has no involvement whatsoever with complaints filed with College. However, sometimes a complaint filed with the College may contain a demand for compensation or lead to a demand at a later date. That is why it is wise to consider notifying PLP if you believe the complaint to the College could lead to a demand for money. Although we cannot give you legal advice regarding the nature of your response to the College about the complaint, we can open a file and discuss with you how to deal with monetary issues.

Q When should I call PLP?

If a patient is demanding money, threatening a lawsuit, or if you have reason to believe that a claim (a demand for monetary compensation, a refund or retreatment) may develop, you must report the matter to PLP. This is a condition of the malpractice insurance policy.

SOME TYPICAL CASE STUDIES

#1 – My patient is becoming very hostile about the denture I recently made. She wants her money back. Do I have to give it to her?

#2 – My patient tells me her new dentist needs to redo the root canal treatment I did last year. She wants me to pay for it. Should I?

Patients can become dissatisfied regardless of the quality of the treatment provided. However, if your patient is expressing dissatisfaction or making negative comments, this could be an indication of trouble. An early call to PLP allows us to provide advice and direction and ensure that your right to coverage is protected.

#3 – My patient refuses to pay his account. Should I send him to collections?

Just because a patient refuses to pay his/her account does not necessarily mean there is a problem with the treatment provided. Some patients can’t or just won’t pay their bill. However, before sending the account to collection, you should review your records. Don’t assume the patient is just being difficult. There may be legitimate reasons for non-payment. Do not rely solely on staff’s interactions with the patients. It is a prudent course of action to speak to the patient directly. Find out if there are concerns on the patient’s part with the treatment rendered. What are that patient’s reasons for non-payment? Can you resolve these concerns?

#4 – I have started a small claims court action to collect an outstanding amount and have received a counterclaim or demand for compensation from the patient. What should I do?

We appreciate the anxiety created when a patient gives you some indication either verbally or in writing that a claim for compensation will be made. Let us help you. We are a telephone call away. Timely reporting preserves your right to coverage and can result in matters getting resolved in a mutually satisfactory basis for you and your patient. Even if you are in doubt about whether the facts of a particular incident or situation may give rise to a claim, please contact us as soon as possible.
CONFIDENTIALITY

There is no link between the complaints area of the College and PLP. No information is shared between PLP and the rest of the College without the consent of the dentist.

WHEN TO CALL

- You receive a call or letter from a patient or patient’s representative seeking compensation.
- You are served with a legal action.
- You render treatment to a patient where the result is adverse and inconsistent with the anticipated outcome; for example, extraction of a wrong/extra tooth, soft tissue trauma, etc.
- Your patient is unhappy with the treatment rendered and complaining; for example, undiagnosed decay/periodontal disease, etc.
- You are unsure whether or not to call. If in doubt, call PLP. There is no downside.

WHAT THE POLICY SAYS

Remember, the malpractice insurance policy states that:

- If you “become aware of any claim or circumstances of an error, omission or negligent act which a reasonable person would expect might subsequently give rise to a claim,” you must notify PLP.
- Your assistance and co-operation is required.
- You cannot voluntarily assume any liability or settle any claim.

DO NOT JEOPARDIZE YOUR COVERAGE

To protect your right to coverage, notify PLP immediately if your patient wants or might want money. Do not take any steps that may jeopardize your right to coverage.

- Do not speak to anyone other than PLP about the incident.
- Do not contact a patient who has sued or retained a lawyer or representative.
- Do not talk to the patient’s lawyer.
- Do not amend or add to records.
- Do not lose records.
- Do not treat the patient after you are informed s/he wants compensation.

COLLEGE CONTACT  Dr. Judi Heggie – Dental Claims Advisor
416-934-5605  1-877-817-3757
jheggie@rcdsso.org
What you do counts!

That’s why we’re asking for your cooperation in an important endeavor – the Health Professions Database.

The Ministry of Health and Long-Term Care is working with 20 health professional regulatory Colleges across the province to learn more about you – Ontario’s health workforce.

The goal is to make sure Ontario has the right number and mix of health care professionals. Once we learn more about you, we’ll have **better information** to make **better decisions** during planning. That in turn, will mean **better health care** for the people the system serves.

**The role you play in this project is vital.** The information is coming from the forms you fill out when you register for, or go to renew, your license. Under the Regulated Health Professions Act, 1991, you are required to provide the information requested on the forms. So please take the time to answer the questions fully and completely.

Let’s all work together to ensure our health care system is the best it can be.

For more information please visit [www.healthforceontario.ca](http://www.healthforceontario.ca)

Prevention of prescription opioid abuse

PEAK (Practice Enhancement and Knowledge) is a College service for members, whose goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the 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, PEAK is committed to providing quality material to enhance the knowledge and skills of member dentists.

Dentists face difficult challenges in helping their patients manage oral-facial pain while ensuring that, if opioids are indicated, their use does not contribute to the province’s opioid abuse problem.

The problem in Ontario is indeed serious. This province is at the top of the list for Canada in narcotic use per capita. Many other indicators paint a fairly grim picture of the excessive use of prescription narcotics and controlled substances. For example, since 2000, the Coroner’s Office has reported a fivefold increase in oxycodone-related deaths and a 41 per cent increase in overall narcotic-related mortality following the addition of long-acting oxycodone to the Ontario Drug Benefit Formulary.

Prescription narcotics have also become a highly lucrative street commodity resulting in widespread diversion and trafficking by both individuals and organized crime groups. Between 2005 and 2008, prescription drug arrests and charges in Ontario increased by 99 per cent and 197 per cent respectively.
Research from the Centre for Addiction and Mental Health (CAMH) in Toronto in 2009 and published in the January 2009 issue of Canadian Family Physician found that over a five-year period, of the people coming to CAMH’s medical withdrawal service for the treatment of opioid dependence, those having a problem with OxyContin® increased steadily from fewer than four per cent to 55 per cent.

These are all very troubling indicators. No wonder that in May 2010, the Ontario Ministry of Health and Long-Term Care introduced a provincial strategy to improve the province’s ability to identify and reduce abuse, addiction and diversion of narcotics and other controlled substances while ensuring their appropriate use for legitimate medical and dental purposes.

Then, at the end of November 2010, the Ontario Narcotics Safety and Awareness Act was proclaimed. One of the purposes of this legislation is to provide a way for the monitoring of prescribing and dispensing of certain controlled substances.

Ontario subsequently launched a further five-point strategy to address abuse of prescription narcotics and other controlled substances and to ensure their safe and appropriate use by those who require pain management medication.

This strategy has five key elements:

- narcotics tracking system
- partnering with the health care sector to educate on appropriate prescribing
- partnering with the health care sector to educate on appropriate dispensing
- education in order to prevent excess use of prescription narcotics
- addiction treatment

As a follow-up to the introduction of the above legislation and strategy, RCDSO held a Symposium on the Management of Pain in Dental Practice in November 2010. An article about the symposium was published in the August/September 2011 issue of Dispatch and the Symposium’s final report is posted on our website at www.rcdso.org under Publications/General Publications.

One of the recommendations from the College’s symposium dealt with the education of Ontario dentists on this important subject. So, with this current issue of Dispatch, PEAK is pleased to offer members an article that first appeared in the July 2011 issue of the Journal of the American Dental Association entitled “Prevention of prescription opioid abuse.”

This article summarizes a March 2010 two-day meeting at Tufts University School of Dental Medicine in Boston, designed to synthesize available opioid abuse literature and data and to highlight practices that dentists can implement to minimize opioid abuse through:

- patient education;
- careful patient assessment;
- referral for substance abuse treatment when indicated.

The paper identifies the need for further research, presents a suggested research agenda on the subject and also offers some considerations to make when prescribing opioids to dental patients.

Here in Ontario, another outcome from the College’s symposium last year was the formation of a Working Group for Management of Pain in Dental Practice which will be considering, among other issues, the education of dental students, practitioners and patients on this important issue. This working group will be reporting back to Council in 2012.
Remember: Early bird discount only for renewals received by December 15.

**Q** Can I complete the conduct disclosure and amalgam waste disposal survey online?

You definitely can. Just click on the Member Resource Centre icon on the top-right corner of the home page of our website at www.rcdso.org. In fact, you will need to answer these questions first before you can access the online payment portion of your renewal. Clear instructions lead you step-by-step through the process.

**Q** Is it safe to use my credit card to pay online?

We take the security and privacy of members’ personal information very seriously. The information you share with us is safe and secure.

**Q** Do I have to fill out the sections on the renewal form with my address and contact information again?

This is not necessary, as long as you check that the information there is accurate. If it is not, please make any necessary changes and/or add any new information.

**Q** What happens if my renewal form and payment are late getting to the College because they got lost in the mail?

Any loss or delays due to problems like “lost in the mail” are not accepted as a reason for late payment. We strongly advise you to consider using a courier service to avoid this problem or to renew online.

**Q** It is already the end of November and I haven’t received my renewal form yet. What should I do?

Even if you don’t receive your renewal form in the mail, it is still your responsibility to pay your annual fee by the due date of December 15. But don’t worry, you can do so very quickly online. See the story on the facing page for information about how to renew online.

**Q** Do I need to do anything if I have decided not to renew?

You need to complete the resignation form and return it to the College by the due date of December 15. This form is included in your registration package and is also available online from our website at www.rcdso.org under the heading of Registration/Licensing.

**Q** Who do I call at the College for help?

Staff in the registration department are here to help. The e-mail address is registration@rcdso.org or call 416-961-6555/toll-free 1-800-565-4591.

However, it would come as no surprise to learn that renewal time is very busy for staff in our registration department. Between mid-November and the beginning of January, they process over 8600 renewals. So we ask for your patience and understanding.
REGISTRATION/ONLINE RENEWAL

Want to renew your membership online but forgot your password?

It is as easy as one, two, three (or possibly four if your e-mail address is not on file with the College).

Go to the Member Resource Centre at www.rcdso.org and enter your ID number which is the College’s 4 or 5 digit registration number. Do not use the 06 if your ID number begins with 06.

If you don’t remember your password, simply click on ‘FORGOT PASSWORD’ and you will automatically be e-mailed a new temporary password to the e-mail address you have on file with the College.

Enter the temporary password. The system will then prompt you to create your own personalized password. Confirm your address information, complete the questionnaire and pay your fees.

If we don’t have your e-mail address, please contact Taleisa Brown at tbrown@rcdso.org with your name, e-mail address and College registration number. Your records will be updated within two business days. You can then request a temporary password as detailed in the steps above.

TROUBLESHOOTING TIP

Clicked on ‘Forgot Password’ and didn’t receive a new password back? Your internet service may be slow. Confirm that the College has your current e-mail address on file. If we do have the correct e-mail address, check your spam or junk mail folder as well.
We all have patients we love to treat. You like them, your staff like them and they like coming to your office. They might not like having dentistry done to them, but they would prefer not to have anyone else doing it. They are a pleasure to treat.

Now on the other side of the coin, we have patients we don’t like to treat. These people cover a wide spectrum, and the reason we don’t like them is down to a host of factors. The patient might be verbally rude, demanding, disrespectful of boundaries or even exploitative. Obviously this is not the same as those patients who have dental conditions that are challenging to treat.

Handling that rude and challenging patient

Sometimes a dental practice is confronted with a very discourteous patient who is often late or completely fails to keep appointments, or may be obnoxious and demeaning to your staff. You and your staff cringe when you see the name on your schedule.
As the first principle in the College’s Code of Ethics states:

_The paramount responsibility of a dentist is to the health and well-being of patients._

As practitioners, we are all aware that the outward manifestations of a patient’s behaviour in a dental office may be the result of inner psychological fears of dental procedures. Many times a patient will act belligerently because of fear and this same fear may have meant that s/he delays seeking out needed treatment. Or the difficulty may arise from cultural gaps between you and your patient or other external circumstances that are impacting your patient that you know nothing about.

Most dentists do not disown these difficult patients, but rather attempt to find solutions to improve these types of encounters. Most of the solutions are found in the realm of correct communication and improving the dentist-patient relationship. This is where the tried and true values of empathy, non-judgmental listening, patience and tolerance come into play.

Compassion is one of the five core values in the Code of Ethics:

_Acting with sympathy and kindness to all patients in alleviating their concerns and pain._

Sometimes, on reflection, the difficulties are not just with the patient but encompass the whole encounter between the patient and dentist. It is valuable to re-examine the events that led up to this point and to consider if all reasonable efforts have been made to address the problems in the relationship and with treatment.

It may be useful to attempt to speak with the patient directly to clarify matters. Some dentists find that one of the most common means of coping is the use of empathy and patient, non-judgmental listening.

If, at the end of the day, your conclusion is that dismissal is the best option, an article in the August/September 2010 issue of Dispatch, pages 42-43, covers your obligations and how to write a dismissal letter to your patient. You can find this article on the College website under Publications at www.rcdso.org.
The sound of 56 voices reverberated through the Paul Davenport Theatre at Talbot College on the campus of the University of Western Ontario as incoming dentistry students recited their Faculty’s oath of commitment on September 2, led by RCDSO President Dr. Peter Trainor. Twenty-one internationally trained dentists joining the third-year class also participated in the ceremony.

“As a new dental student, I recognize that the practice of dentistry is a privilege that comes with considerable responsibility,” said the future dentists, who pledged their willingness to serve their patients with conscience, dignity, sympathy and kindness.

Recitation of the oath, created by the College, was part of the white-coat ceremony welcoming the students onto the path leading to their chosen profession. Prior to taking the oath, each student received a white lab coat emblazoned with the Faculty’s crest, a badge of honour symbolizing their entry into this honoured profession.

In donning the white coat, the students symbolically agree to the professional, social and ethical commitment and responsibilities of becoming a dentist. The oath also includes a pledge to work with faculty and colleagues in a spirit of co-operation and respect.

RCDSO President Dr. Peter Trainor administered the oath. In his address at the ceremony, he noted that ethics is critical to being a professional: “Without a solid ethical foundation, you simply cannot call yourself a true professional… acting ethically is at the root of being a professional.” As he noted, by putting on the white coat each student is committing him/herself “to always focus on what is in your patients’ best interests.”

At the end of August, Dr. Trainor also participated in the White Coat Ceremony at the Faculty of Dentistry at the University of Toronto.
New government information about prescribing and dispensing of narcotics and other monitored drugs

Effective November 1, 2011, the Narcotics Safety and Awareness Act and its regulation came into effect. New requirements will enable the Ministry of Health and Long-Term Care to track prescribing and dispensing activities relating to monitored drugs.

Now, in order for a patient to obtain a prescription for a monitored drug, there are a number of new requirements that prescribers, dispensers and patients must follow. The new requirements enable the Ministry of Health and Long-Term Care to track all prescriptions for monitored drugs dispensed in Ontario, and provide the Ministry with authority to collect, use and disclose such information, including personal health information.

One of the key new requirements for all prescribers, including dentists, is that effective November 1, 2011, a prescriber must record all of the following information on the prescription of a monitored drug:

- identification number of the patient and the type of identification used;
- registration number on the certificate of registration issued to the prescriber by the College of which he or she is a member;
- name of the person for whom the monitored drug is prescribed;
- name, strength (where applicable) and quantity of the monitored drug;
- directions for use of the monitored drug;
- name and address of the prescriber;
- date monitored drug is prescribed.

The new requirements to record the prescriber registration number and patient identification number on the prescription of a monitored drug serve to improve the accuracy and completeness of prescription data collected. This will ultimately lead to better patient outcomes by enabling interventions, such as the ability to generate appropriate alerts when a person is accessing monitored drugs from multiple prescribers and/or pharmacists.

Check the College website at www.rcdso.org for a list of the approved forms of patient identification.

It is important to note the Narcotics Safety and Awareness Act, 2010 requires prescribers of monitored drugs to record their registration number issued by the College (i.e. the prescriber license number) on prescriptions for monitored drugs. This is a legislated requirement.

The Narcotics Safety and Awareness Act, 2010 gives the ministry the authority to disclose information, including personal health information, relating to the prescribing and dispensing of monitored drugs for the purposes of the Act. Therefore, it does permit the ministry to report such information to regulatory colleges and/or law enforcement authorities where there is suspected unlawful activity.

Information about the Act and its impact on health care providers is just beginning to roll out. The government has developed a set of questions and answers that may be helpful. These can be accessed at: health.gov.on.ca/en/pro/programs/drugs/ons/ons_faq.aspx

The next issue of Dispatch will contain more detailed information. Plus check out our website at www.rcdso.org for the latest news on this important issue.

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<th>COLLEGE CONTACT</th>
<th>Dr. Lesia Waschuk – Practice Advisor, Quality Assurance</th>
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<td>416-934-5614 1-800-565-4591 <a href="mailto:practiceadvisory@rcdso.org">practiceadvisory@rcdso.org</a></td>
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Change of Practice
Ownership and
Retirement/Resignation

**Q I am thinking of retiring. How do I let the College know?**

The College does not have an inactive or non-practising class of registration certificate so it is not able to recognize the term “retirement.” A resignation form is included in the annual renewal information that is sent out to dentists in November. If you have further questions about the resignation process, please contact Taleisa Brown in the College’s registration department at 416-961-6555, ext 4329, or toll free at 1-800-565-4591, or by e-mail at tbrown@rcdso.org.

**Q Will I still be covered under our professional liability insurance once I retire?**

You will continue to be covered by the errors and omissions coverage under the Professional Liability Program if you retire and renew your certificate of registration. You will also continue to be covered if you decide to resign your certificate. There is information about this on the resignation form.

**Q What do I do with the dental records when I sell my practice?**

Under Ontario’s Personal Health Information Protection Act, you are responsible for the transfer of patient records to another health care custodian. Or you may choose to retain the dental records. If these records are stored on premises under your control, you will not need patients’ consent to move them.

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**When a dental practice is sold, the goodwill value of the practice is calculated on the basis of patient records and there is transfer of ownership of some or all of the patient records.**
Q **What if I can’t sell my practice?**

If you are retaining the records, you will need to ensure that patients are aware of where they can obtain copies following the close of your practice. This can be done by sending a notification letter to patients and posting a notice in the office prior to practice closure and/or arranging with the landlord for a posting at the practice location for a period of time after closure.

You can find general information about the requirements of the Personal Health Information Protection Act, including the transfer of records to a successor health information custodian, on our website at www.rcdso.org under Professional Practice. Click on Practice Resources then Ontario Privacy Legislation.

Q **What if there is a complaint after I sell my practice and transfer patient records?**

When a dental practice is sold, the goodwill value of the practice is calculated on the basis of patient records and there is transfer of ownership of some or all of the patient records. The purchase and sale agreement typically contains provisions that transfer the responsibility to retain the records to the purchaser and gives the vendor the right of access to the records if required for the defence of a complaint or a claim against the dentist.

FOR MORE INFORMATION

- Dispatch article called Sale of Dental Practice: Continuity of Patient Care is a Top Priority when a Practice is Sold, Jan/Feb 2004, pgs. 24-25. Available at www.rcdso.org under Publications.
- The College Practice Advisory on the Release and Transfer of Patient Records predates the Personal Health Information Protection Act. You might find this article helpful, especially in circumstances where the vendor of a practice is not available to notify patients of the change in ownership of their dental records. Available on our website at www.rcdso.org under Professional Practice.

COLLEGE CONTACT  Dr. Lesia Waschuk – Practice Advisor, Quality Assurance  416-934-5614  1-800-565-4591  practiceadvisory@rcdso.org
Here is a short checklist of suggestions of what needs to be done, along with some helpful resources.

1. **ONE**
   If you wish to use a practice name for your office, you need to apply to the College for approval. On the College’s website at www.rcdso.org under Professional Practice/Practice Advisories you will find the advisory on practice names plus the practice name registration application form. If you have any further questions regarding practice names, please contact Dr. Fred Eckhaus at 416-934-5614 or toll free at 1-800-565-4591 or by e-mail at feckhaus@rcdso.org.

2. **TWO**
   You must have an ISO-approved amalgam separator if you will be placing, repairing and/or removing amalgam in your practice. Some types of dental specialists are exempt (periodontists, oral surgeons and orthodontists) if they limit their practices to their specialty fields. You must indicate your compliance with these requirements when completing your annual renewal form.
THREE
You must report any changes of practice address in writing to the College. You can send a change by e-mail to Talesia Brown in our registration department at tbrown@rcds.org or by fax at 416-961-5814.

FOUR
If you wish to incorporate your professional practice, you require a certificate of authorization. You can find all the information and necessary application forms at www.rcds.org under Health Profession Corporations. If you have any further questions, please contact Julie Wilkin in our registration department by phone at 416-934-5612, or toll free at 1-800-565-4591 or by e-mail at jwilkin@rcds.org.

FIVE
You must submit plan drawings to the X-ray Inspection Service of the Ministry of Health and Long-Term Care and apply for approval for the installation of your x-ray equipment. You can obtain the necessary forms at www.health.gov.on. For further information, please call the Ministry of Health and Long-Term Care’s X-ray Inspection Service at 416-327-7937.

SIX
If you are planning to administer moderate sedation, intravenous sedation, deep sedation, or general anesthetic in your office, you will require a facility permit. If you are planning to administer any form of sedation, you will have to abide by the requirements of the College’s Guidelines for the Use of Sedation and General Anesthesia in Dental Practice, which are posted on the College website at www.rcds.org under Sedation/Anesthesia, along with information sheets for administering different modalities of sedation/anesthesia and the necessary registration and application forms. If you have questions, contact Stephanie Bickford in our registration department at 416-961-6555, ext. 4325 or toll free at 1-800-565-4591 or by e-mail at sbickford@rcds.org.

Contemplating a mobile dental service?

Business Address
Because some dentists use a home address as the business office for a mobile dental service, you should be aware that dentists’ reported practice addresses are public information. This means this information is posted on our website in the online public register and is in the Source Guide, also posted online.

Please contact Taleisa Brown at tbrown@rcds.org or by phone at 416-961-6555, ext. 4329 or toll free at 1-800-565-4591 if you have any questions about how to report a practice address for a mobile dental service.

Radiographic protective measures
For information about protective measures that are required in a mobile setting, and to arrange for testing of your radiographic equipment, call the Ministry of Health and Long-Term Care’s X-ray Inspection Service at 416-327-7937 to speak with the x-ray inspector on duty.

For information about how these requirements apply in a mobile setting, please contact Stephanie Bickford at 416-961-6555 ext. 4325, or toll free at 1-800-565-4591, or by e-mail at sbickford@rcds.org.
Keep your information up-to-date by using the member resource centre

Website Spotlight is a regular feature that highlights important content found on the College’s website, www.rcdso.org. Adventurous types who eagerly await the next spotlight can visit our site and tour the many e-resources available online, such as the online register, standards of practice and information on the College’s Quality Assurance program.

In the last website spotlight, we reviewed the online register and how to streamline searches for colleagues by using the dentist search feature’s built-in filter tools to narrow down by specialty or city.

While that is available to the public, there is another portion of the website that is restricted to College members only: the member resource centre. It’s the place where you can update and change much of your information on record with the College, including:

- updating your residential and e-mail address information
- changing your primary practice or removing old addresses
- adding new practice addresses
- updating your HPC address information
- completing the renewal questionnaire
- paying your renewal fee
- accessing CE programs and making payments for CE certificates
- downloading copies of policies and forms

The information you change through the member resource centre will be reflected both on the public register (if it’s a change in practice address or the addition of a new practice) and also with the College (such as a change to your residential or e-mail address). You can also view your record on the public register to ensure the information is up-to-date and accurate.

You can access the member resource centre through the College website by clicking the icon located on the homepage. To access your account, you must enter your registration number and unique password. If you can’t locate your password, both your registration number and password can be found on the front of your membership renewal form, top right corner.
Updating your residential or e-mail address information on file with the College through the resource centre takes seconds.

The member resource centre homepage provides step-by-step instructions on how to update your information, pay your renewal fees and for CE certificates.

COLLEGE CONTACT  Angelo Aveillas – Communications Officer
416-961-6555, ext 4303  1-800-565-4591
aavecillas@rcdso.org
Cooperation and Collaboration spotlighted in 2010 Annual Report

Nowadays fewer and fewer problems can be solved by one individual or a single organization alone. The drive for change in health care and in the broader society is beyond the control or influence of any one group. Challenges can no longer be dealt with simply or reactively. Good solutions require all of us to work together. That’s the core message of the 2010 annual report.

Read more in the annual report that is available online on our website at www.rcdso.org/Publications. A paper copy is available on request by e-mailing info@rcdso.org.

The annual report also contains the year-end report of all the statutory committees and the Professional Liability Program committee, plus the year-end financial statements and the auditors report and other information such as the distribution of dentists by county and by College electoral district.
IN THE College Mailbag

We want to hear from you. We welcome your feedback on anything that you read in Dispatch or on any of the College’s policies, programs, and activities. Sometimes a letter may not be printed with the author’s name either on request or due to its confidential nature. All letters printed in Mailbag are used with the author’s permission. The College reserves the right to edit letters for length and clarity.

✉️ Hi Peggi,

I am sure that you have or will receive much kudos about the superb quality of Dispatch.

But the recent issue was so good that I had to express my admiration; the content and format is amazing. I especially appreciated the article “Ounce of Prevention” – altering of records should never even be thought, let alone done.

My pride in the College has not diminished and I really miss being actively involved.

Congratulations on your constant search for excellence.

Dr. Marvin Klotz
Toronto

✉️ Dear Irwin,

On a recent newscast, there was a report on the estimated amount of mercury that is released to the sewer system, and eventually the environment, from dental offices. They estimated this to be 1400 kg per year. The report went on to say that Ontario, Montreal and Vancouver are the only jurisdictions that have regulations and mechanisms in place to have separators mandated for dental offices.

I wanted to congratulate you and the College for the foresight in having instituted this requirement a number of years ago, far ahead of any other provincial/territorial regulators.

Dr. Keyvan Abbaszadeh
London

✉️ Hello Peggi, Irwin & Peter;

Received Dispatch today and congratulations yet again on an issue extremely well done! It speaks volumes to what every Ontario dentist should, wants to and must know to keep pace with the newest of techniques, tools and requirements to continue providing all our patients with the leading edge of knowledge, not only on oral health, but on our patients’ overall health in general.

Fantastic model for the new Quality Assurance protocol, it is definitely one for other health care regulators to follow throughout Ontario, and indeed throughout Canada.

Congratulations to all College staff and Council members in excelling in our mandate of public protection, and aspiring to better health through dentistry.

Dr. Frank Stechey
Hamilton
nous pourrions collaborer en vue d’appuyer la stratégie d’éducation du gouvernement en matière de stupéfiants.

Lorsqu’il s’agit du processus de plaintes et de discipline, nous ne nous laissons pas dépasser. Nous menons une enquête sur chaque plainte que nous recevons. Nous offrons un accès direct et facile au processus des plaintes, sans formulaire ni formalités inutiles.

Nous avons déjà en place une option pour l’utilisation d’une résolution de rechange des litiges offrant une façon plus rapide de résoudre certaines préoccupations, avec l’approbation du patient et du dentiste.

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Nous n’avons épargné aucune dépense dans le but de recueillir des preuves pour introduire une instance par l’entremise des tribunaux civils, afin d’obtenir une injonction permettant la fermeture de cabinets d’individus qui mettent le public en péril en pratiquant illégalement la dentisterie sans permis.

Si tout autre renforcement de l’incroyable leadership de nos comités et du Conseil s’avérait nécessaire, nous pourrions tout simplement nous rappeler la visite l’an dernier de Jean Augustine, commissaire à l’équité de l’Ontario, lors de l’une de nos réunions du Conseil.

Dans son discours, la commissaire a félicité le Collège pour sa conformité intégrale à la législation provinciale, et pour offrir un leadership en matière d’équité des pratiques d’agrément. Elle a souligné que le Collège a été « à l’avant-scène des discussions en matière de mobilité de la main-d’œuvre. » et, comme elle l’a dit, elle voulait « tout particulièrement vous féliciter pour la manière dont vous facilitez les choses pour les dentistes formés sur la scène internationale.

La commissaire a poursuivi en disant qu’elle fait référence au Collège comme un exemple de ce qui peut être accompli lors de ses discours à travers province, étant donné que le Collège a maintenu les normes dans ses pratiques d’agrément, tout en continuant à protéger le public, et en appuyant simultanément son Bureau.

Une rétroaction informelle du gouvernement nous fait savoir que ce dernier est ravi de notre approche proactive en matière d’autoréglementation. La crédibilité et la confiance nous aident à en bénéficier dans d’autres secteurs. Nos valeurs d’intégrité et de confiance sont les principes directeurs de tout ce que nous faisons. Cela est à la base de notre réputation.

Nous ne devrions jamais tenir pour acquis le droit à l’autoréglementation. C’est un privilège que nous devons mériter chaque jour.

Afin que l’autoréglementation puisse se poursuivre, les consommateurs et le gouvernement doivent savoir qu’ils peuvent nous faire confiance. Nous devons être responsables de notre rendement. Nous devons montrer, de diverses façons que le public puisse comprendre et auxquelles il peut s’identifier, que l’autoréglementation fonctionne vraiment.

L’autoréglementation repose sur la confiance. Si un écart s’accroît entre ceux qui s’autoréglementent et le public qu’ils servent, c’est alors que l’autoréglementation se trouve menacée. Nous n’avons pas l’intention de permettre que cela se produise.
For the last decade, Don was director of the Professional Liability Program, the country’s largest malpractice insurance program for dentists.

Don has always been generous with his time and experience. His door was always open for any employee who needed support or assistance, or help in reading that troublesome x-ray. He was always ready to extend a hand.

Don is our walking archivist. Want to know what the College’s policy was on such and such 20 years ago? Don remembers.

But at the end of all things is the beginning of another. While Don is formally retiring, he has graciously agreed to be available when the College needs him. So happily he is not going that far.

Please join me in thanking Don for his dedication and commitment to dentistry. On a personal note Don, I want to wish you all the best, may the wind always be at your back and thank you for being such a wonderful friend and colleague over the years.

I know that Don would be delighted to hear from his friends and colleagues from around the province and across the country. If you would like to send Don your best wishes, you can contact him through the College’s general e-mail box at info@rcdso.org and all messages will be forwarded to Don.
Farewell to a trusted colleague and friend: Dr. Don McFarlane retires.

On Friday, September 30, Dr. Don McFarlane officially retired. Don has served the College for a total of 26 years. I am sure thousands and thousands of dentists across the province know Don. He has devoted most of his professional life to supporting dentists and their patients across this province. It has been a remarkable career.

Don joined the College in 1978 and was a man of many hats. He was responsible for continuing education, complaints, disciplinary investigations and management of publications. Then Don left the College in 1986 for the next few years to work as Senior Dental Consultant at the Ministry of Health.

But he couldn’t stay away. In 1993, he rejoined the College as director of Quality Assurance. His duties included management of the continuing education and professional assessment programs, as well as publications.

For years, Don delivered the two-day jurisprudence and ethics course here at the College for new dentists applying for licensure. He gave regular ethics lectures to students at both UofT and Western. He was editor of the College newsletter. He was the point person for calls from both dentists and patients from across the province, well before the College formally started its Practice Advisory Service.

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